Trauma - Informed Utah

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Utah DCFS Prevention
Informed Utah

Sarah Shea, CSW
Trauma
Utah Prevention Structure

- Housed in Child Welfare Agency
- Funding streams
  - CBCAP
  - Children’s Trust (Child Welfare Improvement Council)
  - State general fund
- Key Partners
  - Family Support Centers (11)
  - Utah Family Support Network (state chapter of NFSN)
  - Prevent Child Abuse Utah
  - MIECHV Program Admin
  - Violence & Injury Prevention (Public Health)
  - Early childhood system
Funded Programs & Initiatives

- 6 home visiting programs
- 2 kinship support programs
- 2 parenting curriculums
- 1 school-based prevention program
- 17 crisis nurseries at 11 Family Support Centers
- Help Me Grow Utah
- Utah Family Support Network
- Uplift Families Parenting Conference
CBCAP Meets Trauma - Informed Utah

- Introduced to TIU in Sept 2020
- Invited to participate in the TIU Center Development Committee

“to support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect”
TRAUMA-INFORMED UTAH

Est. September 2020*

*but really a nights/weekends volunteer effort since 2017
Intergenerational Poverty Mitigation Act

- Enacted by Utah State Legislature in 2012 General Session
- Created: Intergenerational Welfare Reform Commission
  Chair: Lieutenant Governor Cox
  Includes: Executive Directors of DWS, DOH, DHS, State Sup. of Public Ed, State Juvenile Court Admin
  Initiated “Trauma Subcommittee”

Resilient Utah:
“Make Utah a Trauma-Informed State”
SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach

Prepared by
SAMHSA’s Trauma and Justice Strategic Initiative
July 2014
SAMHSA’s Concept of Trauma

Trauma is an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional and/or spiritual well-being.

Trauma is experienced differently for each person - what may be traumatic for one person, may not be traumatic for another.
Symptoms of Trauma in our Communities

- Guilt/Shame
- Depression/Anxiety
- Psychic numbing
- Emotional fixation on trauma
- Low self-esteem
- Anger
- Self-destructive behavior
- Internalized oppression
- Substance misuse
- Hypervigilance
- Compensatory fantasies
- Preoccupation with death
- Death identity (e.g., fantasies of reunification with the deceased)
- Decreased motivation
- Internalization of ancestral suffering
- Increased suicidality

(Brave Heart, 2005)
SAMHSA'S CONCEPT OF A TRAUMA-INFORMED APPROACH

REALIZES
the prevalence of trauma and taking a universal precautions approach

RECOGNIZE
How trauma affects all individuals involved with the program, organization, or system or system, including its own workforce

RESPOND
by putting this knowledge into practice and action

RESISTS RETRAUMATIZATION
The cause or the cure?
Crosswalk of Domains and Key Principles

- Governance & Leadership
- Policy
- Physical Environment
- Engagement & Involvement
- Cross Sector Collaboration
- Screening, Assessment, Treatment Services
- Training and Workforce Development
- Progress Monitoring and Quality Assurance
- Financing
- Evaluation

- Safety
- Trustworthiness & Transparency
- Peer Support
- Collaboration &Mutuality
- Empowerment, Voice & Choice
- Cultural, Historical, and Gender Issues
What do you see as the highest priorities or best next steps for your agency/organization in moving toward a trauma-informed approach?

- Education/info/research
- Training
- Networking/Communication
- Internal Org. Changes
- Funding/resources
- Continue current programs
- State/Gov't intervention
- Other
Would your agency/organization be interested in participating in future Trauma-Informed collaboration efforts to build a trauma-informed State of Utah?

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes – definitely</td>
<td>44.4%</td>
</tr>
<tr>
<td>Yes - possibly</td>
<td>31.7%</td>
</tr>
<tr>
<td>Unsure</td>
<td>17.3%</td>
</tr>
<tr>
<td>No – probably not</td>
<td>5.8%</td>
</tr>
<tr>
<td>No – definitely not</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

76.1% YES!!!
MARTY, WHATEVER HAPPENS
DON'T EVER GO TO 2020
Guiding Purpose and Structure

- Why are we here?
  - Developing a Center for creating trauma-informed state

- Why are YOU (Steering Committee) here?
  - Experience in organizational development and structure
  - Provide expertise to challenge and expand thinking
  - Identify tasks for EC to accomplish
  - Community Connections
THREE COMMITTEES of TRAUMA-INFORMED UTAH

CENTER DEVELOPMENT
- Location / community "positioning"
- Budget outline
- Staffing structure
- Potential partnerships

CENTER SCOPE
- Trainings
- Technical assistance
- Educational resources
- ?????

CENTER RESEARCH
- Assessment tools
- Evaluation metrics
- Local research partnerships / projects
- Additions to literature on the TI approach
CENTER DEVELOPMENT COMMITTEE
MEETING TIMELINE

October 2020
Launch Meeting!
(TODAY!)

November 2020
Setting Our VISION

December 2020
Reviewing Other Models
---
Guest Speaker!

January 2021
Outlining Our Model
---
Workgroups

February 2021
Refining Our Model
---
Workgroups

March/April 2021
- TBD -
UPDATED CENTER DEVELOPMENT TIMELINE

March 2021
- Edit & Review TIU Proposal

April 2021
- Launch TIU Transitional Task Force (TIU TTF)

May 2021
- Finalize TIU Proposal / Budget
- Sunset Center Development Committee

June - September 2021
- Facilitate TIU TTF
- Pursue Center Funding
- Apply for 501(c)(3)
- Launch Website
MISSION

VISION

VALUES

Leadership and management training.

Create sample policies and procedures.

Technical Assistance / Implementation Support.

Connect with higher education institutions to ensure that information on the effects of trauma and trauma informed and responsive practices are meaningfully included in pre-service training for all.

Impacts of Trauma

Education - individuals, families, organizations, communities, systems.

Education

Community Cafes / Local outreach opportunities.

Host learning collaborative opportunities.

Connecting with trauma-informed agencies.

Being the "center hub" of trauma work and having connections to points of contact in all organizations.

Creating a network of trauma champions that can help with cross-sector work.

Ensuring that state and community leaders are aware of and educated about the mission and purpose, especially as there is turnover (including legislators).

Social Justice and Equity work (Should be its own sub-category under research/education/support advocacy, etc.)

Connection / Networking

Research

Advocacy

Bringing awareness to what people are doing in different sectors.

Support data collection efforts and data sharing agreements - be the data collection point for organizations.

Identifying and supporting best practices - not everything that is labeled trauma informed is....

Evaluation of Trauma Responsive practices.

Work upstream. Focus on primary prevention: societal determinants of health, shared risk and protective factors, etc.
RESEARCH
- Evaluation of Trauma Responsive practices
- Identify & support best practice - not everything labeled TI
- Support data collection & sharing agreements

CONNECTION/NETWORKING
- Create trauma champions across sectors
- Connect organizations & their efforts
- Host collaborative opportunities
- Local outreach

SCOPE
- RESEARCH
- CONNECTION/NETWORKING
- TECH. ASSISTANCE (IMPLEMENTATION SUPPORT)
- EDUCATION & ADVOCACY

TECH. ASSISTANCE (IMPLEMENTATION SUPPORT)
- Create sample policies & procedures
- Leadership training
- Establish agency standards
- Needs assessments tools & aid
- Focus on primary prevention
- Connections with Higher Ed.

EDUCATION & ADVOCACY
- Social justice & equity
- Spread TJU mission to state leadership
- Statewide trauma education all levels
SHOW ME THE MONEY
A National Snapshot of Trauma Informed Initiatives

LEGISLATIVE ACTION

COMMUNITY NETWORKS
- Ongoing relationship
- Establishing funding & support
- Implementation support

Questions?
Virtual Parent Cafes
Partnerships across Wyoming

Presented by: Sara Serelton and Bryan Cook
Wyoming Facts and Symbols

Capital: Cheyenne

Admitted to the Union: July 10, 1980 (44th State)

Size: 97,914 square miles (9th largest state)

Population: 563,626 (2010 Census)
33 meetings hosted on Zoom

Outreach on social media & email
Who did we connect with?

130 parents

All Wyoming counties
What Wyoming Parents Say They Need:
● Transportation
● Services in Remote Areas
● Medical Care
● Interpretation/Bilingual providers
● Disability Access
● Fatherhood programs
● Affordable Housing
● Family Activities
● Affordable Child Care

Common barriers:
● Finances
● Transportation
● Availability
● Awareness of Services

Common Supports:
● Schools
● Home Visiting
● Department of Family Services
● Telehealth
● Child Development Centers
● Wrap Around Services

Ideas & Suggestions:
● Parent support programs
● Life skills classes for all ages
● Suicide prevention programs
● Programs for teenagers
● Community Celebrations
Parent Leadership Connections

Following a virtual parent cafe, a father to a 4 year old child and a bilingual mother are now on the Wyoming Citizen Review Panel.

Following a virtual parent cafe, a bilingual mother of three is now on the implementation team for Wyoming’s Preschool Development Grant.

Spanish parent cafe facilitated by mother of three and Parent Educator
What’s next?

- Sharing the information with communities and policy makers.
- 60 parents want to be invited to future events and included in more discussions.
- Prevention Campaign amplifying resilience in Wyoming and protective factors.

“Parents and those impacted need to be included in setting the table, not just a seat at the table”
Providing Services to Families during the COVID-19 Pandemic: Findings from Massachusetts Innovative Initiatives: Community-Based Child Abuse Prevention (CBCAP) Annual Grantee Meeting

Sarita Rogers, Children’s Trust of Massachusetts
Becky Fauth, Tufts Interdisciplinary Evaluation Research (TIER)
May 17, 2021
The Children’s Trust is on a mission to stop child abuse in Massachusetts.

We give parents the tools and resources to build self-confidence and gain lifelong skills to ensure children grow up safe and healthy.

www.childrenstrustma.org
### Programs and Initiatives

#### Home Visiting
- Healthy Families Massachusetts
- Home visiting and Reflective practice training and supports

#### Family Support Programs
- SAFE Child Community
- Family Centers
- Parenting Education and Support Programs
- One Tough Job Parenting Website

#### Fatherhood Initiative
- Fathers and Family Network
- Nurturing Fathers Programs

#### Family Support & Parent Education Training Center
- Abusive Head Trauma Prevention
- Allbabiescry.com
- Child Sexual Abuse Prevention
- Safekidsthrive.org
- View from All Sides conference & Family Support Training Topics
Statewide- Healthy Families MA

Family Center  SAFE Child
Survey details

**Purpose:** Learn about families’ and family support staff’s experiences during the pandemic, whether service delivery has changed, and how programs and organizations have adapted.

**Methods:** Family Center and Healthy Families Massachusetts (HFM) staff invited to participate in a brief online survey via email; respondents received a $10 Amazon gift card as a “thank you”
### Respondent details

#### Role
- Coordinat or: 20.5%
- Family Support: 43.6%
- Home Visitor: 23.1%
- 5.1%

#### Years at current program
- <3 years: 41.7%
- 4–10 years: 32.0%
- 11 plus: 26.3%
Survey Findings

1. Families
2. Staff
3. Service delivery
4. Program & organization
During the pandemic:
• Scheduling and keeping appointments with families has been challenging
• Engaging and getting to know families has been difficult

Families now have an increased desire for connection (n=151)
Parents now have more opportunities to directly interact with their children (n=152)

44.4%
55.9%
1 Families—harder to reach groups:

- Experiencing mental health challenges: 63.2%
- Experiencing housing insecurity: 57.4%
- Young: 38.7%
- Involved with DCF: 32.9%
- Undocumented: 30.3%
- Experiencing intimate partner violence: 29.7%
- Newly immigrated: 19.4%
- Experiencing substance use challenges: 18.1%
- Other: 13.5%
Families—increased struggles:

Three-quarters or more of staff agreed that families have currently been struggling more with:

- Parent/caregiver mental health problems
- Parenting/caregiving stress
- Social isolation/loneliness
- Financial concerns
- Food insecurity
- Loss of job or reduction in work hours
- Children not having the proper amount of physical activity
- Difficulties caring for children, finding childcare, and supporting children’s schooling
- The risk of losing a loved one
Families—increased struggles:

*Program difference:* Family Center staff were more likely to perceive that families have been struggling more with difficulties supporting children’s schooling since the pandemic began.
Regional difference:
Programs in the Western region were most likely to perceive that parents/caregivers have been struggling more with substance use since the pandemic began.
The top three biggest challenges experienced by families during the pandemic:

1. Financial concerns
2. Parent or caregiver mental health problems
3. Social isolation or loneliness
**Program difference:** Family Center staff were more likely to perceive child emotional or behavioral problems to be one of the three biggest challenges experienced by families during the pandemic.

<table>
<thead>
<tr>
<th>Child emotional or behavioral problems</th>
<th>Family Center (n=37)</th>
<th>HFM (n=114)</th>
</tr>
</thead>
<tbody>
<tr>
<td>32.4%</td>
<td>10.5%</td>
<td></td>
</tr>
</tbody>
</table>
Families—barriers to service receipt:

- Virtual meeting fatigue (n=151): 91.4%
- Not feeling as connected with provider in a... (n=151): 90.1%
- Not having a... (n=151): 87.6%
- Not having internet/WiFi (n=151): 85.4%
- Not knowing how to use virtual platforms...: 82.3%
- Privacy concerns (n=149): 80.5%
- Confidentiality concerns (n=147): 51.7%
Most staff agreed that families have been less likely to access the following services:

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Medical procedures/operations (n=143)</td>
<td>71.3%</td>
</tr>
<tr>
<td>Mental health care (n=147)</td>
<td>66.0%</td>
</tr>
<tr>
<td>Services related to children and youth with special health care needs (n=134)</td>
<td>64.2%</td>
</tr>
<tr>
<td>Immunizations/preventive care (n=144)</td>
<td>58.3%</td>
</tr>
</tbody>
</table>
Staff—feeling connected and supported:

Staff overwhelmingly agreed that they felt connected and supported by both their colleagues and supervisors.

| Supported by and connected to colleagues (n=152) | 80.3% |
| Well supported and advised by supervisor (n=149) | 86.6% |
2 Staff—satisfaction with adaptation:

- Satisfied with how organization/agency adapted...: 80.3%
- Satisfied with the way agency/organization has adapted...: 76.1%
- Satisfied with the way agency/organization has adapted...: 76.5%
Around **90%** of staff agreed they had adequate PPE to complete their work tasks outside of home.

Nearly **60%** of staff agreed they felt their health was at risk when working outside of home.
# Staff—conversations about racism:

<table>
<thead>
<tr>
<th>Conversation Topic</th>
<th>Less</th>
<th>Same</th>
<th>More</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conversations with co-workers about racism in the workplace...</td>
<td>14.8%</td>
<td>45.0%</td>
<td>40.3%</td>
</tr>
<tr>
<td>Conversations with co-workers about racism in the lives of...</td>
<td>11.3%</td>
<td>46.7%</td>
<td>42.0%</td>
</tr>
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</table>
The top three most stressful situations experienced by staff during the pandemic:

1. Engaging & supporting families virtually
2. Worrying about getting sick with COVID
3. Increased workload
Program difference:
Family Center staff were more likely to perceive that an increased workload has been one of their top three stressful situations during the pandemic.
2 Staff—top three stressful situations:

**Regional difference:** Programs in the Central region were most likely to perceive working from home while simultaneously managing their family’s needs to be one of their top three stressful situations during the pandemic.
• Only **25%** of staff agreed that virtual services are just as effective as in-person services

• About **40%** of staff agreed that virtual staff meetings are just as effective as in-person meetings

• Nearly **50%** of staff agreed that virtual staff training is just as effective as in-person training
3 Service delivery—screens:

**MORE**
- Social support (50%)
- Parent-child interaction (42%)
- Mental health or depression (35%)

**LESS**
- Intimate partner violence (24%)
Service delivery—conversations:

MORE

• Medical Legal Partnership of Boston (MLPB; 45%)
• Department of Transitional Assistance (e.g., SNAP; 37%)
• Department of Children and Families (DCF; 28%)

LESS

• Parent’s primary care physician (PCP; 38%)
• Child’s PCP (35%)
• Early Intervention (27%)
At least 60% of staff reported that they engaged in the following activities more frequently since the pandemic began:

- Texting
- Emailing
- Messaging via social media
- Offering service referrals
- Hosting virtual playgroups or social activities
- Hosting virtual parent support or education groups
- Providing concrete support or resources
### Program—access to technology:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>Providing families with information on places that offer free WiFi within their...</td>
<td>82.4%</td>
</tr>
<tr>
<td>Connecting families with community organizations that provide families...</td>
<td>68.6%</td>
</tr>
<tr>
<td>Purchasing or loaning tablets/computers to families (n=129)</td>
<td>51.9%</td>
</tr>
<tr>
<td>Hosting trainings to teach families how to use virtual platforms (n=129)</td>
<td>25.6%</td>
</tr>
</tbody>
</table>
Developed resources for community-level supports related to the outbreak... 93.9%

Changed your program’s enrollment procedures (n=128) 89.8%

Changed data collection forms (n=125) 68.0%

Eased program fidelity requirements (n=96) 53.1%
• About half of staff agreed that their organization has experienced hiring challenges or vacancies since the pandemic began.
• Family Centers were more likely than HFM staff to agree that their organization experienced hiring challenges/vacancies.
• Programs in the Central region were the least likely to agree this was the case.

Organization—hiring challenges:
4 Organization—conversations about racism:

Formal opportunities for conversations related to racism offered by agency/organization (n=149)

- Less: 6.7%
- Same: 38.3%
- More: 55.0%
Key takeaways

- There have been several service delivery challenges related to supporting and engaging families virtually.
- Families experiencing mental health challenges and housing insecurity are toughest to reach.
- Families are struggling with parental mental health and stress, lack of social support and isolation, financial concerns, and lack of childcare.
- Families have been less likely to access medical-related services during the pandemic, including preventive care.
- Despite families’ increased struggles, programs and agencies have adapted quickly to continue providing services and help families access resources.
- Staff have experienced stress; however, staff feel connected and supported by their colleagues and supervisors and are satisfied with how their agency adapted.
Staff Supports

• Virtual networking
  – Networking meetings
  – Spotlight calls
  – Family Support Fridays
  – Fathers & Families networks
  – Role-specific home visiting program communities of practice

• Flexible funding
  – Tech for staff
  – Resources for families

• Wellness
  – Virtual yoga
Thank you!
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