Trauma Informed Care:
Helping Children and Families Flourish

Shadi Houshyar
AAICAMA National Meeting
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SPARC: A National Network of State Advocates

42 partners in 35 states

Shadi Houshyar, Vice President of Child Welfare Policy, First Focus
“Imagine if scientists discovered a toxic substance that increased the risk of cancer, diabetes, lung and liver disease for millions on people. Something that also increased one’s risk for smoking, drug abuse, suicide, teen pregnancy, sexually transmitted diseases, domestic violence and depression – and simultaneously reduced the chances of succeeding in school, performing well on a job and maintaining stable relationships? It would be comparable to hazards like lead paint, tobacco smoke and mercury. We would do everything in our power to contain it and keep it far away from children, right?

Well, there is such a thing, but it’s not a substance. It’s been called toxic stress.”

*David Bornstein, “Protecting Children From Toxic Stress”*  
*October 30, 2013*  
*NYTimes.com Opinionator Blog Post*

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**Stress: Positive, Tolerable and Toxic**

- **Positive stress** helps guide growth

- **Tolerable stress** while not helpful will cause no permanent damage

- **Toxic stress** is sufficient to overcome the child’s undeveloped coping mechanisms and lead to long-term impairment
Childhood Trauma

Childhood traumatic stress is the psychological and biological responses resulting from a child’s inability to cope with an overwhelming situation.

**Single acute traumatic episode** is a short-lived experience tied to a specific place or time (e.g., natural disasters, serious accidents, loss of loved one).

**Chronic or complex trauma** is prolonged exposure over a long period of time to traumatic events (prolonged physical or sexual abuse, exposure to family violence).

Complex Trauma

- Children’s experiences of multiple traumatic events that occur in the caregiving system.
- Complex trauma exposure often indicates simultaneous or sequential occurrences of child maltreatment that are chronic and begin in early childhood.
- The initial traumatic experiences and the resulting emotional dysregulation, loss of safe base, direction and inability to respond to danger cues often leads to subsequent trauma exposure.
- Children exposed to one form of violence are more likely to have had multiple exposures.
Scale of Childhood Trauma

- 46 million children living in the U.S. will be impacted by violence, crime, abuse and psychological trauma in a year
- 57.7% of sampled youth aged 17 and younger, reported experiencing or witnessing at least one form of violent exposure
- 48.8 percent of sample had been exposed to more than one form of specific victimization
- 15.1 percent experience six or more forms
- 4.9 percent had exposure to 10 or more forms

Maltreatment and Childhood Trauma

- Children in foster care more likely to be exposed to multiple forms of trauma (e.g., physical or sexual abuse, neglect, domestic or community violence, trafficking, sexual exploitation)
- National Child Traumatic Stress Network (NCTSN) study found over 70 percent of sample of children in care experienced at least two forms of trauma
- 11.7 percent of sample reported experience all five types of trauma (sexual abuse, physical abuse, emotional abuse, neglect and domestic violence)
- Also likely to experience stressors after entering the system (e.g., removal, separation from family, friends and lack of control or certainty about future)
Impact of Trauma on Child Development

- Abusive or Neglectful Parenting
- Adult Psychological Distress

Consequences of Childhood Trauma

• NCTSN study shows that children in foster care exposed to trauma have increased risk for mental health issues (e.g., severe posttraumatic stress and meeting criteria for at least one mental health diagnosis)

• Polyvictimization increases the risk and severity of posttraumatic injury and mental health disorders from twofold up to tenfold

• Children impacted by trauma are more vulnerable to dropping out of school, substance abuse, delinquency
Persistent Stress Alters Brain Architecture

**Normal**
- Typical - neuron with many connections

**Chronic Stress**
- Neuron damaged by toxic stress – fewer connections

Prefrontal Cortex and Hippocampus

*Source: C. Nelson (2008)*
*Bock et al Curr Cott 15:802 (2005)*
Shadi Houshyar, Vice President of Child Welfare Policy, First Focus
Symptoms of Childhood Trauma

- Intense and ongoing emotional upset
- Depression
- Anxiety
- Behavioral changes
- Difficulties at school
- Problems maintaining relationships
- Difficulty eating and sleeping
- Aches and pains
- Withdrawal
- Substance abuse, dangerous behaviors or unhealthy sexual activity among older children


Childhood Trauma and Common Diagnoses

- Reactive attachment disorder
- Attention deficit hyperactivity disorder
- Oppositional defiant disorder
- Bipolar disorder
- Conduct disorder

- These diagnoses often do not capture the full extent of impact of trauma
- Many children with these diagnoses have a complex trauma history

Source: Charles Wilson, Chadwick Center for Children and Families, Rady Children’s Hospital San Diego, CA Presentation for The National Child Traumatic Stress Network
Adverse Childhood Experiences (ACE) Study

Largest study of its kind, designed to understand influence of adverse childhood experiences on behaviors underlying leading causes of disability, social problems, health-related behaviors and death.

### Categories of Adverse Childhood Experiences

<table>
<thead>
<tr>
<th>Abuse</th>
<th>Household Dysfunction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional</td>
<td>Mother treated violently</td>
</tr>
<tr>
<td>Physical</td>
<td>Mental Illness</td>
</tr>
<tr>
<td>Sexual</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>Neglect</td>
<td>Household member imprisoned</td>
</tr>
<tr>
<td></td>
<td>Parental Separation or divorce</td>
</tr>
</tbody>
</table>

### ACES: Impact on Child Development and Later Functioning

**Early Trauma**
- Abuse and neglect
- Family dysfunction

**Impact on Child Development**
- Neurobiological effects (e.g., brain abnormalities, stress hormone dysregulation)
- Psychosocial effects (e.g., poor attachment, poor socialization, poor self-efficacy)
- Health risk effects (e.g., smoking, obesity, substance abuse, promiscuity)

**Long-term Consequences**

- Disease and disability
- Depression, suicide, PTSD
- Drug and alcohol abuse
- Heart disease
- Cancer
- Chronic lung disease
- STDs
- Intergenerational transmission of abuse
- social problems
- homelessness
- prostitution
- criminal behavior
- unemployment
- parenting problems
- family violence
- high utilization of health and social services

Source: The National Child Traumatic Stress Network

Adverse Childhood Experiences (Data: www.ACEStudy.org, www.nasmhpd.org)
The Fourth Vital Sign

“Respiratory rate, heart rate, blood pressure- these are the three vital signs that those on the front lines of health care are well trained to measure as initial assessment of a patient. Given the explosion of knowledge emerging at the intersection of neuroscience, genetics and developmental psychology about the essential role of early caregiver-child relationships on lifelong health, it is time to add a fourth vital sign- relationships.

When baby is born, if heart rate, respiratory rate and blood pressure are OK, our next priority is to support the primary relationships by carefully listening to both caregiver and baby.”

Claudia M. Gold
“Relationships: The Fourth Vital Sign”
Posted on April 7, 2012 on Boston.com

Protective Factors: Supportive Relationships

- Supportive early relationships offer protection from the effects of stress, and the absence of such relationships can imperil the brain’s capacities for managing stress and/or its recovery

- Early relationships also protect against biological hazards to healthy brain growth -- nutritional inadequacy, physical illness, sensory impairment, dangerous exposures -- beginning prenatally

- The intersection of brain maturation and relational experience also helps to explain fundamental aspects of healthy psychological development

Source: Early Brain Development and Public Policy presentation
Ross A. Thompson, Ph.D., Department of Psychology, University of California, Davis
Relationships Critical to Healthy Brain Development

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Source: Early Brain Development and Public Policy presentation
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Trauma-Informed Care

“Trauma-Informed Care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.”

Hopper, Bassuk, and Olivet 2009, p. 133
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Trauma screening, assessment and referral for services

- Trauma-informed care redirects attention from treating the symptoms of trauma (e.g., behavioral problems) to treating the underlying causes and contexts of trauma.
- Critical for systems to serve children from a trauma-informed perspective.

**Trauma Screening** is universally administered to assess a child’s trauma history and symptoms.

**Trauma Assessment** done if a child has a history of trauma and is currently exhibiting trauma symptoms, referral for trauma mental health assessment.

Psychological evaluation is designed to answer a specific referral question.

Trauma-Informed Evidence-Based Treatment

- Building a strong therapeutic relationship
- Psychoeducation about normal responses to trauma
- Parent support, conjoint therapy and parent training
- Emotional expression and regulation skills
- Anxiety management and relaxation skills
- Cognitive processing and framing
- Construction of a coherent trauma narrative
- Strategies that allow exposure to traumatic memories and feelings in tolerable doses so that they can be mastered and integrated into the child’s experience
- Personal safety training and other empowerment activities
- Resilience and closure

Source: Charles Wilson, Chadwick Center for Children and Families, Rady Children's Hospital San Diego, CA

PPT for The National Child Traumatic Stress Network
**Trauma-Informed Treatments**

<table>
<thead>
<tr>
<th>Diagnosis/Concern</th>
<th>Evidence-Based Interventions (Examples)</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actionable Trauma Symptoms</td>
<td>• Child-Parent Psychotherapy (CPP)</td>
<td>0-6</td>
</tr>
<tr>
<td></td>
<td>• Parent-Child Interaction Therapy (PCIT)</td>
<td>2-17</td>
</tr>
<tr>
<td></td>
<td>• Combined Parent-Child Cognitive Behavioral Therapy for Families at Risk for Child Physical Abuse (CPC-CBT)</td>
<td>3-17</td>
</tr>
<tr>
<td></td>
<td>• Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Alternatives for Families/Abuse Focused Cognitive Behavioral Therapy (AF-CBT)</td>
<td>4-55</td>
</tr>
<tr>
<td></td>
<td>• Cognitive Behavioral Intervention for Trauma in Schools (CBITS)</td>
<td>5-17</td>
</tr>
<tr>
<td></td>
<td>• Trauma Affect Regulation: Guide for Education and Therapy (TARGET-A)</td>
<td>6-12</td>
</tr>
<tr>
<td></td>
<td>• Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)</td>
<td>10-55</td>
</tr>
<tr>
<td></td>
<td>• Prolonged Exposure (PE) Therapy for Youth 18-25</td>
<td>13-21</td>
</tr>
<tr>
<td></td>
<td></td>
<td>18-25</td>
</tr>
</tbody>
</table>


**Trauma-Informed Care**

*therapeutic, responsive & supportive settings & relationships*

- Trauma Screening
- Clinical Assessment
- Functional Assessment
- Targeted Service Planning Informed By Needs & Strengths
- Evidence-based Intervention(s)
- Well-Being Outcomes
- Progress Monitoring

*social-emotional functioning*

To maximize full benefits of trauma-informed care, agencies and systems need to take a collaborative approach to instituting practices.

A trauma-informed child welfare system is “one in which all parties involved recognize and respond to the varying impact of traumatic stress on children, caregivers, and those who have contact with the system. Programs and organizations within the system infuse this knowledge, awareness and skills into their organizational cultures, policies and practices. They act in collaboration, using the best available science, to facilitate and support resiliency and recovery.”

Hendricks, Conradi, & Wilson, 2011, p.189

Trauma Informed Child Welfare System

- Maximize the child’s sense of safety
- Conduct a comprehensive assessment of the child’s trauma experiences and the impact on the child’s development and behavior to guide services
- Assist children in reducing overwhelming emotion
- Address any impact of trauma and changes in child’s behavior, development and relationships
- Help children make new meaning of their trauma history and current experiences
- Monitor progress/reduce symptoms
- Pay close attention to transitions into and throughout placement
- Support and promote positive and stable relationships in the life of the child
- Provide support and guidance to the child’s family and caregivers
- Recognize that many of the adult caregivers you interact with are trauma victims as well
- Manage professional and personal stress

Source: Charles Wilson, Chadwick Center for Children and Families, Rady Children’s Hospital San Diego, CA

PPT for The National Child Traumatic Stress Network
Promoting Child Wellbeing by Addressing Trauma

- Knowledge building and developing practice; Training staff and foster parents and providing support to staff to address secondary trauma
- Trauma-informed mental health assessments; Screening and continual functional assessments that gather information from multiple sources
- Case planning and management; requires sensitive and responsive relationship between child and social worker, birth parents, foster parents
- Trauma-informed services; skilled mental health providers available and increasing capacity to deliver trauma-focused mental health treatment
- Cross system partnerships and system collaboration; working with Medicaid and mental health systems to effectively respond

Federal Funding Resources for Addressing Child Trauma

- Medicaid; multiple Medicaid vehicles allow for identification and treatment of complex trauma:
  - EPSDT
  - State Plan Services, including preventive services,
  - described in section 1905(b) of SSA (e.g., rehabilitative services such as CBT, crisis management services)
  - Alternative Benefit Plans
  - Home and Community-Based Services
  - Health Homes
  - Managed Care
  - Integrated Care Models
  - Section 1115 Research and Demonstration Programs
- SAMHSA; Mental Health Block Grants and Discretionary Funding Awards to help states develop and identify strategies to deliver evidence-based trauma-specific interventions
- Child Welfare; IV-B & IV-E
Post-adooption: A Child’s Risk Factors for Continued Challenges

- Prenatal malnutrition/low birth weight
- Prenatal substance exposure
- Older age at adoption
- Early deprivation and neglect
- Physical, sexual and emotional abuse
- Multiple placements
- Emotional conflicts re: loss & identity
- Genetic vulnerabilities

Source: The Donaldson Adoption Institute, PPT Presentation, Keeping the Promise: The Case for Adoption Support and Preservation

Post-adooption: A Parent’s Risk Factors for Ongoing Challenges

- Martial difficulties; unequal commitment to adoption
- Emotional difficulties
- Unrealistic expectations of child
- Lack of understanding of child’s needs and strategies to address
- Inflexible rush or harsh discipline
- Poor communication, including about adoption and birth family
- Inadequate family support system including lack of needed services

Source: The Donaldson Adoption Institute, PPT Presentation, Keeping the Promise: The Case for Adoption Support and Preservation
Post-adoption: Challenges Continue for Many Children

- Substantial number of adopted children receive mental health services
- 46 percent of children adopted from foster care and 33 percent adopted as infants
- Behavioral and emotional challenges are chronic for at least 40 percent of youth adopted from foster care
- Adoptive parents of teens adopted from foster care report that 57 percent received mental health services
- Compared to children reunified or remaining in care, those adopted from foster care had better outcomes as children but more behavior/emotional problems as teens

Source: The Donaldson Adoption Institute [policy brief], Keeping the Promise, The Case for Adoption Support and Preservation, March 2014

Behavior Challenges of Children in Families Served by Adoption Preservation

- Defiance (88%)
- Lying (76%)
- Verbal aggression (75%)
- Peer problems (70%)
- Withdrawal (59%)
- Tantrums (59%)
- Physical aggression (56%)

Source: The Donaldson Adoption Institute [policy brief], Keeping the Promise, The Case for Adoption Support and Preservation, March 2014
Helping Adoptive Parents Gain Knowledge, Skills and Support to Effectively Address Challenges

- Helping parents understand a child in context of past trauma
- Set realistic expectations
- Be prepared for challenges and know where and how to seek help
- Gain ability to empathize with child and to see his or her strengths
- Practice self-care and manage own reactions in interacting with child
- Gain therapeutic parenting skills
- Reframe help-seeking as a strength

Source: The Donaldson Adoption Institute, PPT Presentation, Keeping the Promise: The Case for Adoption Support and Preservation

Chronic and Unresolved Problems: Pathway to Post-adoption Instability

- Best estimates suggest foster care re-entry rate = 9.5% and dissolution 2.2%
- LONGSCAN study of children adopted from foster care to adulthood suggests challenges intensify over time
  - Adoptions more stable than youth who were reunified or still in care through age 12 but then became less so
  - At age 16, 87% living with their adoptive families, but 28% had lived away at some point since adoption
  - Adopted youth had better outcomes as young children when compared to those reunified or in care but by age 14, adopted youth were rated as having more behavior problems

Source: The Donaldson Adoption Institute, PPT Presentation, Keeping the Promise: The Case for Adoption Support and Preservation
Re-entry into Child Welfare System After Adoption

- Those who re-entered were 3.5 times more likely to be placed in group homes or residential settings
- More than three times as likely to be emancipated
- Less likely to be reunified with their families than other children in care

Source: The Donaldson Adoption Institute, PPT Presentation, Keeping the Promise: The Case for Adoption Support and Preservation

Barriers to Effective Treatment

- Foster children with mental health needs are unlikely to receive treatment while in foster care
- Few interventions available that address complex trauma, attachment and identity issues for adopted children
- Many mental health professionals are not “adoption-competent”
- Adoptive parents often report feeling blamed for their child’s problems

Source: The Donaldson Adoption Institute [policy brief], Keeping the Promise, The Case for Adoption Support and Preservation, March 2014
**Supporting Adoptive Parents: What’s Needed**

- Develop an array of ASAP services and make them available to families including:
  - An information and referral system that is supportive of consumers and links them to adoption-competent services
  - Educational and supportive services available to all adoptive parents and youth
  - Adoption-competent therapeutic counseling services for families encountering significant challenges
  - Intensive support (respite, 24-hour crisis call) to parents facing significant challenges
  - Specialized adoption preservation services for families facing challenges, including case coordination and advocacy as well as state of the art assessment and intervention
  - Residential treatment services for children who need them in a manner that maximizes parent’s ability to continue raising their children
- Identify high-risk children and families and provide early intervention and supports
- Track post-adoption outcomes for children adopted from foster care to assess post-adoption instability

Source: The Donaldson Adoption Institute [policy brief], Keeping the Promise, The Case for Adoption Support and Preservation, March 2014

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**Supporting Adoptive Parents: What’s Needed Cont’d**

- Provide intensive adoption-competency training to community mental health professionals who serve adoptive families, clinicians working in specialized post-adoption programs and residential treatment centers
- Educate child welfare professionals, educators, doctors and others about needs of adoptive children and teens
- Education pre-adoptive and adoptive parents on the needs of their children and strategies

Source: The Donaldson Adoption Institute [policy brief], Keeping the Promise, The Case for Adoption Support and Preservation, March 2014
Beyond Resilience: Helping Children Flourish

- Resilience typically implies ability to cope with or adapt after adversity
- Let’s go beyond resilience
- Let’s help children flourish

Beyond Resilience: Helping Children Flourish

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flour·ish
/ˈflaɪriSH/ verb

1. (of a person, animal, or other living organism) grow or develop in a healthy or vigorous way, especially as the result of a particularly favorable environment.
 "wild plants flourish on the banks of the lake" 
synonyms: grow, thrive, prosper, do well, burgeon, increase, multiply, proliferate; More

Contact Information:
Shadi Houshyar, Vice President of Child Welfare Policy, First Focus
Director, State Policy Advocacy and Reform Center (SPARC)
Shadih@firstfocus.org
(202) 657-0678
childwelfaresparc.org
@ChildWelfareHub

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