

Trauma-l	nf	ormed	Prac	tice

California Common Core

December 31, 2018



Introductions

You have been exiled to a deserted island for a year. In addition to the essentials, you may take one movie, one book, and a luxury item to carry with you (but not a boat to leave the island!).

What would you take with you and why?

Today's Agenda

- Review Learning Objectives
- Adverse Childhood Experiences
- Historical Trauma and Culture
- Child Welfare's Response to Trauma
- Self-Care
- Evaluation Post-Test



Goals for Today

- Understand how trauma impacts children and adults.
- Develop strategies for how to help children and families heal from trauma.
- Understand how trauma impacts professionals.

Learning Objectives

- Review the Learning Objectives
- Identify and <u>underline</u> one Learning Objective that you feel you already understand well.
- Identify and circle one Learning Objective that you want to prioritize today.

Learning Objectives

- K1. The trainee will be able to describe the relationship between a person's culture, experiences of individual, familial and/or historic trauma, and his or her behaviors or responses.
- K2. The trainee will be able to identify behaviors of children and parents in response to trauma or trauma triggers and ways to support positive adjustment.
- K3. The trainee will be able to describe how child traumatic stress is exacerbated by ongoing stressors in a child's environment and within the child welfare system.

Learning Objectives

- K4. The trainee will be able to identify three things social workers can do to mitigate the impact of and heal trauma for children and families.
- K5. The trainee will be able to describe the effect of personal trauma history and secondary traumatic stress on social workers and their responses to families and children.

Learning Objectives

- **S1.** Using a case example, the trainee will be able to recognize, identify, and assess symptoms of traumatic stress within a developmental and cultural context.
- S2. Using a case example, the trainee will be able to demonstrate three things social workers can do to mitigate the impact of and heal trauma for children and families.

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Learning Objectives

- V1. The trainee will value referring children with a trauma history for a thorough trauma assessment and specific trauma-related mental health services.
- V2. The trainee will value working to prevent or mitigate the impact of traumatic stress by using trauma-informed responses.
- V3. The trainee will value the different roles for social workers and mental health providers in providing trauma-informed services.

Activity: Stress and Associated Feelings Very Hot Very uncomfortable Extremely stressed out and anxious Need to get out of here now Hot Moderately uncomfortable Stressed and anxious Distracted and edgy Warm Mildly uncomfortable Slightly stressed or anxious Cool A little bored Losing my focus Ice cold Totally bored Not focused or engaged Not focused or engaged Planning my escape

Activity: Matching Game

Video: ReMoved



How can social workers help children and families AND minimize any possible harm as a result of the agency's involvement?

- Investigation
- Removal
- Placement/placement changes
- Transition home or to permanent plan
- Case closure



How can a social worker help?

- Let child know they can talk about experiences or fears if they want to.
- Listen carefully when they do talk.
- Notice behaviors.
- Give the child choices and some sense of control.
- If you have any questions, ask for help from Supervisor.
- Know where to refer.

Services to Consider When Trauma Is Identified

The social worker can make referrals for services to:

- Behavioral Health Services
- Trauma-Focused Therapy
- Public Health Nurse or Physician
- Special Activities
- Educational Staff or Programs

Just for Fun!

https://youtu.be/5MDxFKxbqTw

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Adverse Childhood Experiences

• https://www.ted.com/talks/nadine_burke_har $ris_how_childhood_trauma_affects_health_ac$ ross_a_lifetime?language=en

How can Birth/Resource Parents support children with ACEs?

- can be long-lasting with a long process for recovery
- Provide a consistent pattern for the child's day
- Discuss behavioral expectations/discipline
- Talk and share info with the SW and MH clinician

DON'Ts

- Don't be afraid to talk about the trauma if the child wants to, and
- Don't underestimate how important it is for children to know their caregivers are "in control"

Parents' Trauma History

- Many parents of children in foster care have histories of adult and/or childhood trauma
- What this means...
 - Parents' past or present trauma can make it difficult for them to work effectively with case workers and resource parents towards reunification with their children.



How Trauma Can Affect Birth Parents

- Compromise parents' ability to make judgments about safety
- Harder for parents to form and maintain secure and trusting relationships
- Impair their capacity to regulate emotions
- Low self-esteem and lack of coping strategies can impair a parent's decision-making ability
- Make the parent more vulnerable to other life stressors

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Activity

 Review "How Can Trauma Affect Parents?" in Birth Parents with Trauma Histories and the Child Welfare System: A Guide for Child Welfare Staff.



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How can social workers help parents heal

- Understand parent's anger, fear, resentment, or avoidance as reactions to past trauma
- Assess parent's trauma history
- Understand that traumatized parents are not bad and do not judge or blame them
- Build on parent's desires to care for their child
- Help parents understand impact of their own past trauma
- Refer parents to trauma-informed services

Cultural Trauma

- Social and cultural realities strongly influence children's risk for—and experience of trauma.
- Children and adolescents from minority backgrounds are at increased risk for trauma exposure and subsequent development of PTSD.
- In addition, children's, families', and communities' responses to trauma vary by group.

The Influence of Culture

- Variance of trauma responses
- Strong cultural identity and community/ family connections
- Shame



Eight Components of Shame

Lisa Aronson Fontes

- 1. Responsibility for the abuse
- 2. Failure to protect
- 3. Fate
- 4. Damaged goods
- 5. Virginity
- 6. Predictions of a shameful future
- 7. Revictimization
- 8. Layers of shame

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Cultural Trauma Activity

 Discuss and chart in your table groups what factors may contribute to Cultural Trauma and what types of trauma responses you may see.



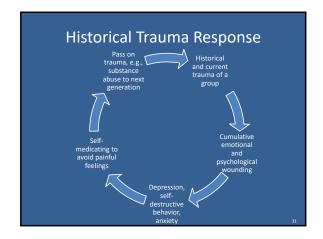
Historical Trauma

- Historical Unresolved Grief
- Disenfranchised Grief
- Internalized Oppression
- Multigenerational Trauma





➤ The population of Native Americans in North America decreased by 95% between the time Columbus came to America in 1492 and the establishment of the United States in 1776.



Negative Effects of Cultural/Historical Trauma					
	Community				
Individual	-Loss of tradition -Loss of resources	Family			
-Lack of belief in a just world/lack of trust	and knowledge for self-sufficiency -Loss of cultural practices	-Impaired family communication -Loss of extended			
-Depression -Self-hatred	-Loss of rites of passage	family relationships			
-Self destructive behaviors	-High rates of substance abuse	-Loss of traditional child			
-Survivor guilt	-High rates of violence	rearing practices and knowledge			
-Disassociation -Hopelessness/	-High rates of physical illness	-Increased rates of child abuse			
loss of meaning -PTSD	-Distrust of larger society and those within the community	-Increased rates of domestic	22		

Native Resiliency: Other Responses To Trauma

- Revitalization of cultural practices and languages
- Belief in self, community, and family resiliency due to survival
- Politicization and resistance
- Return to traditional kinship networks
- Return to traditional child rearing practices and rites of passage
- Founding of organizations and services to help families and communities

Video: <i>Case Study – Historical Loss</i>	
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Activity: What can you do?	
What are some ways that social workers can discuss	
traumatic events and	
safety concerns with	
families while taking into	
consideration the family's culture?	
culture.	
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Pathways to Mental Health Services (formerly known as "Katie A.")	
(Jornieny known as Katie A.)	
What is it?:	
Class-action lawsuit in California that further	
delineates and holds accountable the roles of Child Welfare Workers and Behavioral Health	
clinicians in supporting the mental/behavioral	
health needs of children and youth	

Katie A. Settlement Agreement

A child or youth is a "class" member, and eligible for services, if:

- the youth is in foster care or is at imminent risk of foster care placement,
- the youth has a mental illness or condition, and
- the youth needs individualized behavioral health services (e.g., professional assessment, behavioral support and case management services, family support, crisis support, therapeutic foster care, and other medically necessary services in the home or in a home-like setting).

Implications for Child Welfare Practice

- Utilization of Child and Family Teams for planning and monitoring mental/behavioral health services
- Intersects with the mandate for Child and Family Teams under the Continuum of Care Reform

Pathways to Mental Health Services: Screening

- MUST <u>SCREEN</u> children and youth for behavioral health needs at intake and every year thereafter.
- How is this handled in your county?

Pathways to Mental Health Services: Assessment

- <u>REFER</u> children/youth to trauma-informed and evidence-based behavioral health services available in their communities.
- The behavioral health clinician will conduct a comprehensive mental health assessment.

Pathways to Mental Health Services: Collaboration

- MUST <u>COLLABORATE</u> through CHILD AND FAMILY TEAMS (CFTs).
- The CFT is comprised of the youth, family, child welfare social worker and behavioral health clinician, care and service providers, and natural supports as identified by the family.

Pathways to Mental Health Services: Service Planning in Child & Family Teams

- Team members work together to articulate strengths and needs and to develop a service plan with identified goals, resources, and natural supports.
- All team members participate in the individualized care plan and are responsible for supporting the child/youth and family in attaining their goals.
- Families and youth are empowered as full partners, and their preferences are prioritized.

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Pathways to Mental Health Services: Monitoring & Adapting

 MONITOR services. Collectively, team members monitor the progress of the care plan, and make adjustments as needed to meet goals.

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Pathways to Mental Health Services: Transition

- As developmental functioning and well-being are improved, the team plans for a transition from formal services to reliance on informal, community supports
- ✓ Check with your supervisor for more countyspecific details!

Additional Services for Intensive Mental Health Needs

- The following Medi-Cal Specialty Mental Health Services (SMHS) are available for children/youth with intensive mental health needs:
 - Intensive Care Coordination (ICC)
 - Intensive Home-Based Services (IHBS)
 - Therapeutic Foster Care (TFC)

Essential Elements of Trauma-Informed Child Welfare Practice

- 1. Maximize the child's sense of safety.
- 2. Assist children in reducing overwhelming emotion.
- 3. Help children make new meaning of their trauma history and current experiences.
- Address the impact of trauma and subsequent changes in the child's behavior, development, and relationships.
- 5. Coordinate services with other agencies.

Essential Elements of Trauma-Informed Child Welfare Practice (cont'd)

- 6. Utilize comprehensive assessment of the child's trauma experiences and their impact on the child's development and behavior to guide services.
- 7. Support and promote positive and stable relationships in the life of the child.
- 8. Provide support and guidance to child's family and caregivers.
- 9. Manage professional and personal stress.

Quote

"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet."

- Rachel Remen, Kitchen Table Wisdom



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Secondary Traumatic Stress

Distress that results when an individual hears about the firsthand trauma experiences of another. Symptoms mimic those of PTSD:

- Re-experiencing personal trauma;
- Changes in memory/perception;
- Depletion of personal resources;
- Disruption in perception of safety, trust, independence.



Sources of Secondary Traumatic Stress

- Child or family member death on an active or recently closed case
- Investigating abuse and neglect
- Working in violent communities
- Working with families with extensive abuse histories
- Removing a child under distressing circumstances
- System frustrations
- Verbal or physical assault by parents or community members



Compassion Fatigue Self-Test: An Assessment

- · Cynicism and anger
- Anxiety, fearfulness
- Emotional detachment
- Hopelessness and guilt
- Sleep disturbance
- Social withdrawal
- Diminished self-care
- Physical ailments



Coping

- Understand and accept one's vulnerability
- Learn to balance the needs of the client, the agency, and oneself
- Utilize supervision to recognize and address
- Recognize when one's self-care system is not working
- Recognize negative and positive coping behaviors
- Consider offering and asking for peer support



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Frontline: Social Work Short Film (3:07)

https://youtu.be/84bE1M6Usz0?list=PLoEgrtSDwaBf4O1mxO60Vi4vFXA06Lamn

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