

Continuum of Care Reform Technical Assistance

Understanding Trauma-Informed Care
Webinar Series 2017

Part 3 –Trauma and Specific Issues for Child Welfare
and Provider Self-Care



TRAUMA AND SPECIFIC ISSUES FOR CHILD WELFARE AND PROVIDER SELF-CARE

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POLL TODAY'S AUDIENCE

- Please tell us where you work:
 - State or County child welfare
 - State or County behavioral/mental health
 - Contract agency/CBO providing services
 - Probation
 - Other

KRISTIN DEMPSEY, LMFT, LPCC

- Kristin has over 20 years of clinical experience providing therapy for adults, children, youth, and families. She has participated in the Neurosequential Model of Therapeutics (NMT) training with Dr. Bruce Perry at the Child Trauma Academy and has helped develop trauma-informed behavioral health systems of care. She is also trained in Eye-Movement Desensitization and Reprocessing (EMDR).
- Kristin is currently completing research on supported education models to support foster youth college completion.
- In addition to her interest in trauma treatment, Kristin leads training in Motivational Interviewing, Applied Suicide Intervention Skills, and treatment of co-occurring disorders.





What Is Trauma?

According to Substance Abuse and Mental Health Services Administration's (SAMHSA) Trauma and Justice Strategic Initiative, "trauma results from 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 physical, social, emotional, or spiritual well-being" (SAMHSA, 2012, p. 2).

POLL
WHAT BEHAVIORAL HEALTH ISSUES
DO YOU SEE AMONG YOUTH WITH
TRAUMA HISTORIES?

What types do you see the most?

- Depression
- Anxiety
- Post Traumatic Stress Disorder
- ADHD
- Substance Use Disorders

Others: type into question box

LEGACY OF TRAUMA



Hodges et al. (2013) Found different types of trauma were associated with complex psychiatric symptoms reported by both children and their caretakers.

Youths' exposure to various forms of violence is associated with future substance use and the more sources of abuse, the less "safe havens" are available for youth to obtain support (Wright, Fagan, & Pinchevsky, 2013)

A number of subclinical symptoms such as anhedonia, "troubling" thoughts, and interpersonal problems can be indicators of PTSD among culturally diverse youth (Kaur & Kearney, 2014)

TRAUMA-AWARE ORIENTATION TO CARE



- Young person might meet the diagnostic criteria for any number of behavioral health disorders – co-occurrence
- The DSM tells us what is wrong with someone, but we do not know *why* they have the disorder.
- Above and beyond a diagnosis, the trauma-informed practitioner is curious about *what happened* (the potential trauma), the traumatic impact, and the function of the current behavior

ONCE WE KNOW THE FUNCTION, WE CAN HELP CONSIDER ALTERNATIVES

CURRENT COPING

- Triggered by loud voice →
Throw chair
- Defiant, angry, does not want
to participate
- Depressed, cuts, attempts
suicide.

TEACH ALTERNATIVES

- Identify triggers → practice self
soothing, self-regulation skills
- Relationship building, find
meaningful roles, help develop
values
- Engage with others, practice safe
and active behavior, identify an
build supports via mentorship

ONCE WE KNOW THE FUNCTION,
WE CAN HELP CONSIDER
ALTERNATIVES

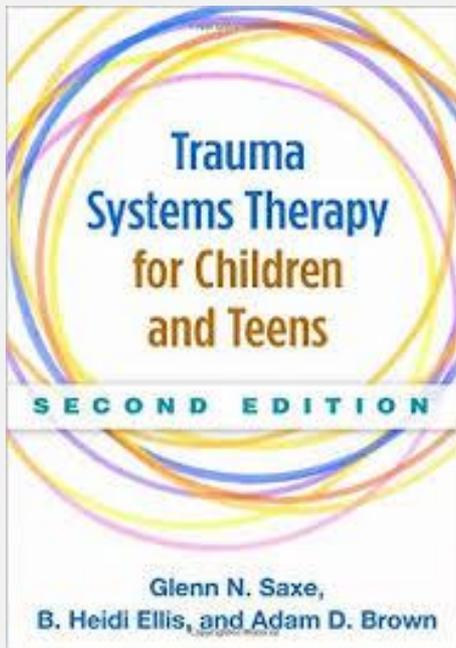
CURRENT COPING

- Refuses to socialize and/or is aggressive toward others and lacks interest in relationships.
- Easily stressed, tearful, outbursts.

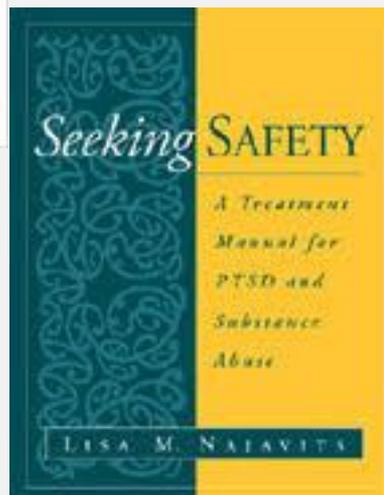
TEACH ALTERNATIVES

- Animal-assisted therapy, horticulture therapy, sports, and horticulture therapy.
- Practice self-soothing – rhythmic and repetitive behavior – music. Safe and focusing activities such as mindfulness

CONSIDER: TRAUMA EBP



- [National Registry of Evidence Based Programs and Practices](#)
- [California Evidence-Based Clearinghouse for Child Welfare](#)



TRAUMA INFORMED SCHOOLS

[Paper Tigers](#)

CHILD WELFARE YOUTH

MEDICATION AND FOSTER YOUTH

- 1 out of every 4 adolescents in California's foster care system is receiving psychotropic meds— 3½ times the rate for all adolescents nationwide ([SJ Mercury News, 8/24/14](#)).
- About 15 percent of the state's foster children of all ages were prescribed psychotropic medications ([SJ Mercury News, 8/24/14](#))
- Drugs have side effects: obesity, lethargy, low mood, early onset diabetes, among others
- Might start with a small number of meds, but they get added on with additional usually (behavioral concerns)

<http://extras.mercurynews.com/druggedkids/>

MEDICATION AND FOSTER YOUTH

- Some youth need medication.
- Medication as a solution can be appealing to youth and families.
- For many, medications can sedate when agitated, but the issue is the amount of medication and/or if the meds or combination of medications are doing what they are supposed to do in terms of treating psychiatric disorders
 - “treating a broken heart” ([SJ Mercury News](#), 2014)
- Senate Bill 1174 – Monitoring of medications prescribed to foster youth and crack down on over-prescribing.
- *California Guidelines for Use of Psychotropic Medication with Children and Youth in Foster Care*
 - http://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/QIP_Guidelines.pdf



SCHOOL TO PRISON PIPELINE

WHAT IS MEANT BY SCHOOL TO PRISON PIPELINE?



Jarvis Hunter at sentencing hearing on July 17, 2015 (Source: pool)

- **”School-to-prison pipeline”** refers to the policies and practices that push our nation's schoolchildren, especially our most at-risk children, out of classrooms and into the juvenile and criminal justice systems.

(<https://www.aclu.org/fact-sheet/what-school-prison-pipeline>)

SCHOOL TO PRISON PIPELINE

Facts about the School-to- Prison Pipeline

Prepared by Dr. Fred Cheesman
for the *National Consortium on
Racial and Ethnic Fairness in the
Courts 28th Annual Conference.*

- Most of the growth in incarceration are among young men with very low levels of education.
- In 1980, around 10 percent of young African American men who dropped out of high school were in prison or jail.
- In 2008, this incarceration rate among African American men grew to 37 percent,
- The average incarceration rate in the general population was 0.76 of 1 percent.
- Even among young white dropouts, the incarceration rate had grown remarkably, with around one in eight behind bars by 2008.
- This remarkable growth of incarceration rates among is among the least educated

<https://www.amacad.org/content/publications/pubContent.aspx?d=808>

SCHOOL TO PRISON PIPELINE

How does this Happen?



- “Zero tolerance” policies – youth are removed from school and do not benefit from the protective potential of the school environment
- School policing – Police and the legal system start to hand infractions that would have been dealt with by administrators
- Failing schools or diversionary schools can keep students from continuing with education

SCHOOL TO PRISON PIPELINE



- Solutions
- Court diversion projects
 - Court oversight of youth rehabilitation
 - Keeps youth out of jail while the complete court-ordered programming
- Restorative justice programs
 - From www.restorativejustice.org
 - Practices and programs reflecting restorative purposes will respond to crime by:
 - identifying and taking steps to repair harm, involving all stakeholders, and
 - transforming the traditional relationship between communities and their governments in responding to crime.

FETAL ALCOHOL SPECTRUM DISORDER

FASD

Term used to describe a whole spectrum of disorders resulting from prenatal exposure to alcohol.

Disabilities include:

Physical

Mental

Behavioral

Learning

- The various FASD depend on timing, frequency, and amount of prenatal alcohol exposure
- Abnormal facial characteristics
- Growth deficits
- Brain damage
- Heart, lung, and kidney defects
- Hyperactivity and behavioral issues
- Attention and memory deficits
- Poor coordination and motor skills delays
- Difficulty with judgment and reasoning
- Learning disabilities

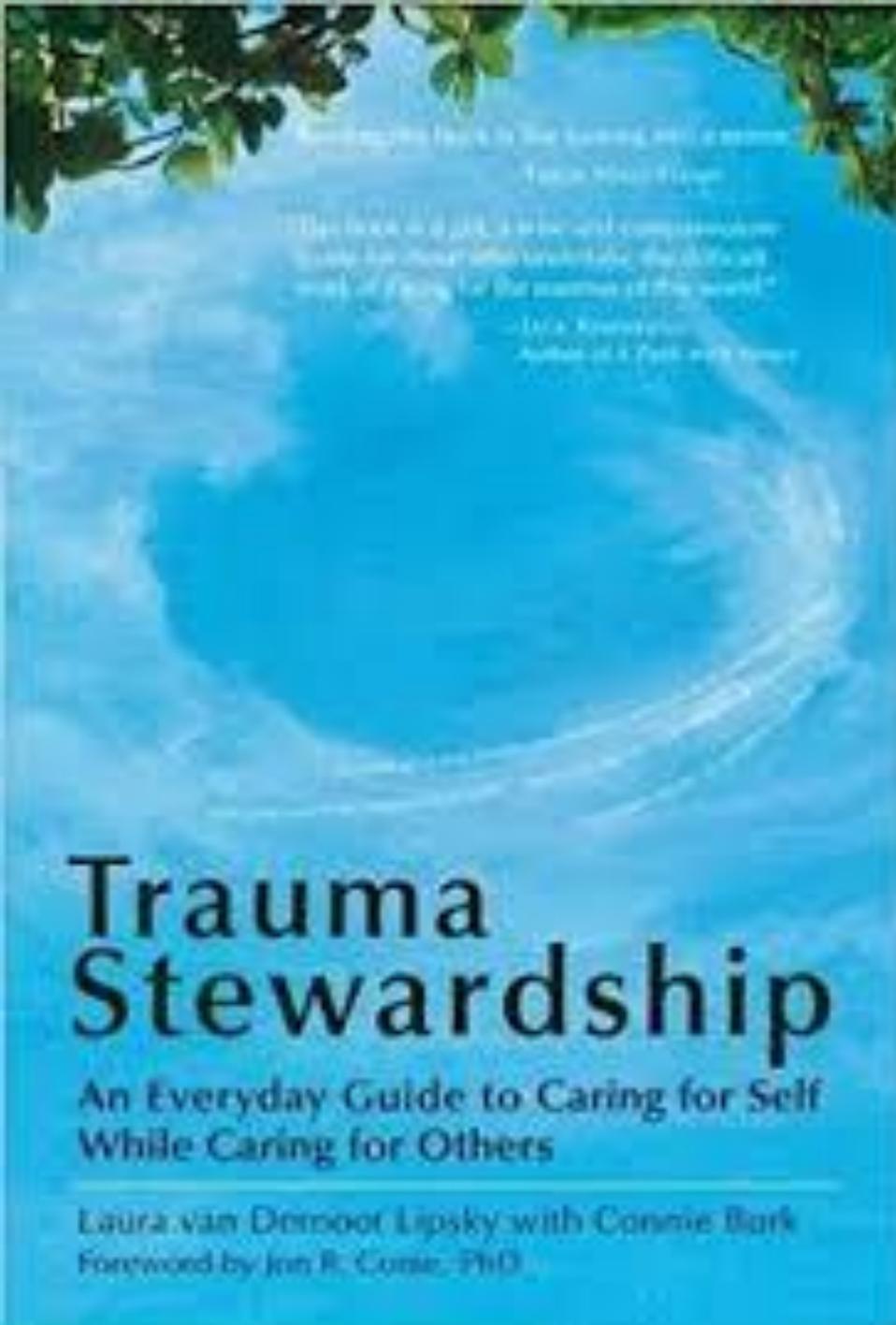
SELF CARE: AN ESSENTIAL COMPONENT OF TRAUMA-INFORMED CARE



POLL
WHAT DO YOU DO FOR SELF CARE?

- a. Exercise regularly
- b. Eat healthy meals most of the time
- c. Get enough rest
- d. Take vacation
- e. Find ways to be mindful

Others: type into the question box



TRAUMA STEWARDSHIP

[Trauma Stewardship New Yorker](#)

WHAT'S THE DIFFERENCE?

- Burnout – Occurs when we are distressed at work because of job expectations and working conditions
- Compassion fatigue – Develops as we become worn out through repeated contact with people with serious illness, traumas and suffering
- Secondary Stress (Secondary Traumatic Stress Disorder) - Our reactions from vicariously experiencing our clients/patients/consumers' traumas.

(Melvin, 2015)

WHAT TO DO

- Early detection of burnout, secondary stress or compassion fatigue
 - Build a support system
 - Build awareness (WRAP)
 - Develop your resiliency skills
 - Create time for self-care
 - Assertiveness skills - say “no” and ask for help
 - Debrief with others – make sure this is not the only intervention
 - Spirituality/values development
- (Melvin, 2015)

[Drowning in Empathy: The Cost of Vicarious Trauma](#)



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- Hodges, M., Godbout, N., Briere, J., Lanktree, C., Gilbert, A. & Kletzka., N.T. (2013). Cumulative trauma and symptom complexity in children: A path analysis. *Child Abuse & Neglect*, 37(11), 891. doi:10.1016/j.chiabu.2013.04.001
- Melvin, C.S. (2015). Historical review in understanding burnout, professional compassion fatigue, and secondary traumatic stress disorder from a hospice and palliative nursing perspective. *Journal of Hospice and Palliative Nursing*, 17(1), 66-72.
- Wright, E. M. , Fagan, A.A. & Pinchevsky, G.M.. (2013). The effects of exposure to violence and victimization across life domains on adolescent substance use. *Child Abuse & Neglect*, 37(11), 899. doi:10.1016/j.chiabu.2013.04.010

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- Kaur, H & Kearney, C.A. (2015) An examination of posttraumatic stress symptoms among maltreated multiracial youth. *Journal of Aggression, Maltreatment & Trauma*, 24:5, 487-500, DOI: 10.1080/10926771.2015.1029181

RESOURCES

- Treatment Improvement Protocol (TIP) 57. Trauma-Informed Care in Behavioral Health Services. SAMHSA, 2014.
<http://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf>
- KAP Key for TIP 57:
<http://store.samhsa.gov/shin/content//SMA15-4420/SMA15-4420.pdf>
- Blanch, A., Filson, B., and Penny, D. Engaging Women in Trauma-Informed Peer Support: A Guidebook. National Center for Trauma Informed Care, 2012.
http://www.nasmhpd.org/sites/default/files/PeerEngagementGuide_Color_REVISED_10_2012.pdf

RESOURCES

- Resources on Adverse Childhood Experiences (ACES)
- The ACES study website: www.cestudy.org
- Articles on how the Aces study has been used and other useful resources: www.cestoohigh.org
- Very comprehensive ACEs website: www.acesconnection.org

QUESTIONS



UNDERSTANDING TRAUMA-INFORMED CARE
WEBINAR SERIES 2017

- To view recorded webinars, check this link:
<https://www.cibhs.org/ccr-webinars>

Thank You!

For more information and resources visit:

<http://www.cibhs.org/continuum-care-reform-ccr>

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