Thrive: Maine’s Trauma Informed System of Care

- Began in 2005, covers 3 counties in central Maine
- Stakeholders include:
  - Child Welfare
  - Juvenile Justice
  - Education
  - Youth with Serious Emotional Disturbances and their Families
- Objective: build a system that understands the effects of trauma and avoids re-traumatizing those who seek services.

The Trauma-informed Approach

Instead of asking “what is wrong with you?” a trauma-informed approach asks “what has happened to you?”

Trauma Informed is Family Driven, Youth Guided and Culturally and Linguistically Competent

Presentation Focus

- How much trauma have Thrive children, youth and their caregivers experienced?
- What effect does family’s history of trauma have on child and family outcomes?
- Have trauma symptoms reduced after 6 months?

Measuring Trauma: Evaluation Instruments

- Evaluation Committee conducted inventory of available trauma metrics
- Selected 3 trauma measurement tools for local evaluation to capture caregiver and youth trauma experiences
  - Traumatic Events Screening Instrument (TESI)
  - Lifetime Incidence of Traumatic Events (LITE)
  - Trauma Symptom Checklist (TSC)
Who Does Thrive Serve?

- Age at Intake:
  - 11 or older: 54%
  - 0 to 6: 26%
  - 7 to 12: 40%

Child/Youth Primary Diagnoses at Intake:

- ADHD: 25%
- Depression: 20%
- Mood Disorder: 11%
- Anxiety/PTSD: 10%
- Adjustment Disorder: 10%
- Other: 9%
- Learning Disability: 4%
- ODD: 4%
- Autism/Spectrum: 3%
- ODD: 3%
- Separated from caregiver(s): 0%

What Have Caregivers Experienced?

- Top 10 Childhood Trauma Experiences Reported by Caregivers (n = 93):
  - Witnessed violence outside family: 93%
  - Being threatened to kill or hurt: 77%
  - Death of close family/friend: 30%
  - Being hit/repeatedly hit by others: 23%
  - Witnessed family violence: 20%
  - Bad accident: 16%
  - Witnessed domestic violence: 15%
  - Emotionally abused: 12%
  - Touched/sexually abused: 9%
  - Separated from caregiver(s): 9%

- What Have Children and Youth Experienced?

- Top 10 Lifetime Trauma Experiences Among Youth (n = 96):
  - Threatened: 22%
  - Family hurt or sick: 21%
  - Witnessed violence outside family: 20%
  - Other traumatic event: 19%
  - Witnessed domestic violence: 18%
  - Witnessed accident: 18%
  - Threatened: 17%
  - Family member death: 16%
  - Physically abused: 15%
  - Physical/sexual abuse: 14%

What Are the Effects of Caregiver Trauma?

- On Level of Overall Caregiver Stress (Higher = More Stress):
  - Less than 3 experiences: 44%
  - 3 or more experiences: 16%

- On Recurring Physical Health Problems:
  - Less than 3 experiences: 82%
  - 3 or more experiences: 87%

Effects of Trauma (cont’d)

- On Family History of Depression and Mental Illness:
  - Family depression: 87%
  - Household depression: 87%
  - Family history of mental illness: 88%
  - Household mental illness: 69%

- What Trauma-related Symptoms Do Children/Youth Have at Intake?

- Trauma Symptoms at Intake:
  - Dissociation: 56%
  - Anger: 56%
  - Depression: 54%
  - Post-traumatic Stress: 49%
  - Sexual Concerns: 48%
Conclusions and Implications

- Children and youth who experience trauma and trauma-related symptoms often do not have a PTSD diagnosis
- Trauma experiences of parents and/or primary caregivers, particularly childhood events, appear to affect family functioning and youth symptoms
- Trauma-informed approach to services appears to have positive effect on trauma symptoms

What Does “Trauma-Informed” Look Like?

- Understand the role of violence and victimization play in the lives of children and families
- Provide services and supports that are welcoming, respectful and appropriate to trauma survivors
- Make every effort to avoid re-traumatizing individuals

Development of the Trauma-Informed Agency Assessment Tool: Goals

- To improve the entire mental health system for Maine’s youth and families.
- To identify areas where agencies are doing well, and to guide next steps for making the system even more trauma-informed.

How Do Trauma Symptoms Change After 6 Months?

- Depression
- Anxiety
- Anger
- Dissociation
- Post-Traumatic Stress
- Sexual Concerns

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How Does Family Trauma History Affect Child/Youth Trauma Symptoms?

- Depression
- Anger
- Sexual Concerns

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How Do We Know Change is Happening? Developing a Trauma-Informed System of Care Agency Assessment
Development of the Trauma-Informed Agency Assessment Tool: Phases

- Create conceptual framework
- Test questions and methodology
- Revise questions, standards and methods
- Implement assessment statewide
- Provide results, CQI and technical assistance

Overview of the Tool

- Two-pronged approach gathers information from agency staff and consumers across six core trauma domains.
- Five-point rating scale used on all questions
- Administered online and via paper copies

Example of Family/Youth Questionnaire

<table>
<thead>
<tr>
<th>Please rate the following statements based on your experiences with [Agency Name]</th>
<th>NDT</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Doesn't apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I feel safe at this agency.</td>
<td>Low</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>Doesn't apply</td>
</tr>
<tr>
<td>2. I am often asked to repeat information that I have already provided to this agency.</td>
<td>Low</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>Doesn't apply</td>
</tr>
<tr>
<td>3. Staff worked with me to develop a safety or crisis plan for us to refer to.</td>
<td>Low</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>Doesn't apply</td>
</tr>
<tr>
<td>4. I feel safe at this agency.</td>
<td>Low</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>Doesn't apply</td>
</tr>
<tr>
<td>5. The agency responds to my complaints promptly.</td>
<td>Low</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>Doesn't apply</td>
</tr>
<tr>
<td>6. I am often asked to repeat information that I have already provided to this agency.</td>
<td>Low</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>Doesn't apply</td>
</tr>
</tbody>
</table>

Example of Agency Staff Questionnaire

<table>
<thead>
<tr>
<th>I. Physical and Emotional Safety</th>
<th>Rating Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The agency displays maps of private waiting rooms, restrooms, parking, offices, reception, and all areas are well lit.</td>
<td>Comments</td>
</tr>
<tr>
<td>2. Staff work with me to develop a safety plan for us to refer to.</td>
<td>Comments</td>
</tr>
<tr>
<td>3. The agency responds to my complaints promptly.</td>
<td>Comments</td>
</tr>
<tr>
<td>4. Documentation of safety and privacy concerns is maintained and changes or updates are made as needed.</td>
<td>Comments</td>
</tr>
<tr>
<td>5. Information sharing within the agency is easy; youth and families are encouraged to provide feedback.</td>
<td>Comments</td>
</tr>
<tr>
<td>6. Agency staff and the public are informed of the process at intake; anonymity is granted; privacy and confidentiality is enforced.</td>
<td>Comments</td>
</tr>
</tbody>
</table>

Involvement of Youth and Family

Phase | Role of Youth and Family | Role of Youth and Family |
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Planning</td>
<td>Create framework and questions; provide feedback and suggestions.</td>
<td>Identified what is most important to others. Youth and family priorities, definitions, and questions.</td>
</tr>
<tr>
<td>Pilot Testing</td>
<td>Test and refine questions, methods, and framework.</td>
<td>Performed a final practice test to ensure all questions and youth and family components are understood.</td>
</tr>
<tr>
<td>Implementation</td>
<td>Ensure data collection is family and youth friendly.</td>
<td>Provided technical assistance to agencies.</td>
</tr>
<tr>
<td>Response Monitoring</td>
<td>Ensure response and suggest key practices to ensure family/youth are reached.</td>
<td>Conducted quarterly report on the number of responses; provided suggestions based on report.</td>
</tr>
<tr>
<td>Continuous Quality Improvement</td>
<td>Interpret results and provide technical assistance.</td>
<td>Reviewed results; developing youth and family component of technical assistance plans.</td>
</tr>
</tbody>
</table>

The Domains

- Physical and Emotional Safety
- Children, Youth and Families
- Trauma Competence
- Cultural Competence
- Technical Assistance
- Youth and Family Empowerment
- Trustworthiness
- Commitment to Trauma-informed Philosophy
How is it Scored?

- Standards for each core trauma element have been established.
  - Questions correspond to a core element.
  - Each question uses 5-point scale.
- Total potential score = number of questions that comprise the core element multiplied by 5
- Total actual score = summation of given responses

Final score = \((\text{total potential score} / \text{total actual score}) \times 100\)

What Do the Results Look Like?

Implementing the Assessment Statewide

- State contract required all agencies to complete assessment
- Agencies had one year to fulfill requirement
- Administration methods were streamlined
- Currently, reviewing results for final analysis, interpretation and feedback

The Contract Language

RIDER E
Program Requirements
Children’s Behavioral Health Services

System of Care Principles:

17. The goal of DHHS is that Providers of Children's Behavioral Health Services are integrated in a Trauma Informed System of Care. Providers will promote the Federal Substance Abuse and Mental Health Services Administration’s (SAMHSA) System of Care Principles of 1) Family Driven, 2) Youth Guided, and 3) Culturally and Linguistically Competent care. These three System of Care Principles are described at [http://systemsofcare.samhsa.gov/](http://systemsofcare.samhsa.gov/).


Interpreting Results and Creating Technical Assistance and Training Plans

- The role of Technical Assistance
- Modeling strength based and trauma informed principles
- Working with youth and family to train and inform agencies
- Supporting Continuous Quality Improvement

Statewide Continuous Quality Improvement Plan

- Conduct TIAA Assessment
- Additional Technical Assistance as needed
- Technical Assistance from Thrive Consultants, Use of TIAA Crosswalk
- Thrive Continuous Quality Improvement Plan, DHHS Contract
- Thrive Regional Coordinator leads to initial contact with Thrive
- Agency and DHHS Review Results
- Prioritize Areas of Need
- Implement CGI Plan / Plan Do Study Acts
- Guidance from DHHS Regional Coordinator leads to initial contact with Thrive
The intake instrument package now contains a brief trauma screen.

A challenge: how do non-clinical interviewers collect detailed trauma histories?

Conclusions and Implications

- Take into account parent and/or primary caregiver trauma history in all aspects of SOC
  - Select and implement trauma-specific practices that include both youth and family experiences
- Implement local/state policies that support trauma-informed approach, practice and evaluation
- Provide targeted education and training on trauma-informed approach

Consider how your family organizations and youth organizations can support and lead this transformation!

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Evaluating Trauma

- The CMHI national evaluation is becoming more aware of, and interested in, trauma
- The intake instrument package now contains a brief trauma screen
- A challenge: how do non-clinical interviewers collect detailed trauma histories?