

**Understanding Trauma:
Its Impact on Child and Family
Outcomes and a Trauma
Informed Approach to Systems
Transformation**

Presented by:

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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.

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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

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**The Impact of Trauma on Children and Families:
Prevalence of Trauma and Related Symptoms in
Maine's Trauma-Informed System of Care**

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Presentation Focus

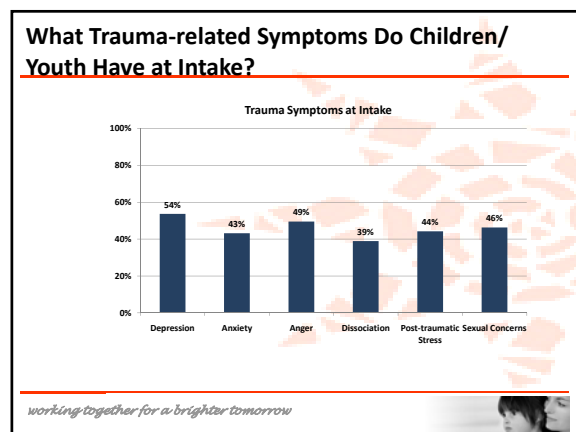
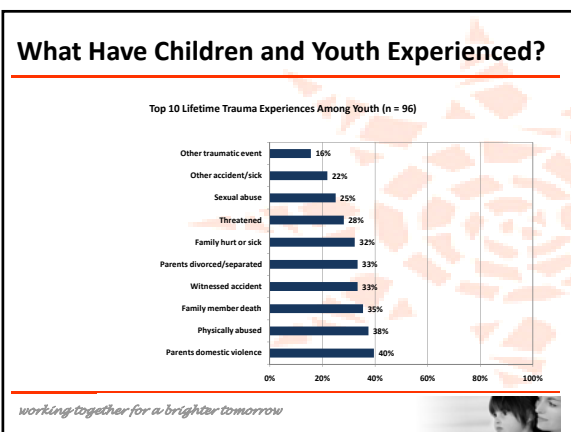
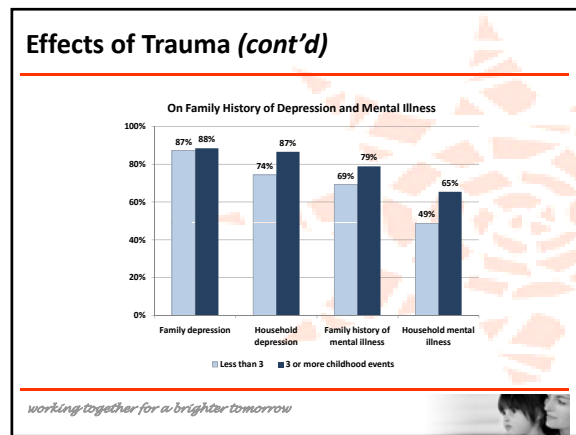
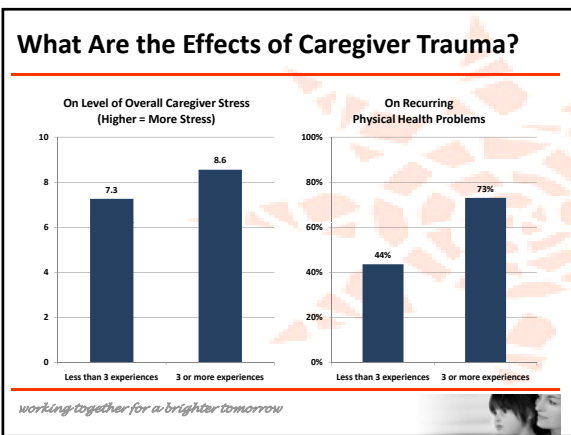
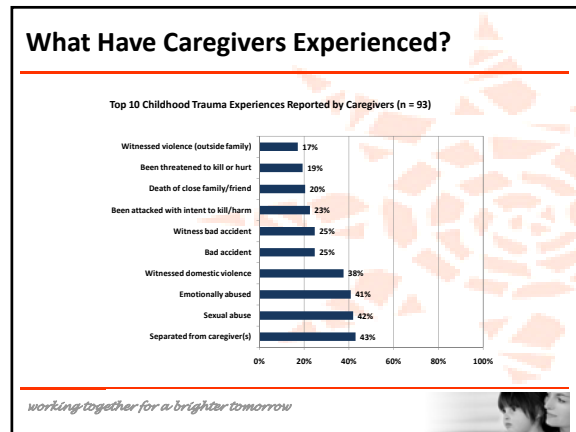
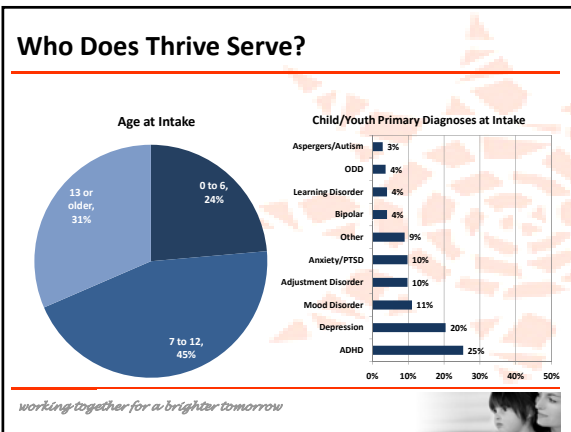
- How much trauma have Thrive children, youth and their caregivers experienced?
- What effect does family's history of trauma have on child and family outcomes?
- Have trauma symptoms reduced after 6 months?

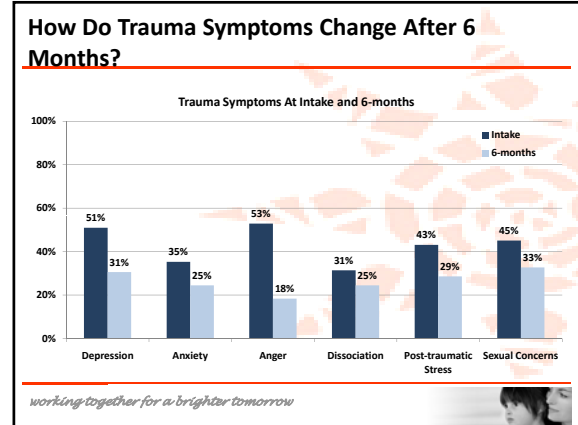
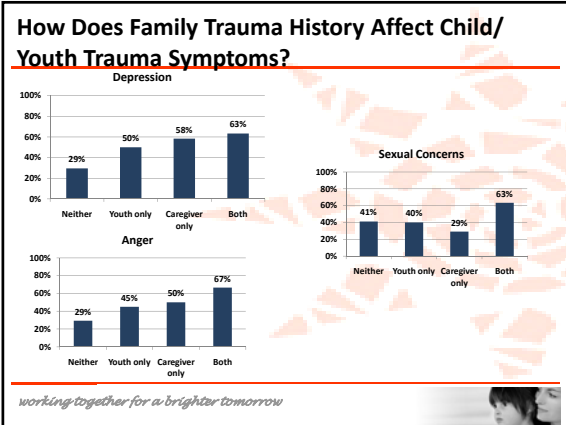
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Measuring Trauma: Evaluation Instruments

- 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)

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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

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How Do We Know Change is Happening? Developing a Trauma-Informed System of Care Agency Assessment

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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

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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.

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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

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Involvement of Youth and Family

Phase	Role of Youth and Family	How? Youth and Family...
Planning	Create framework and questions; provide feedback and suggestions.	...identified what is most important to them. ...made sure key components include youth and family priorities. ...draft definitions and questions.
Pilot Testing	Test and refine questions, methods and framework.	...helped an evaluator to conduct key informant interviews. ...brainstormed ways to reach family and youth. ...pilot tested final data collection instruments. ...suggested changes.
Implementation	Ensure data collection is family and youth friendly.	...provided technical assistance to agencies. ...helped youth/families respond to the assessment.
Response Monitoring	Review responses and suggest best practices to ensure family/youth are reached.	...reviewed quarterly report on the number of responses. ...made suggestions based on report.
Continuous Quality Improvement	Interpret results and provide technical assistance.	...reviewing results. ...developing youth and family component of technical assistance plans.

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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

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The Domains

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Example of Family/Youth Questionnaire

Please rate the following statements based on your experiences with [Agency Name]:	Rating Scale					
	NO!! 1	No. 2	Neutral 3	Yes. 4	YES!! 5	Doesn't apply
1. I feel safe at this agency.						
2. I know my way around this agency.						
3. At this agency, I am confident that private conversations cannot be overheard.						
4. It is easy for me to report complaints to someone at this agency.						
5. The agency responds to my complaints promptly.						
6. I am often asked to repeat information that I have already provided to this agency.						
7. I am often asked to repeat information that I have provided to a different agency.						
8. Staff worked with me to develop a safety or crisis plan for us to refer to.						

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Example of Agency Staff Questionnaire

I. Physical and Emotional Safety

Best Practice Standard	Rating Scale				
	Low 1	Low-Moderate 2	Moderate 3	Moderate-High 4	High 5
1. Space: Agency displays map of space showing exits, restrooms, parking, offices; reception area is secure; rooms are labeled, private and soundproof; all areas are well-lit.					
2. Privacy: Private waiting spaces are available staff do not discuss youth and families in identifiable manner; information is gathered in private areas.					
3. Quality Improvement, Safety: Agency routinely checks facilities and staff practices for safety and privacy concerns. Reported safety incidents and privacy violations are reviewed regularly and changes are made as needed.					
4. Incident Reporting: Incident reporting is easy; youth and families are informed of the process at intake; anonymity is granted; agency response is timely (e.g., 30 days); a finding is clearly communicated to person(s) reporting incident.					
5. Information Sharing Within Agency: Youth and families do not have to repeat information collected by other divisions, practitioners or staff in agency. Information sharing includes history of traumatic events with enough detail to provide a proper understanding of the role of trauma.					

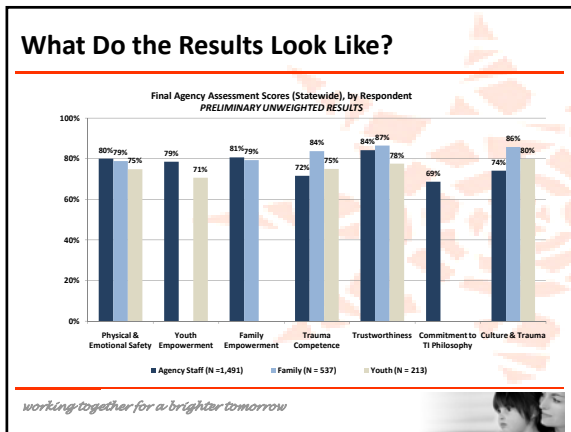
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How is it Scored?

- 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 = (total potential score/total actual score)*100

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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

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The Contract Language

RIDER E
Program Requirements
Children's Behavioral Health Services

System of Care Principles:

- 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/>.
- An additional principle for a Maine's Children's Behavioral Health System of Care is that it is Trauma Informed.

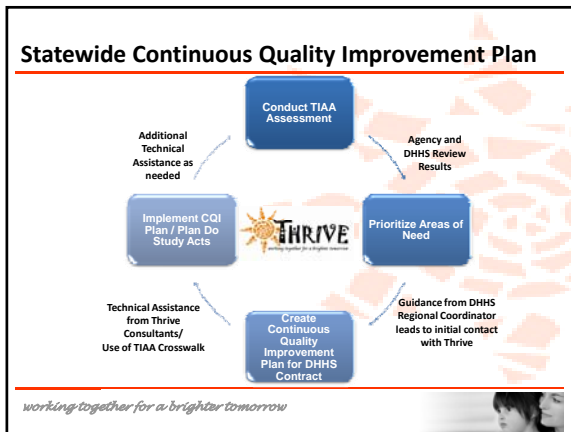
www.maine.gov/dhhs/purchased-services/contract-2010/rider-e/RIDER-E-CS.pdf

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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

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What Does the Feedback Look Like?

Best Practice Standards: Physical and Emotional Safety

1-1. **Space:** Agency displays map of space showing exits, restrooms, parking, offices, reception area is secure; rooms are labeled, private and soundproof, all areas are well-lit.

1-2. **Privacy:** Private waiting space are available; staff do not discuss youth and families in identifiable manner; information is gathered in private areas.

1-3. **Quality Improvement, Safety:** Agency routinely checks facilities and staff practices for safety and privacy concerns. Reported safety incidents and privacy violations are reviewed regularly and changes are made as needed.

1-4. **Incident Reporting:** Incident reporting is easy; youth and families are informed of the process at intake, anonymity is granted; agency response is timely (e.g., 30 days); a finding is clearly communicated to person(s) reporting incident.

1-5. **Information Sharing Within Agency:** Youth and families do not have to repeat information collected by other divisions, practitioners or staff in agency. Information sharing includes history of traumatic events with enough detail to provide a proper understanding of the role of trauma.

1-6. **Information Sharing Across Agencies:** Agency accepts/solicits information from other agencies, with proper consent, so youth and families do not have to repeat information. Guidelines outline what information staff should routinely request from other agencies. Information exchange includes trauma history with enough detail to provide a proper understanding of the role of trauma.

1-7. **Safety Plans:** Safety (crisis) plans are created for all youth who have experienced trauma. Agency promotes plans that minimize potential re-traumatization (e.g., coercive hospitalizations). Plans required to include: triggers and coping techniques; youth and family preferences; community supports; clear outline of key components (if it happens, it will occur); how plans will be shared, and with whom.

Trauma-Informed System of Care Agency Assessment: Physical and Emotional Safety

Metric	Value
Statewide Average	80%
Agency Score	74%
75th Percentile	75%

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Sample Technical Assistance Templates

Questions to Consider:	
Identification of Challenges	In what areas does our agency have the lowest scores? What about compared with the statewide average?
Challenges – But Why Here?	Why do the challenges identified above exist at our agency?
Identifying Goals (Based on youth/family responses)	What changes do we want to see on youth and family measures?
Identifying Objectives (Based on agency responses)	What can our agency do to become more trauma-informed?
Technical Assistance Needs	Where does our agency need or want technical assistance?

Continuous Quality Improvement and Technical Assistance Plan		
What do we want to change (Goals)?	What can we do at the agency (Objectives)?	What help do we need (Technical Assistance)?

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National Evaluation and Trauma: The Next Generation

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Evaluating Trauma in Systems of Care

- 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?

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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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