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Trauma Experiences of Children Served by Early Childhood Systems of Care

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Vision

Children age birth to 11 years will reach their full potential through partnership with family, school and community within positive and nurturing educational environments that embrace their strengths, diversity and respond to their individual needs.

Mission

To establish a sustainable family and youth-driven, culturally and linguistically competent integrated system of behavioral health care, early care and education, and education that will support all children age birth to 11 years with serious emotional challenges.

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Goals

- Develop sustainable infrastructure that systematically fosters collaboration among SWPBIS schools, behavioral health community, early care and education, and broader social service system;
- Expand clinical/family support infrastructure and increase access to wraparound planning, supports, and clinical and social services by reaching children and their families in the naturalized early care and education and school setting and creating easily accessed paths for support; and
- Meld system of care values and principles with the operational structure and approach of SWPBIS schools and early care and education settings.

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Population of Interest

- Children age birth to 11 years
- Diagnosis of emotional, behavioral, or mental disorder (DSM-IV, ICD-9, DC:0-3)
- Disability present for one year or the potential to persist for at least one year
- At risk for out of home placement, more restrictive placement, or in placement due to disability
- In need of multi agency intervention

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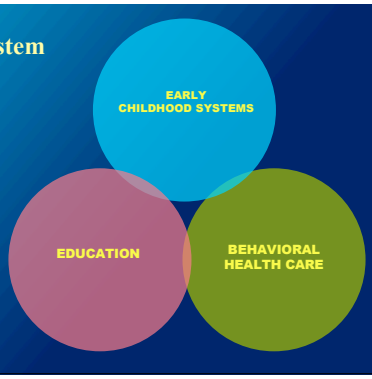
Initial System



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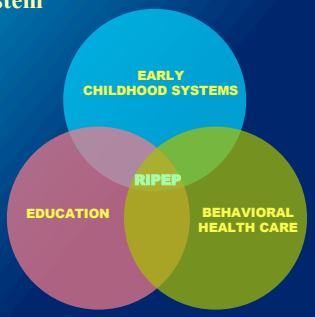
Integrated System



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Vision
Children age birth to 11 years will reach their full potential through partnership with family, school and community within positive and nurturing educational environments that embrace their strengths, diversity and respond to their individual needs.

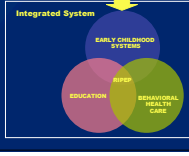
Mission
To establish a sustainable family and youth-driven, culturally and linguistically competent integrated system of behavioral health care, early care and education, and education that will support all children age birth to 11 years with serious emotional challenges.

RIPEP Population of Interest (Description of Children and Families Served by RIPEP)
- ✓ Children age birth to 11 years
- ✓ Diagnosis of emotional, behavioral, or mental disorder (DSM IV, DC: 0-3)
- ✓ Disability present for at least one year or the potential to persist for at least one year
- ✓ At risk for out of home placement, more restrictive placement, or in placement due to disability
- ✓ In need of multi agency intervention
- ✓ At risk for developmental delay, and/or social, emotional, behavioral challenges

Goals
- ✓ Develop sustainable infrastructure that systematically fosters collaboration among SWPBIS schools, behavioral health community, early care and education, and broader service system
- ✓ Expand clinical/family support infrastructure and increase assess to wraparound planning, supports, and clinical and social services by reaching children and their families in the naturalized early care and education and school setting and creating easily accessed paths for support
- ✓ Meld system of care values and principles with the operational structure and approach of SWPBIS schools and early care and educational settings

Initial System

Integrated System



Outcomes

Short-Term
- ✓ Overall
- ✓ Education
- ✓ Behavioral Health Care
- ✓ Early Childhood Systems

Long-Term
- ✓ Overall
- ✓ Shared
- ✓ System

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Why study trauma experiences of young children/youth participating in SOC?

Prevalence
- Trauma is pervasive among children, youth, and families in the United States, particularly for children and youth involved in public systems (National Center for Children in Poverty, 2007)
- About 15.5 million American children from ages birth to the age of 17 years old live in dual-parent households in which intimate partner violence has occurred during the past year (McDonald et al., 2006)
- Based on data from child protective services (CPS) agency investigations and assessments, approximately 906,000 children were victims of child abuse and neglect in 2003 (U.S. DHHS, 2005)
- In a study of parent and partner violence in families with young children, Smith Slep and O'Leary (2005) found that in 90% of the 453 families studied, some type of physical aggression (adult-to-adult and/or parent-to-child) occurred in the past year

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Why study trauma experiences of young children/youth participating in SOC?

Co-occurrence
- Children who live in violent families are likely to experience other potentially traumatic events and victimizations (Edleson, 1999; Turner et al., 2007)
- Given the high rates of multiple victimizations, studies of one form of violence should assess for the range of potentially traumatic events and new and recurring victimizations that children have experienced

Impact of Exposure
- Trauma exposure has been associated with many negative outcomes, and children who are exposed are more likely to exhibit such problems than those who have not experienced trauma
- There is variability in how children respond to IPV, and not all will manifest negative outcomes (Grych, et al., 2000; Kitzmann, Gaylord, Holt, & Kenny, 2003; Wolfe, 2006)
- Although young children are particularly susceptible to the effects of IPV, knowledge on the impacts of IPV exposure on young children lags behind what is known for the middle childhood and adolescent population (Ybarra, Wilkens, & Lieberman, 2007)
  - The knowledge base is even less for infants

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Why study trauma experiences of young children/youth participating in SOC?

Response to existing position statements and reports
- NASMHPD Position Statement on Services and Supports to Trauma Survivors
- Strengthening Policies to Support Children, Youth, and Families Who Experience Trauma Experience Trauma (NCCP, 2007)

Advancing knowledge and research literature
- The literature stresses the need for more complex research methodologies and advanced data analysis techniques to improve our understanding of varied outcomes and the mechanisms through which trauma affects children
- Potential for a new DSM-IV diagnosis called: Developmental Trauma Disorder (American Psychological Association, 2007)
- Extending our previous research with young children's trauma expereinces

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Initial Questions

- What are the trauma experiences of children/youth enrolled in the Longitudinal Outcome Study?
- What is the relationship between trauma and internalizing and externalizing behaviors?
- What is the relationship between trauma and children's/youths' emotional and behavioral strengths?

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Sample Characteristics

- 43 children and their families
  - represents ~50% of all children in SOC
- Age range from 5.5-12 years
  - X^2 = 9.3 years
- 84% boys; 16% girls
- 9% African American, 50% white
- 21% Latino/Hispanic

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Sample Characteristics

- 98% of children live at home
- 58% of children live with both parents; 35% live with their mother only
- 84% of families fall below the poverty line ($20,650 according to 2007 standards)
- 48% of children/youth diagnosed with Attention-Deficit / Hyperactivity Disorders

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Traumatic Events Screening Inventory, Parent Report, Revised (TESI-PRR)

- Assesses history of exposure to different types of traumatic events
  - 24 items
  - accidents, natural disasters, death of someone close to the child, assault, attacks by animals, domestic violence, war, community violence, and sexual abuse
  - response categories: “yes”, “no”, or “unsure”

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Child Behavior Checklist, 6-18 (CBCL)

- Assesses symptoms and behavioral and emotional problems of children and youth children aged 6-18 years
  - Caregiver report only for this study
  - 3-point Likert-scale: “not true” to “very true”
  - Total scale, 2 broadband scales
  - Inter-item reliability for this sample
    - Internalizing (.78), Externalizing (.83)

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Behavioral and Emotional Rating Scale-Parent Rating Scale (BERS-2C)

- Caregiver report to identify the emotional and behavioral strengths of children age 5.5 - 12 years.
- 4-point Likert-scale: “not at all” to “very much”
- Higher scores indicate greater strength
  - Strength subscales range from 1-16
  - Average subscale range is 8-12
- Total inter-item reliability for this sample=.87

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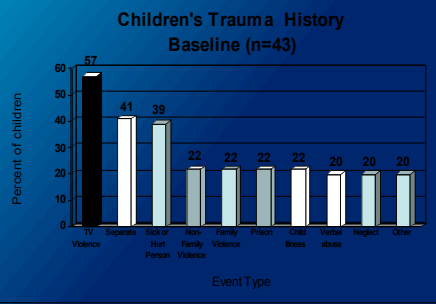
Findings



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Findings (N=43)

- **Separation** (41%)
  - 98% separated from parent
  - Occurred between ages 5 & 6.5
- **Family Violence** (22%)
  - 94% exposed to violence between parents
  - 10% weapon used
  - Occurred between ages 6 & 7.5
- **Non-Family Violence** (22%)
  - 95% neighbors
  - 56% weapon used
  - Occurred at approximately age 8

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Measure	CBCL 6–18 Average Score	Clinical Range
Competence		
Social	37.3 (*n* = 41)	<30.0
Activities	35.6 (*n* = 41)	<30.0
School	34.5 (*n* = 40)	<30.0
Total Competence	31.5 (*n* = 40)*	<37.0
Behavioral and Emotional Problems		
Social Problems	65.5 (*n* = 41)	≥70.0
Thought Problems	65.5 (*n* = 41)	≥ 70.0
Rule-Breaking Behavior	64.5 (*n* = 41)	≥ 70.0
Withdrawn	64.2 (*n* =41)	≥ 70.0
Somatic Complaints	58.3 (*n* = 41)	≥ 70.0
Anxious/Depressed	65.3 (*n* = 41)	≥ 70.0
Attention Problems	68.7 (*n* = 41)	≥ 70.0
Aggressive Behavior	69.5 (*n* = 41)	≥ 70.0
Internalizing Problems	63.9 (*n* = 41)*	>63.0
Externalizing Problems	67.5 (*n* = 41)*	>63.0
Total Problems	68.4 (*n* = 41)*	>63.0

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	BERS–2C Score	BERS-2C Average Range	BERS–2C *n*
Strength Subscales[b]			
Interpersonal Strength Subscale	7.1*	8-12	41
Family Involvement Subscale	7.7*	8-12	42
Intrapersonal Strength Subscale	7.9*	8-12	42
School Functioning Subscale	6.4*	8-12	41
Affective Strength Subscale	8.5	8-12	42
Career Strength Subscale	9.4	9-12	38
Strength Index[c]	83.1*	90-110	41

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Summary of Results

- Trauma experiences of children/youth enrolled in the Longitudinal Outcome Study
  - Average of 3.89 trauma experiences (range 0, 10)
- The relationship between trauma and internalizing and externalizing behaviors is unsupported
  - Internalizing: $F(1, 41) = 1.88$, p = n.s.
  - Externalizing: $F(1, 41) = 0.00$, p = n.s.
- The relationship between trauma and children's/youths' emotional and behavioral strengths is supported
  - BERS: $F(1, 41) = -4.282$, $p < .045$

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Future Directions

- Examine the role of developmental processes in the impact of trauma on young children's mental health adjustment
  - Temperament, self-regulation, attachment, predictive factors
- Examine the role of family characteristics and processes in the impact of trauma on young children's mental health adjustment
  - Caregiver depression, substance use/abuse, stress and strain
- Assess trauma contextual factors (age at first exposure, etc.)
- Examine developmental trajectory of trauma exposure (outcomes over time)
- Examine broader array of potential outcomes
  - Peer functioning, functional outcomes, resilience

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