



Child Health and
Development Institute
of Connecticut, Inc.

Trauma-Informed Care: Addressing Adversity and Promoting Resiliency Across Child-Serving Systems

University of Southern Denmark
10 January, 2020

Jason M. Lang, Ph.D.

Vice President for Mental Health Initiatives
Child Health and Development Institute (CHDI)



Child Health and Development Institute

Our Vision

All children have a strong start in life with ongoing supports to ensure their optimal health and well-being.

Our Mission

To ensure healthy outcomes for all children in Connecticut by advancing effective **policies**, stronger **systems**, and innovative **practices**.

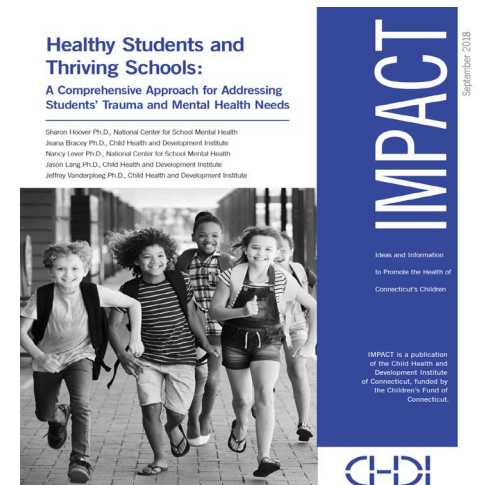
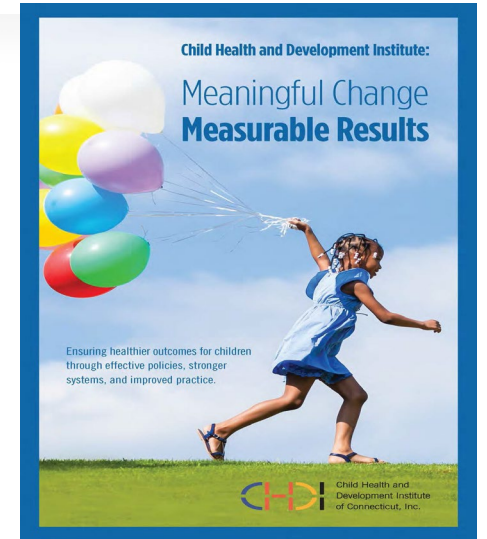
Our Strategy

Identify, demonstrate, support and promote effective health & mental health care innovations & improvements, working closely with providers, policymakers, academic institutions and state agencies.

CHDI is a non-profit subsidiary of the Children's Fund of Connecticut, a public

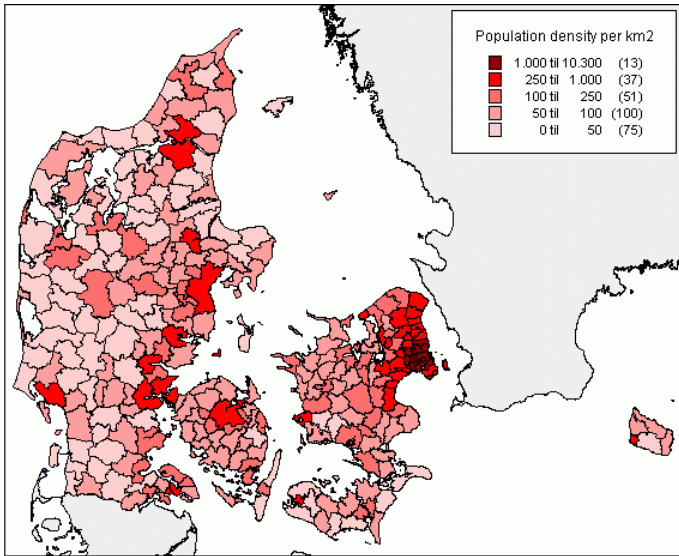


www.chdi.org



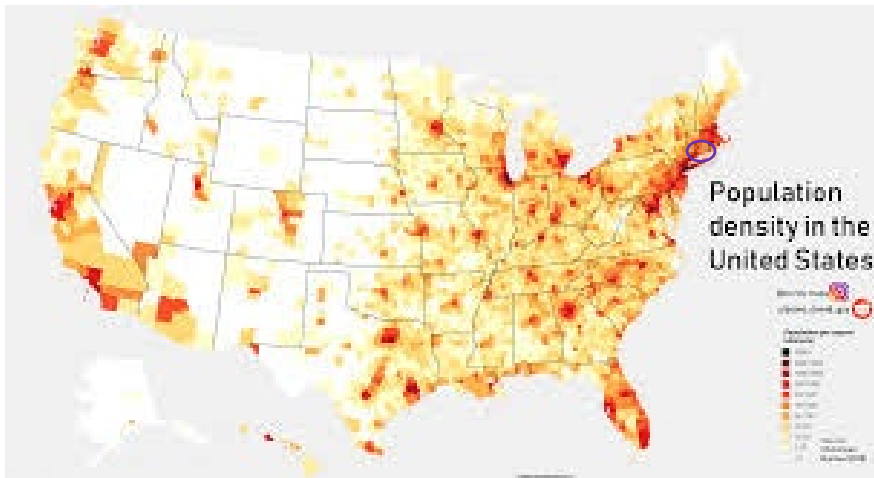
Denmark

5.6 million people
42,924 km²



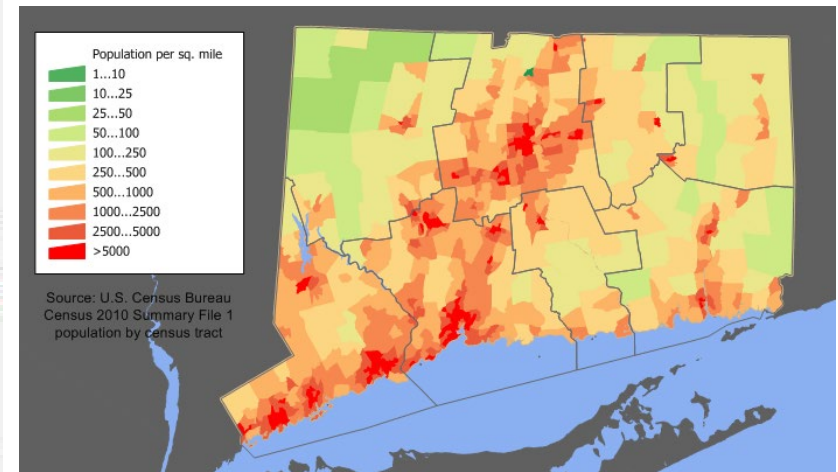
United States

327 million people
3,797,000 km²



Connecticut

3.6 million people
5,543 km²



Overview

- **Why** trauma-informed care?
- **What** is trauma-informed care?
- **How** to begin trauma-informed care



???



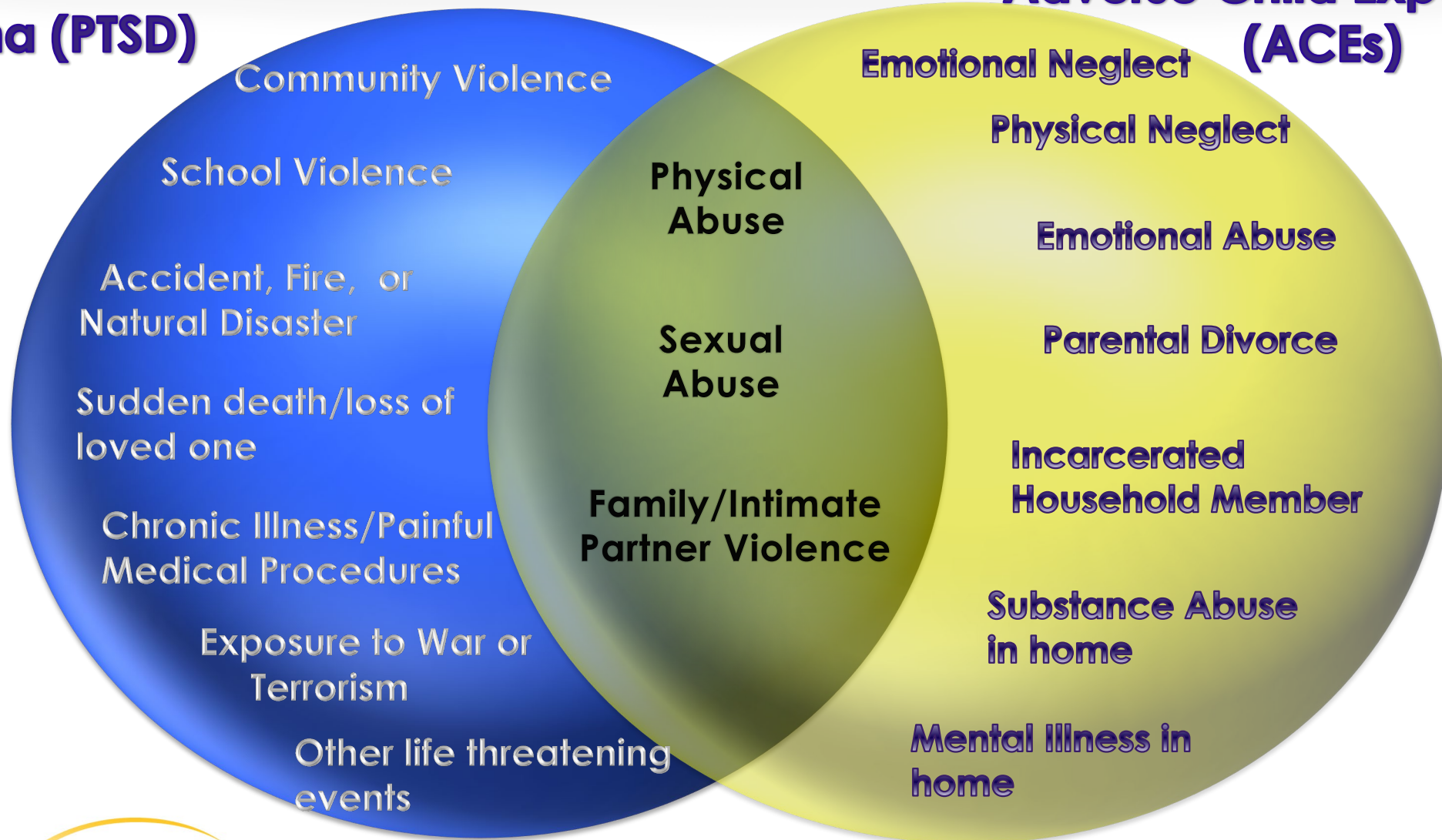
Lang (2020). Child Health and Development Institute, www.chdi.org

WHY TRAUMA-INFORMED CARE?

Types of Trauma & Adversity

“Classic” Trauma (PTSD)

Adverse Child Experiences (ACEs)



International Prevalence of Trauma Exposure

Exposure Type	
Physical Violence	23%
Intimate partner/ sexual violence	14%
Accident	34%
Unexpected death	31%
Other trauma witnessed	36%
“Private” trauma	5%
At least one trauma	70%

24 countries
29 types of trauma
68,994 people



Most trauma exposure is unreported

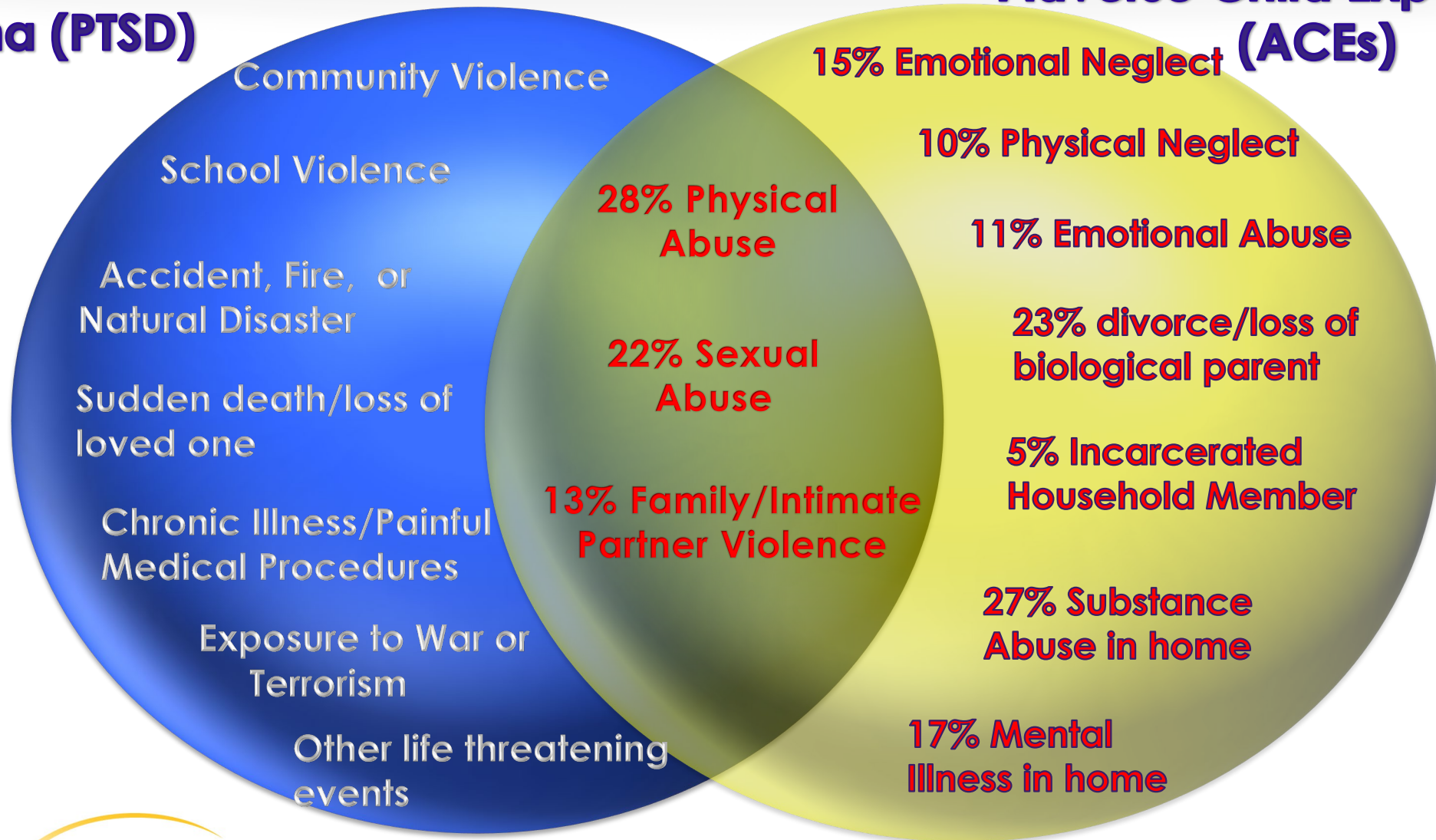
Adverse Childhood Experiences (ACE) Study

- CDC and Kaiser Permanente Collaboration
- 17,000 participants
- Looked at the relationship between 10 ACEs in childhood and health outcomes in adulthood

Prevalence of ACEs

“Classic” Trauma (PTSD)

Adverse Child Experiences (ACEs)

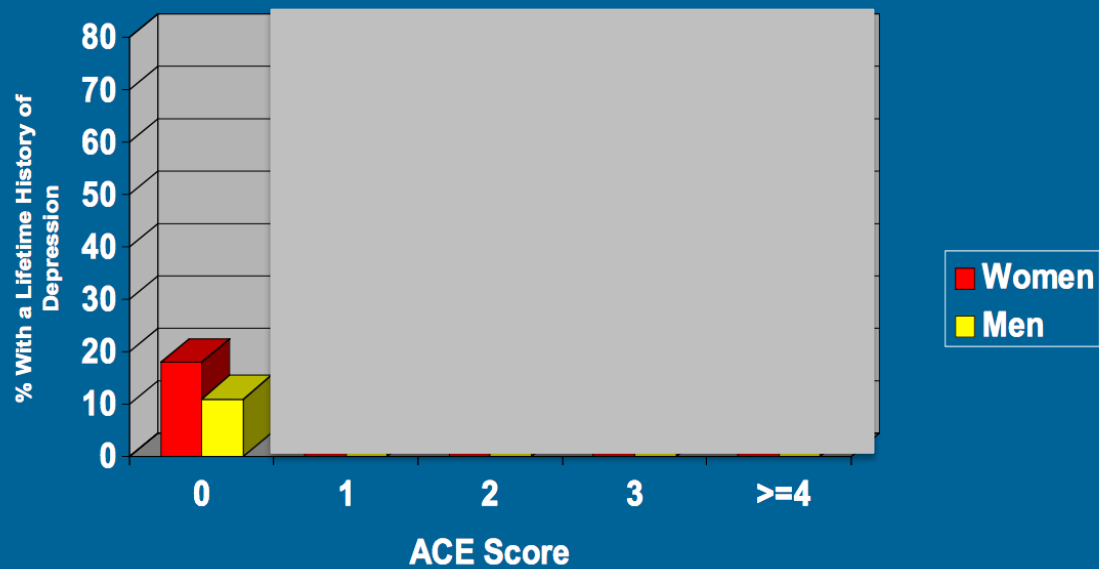


poverty, racism, discrimination, bullying

Depression & Suicide

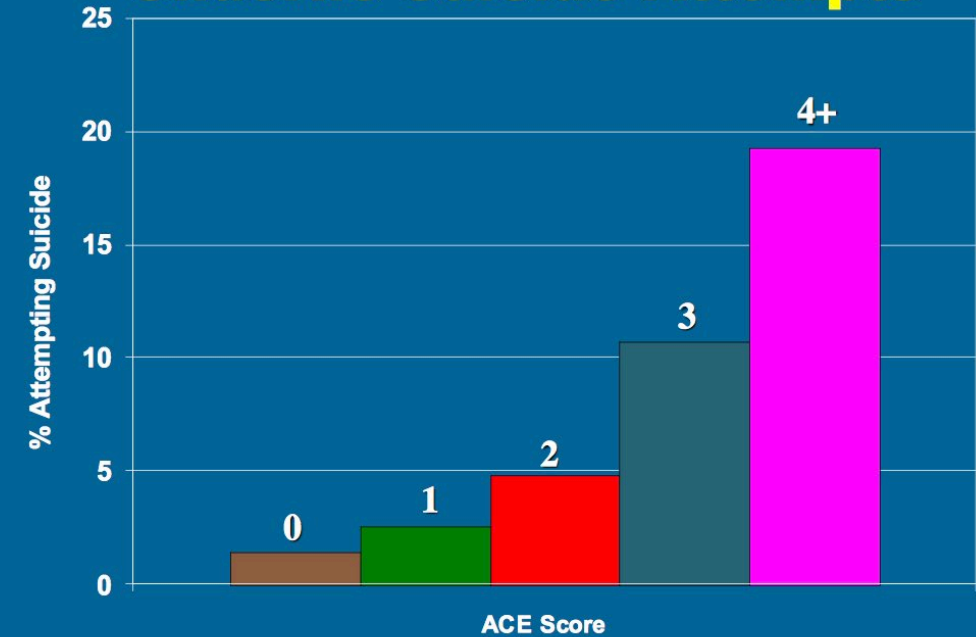
Well-being

Childhood Experiences Underlie Chronic Depression

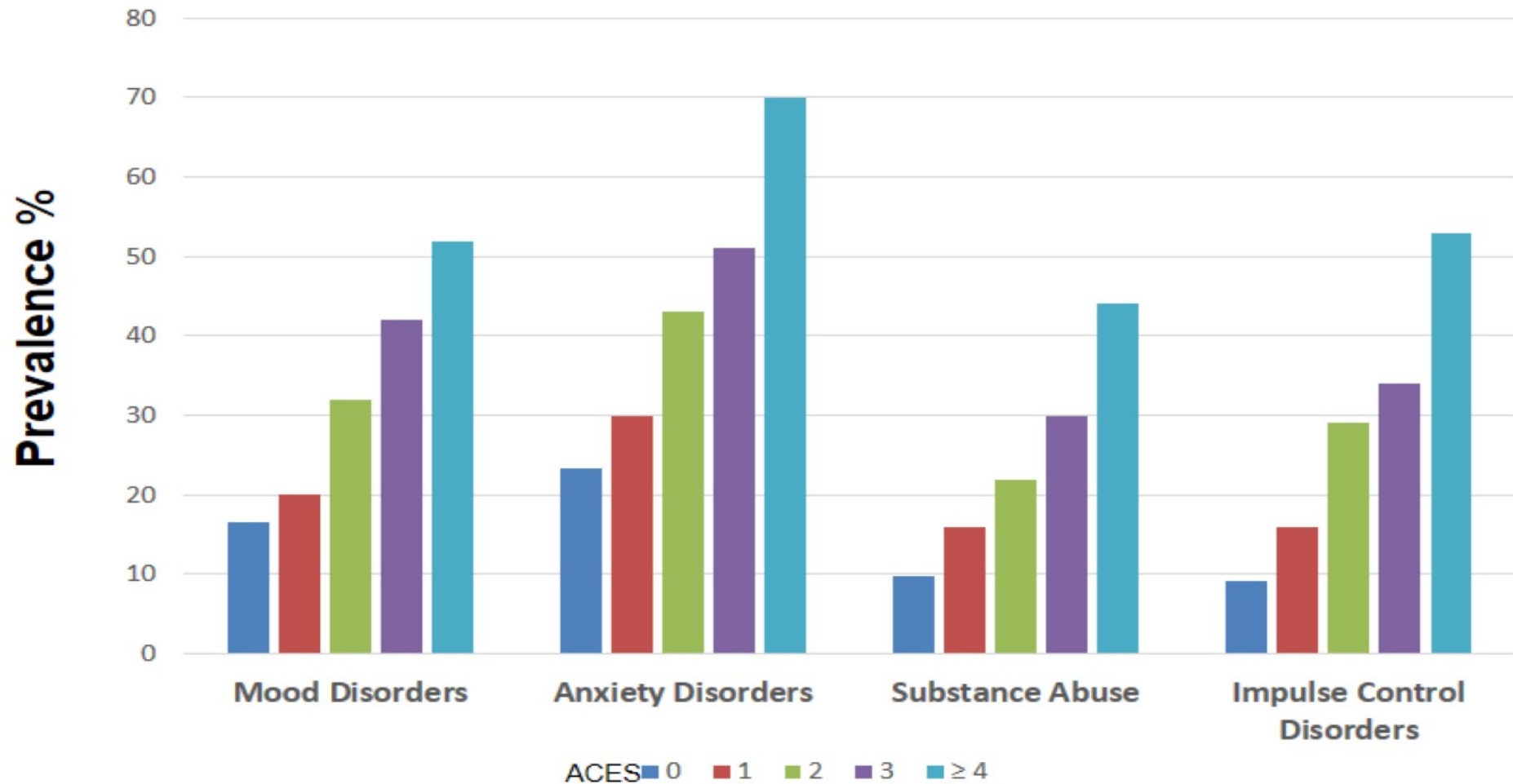


Well-being

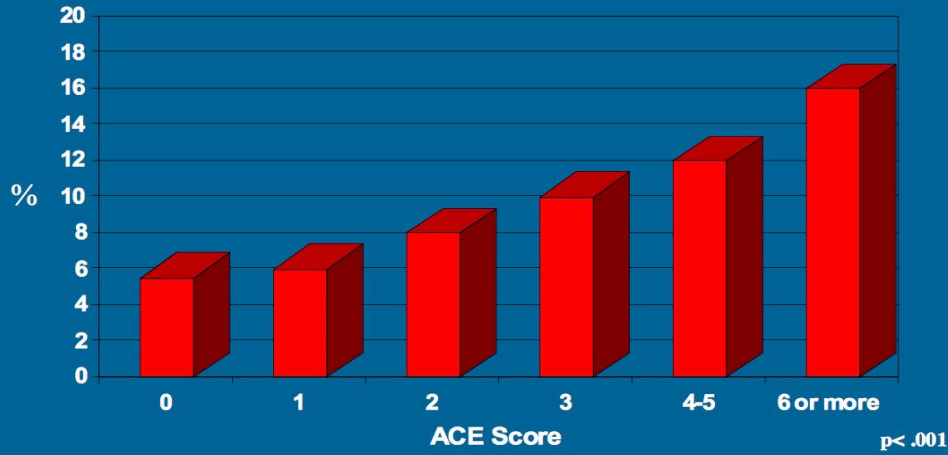
Childhood Experiences Underlie Suicide Attempts



Cumulative ACES & Mental Health^{1,2}

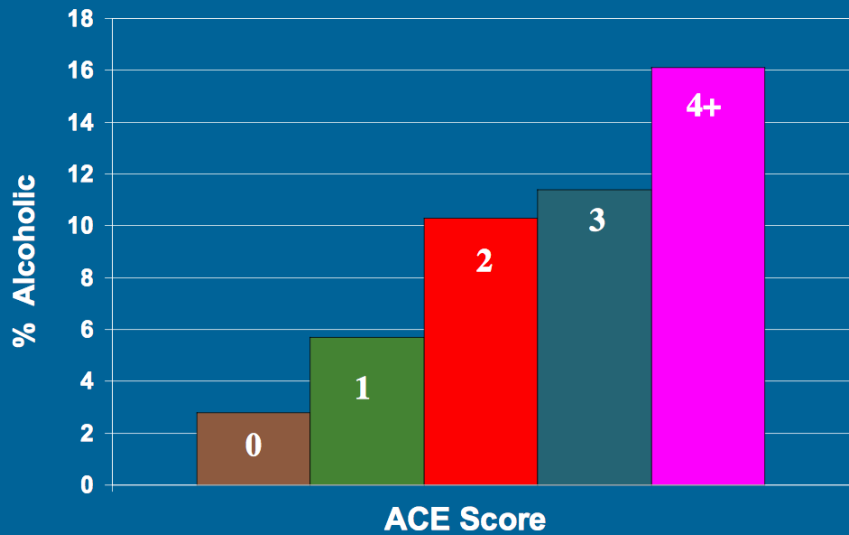


Adverse Childhood Experiences vs. Smoking as an Adult



PAR: 28%

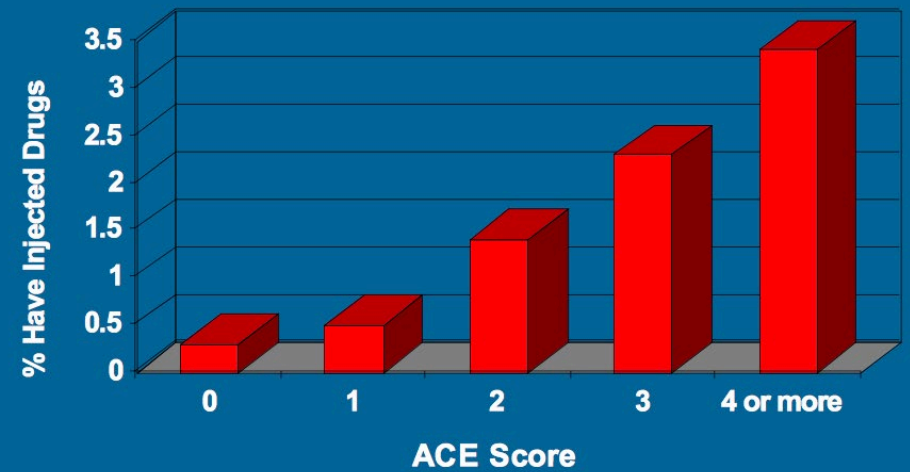
Childhood Experiences vs. Adult Alcoholism



PAR: 65%

PAR: 78%

ACE Score vs Injection Drug Use



$p < 0.001$

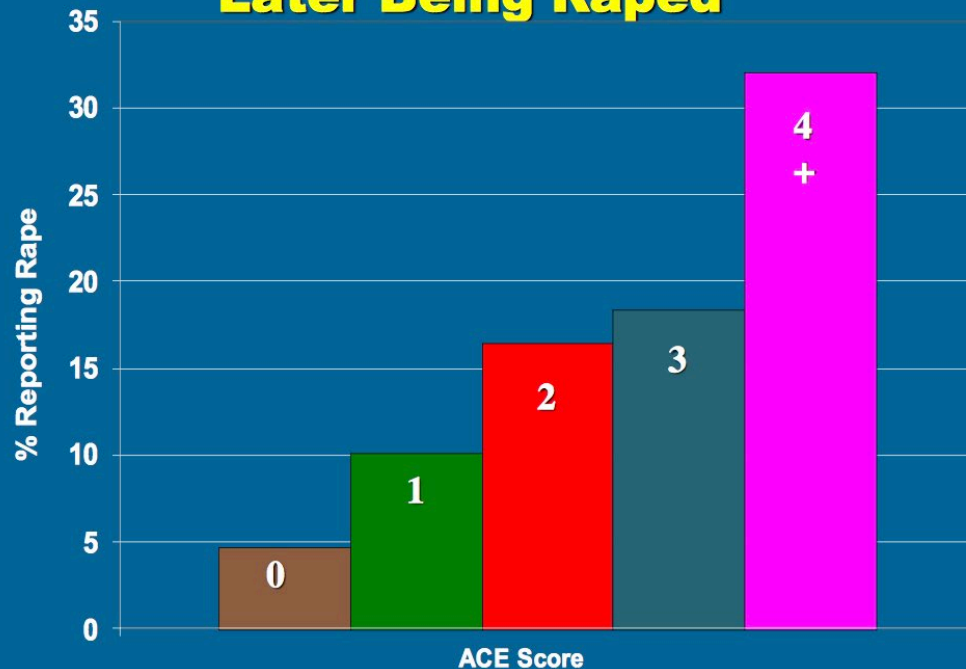
Trauma is associated with...

Being a victim

And being a perpetrator

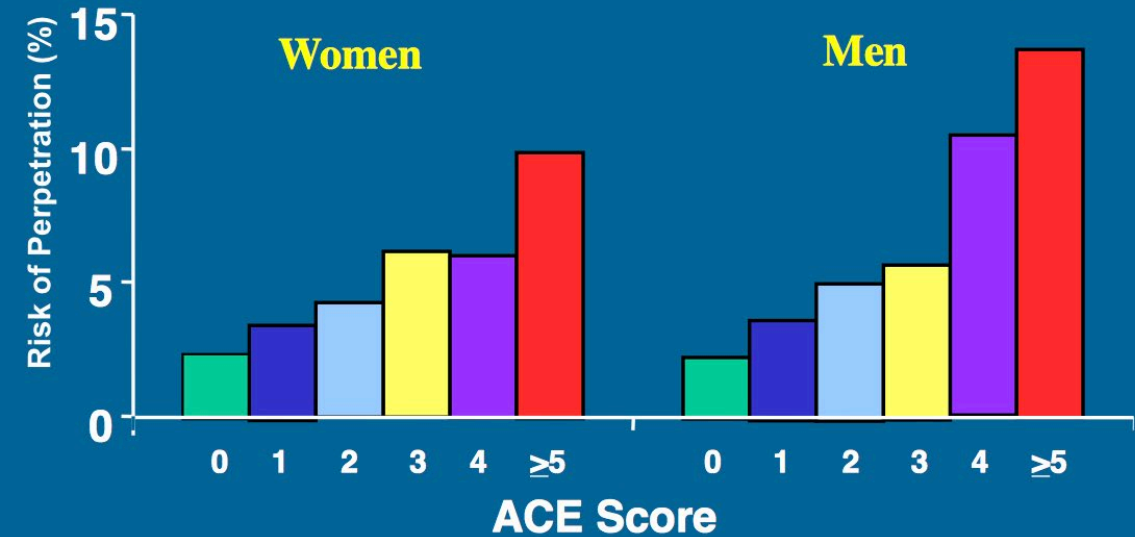
Well-being

Childhood Experiences Underlie Later Being Raped

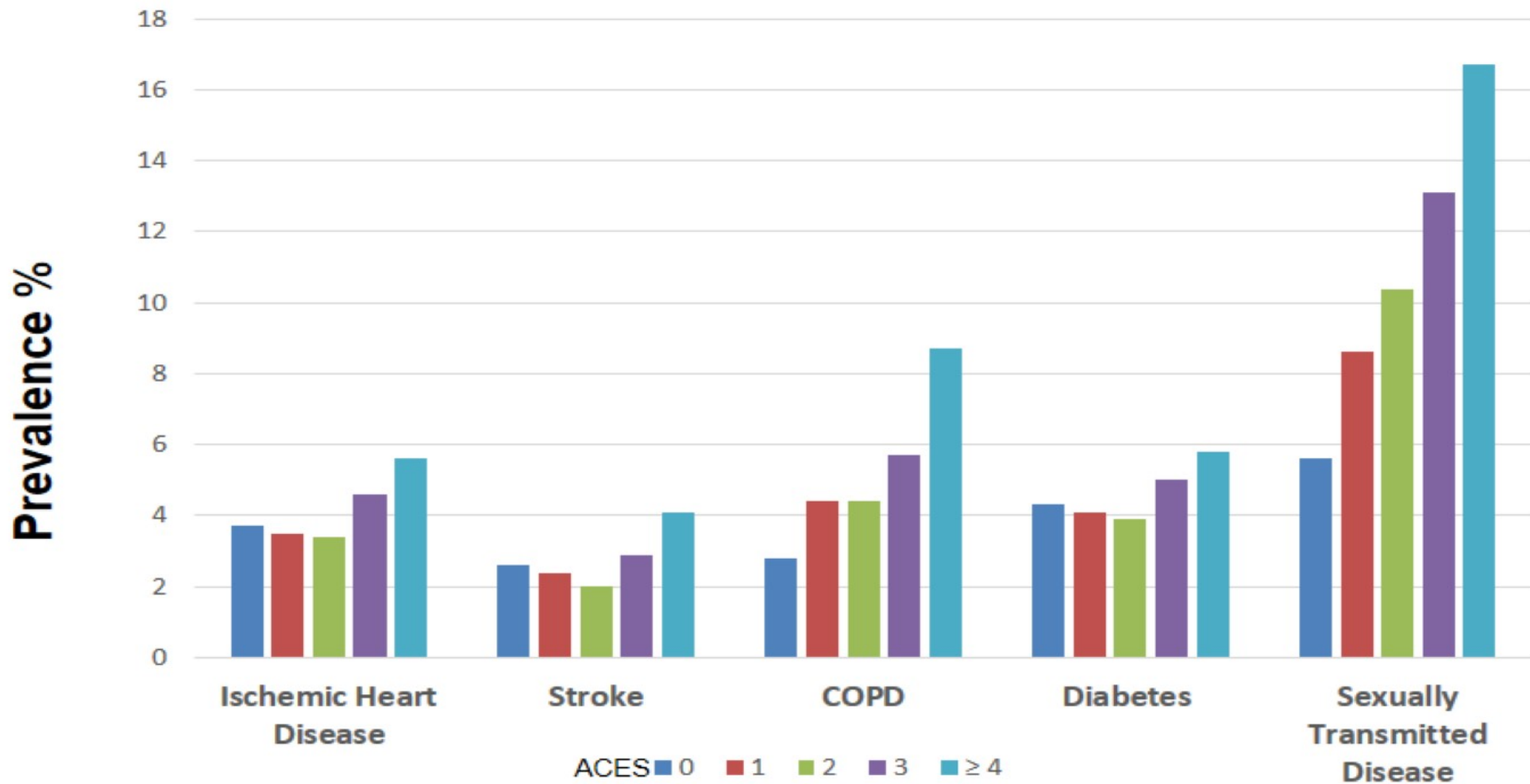


Social function:

ACE Score and the Risk of Perpetrating Domestic Violence

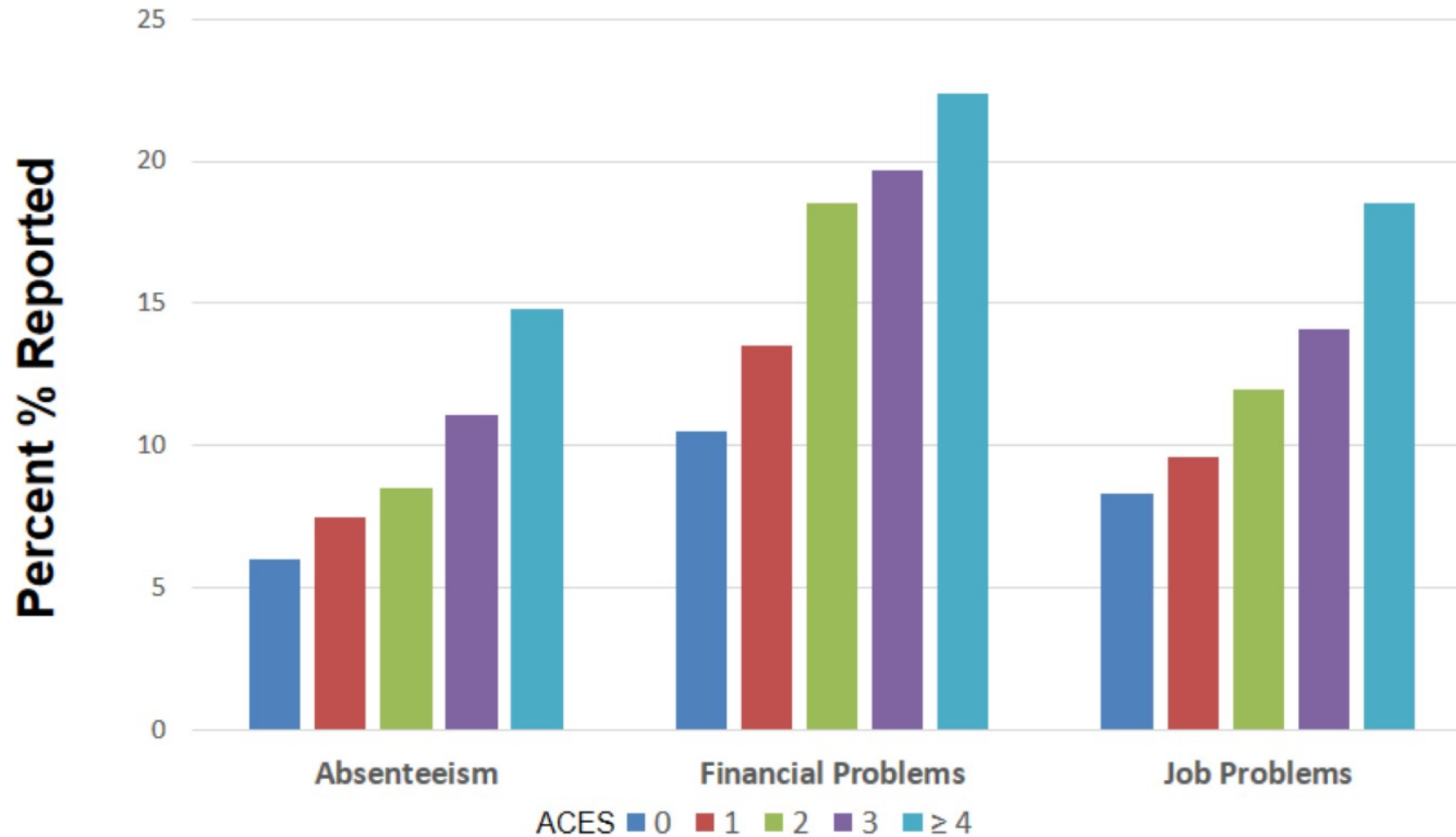


Cumulative ACES & Chronic Disease¹



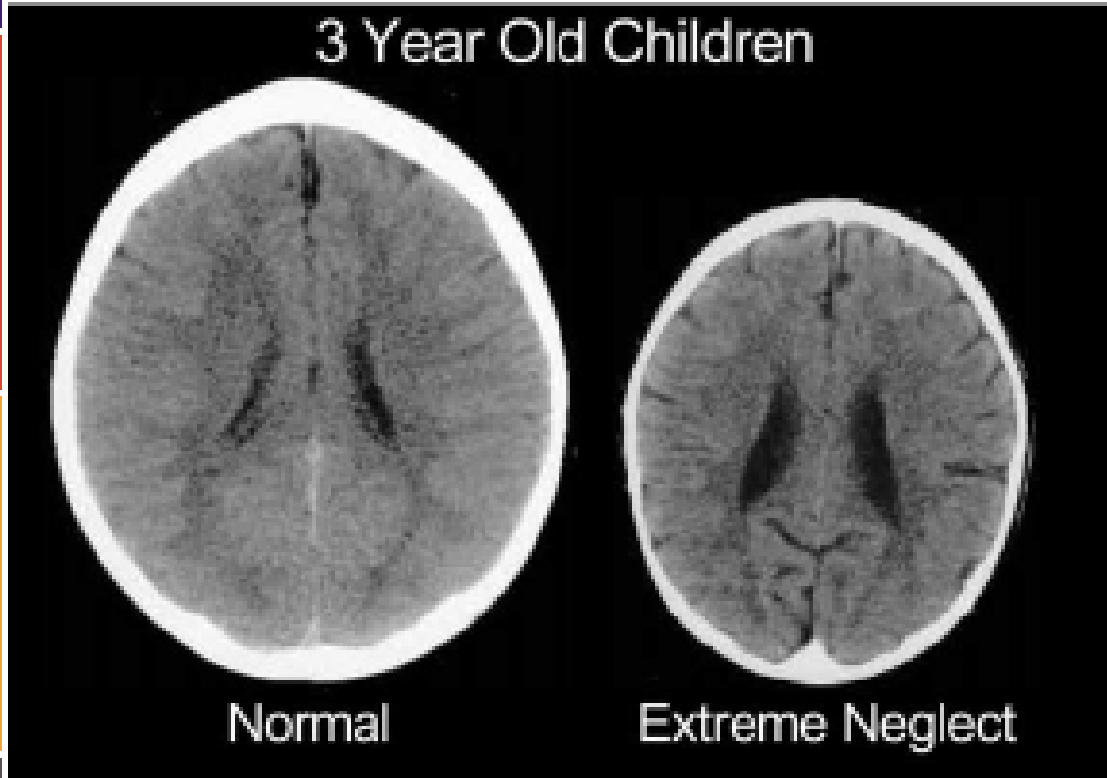
¹Felitti et al., (1998) American Journal of Preventive Medicine, 14:245-258.

Cumulative ACES & Impaired Worker Performance¹

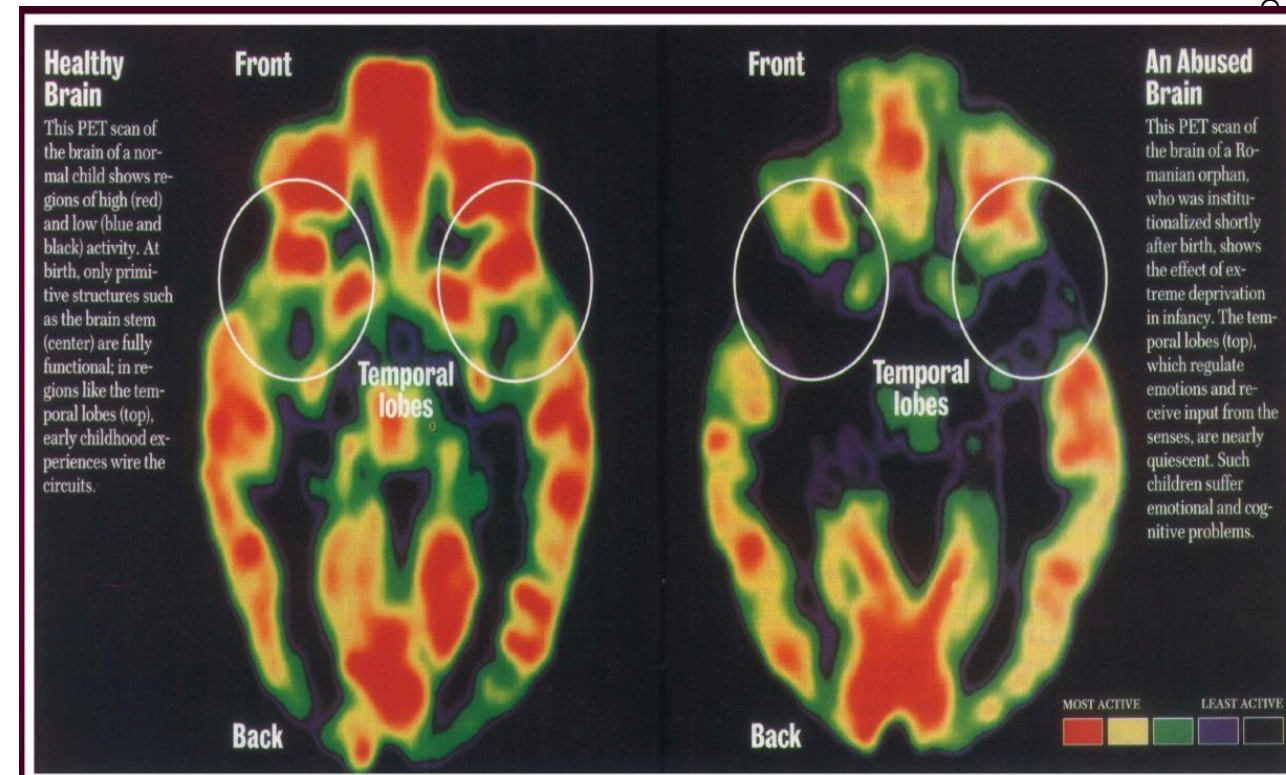


¹Anda et al., (2004) The Permanente Journal/Winter 8:30-38.

Impact: Brain Development



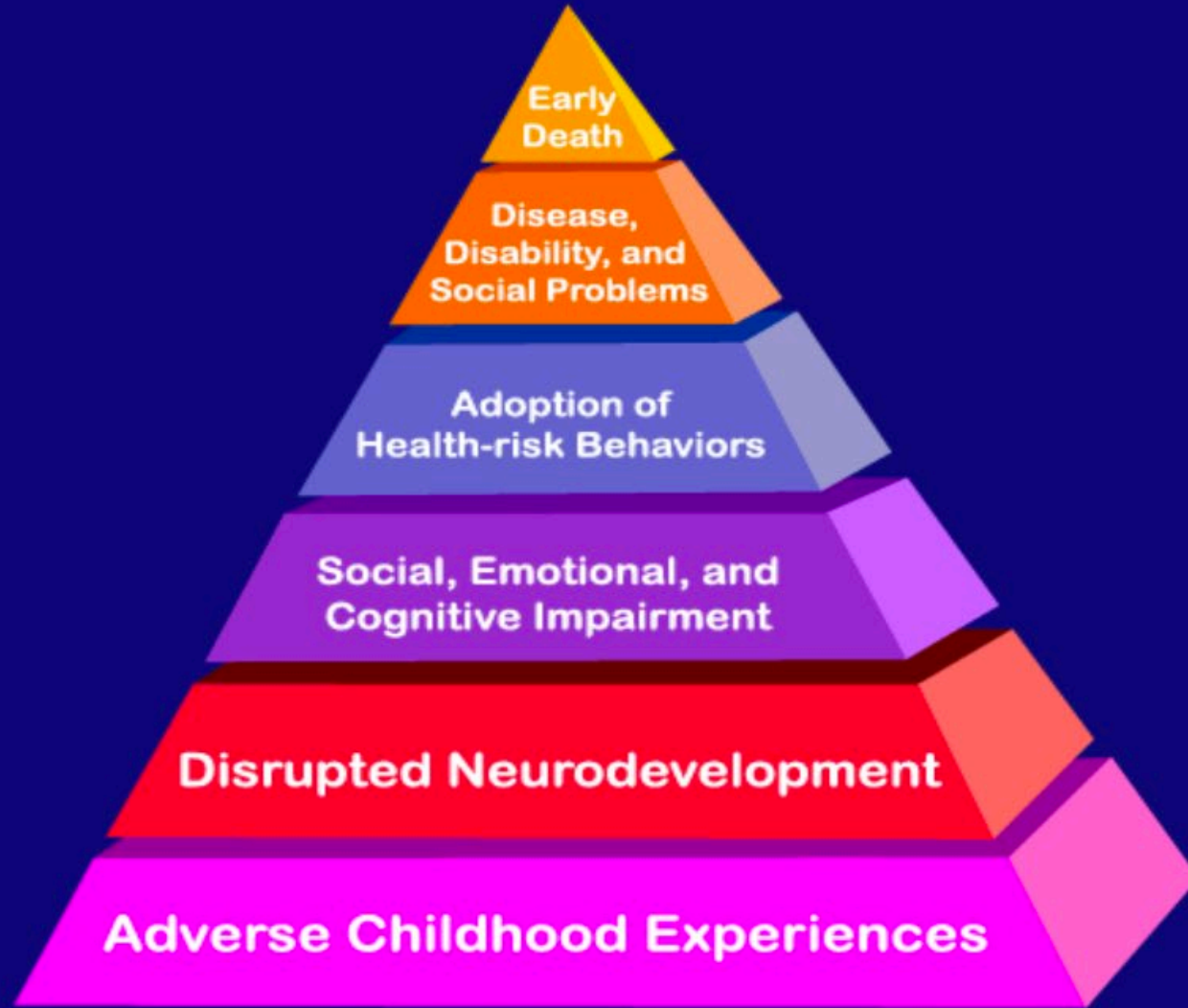
Perry, 2002



Death



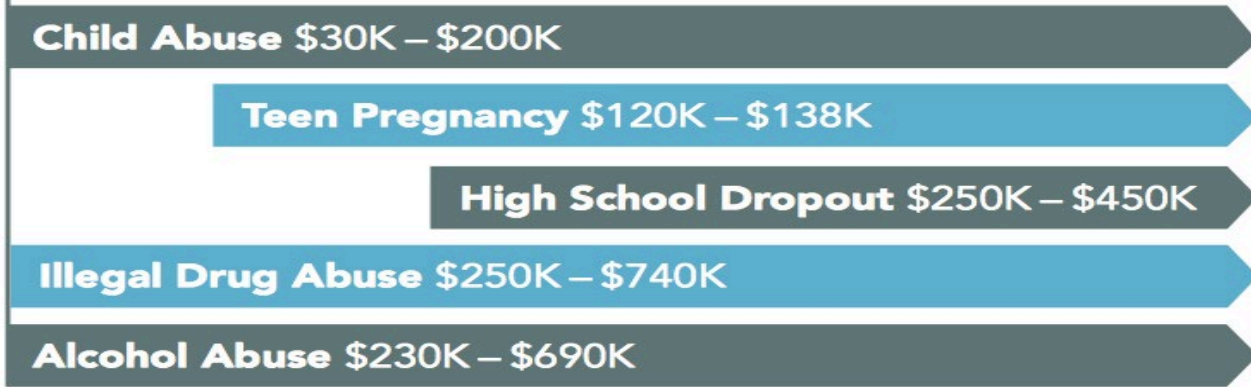
Conception



Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Intervention?

The Lifelong Costs of Trauma



\$1.8 million per child in lifetime costs¹

**6+ ACEs =
20 years of life**

LIFE EXPECTANCY

People with six or more ACEs died nearly **20 years earlier on average** than those without ACEs.



Graphic from Pew Issue Brief 2011. Paying Later: The high costs of failing to invest in young children

¹Suffer the Little Children: An Assessment of the Economic Costs of Child Maltreatment. The Perryman Group (2014)

From Clinical Trauma to Trauma-Informed Care

- Childhood exposure to trauma/adversity is common & costly
- Many professionals lack specialty training in trauma
- There is a big gap between the science and practice
- ***Avoidance***



WHAT IS TRAUMA-INFORMED CARE?

Now the Good News

- Children are resilient
- Young brains are adaptable
- Prevention & treatment work
- Trauma informed systems exist
- Posttraumatic growth is possible



Moving From

**“What’s wrong with
you?”**

To

**“What happened to
you?”**

Flytter fra

**"Hvad er der galt med
dig?"**

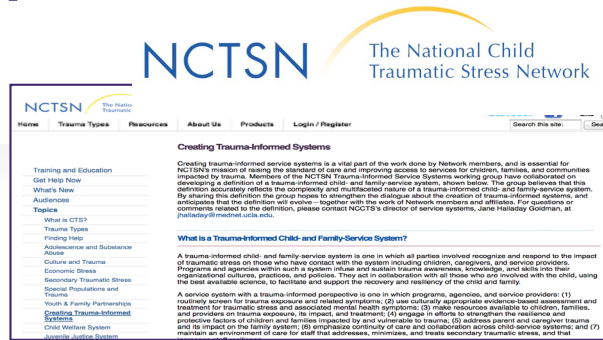
Til

**"Hvad skete der med
dig?"**

Trauma-Informed Organization Care System Approach

TEN IMPLEMENTATION DOMAINS

1. Governance and Leadership
2. Policy
3. Physical Environment
4. Engagement and Involvement
5. Cross Sector Collaboration
6. Screening, Assessment, Treatment Services
7. Training and Workforce Development
8. Progress Monitoring and Quality Assurance
9. Financing
10. Evaluation



Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services

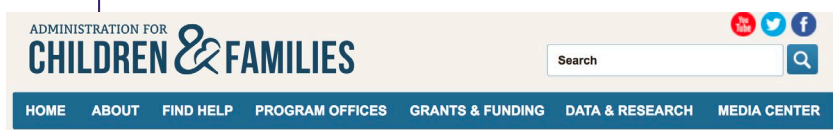
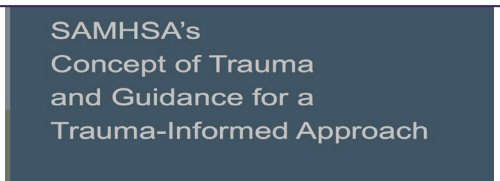


Developing Trauma-Informed Behavioral Health Systems
2003

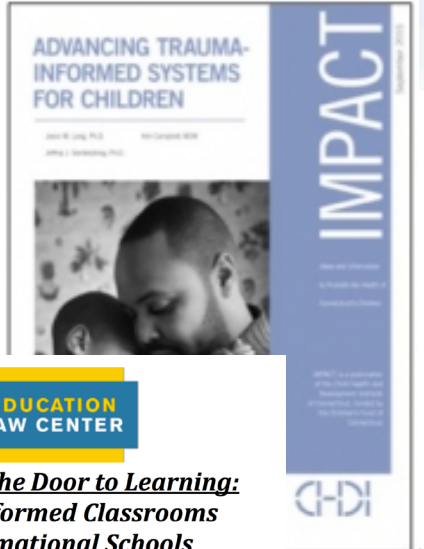
2008 Update

Report of the Attorney General's National Task Force on Children Exposed to Violence

Attorney General's National Task Force on Children Exposed to Violence (2012)



Resource Guide to Trauma-Informed Human Services



Unlocking the Door to Learning: Trauma-Informed Classrooms & Transformational Schools

Maura McInerney, Esq. Senior Staff Attorney
Amy McKlindon, M.S.W.

SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

- Safety
- Trustworthiness and Transparency
- Peer Support
- Collaboration and Mutuality
- Empowerment, Voice and Choice



What Is a Trauma-Informed School?

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach

Prepared by
SAMHSA's Trauma and Justice Strategic Initiative
July 2014

A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues

TEN IMPLEMENTATION DOMAINS

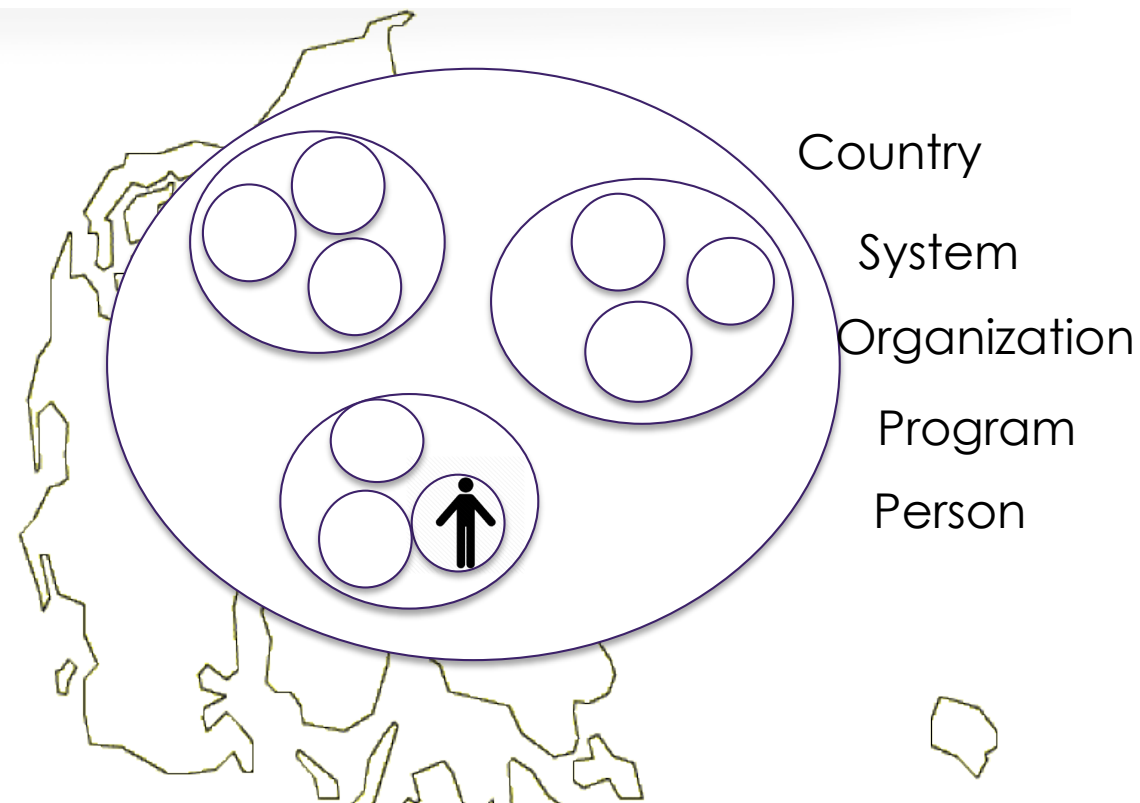
1. Governance and Leadership
2. Policy
3. Physical Environment
4. Engagement and Involvement
5. Cross Sector Collaboration
6. Screening, Assessment, Treatment Services
7. Training and Workforce Development
8. Progress Monitoring and Quality Assurance
9. Financing
10. Evaluation

Trauma-informed Care Across Settings



Integrating Concepts of Trauma-informed Care

- **Workforce Development**
- **Trauma Focused Services**
- **Organizational & Environmental Practices**



A Critical Look At Trauma-Informed Care Among Agencies and Systems Serving Maltreated Youth and Their Families

Rochelle F. Hanson¹ and Jason Lang²

Child Maltreatment
2016, Vol. 21(2) 95-100
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DOI: 10.1177/1077559516635274
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Commentary

Trauma Informed Care: A Commentary and Critique

Lucy Berliner¹ and David J. Kolko²

Child Maltreatment
2016, Vol. 21(2) 168-172
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DOI: 10.1177/1077559516643785
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1. Workforce Development

- Professional development/staff training
 - Trauma 101
 - How to talk about trauma with families
- ***Define what “trauma-informed” means for each role/job***
- Hiring, performance reviews, supervision, coaching
- Developing internal capacity: “Trauma Champions” & trainers
- Higher education

Workforce Development

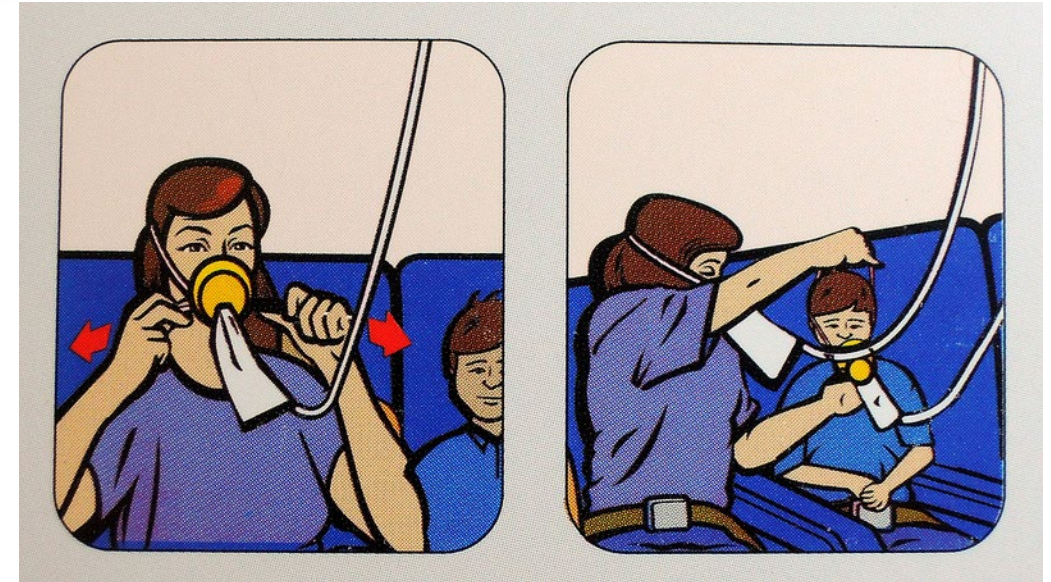
“There is a cost to caring.” – Charles Figley

“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 Naomi Remen,
Kitchen Table Wisdom 1996*

Secondary Traumatic Stress, Burnout, & Compassion Fatigue

- Organizational/leadership support
- Modeling
- Supervision
- Peer support
- Example: Wellness teams & org. survey; PD day focused on staff



2. Trauma-Focused Services

- **Screening/assessment**



- **Practice change and access to evidence-based treatments & prevention**

Trauma Screening

- “Don’t ask, don’t tell”
- Early identification
- Engagement and education
- Screening across settings
- Address misconceptions
- Measures
 - Child Trauma Screen (CTS; Lang & Connell, 2016) - www.chdi.org/cts

Screening is an opportunity to talk with families about trauma and provide psychoeducation and developmental guidance



Does it hurt to ask? A meta-analysis of participant reactions to trauma research

Anna E. Jaffe  , David DiLillo, Lesa Hoffman ¹, Michelle Haikalis, Rita E. Dykstra

- Meta analysis of 73,959 participants across 70 samples
- Some distress reported, esp. for people with PTSD

“However, individuals generally find **research participation to be a positive experience and do not regret participation**, regardless of trauma history or PTSD.”

Practice Change & EBTs

- Weaving it into everything
- ***How does day-to-day practice look different?***
- Better fund prevention and support parents (employment, housing, etc.)
- Access to trauma-focused EBTs from prevention to intervention (across settings)
 - Good clinical assessment to determine treatment needs

3. Organizational Policies and Practices

- Defined leadership position/priority
- Written policy
- Physical environment
- Consumer input/strengths-based



Collaboration & Communication Across Systems

- Improve information and data sharing (multiple levels, across systems)
- Align language, strategies, and recommendations across systems
- Strengthen partnerships with local trauma experts & families
- Ensure child development referral systems have expertise in trauma
- Evaluate effectiveness of programs across systems

Measuring “Trauma-Informed”

Starting with a baseline needs assessment

Measures of a trauma-informed approach

- Many measures available (most are free)
- Can be useful to get input from many staff
- Can be useful to look at change over time
- Very little research
- Many “teach to the test”



Am J Community Psychol (2019) 0:1–20
DOI 10.1002/ajcp.12388

ORIGINAL ARTICLE

Systems Measures of a Trauma-Informed Approach: A Systematic Review

Robey B. Champine,^{1,2,3} Jason M. Lang,^{1,4,5} Ashley M. Nelson,¹ Rochelle F. Hanson,⁶ and Jacob K. Tebes^{2,7}

Highlights

- First comprehensive review of systems measures of a trauma-informed approach.
- Identified 49 systems measures based on review of scholarly and gray literatures.
- Measures assessed relational, organizational, and community/system practices.
- Most measures assessed organizational-level staff and climate characteristics.
- More work is needed to measure psychometric properties and to establish a link to stakeholder outcomes.

Review of Trauma-Informed Initiatives at the Systems Level

Trauma-Informed Approaches: Connecting Research, Policy, and Practice to Build Resilience in Children and Families

Authors

Heidi Melz, Colleen Morrison, and Erin Ingoldsby
James Bell Associates

Karen Cairone and Mary Mackrain
Education Development Center

Submitted to

Kelly Jedd McKenzie, Lindsey Hutchison, and Pamala Trivedi
Project Officers
Office of the Assistant Secretary for Planning and Evaluation
U.S. Department of Health and Human Services
Contract Number: HHSP2332015001331

Prepared by

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Erin Ingoldsby
Project Director

- No clear consensus on TIC components
- Most evaluated staff outcomes (knowledge), which improved
 - But continued discomfort talking about trauma with families
- Few measured org capacity or child outcomes



Misconceptions & Cautions

- Trauma training ≠ “trauma-informed”
- “Trauma informed” does not mean changing everything
- Trauma informed is not a substitute for mental health/socioemotional development, and requires a focus on resiliency and protective factors
- Not everything is trauma
- We have a lot to learn about what strategies work best (and measurement)
- Avoidance is a hallmark of trauma, including with professionals

Putting it all together



HOW TO BEGIN TRAUMA-INFORMED CARE (CONNECTICUT EXAMPLE)

Challenges & Concerns

- Leadership buy-in/support
- Staff wellness/secondary traumatic stress
- Interest in training, but not full implementation
- I already know about my families' trauma
- If I ask about trauma, it will be re-traumatizing
- Data collection/reporting
- There are no trauma-focused services to refer to

National Child Traumatic Stress Network (NCTSN)

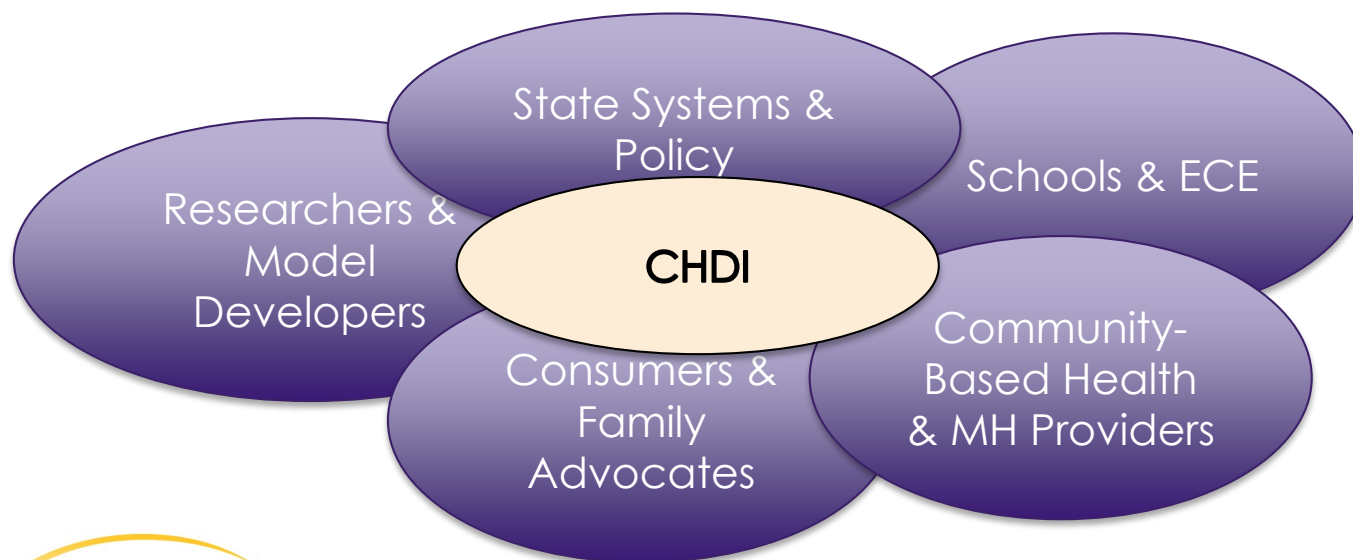
- Federally funded since 2001
- Treatment developers & direct providers
- Work across many settings/populations
- Develop products
- Disseminate EBTs/training models
- Collaborative groups



4 Ways Implementation Support Centers Assist in the Delivery of Evidence-Based Programs

Intermediary Organizations

- Consultants who bridge the gap
- Role of “purveyor” or “intermediary” organizations (Franks, 2009; 2011)



Building Cross-System Implementation Centers

DECEMBER 2015

A Roadmap for State and Local Child- and Family- Serving Agencies in Developing Centers of Excellence (COE)

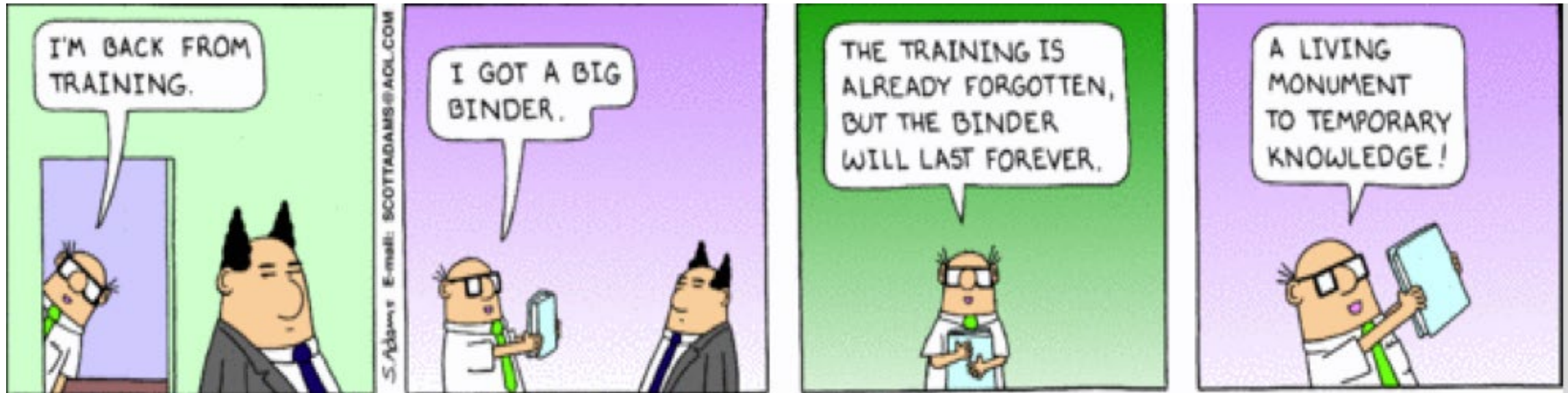


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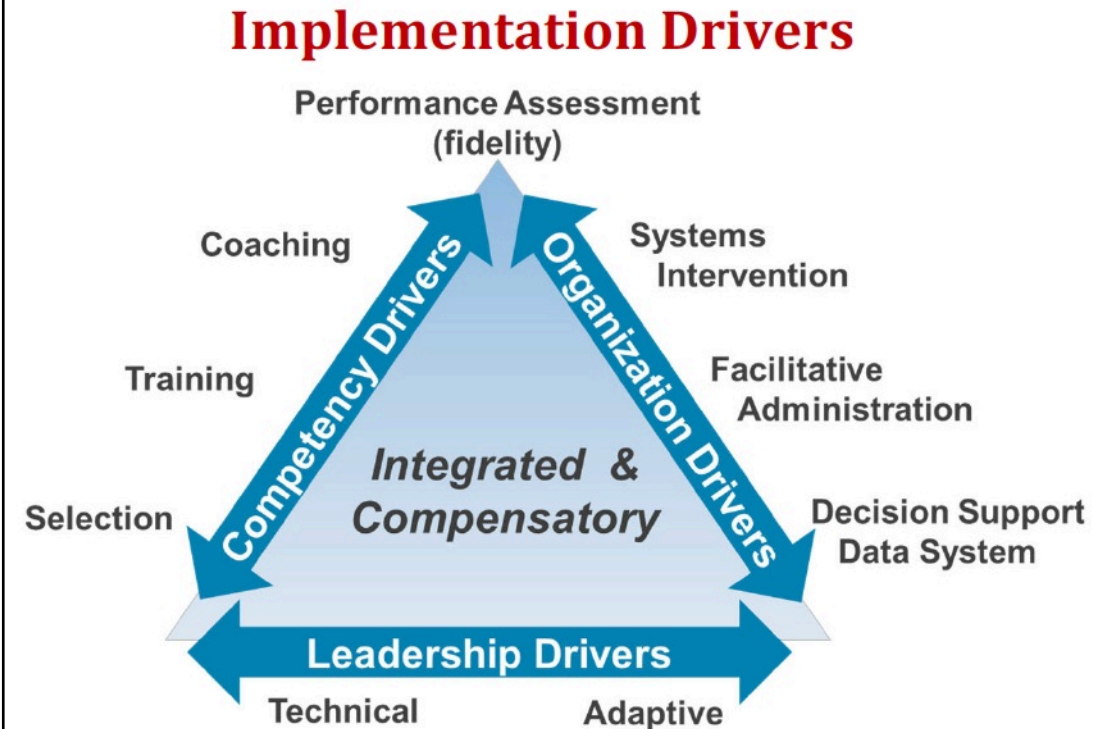
JACK, JOSEPH AND MORTON MANDEL
SCHOOL of APPLIED SOCIAL SCIENCES
CASE WESTERN RESERVE
UNIVERSITY

Training: The old way



Implementation: The new way

Implementation Science: The study of methods to promote the integration of research findings and evidence into healthcare policy and practice (Fogarty)

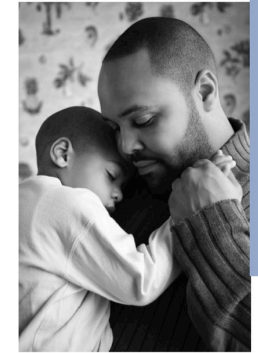


Brief History of Trauma-informed care in CT

- 2007: Statewide Trauma Summit
- 2007-2012: TF-CBT dissemination
- 2011-2018: Trauma-informed child welfare system (CONCEPT)
- 2012: Newtown tragedy
- 2013-2014: Juvenile justice/behavioral health LCs
- 2014: State Children's BH Plan, PL 13-178
- 2015-: MATCH-ADTC, CBITS/Bounce Back dissemination
- 2016-: ARC; CFTSI; CPP dissemination
- 2017: EBT Dissemination & Support Center
- 2018: Multisystem Trauma Informed Collaborative
- 2019: Trauma-informed schools (AWARE grant)

ADVANCING TRAUMA-INFORMED SYSTEMS FOR CHILDREN

Jason M. Lang, Ph.D. Kim Campbell, MSW
Jeffrey J. Vanderkolk, Ph.D.



IMPACT

September 2015

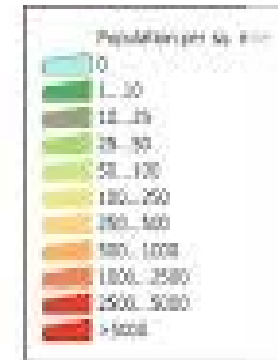
Ideas and Information to Promote the Health of Connecticut's Children

IMPACT is a publication of the Child Health and Development Institute of Connecticut, funded by the Children's Fund of Connecticut.

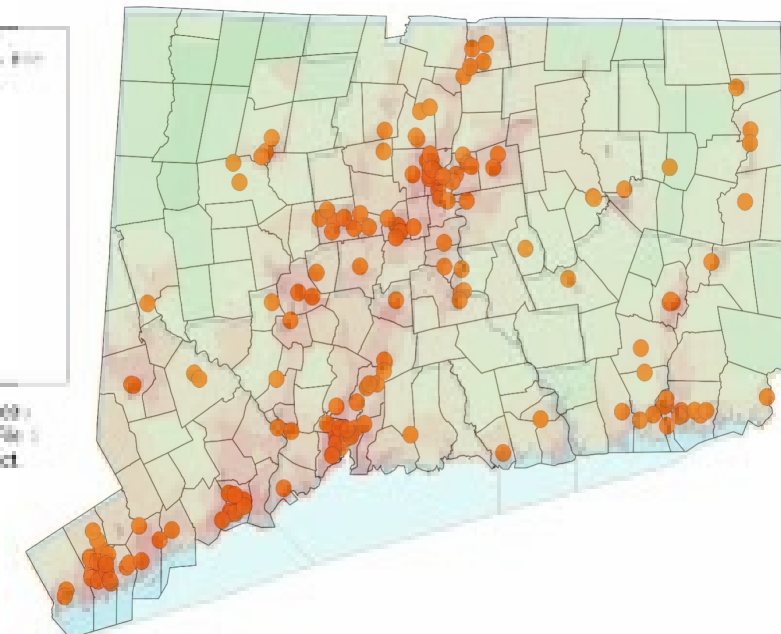
CHDI

Population: 3.6 million
Under 18: 736,000

EBT Providers



Source: U.S. Census Bureau
Census 2000 Summary File 1
population by census tract.



Public Directory of Evidence-Based Treatments (EBTs)

Welcome to the CHDI's Evidence-Based Practices Directory

This directory lists providers of some evidence-based practices available in Connecticut for children and families with behavioral health needs. Evidence-based practices are those supported by research showing that they work for most children. The following practices are available:

Practice Model	Appropriate for	Age Range	Format
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	Distress caused by violence, abuse, or other trauma	7-17	Group-based; School-based
Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, and/or Conduct Problems (MATCH)	Anxiety, depression, behavior problems, and/or trauma	6-15	Individual; clinic-based
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Distress caused by violence, abuse, sexual abuse, or other trauma	3-17	Individual (caregiver preferred); clinic-based

Find an Evidence-Based Practice Provider

Location: Maximum Distance: Miles

Practice Models: TF-CBT MATCH-ADTC CBITS

www.kidsmentalhealthinfo.com

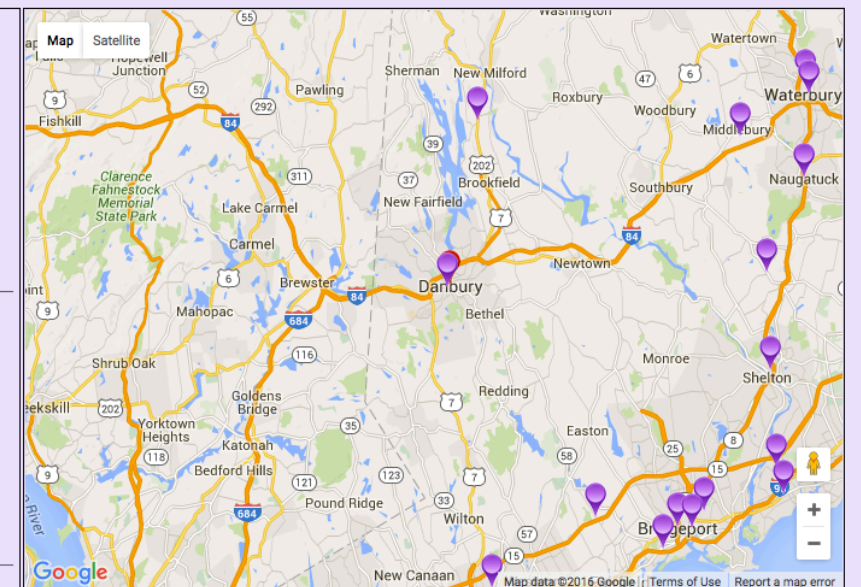


The National Child Traumatic Stress Network

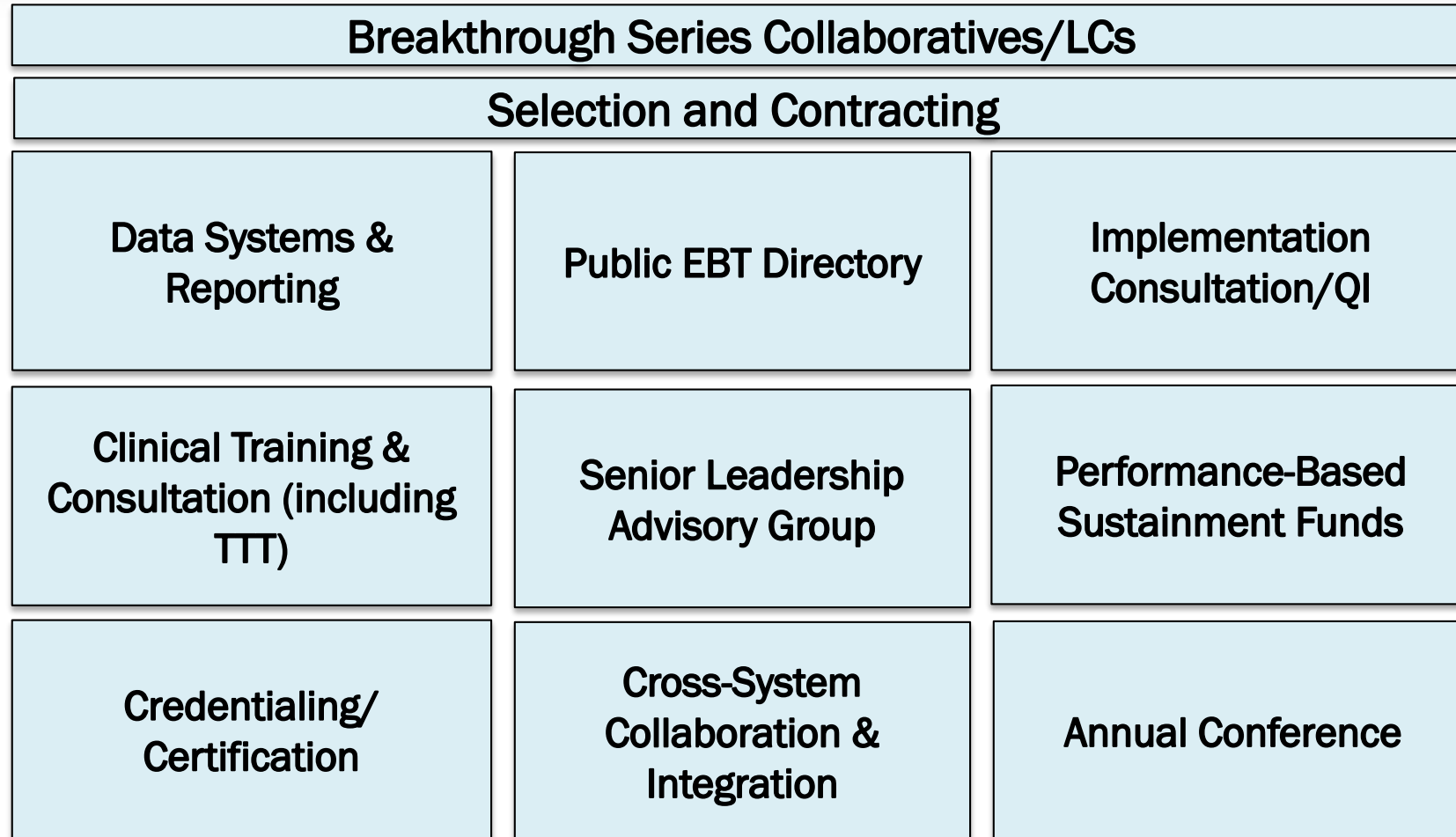
Offices near: Danbury, CT, USA

Family & Children's Aid, Inc
>1. Main Office-Danbury Clinic
 75 West St
 Danbury, CT 06810
 (203) 748-5689
 Web site: <http://www.fcaweb.org/>
 Treatments offered: TF-CBT, MATCH-ADTC
 Approx. Dist. 0.24 mile
Directions Center Site On Map More Information

Family & Children's Aid, Inc
>2. New Milford Clinic
 325 Danbury Road
 New Milford, CT 06776
 (860) 354-8556
 Web site: <http://www.fcaweb.org/>
 Treatments offered: TF-CBT
 Approx. Dist. 9.78 mile
Directions Center Site On Map More Information



EBT Dissemination & Support Center Model



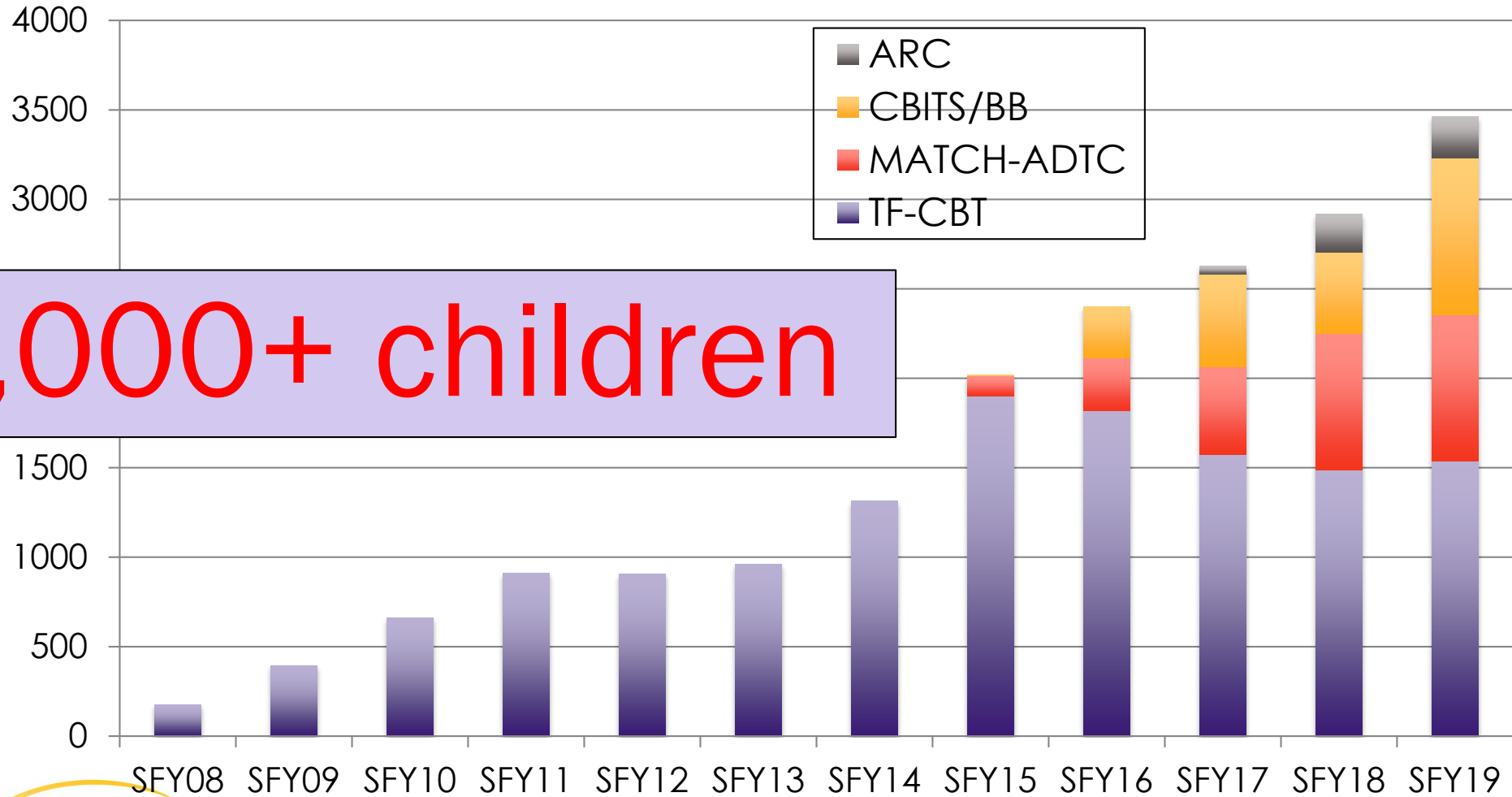
Lang, J. M., Randall, K., Delaney, M., & Vanderploeg, J. J. (2017). A Model for Sustaining Evidence-Based Practices in a Statewide System. *Families in Society*, 98(1), 18-26.

Children Receiving EBTs Annually

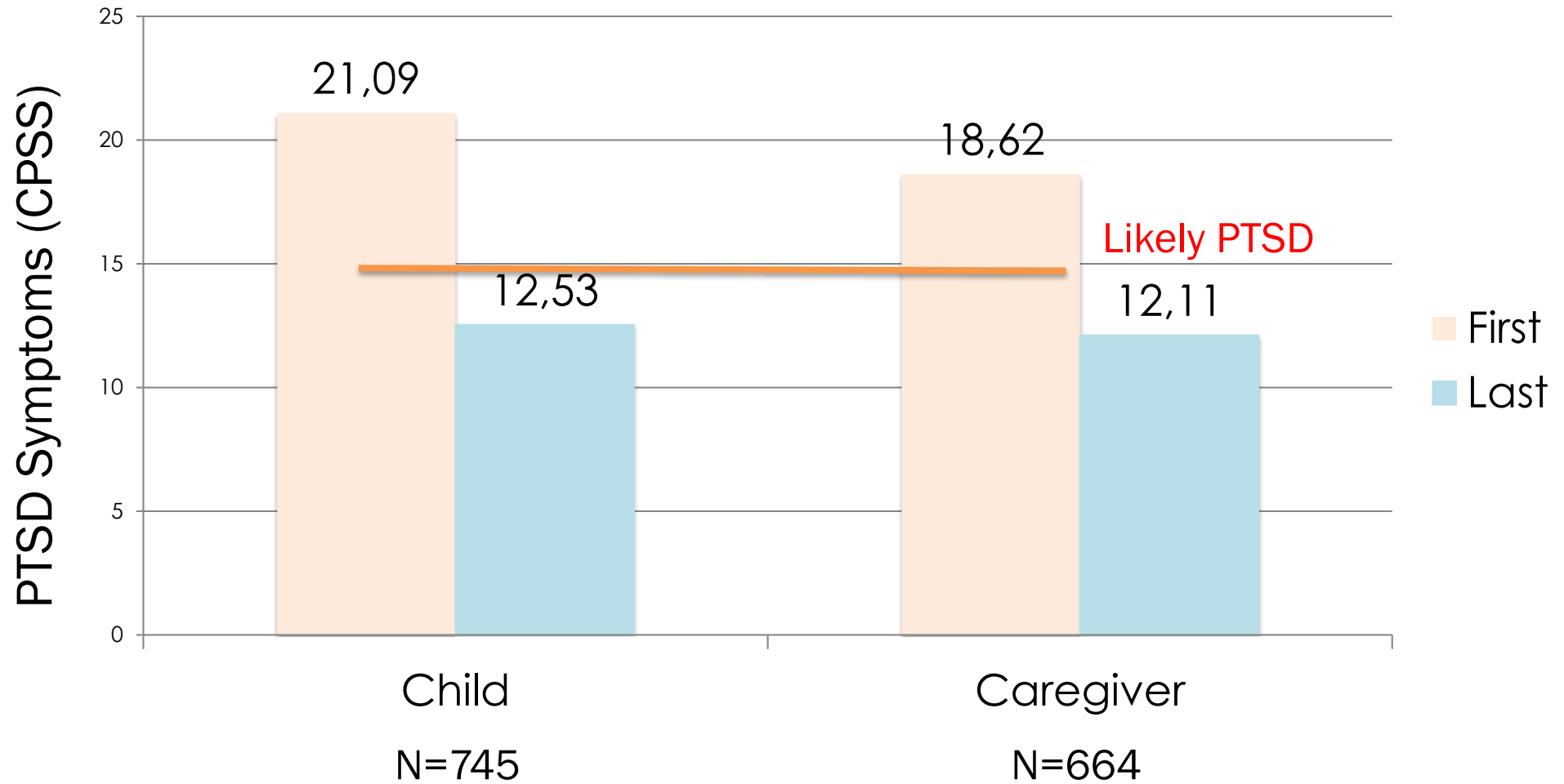
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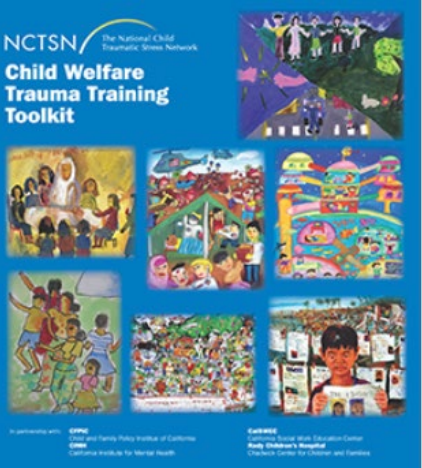
Children

14,000+ children

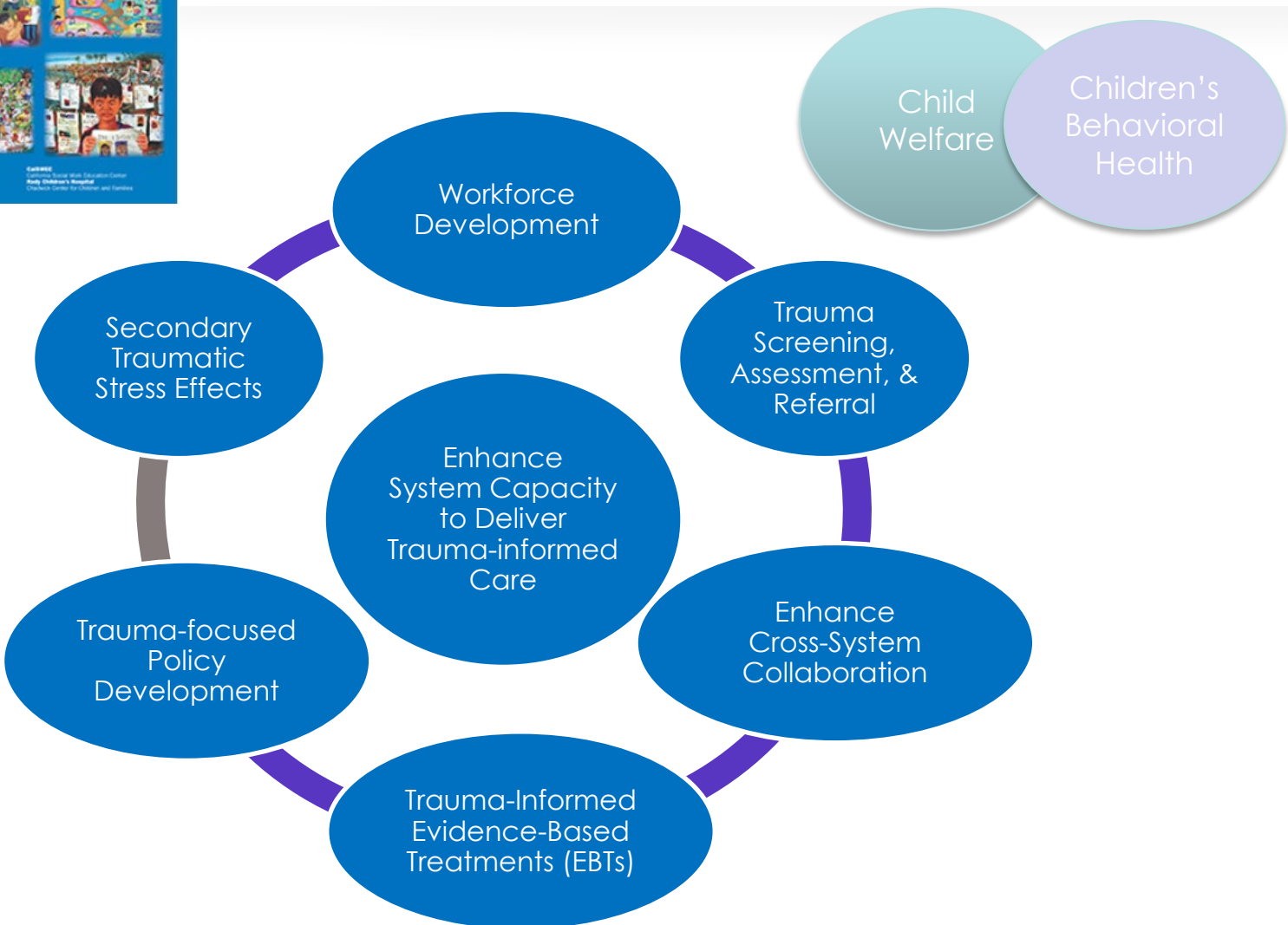


Child Outcomes





Child Welfare System (CONCEPT)



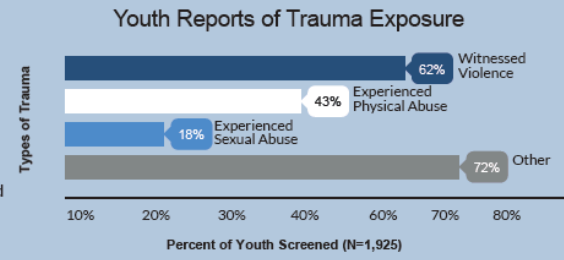
Advancing a Trauma-Informed Child Welfare System in Connecticut

Between 2011 and 2018 the Connecticut Collaborative on Effective Practices for Trauma (CONCEPT) expanded the capacity of Connecticut's child welfare system to support trauma-informed care by increasing the system's understanding of trauma and its impact on children and caregivers, enhancing identification of and response to children who have experienced trauma, and expanding access to evidence-based trauma-focused services.

WORKFORCE DEVELOPMENT
Increased understanding of trauma and its impact on children and caregivers

- 3,191** Child welfare staff trained in trauma using the NCTSN Child Welfare Trauma Training Toolkit
- 200** Child welfare & clinical providers cross-trained
- 37** Child welfare policy and practice guides modified to be trauma-informed

TRAUMA SCREENING
Enhanced identification of and response to children who experienced trauma



- ### Developed Child Trauma Screen (CTS) for Children ages 3+
- 1,925** Children ages 3+ in child welfare placement screened using CTS
 - 87%** Children who had exposure to at least 1 of 4 potentially traumatic events
 - 39%** Children screened who met clinical cutoff indicating need for trauma-focused mental health services

DISSEMINATION OF EVIDENCE-BASED TREATMENTS
Expanded access to evidence-based trauma-focused services

- 2,063** Children have received TF-CBT
- 216** Children have received CFTSI
- 170** Clinicians **13** agencies trained to provide TF-CBT
- 42** Clinicians **7** agencies trained to provide CFTSI
- 84%** Children who showed improvement in symptoms

SUSTAINABILITY

- NCTSN child welfare trauma training toolkit required for all child welfare staff
- All children ages 3+ in care of child welfare system screened for trauma
- Child welfare policy and practice guides support trauma-informed care



Funding for CONCEPT was provided by the Department of Health and Human Services, Administration for Children and Families, Children's Bureau, Grant #0169

For more information about CONCEPT, contact Jason Lang (jalang@uchc.edu), Kristina Stevens (kristina.stevens@ct.gov) or visit www.chdi.org/concept

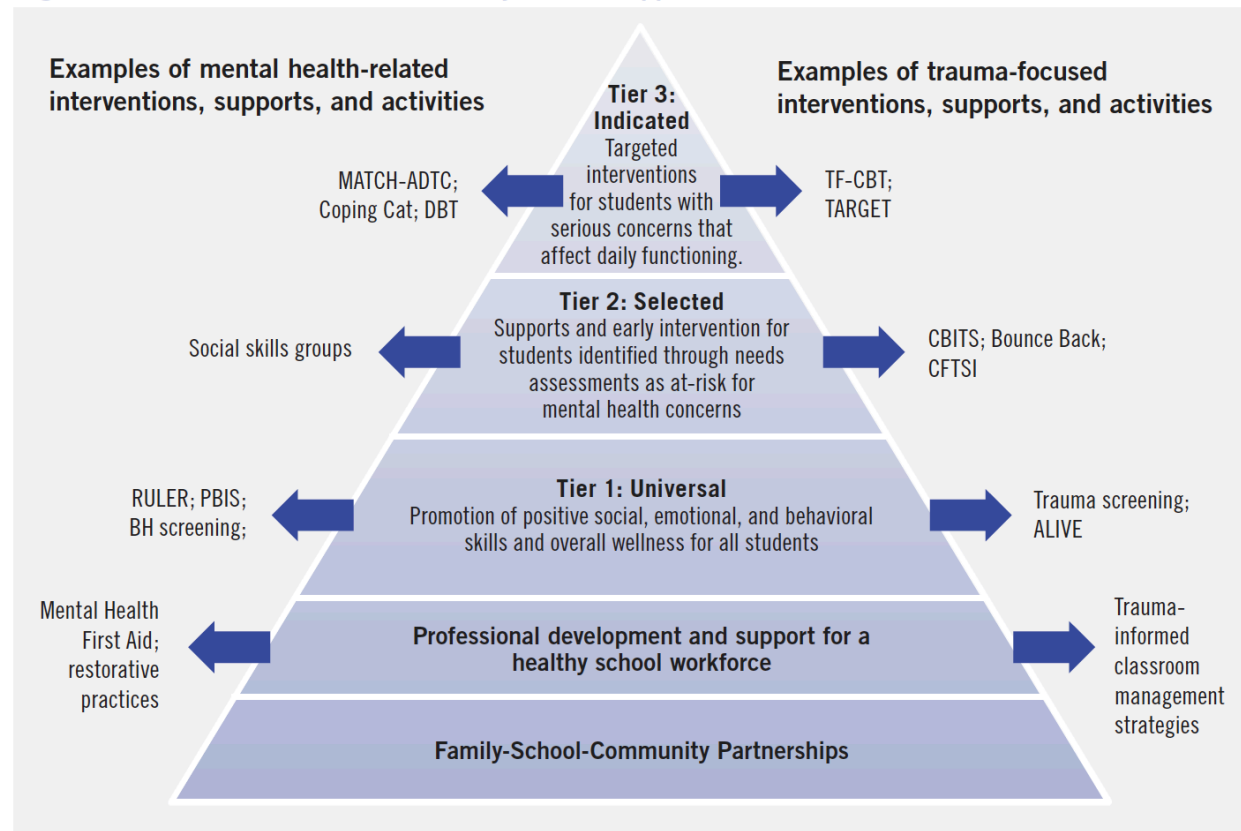


Schools

- Local control
- Traditional avoidance of mental health
- Increasing calls for support



Figure 1: Trauma-Informed Multi-Tiered System of Supports for School Mental Health



Healthy Students and Thriving Schools:
A Comprehensive Approach for Addressing Students' Trauma and Mental Health Needs

Sharon Hoover Ph.D., National Center for School Mental Health
Jesna Bracey Ph.D., Child Health and Development Institute
Nancy Lever Ph.D., National Center for School Mental Health
Jason Lang Ph.D., Child Health and Development Institute
Jeffrey Vanderploeg Ph.D., Child Health and Development Institute

IMPACT
September 2018
Ideas and Information to Promote the Health of Connecticut's Children

IMPACT is a publication of the Child Health and Development Institute of Connecticut, funded by the Children's Fund of Connecticut.



Pediatric Primary Care

- Independent providers / fee for service reimbursement
- Workforce Development
 - American Academy of Pediatrics
 - Educating Practices – training for entire office
- Trauma Screening
 - CTS study
 - California (ACEs)

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®

Trauma Guide

Trauma Toolbox for Primary Care

This 6-part series was designed with the primary care practice in mind – those who may or may not be familiar with adverse childhood experiences (ACEs) and the process of asking families about exposure to ACEs or other traumatic events. This project was funded through a grant (UC4MC21534) from the Health Resources and Services Administration, Maternal and Child Health Bureau.

Other Settings

- Mobile Crisis service for children
- Care coordination
- Domestic violence shelters
- Housing services

Communication



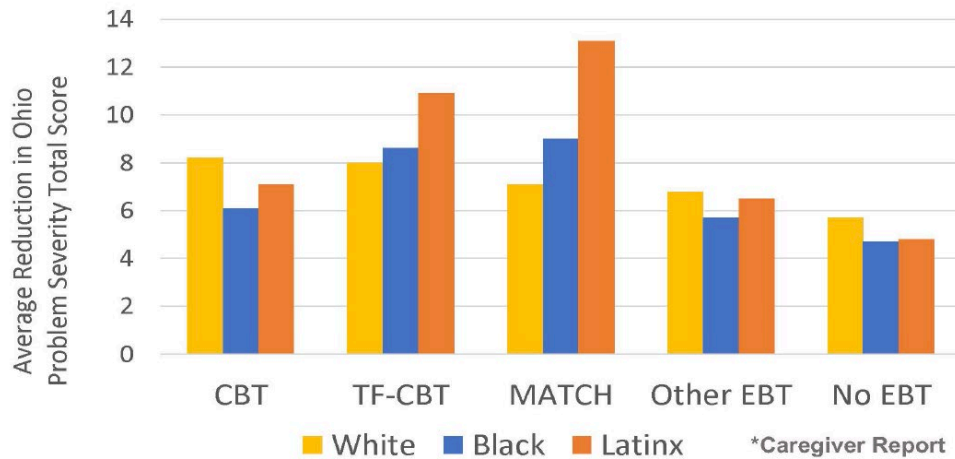
ISSUE BRIEF

NO. 71 · AUGUST 28, 2019

Better than Usual (Care):

Evidence-Based Treatments Improve Outcomes and Reduce Disparities for Children of Color

Figure 1: Improvement in Child Problem Severity by Treatment Type and Race/Ethnicity



Helping Young Children Exposed to Trauma:

A Systems Approach to Implementing Trauma-Informed Care

Alyse Loomis, Ph.D.
Kellie Randall, Ph.D.
Jason Lang, Ph.D.



IMPACT

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ISSUE BRIEF

NO. 69 · JUNE 20, 2019

Helping Students Recover from Trauma:

Connecticut Elementary Schools are Finding Success Using Bounce Back



Children receiving Bounce Back show a **75% reduction** in symptoms of PTSD following participation in the intervention.

www.chdi.org



Lang (2020).

Getting Started

- Increase awareness
- Create a cross-system leadership group (and use/adapt a trauma framework)
- Start small, grow slowly, align with other priorities
- Cultivate champions/partners and document proof of success
- Develop internal local (community, region, state) capacity
- Develop and use minimal meaningful metrics
- Identify and address avoidance



Additional Resources

- National Child Traumatic Stress Network www.nctsn.org)
- Adverse Childhood Experiences Study: www.acestudy.org
- Aces Connection: www.acesconnection.com
- Building Resilience: www.compassionresiliencetoolkit.org
- JBS International: <https://trauma.jbsinternational.com/Traumatool/>
- Centers for Disease Control: <https://www.cdc.gov/features/prevent-childhood-trauma/index.html>



Thank you!

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www.chdi.org

“In the brain, as in the economy, getting it right the first time is ultimately more effective and less costly than trying to fix it later. “

James Heckman
Nobel Laureate Economist