TRAUMA-INFORMED CARE

BEST PRACTICE GUIDE

"Strengthening Families Practice Model:

Trauma-Informed Care"

Introduction and Purpose of this Practice Guide

Children and youth who receive DCF services have typically experienced or been exposed to traumatic events such as physical abuse, sexual abuse, chronic neglect, sudden or violent loss of or separation from a loved one, domestic violence, and community violence and historical trauma, such as racism, discrimination, immigration problems and poverty. Often these children present with emotional, behavioral, social and mental health challenges that require special care, treatment and worker sensitivity. It is essential that the DCF workforce be trauma-informed to address the multiple challenges serving children and families who have been exposed to trauma. A trauma-aware and trauma-informed workforce seeks to change the conceptual paradigm about children and families in need from one that asks, "What's wrong with you?" to one that asks, "What has happened to you and how can healing be facilitated?" Trauma-informed care is a culturally and linguistically responsive approach to engaging individuals with histories of trauma that recognizes the long-ranging effects of trauma on human development and the presence of trauma symptoms. Trauma-informed care also acknowledges and responds to system level activities that may further harm or re-traumatize children and their families. The Connecticut Department of Children and Families and its partners must identify trauma exposure and make every effort to prevent re-traumatization by promoting healing relationships and environments through embracing the "key" trauma-informed principles of respect, safety, trust, collaboration, choice and empowerment. In addition, we should use evidence-based trauma-specific services and treatments for recovery pathways.

Trauma-informed care is a practice approach that can dramatically improve the outcomes for children, youth and their families. Trauma-informed care requires an integration of the Strengthening Families Model, the six principles of partnership, protective and risk factors, the seven cross-cutting DCF themes, cultural competency, gender responsiveness and trauma knowledge and competences. A trauma-informed approach requires the following understanding:

- Children need to feel physically and psychologically safe. Traumatized children can be hypervigilant about danger and safety issues. Children can have traumatic stress reactions when they feel unsafe.
- Protective services intervention, including placement in a stranger's home, can be a traumatic event, and efforts need to be made to make sure that all interventions are provided through a trauma-informed lens.
- Trauma can interfere with a child's development and can have long-lasting effects (physical health, mental health, cognitive development and behavior).
- It is very important for parents, other caregivers and DCF staff to understand and recognize trauma and its effects in order to support the child.
- Acknowledging with a child and his or her family and other caregivers that trauma has occurred and its potential impact helps the family begin the process of natural recovery and to engage in services if necessary.
- Caring for a traumatized child requires a shift from seeing a child with "bad" behaviors to seeing a child who is coping with adverse experiences.
- A child's behavior or distress may be in response to experiencing a traumatic trigger.
- Trauma-informed treatments may be more effective interventions for many children who have had adverse life experiences.

- A culture's group experiences with historical trauma can affect their responses to trauma and loss and a family can be impacted by multigenerational trauma as well.
- Working with trauma-exposed children can evoke distress in providers and caregivers, often referred to as "vicarious trauma." Self-care is an important component of working with children and families who have experienced trauma.

The purpose of this Trauma-Informed Care Practice Guide is to promote a system that recognizes, understands and appropriately responds to trauma and its effects to create a system where services are responsive to children and families who have experienced trauma.

The Trauma-Informed Practice Guide includes information about: trauma and its impact on children and their caregivers; evidence-based treatments to reduce child traumatic stress; the essential elements of a trauma-informed system; and elements of a trauma-informed best practice.

Understanding Child Trauma[1]

Trauma occurs when a child experiences an intense event or situation that harms or threatens harm to the child's physical or emotional well-being or to someone close to the child such as another family member or a friend. Typically, this is an extraordinarily frightening event that overwhelms the child with feelings of terror and helplessness.

Some examples of traumatic events are: physical abuse, sexual abuse; emotional abuse; psychological maltreatment; neglect; domestic violence; traumatic loss or separation from a loved one; bereavement; experiencing or witnessing violence in schools or neighborhoods; serious accidental injury or accident; serious illness or other medical condition; forced displacement such as loss of home, recent immigration or refugee experience; being exposed to a natural disaster such as a hurricane or flood; or exposed to events such as war, terrorism or political violence. Prolonged exposure to traumatic events may result in a toxic stress response.

There are different levels of exposure to traumatic events.

Acute trauma refers to a single traumatic event that is limited in time, such as an auto accident, a gang shooting, a parent's suicide or a natural disaster.

Avoidance is a symptom of traumatic stress that can result in adaptive (*e.g.*, exercise, journaling, deep breathing) or maladaptive (*e.g.*, substance abuse, self-injurious behavior, sexually acting out behavior) coping mechanisms. Avoidance also includes trying not to think about, talk about, or have feelings about the trauma or memories of the trauma. Avoidance is not always a conscious process; therefore, the child may not always be aware of this defense mechanism. Trauma screening is a helpful lens to safely engage children in a discussion about trauma exposure and related trauma stress reactions. Professionals can also experience traumatic stress when working with trauma victims, which may lead to avoidance. This form of avoidance includes not discussing the child's trauma at all or sufficiently, which may prevent the professional from having necessary conversations about trauma. Professionals need to be aware and reflective of their own emotions when working with children and families around trauma.

[1] The National Child Traumatic Stress Network http://www.nctsn.org/.

Chronic trauma refers to repeated exposure that impacts the child's mind and body, such as chronic sexual or physical abuse or exposure to ongoing domestic violence, neglect or a history of oppression, racism, forced immigration or poverty.

Complex trauma is a term used by some trauma experts to describe exposure to chronic trauma, often inflicted by parents or others who are supposed to care for and protect the child; the long-term impact of such exposure on the child and the impact on multiple areas of functioning.[2]

As a general rule, traumatic events overwhelm a child's capacity to cope and often result in intense emotional and physical reactions, referred to as child traumatic stress reactions.

Sometimes children will re-experience these intense and disturbing feelings that are tied to the original trauma if they are faced with any person, situation, sensation, feeling or thing that reminds the child of a traumatic event. These are referred to as traumatic reminders or triggers. Examples of potential trauma reminders are anniversary dates, physical locations, sounds, smells, physical appearance, touch, sense of vulnerability and power imbalance.

Trauma reminders can vary widely and be difficult to identify. A child may not be consciously aware of having been reminded; therefore, it is important for caregivers and DCF staff to help a child recognize and learn to cope with the reminders. When a child's trauma reminders are known, it is important to communicate them to others involved in the child's care so that distress and re-traumatization can be minimized and the child can be supported in all settings.

In addition, children may develop adaptive responses at the time of the trauma such as dissociation (*i.e.*, depersonalization, feeling outside of their body) or de-realization (*i.e.*, feeling that an actual event is not real) in order to cope with what is happening and escape pain or fear. Unfortunately, these responses may become permanent, continuing long after the traumatic event is over and interrupting healthy development. Children learning English as a second language may struggle to translate trauma-related needs or experiences.

Caregivers and DCF staff need to understand that often negative behavioral and emotional responses may be an adaptation to past trauma in the form of traumatic reactions. For these children, the Social Worker may seek consultation with the DCF Regional Resource Group staff or assessment and treatment by trauma-informed mental health providers.

Essential Elements of a Trauma-Informed Approach to Case Practice

A trauma-informed approach to care includes maximizing physical and psychological safety; identifying and meeting trauma-related needs to enhance child and family well-being, resiliency and permanency; and the incorporation of best practices to avoid re-traumatization. A trauma-informed approach to care includes early identification of trauma exposure and trauma symptoms through screening, and assessment for early prevention as well as clinical treatment.

Trauma-informed care is an approach to engaging individuals and families with trauma histories that recognizes the long term and significant effects of trauma on human development and the presence of trauma symptoms. A trauma-informed system of care is relational and reflective, and gives dignity to children and families by promoting safety, trust, collaboration, choice and empowerment.

[2] Cook, et al. "Complex Trauma in Children and Adolescents," Psychiatric Annals 35:5 (May 2005).

A trauma-informed approach recognizes that child welfare interventions, including removal and placement, can be traumatic. A trauma-informed approach is an understanding that when a child has been exposed to traumatic experiences he or she can develop traumatic reactive behaviors. Being "trauma-informed" means shifting one's view from that of a child with bad behaviors to understanding what happened to the child who is coping with adverse experiences. A trauma-informed approach also recognizes that a culture's group experience with historical trauma, racism, immigration and multigenerational trauma can affect individual and group responses to trauma, loss and engagement. Trauma-informed engagement is culturally and linguistically responsive.

Resources

Child Trauma

Adverse Childhood Experiences Study (ACES) (http://www.acestudy.org/)

Chadwick Center (www.ChadwickCenter.org)

National Center for PTSD Veteran Administration (http://www.ptsd.va.gov)

National Center for Trauma Informed Care (http://www.samhsa.gov/nctic)

National Child Traumatic Stress Network (http://www.nctsn.org/)

SAMHSA link to Tip 57 (a book on trauma-informed care and behavioral health services) http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816

Evidence-Based Treatment

http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices (Once the website opens, scroll down to find treatments)

Additional Resources on Best Practice

http://nctsn.org/sites/default/files/assets/pdfs/understanding_child_traumatic_stress_brochure_9-29-05.pdf

www.nctsn.org/sites/default/files/assets/pdfs/birth_parents_trauma_history_fact_sheet_final.pdf

www.nctsn.org/sites/default/files/assets/pdfs/birth_parents_trauma_history_birth_parents.pdf