

Service Systems Brief

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Creating Trauma-Informed Child-Serving Systems

Introduction

Repeated exposure to traumatic events can alter psychobiological development and increase the risk of low academic performance, engagement in high-risk behaviors, and difficulties in peer and family relationships.

Approximately 25% of children and adolescents in the community experience at least one potentially traumatic event during their lifetime, including life threatening accidents, disasters, maltreatment, assault, and family and community violence (Costello et al., 2002). Although some children and adolescents may recover quickly after adversity, traumatic experiences can result in significant disruptions in child or adolescent development with profound long-term consequences (Pynoos, et al., 2006).

Traumatic stress is also associated with increased use of health and mental health services and increased involvement with other child-serving systems, such as child welfare and juvenile justice (Chapman et al., in press; Garland et al., 2001). Children are more likely to access mental health services through primary care and schools than through specialty mental health clinics: 75% of children under age 12 see a pediatrician at least once per year whereas 4% see a mental health professional (Costello et al., 1998). Similarly, a longitudinal study of children in the community found that mental health services are most often provided by the education system (Farmer et al., 2003).

Child-serving agencies (health, mental health, education, child welfare, first responders, and criminal justice) are charged with providing a safe and healthy environment for children and adolescents. However, although many children who come into contact with these systems have experienced significant psychological trauma, there has not been a systematic approach within these systems to develop evidence-based services that address the impact of trauma on the children they serve. Each of these systems approaches trauma differently, has different levels of awareness, knowledge, and skill about trauma, and varies in perceptions of the utility of gathering information about trauma. These child-serving systems also differ in their responsibilities for meeting children's needs.

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The goal for all systems, however, is to improve outcomes for children and to maintain excellent standards of care. Creating trauma-informed systems is necessary so that children can enter a child-serving system and have ready access to effective trauma services and interventions. Addressing the impact of trauma on children and families therefore is a crucial—although often overlooked—priority for all child-serving systems. Creating and sustaining *trauma-informed* child-serving systems requires a knowledgeable workforce, committed organizations, and skilled professionals.

Creating Trauma-Informed Systems

The vision of the NCTSN's Service Systems Program is to collaborate with child-serving systems to:

1. *Increase public awareness and knowledge about the impact of traumatic stress and the range of effective trauma assessment strategies and interventions which exist.*
2. *Build strategic partnerships with national organizations that can assist with the dissemination of information, products, and training tools.*
3. *Provide trauma-focused education and skill-building for front-line staff, clinicians, and administrators within and across key child-serving systems in order to change practice.*

The development of awareness and knowledge among front-line staff, administrators, and community and national partners should occur in conjunction with the training of clinicians and practitioners in intervention and treatment development centers and community practice clinics. However, some service systems are neither at the point of readiness to train their clinicians in trauma-focused evidence-based practices nor is this the type of training that is the most relevant for many front-line workers (e.g., case managers). The goal of the NCTSN's Service Systems Program is to work with systems to provide basic information about trauma, assessment and interventions in order to address the gaps that exist in systems and to assist in making informed decisions about necessary next steps.

Creating a Trauma-Informed School System

Increasing awareness about the impact of trauma among school staff, educators, and administrators is essential to identifying and addressing needs of traumatized children in a primary setting where they spend a significant amount of time.

School staff, educators, and administrators should:

- Recognize the potential effects of trauma on education (e.g., attendance, grades, test scores, classroom behavior).
- Be able to identify students who are in need of help, due to trauma.

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- Be able to respond to the needs of traumatized students.
- Pay attention to and understand the impact of policy issues (e.g., IDEA legislation) and new authorization requirements.
- Recognize the importance of self care and the potential impact of secondary traumatic stress.

The NCTSN School Committee is developing an *Educational Toolkit* that includes information on these content areas.

Creating a Trauma-Informed Child Welfare System

Increasing knowledge and building skills among caseworkers and other child welfare personnel are critical to identifying and providing early intervention for children traumatized by maltreatment.

In coordination with other systems, child welfare workers should:

- Maximize the child's sense of safety.
- Assist children in reducing overwhelming emotion.
- Help children make new meaning of their trauma history and current experiences.
- Address the impact of trauma and subsequent changes in the child's behavior, development, and relationships.
- Coordinate services with other agencies.
- Utilize comprehensive assessment of the child's trauma experiences and their impact on development and behavior to guide services.
- Support and promote positive and stable relationships in the life of the child.
- Provide support and guidance to the child's family and caregivers.
- Manage professional and personal stress.

The NCTSN's *Child Welfare Trauma Training Toolkit*, currently under development, elaborates on these principles and provides case vignettes and exercises for applying this knowledge.

Creating a Trauma-Informed Health Care System

Increasing awareness about the impact of trauma among health care practitioners and administrators is essential since many children are regularly seen by their pediatrician or health care provider. Additionally, children and families may have traumatic stress reactions to pain, injury, serious illness, medical procedures, and invasive or frightening treatment experiences.

Health care providers caring for children in emergency and hospital settings should:

- Incorporate an understanding of traumatic stress in their encounters with children and families.

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- Minimize the potential for trauma during medical care.
- Provide screening, prevention, and anticipatory guidance.
- Identify children and families in distress or at risk.
- Promote recovery by paying attention to the D-E-F's: Reduce Distress, Promote Emotional Support, and Remember the Family.

The NCTSN *Pediatric Medical Traumatic Stress Toolkit for Health Care Providers*¹ elaborates on these D-E-F principles and provides additional information and resources for health care providers and parents.

Creating a Trauma-Informed Juvenile Justice System

Most youth in detention settings have significant histories of trauma. Such trauma exposure can continue following entry into the juvenile justice settings as arrest, detention, juvenile processing, and placement can be frightening and confusing for the child and family. Youth may also be exposed to verbal and physical aggression that can exacerbate fears or traumatic symptoms.

Juvenile justice and judicial staff and administrators should:

- Undertake systematic efforts to assess posttraumatic stress and psychological trauma among detainees.
- Implement trauma-focused interventions for youth.
- Protect juveniles from victimization while detained.
- Pay special attention to high-risk populations, such as girls, in juvenile justice settings.

The NCTSN Juvenile Justice Working Group produced four briefs that elaborate on these topics and provide further details on how to make juvenile justice systems more trauma-informed². The NCTSN judicial group partnered with the National Council of Juvenile and Family Court Judges (NCJFCJ) to produce a Special Issue of the *Juvenile and Family Court Journal*³ (Ruffin, 2006) which addresses childhood trauma within juvenile justice settings.

Creating a Trauma-Informed Law Enforcement / First Responder System

Children who are exposed to domestic violence may experience traumatic stress in response to events they perceive to be dangerous or threatening. By taking a few simple actions at the scene of a domestic violence call, police officers are in a unique position to positively impact the lives of countless children, families, and communities.

¹ NCTSN *Pediatric Medical Traumatic Stress Toolkit for Health Care Providers* can be accessed at http://www.nctsn.com/nccts/nav.do?pid=typ_mt_ptlkt

² NCTSN Juvenile Justice Briefs can be accessed at http://www.nctsn.org/nccts/nav.do?pid=ctr_top_juv

³ Special Issue of the *Juvenile and Family Court Journal* can be ordered at <http://www.ncjfcj.org/content/view/746/433/>

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Police Officers should know:

- All children who witness domestic violence are affected by it. However, each child reacts in a different way.
- Children living with domestic violence often have complicated feelings about their parents.
- Children often worry that they are responsible for the violence in their homes.
- Police officers really matter to kids.
- There are simple things police officers can do while on the scene to help reduce the impact of domestic violence on children.

The NCTSN *Cops, Kids, and Domestic Violence: Protecting Our Future*⁴ training package (CD-ROM plus print materials) is directed toward law enforcement who are called to the scene of a domestic violence situation. By being cognizant of small children in the home, and modifying information-gathering and other police practices in their presence, law enforcement officers can reduce trauma for children.

Creating a Trauma-Informed Mental Health System

Children and families deserve access to high-quality treatments and interventions that effectively address trauma exposure and experiences, and that are delivered by clinicians who have been appropriately trained in utilizing trauma-focused treatments.

Mental health clinicians, supervisors, and administrators should:

- Build organizational readiness to implement evidence-based practice models.
- Improve clinically competent practice.
- Successfully implement trauma-focused interventions and treatments.

The NCTSN utilizes a “Learning Collaborative” (LC) approach for training clinicians in interventions. The LC approach is being adapted from the Breakthrough Series Collaborative model, developed by the Institute for Healthcare Improvement and identified within the *Kauffman Best Practices Project Final Report* (Chadwick Center for Children and Families, 2004) as a recommended method for dissemination of best practices. The LC approach focuses on spreading, adopting, and adapting best practices across multiple settings and creating changes in organizations that promote the delivery of effective interventions and services. The NCTSN Training Program is utilizing the LC model to promote the dissemination and adoption of trauma-focused treatments and practices in diverse settings, including Network sites and local communities. The *NCTSN Learning Collaborative Toolkit* (Markiewicz et al., 2006) presents the process for successfully developing and leading Learning Collaboratives.

⁴ NCTSN *Cops, Kids, and Domestic Violence: Protecting Our Future* can be accessed at http://www.nctsn.org/nctsn_assets/acp/dv/NCTSN_DV_rev1.htm

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Summary

Creating trauma-informed child-serving systems requires increasing knowledge about trauma by integrating trauma-focused information into systems; increasing skills for identifying and triaging traumatized children by providing resources and training to front-line staff and administrators in systems; and promoting strong collaborations between systems and disciplines. In summary, creating trauma-informed child-serving systems is one of the most powerful mechanisms by which the NCTSN may promote its mission of raising the standard of care and improving access to services for traumatized children and adolescents nationwide.

Service Systems Briefs Series

In order to address the goals of the NCTSN Service Systems Program, the National Center for Child Traumatic Stress (NCCTS) has launched the **Service Systems Briefs Series**. As an educational resource for members of child-serving systems that encounter traumatized children, the *Service Systems Briefs Series* will aim to address the impact of trauma on the daily functioning of children and adolescents, identify how systems currently approach child trauma, and highlight innovative and effective ways to maximize the ability of various systems to effectively serve traumatized children.

References

- Chadwick Center for Children and Families (2004). *Closing the Quality Chasm in Child Abuse Treatment: Identifying and Disseminating Best Practices*. San Diego, CA: Author.
- Chapman, J, Ford, JD, Albert, D, & Hawke, J (in press). Traumatic Stress: Exposure, Identification, and Intervention in Correctional Systems. In J Moore, (Ed.), *Administration and Management of Correctional Health Care: Vol. 2*. Kingston, NJ: Civic Research Institute.
- Costello, EJ, Erkanli, A, Fairbank, JA, & Angold, A (2002). The prevalence of potentially traumatic events in childhood and adolescence. *Journal of Traumatic Stress, 15*, 99-112.
- Costello, E, Pescosolido, B, Angold, A, & Burns, B (1998). A family network-based model of access to child mental health services. *Research in Community Mental Health, 9*, 165-190.
- Garland, AF, Hough, RL, McCabe, K, Yeh, M, Wood, PA, & Aarons, GA (2001). Prevalence of psychiatric disorders in youths across five sectors of care. *Journal of the American Academy of Child & Adolescent Psychiatry, 40*(4), 409-418.
- Markiewicz, J, Ebert, L, Ling, D, Amaya-Jackson, L, & Kisiel, C (2006). Learning Collaborative Toolkit. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.
- Pynoos, RS, Steinberg, AM, Schreiber, MD, & Brymer, MJ (2006). Children and families: a new framework for preparedness and response to danger, terrorism, and trauma. In LA Schein, HI Spitz, GM Burlingame, & PR Muskin (Eds.), *Group Approaches for the Psychological Effects of Terrorist Disasters* (pp. 83-112). New York: Haworth.
- Ruffin, J (2006). Child trauma [Special Issue]. *Juvenile and Family Court Journal, 57*(1).

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