

**FROM TRAUMA INDUCING CARE TO
TRAUMA INFORMED CARE:
THE LONG JOURNEY FORWARD**

Presented by
Rosalind Folman, Ph.D.

SCAO 6th Annual Child Welfare Services Issues Conference
Keeping Families Together: Removal Prevention and Timely
Reunification
Kellogg Hotel and Conference Center
East Lansing, Michigan
April 7 - 8, 2010

**From Trauma Inducing Care to Trauma Informed
Care: The Long Journey Forward**

- Introduction
- Screening and Assessment
- Creating a Safe Environment
- Viewing Clients Through a Trauma Lens
- Using Human Experience Language
- Promoting and Maintaining Empathic Relationships
- Collaboration of Equals
- Teach not Treat
- How Child Welfare Re-enacts Abusive Relationships
- Vicarious Trauma
- Child Welfare: A Traumatized System

If nothing changes... by the year 2020¹

- 22,500 children will die of abuse or neglect, most before their fifth birthday
- More than 10.5 million children will spend some time in foster care
- More than 300,000 children will age out of our foster care system
- 75,000 former foster youth, who aged out of the system, will experience homelessness

¹CWLA NDAS (2006)

A Few Facts about Trauma---

In mental health and substance abuse service settings

- As many as 80% of men and women in psychiatric hospitals have experienced physical or sexual abuse, most of them as children.
- The majority of adults diagnosed with Borderline Personality Disorder (81%) or Dissociative Identity Disorder (90%) were abused as children.
- Up to two-thirds of both men and women in substance abuse treatment report childhood abuse or neglect.
- Nearly 90% of alcoholic women were sexually abused as children or suffered severe violence at the hands of a parent.

A Few Facts about Trauma---

In the criminal justice and juvenile justice systems

- 80% of women in prison and jail have been victims of sexual and physical abuse.
- In one study, 92% of incarcerated girls reported sexual, physical or severe emotional abuse.
- Boys who experience or witness violence are 1,000 times more likely to commit violence than those who do not.

Trauma Informed Care Emerged out of Multiple Strains of Research Findings Indicating

- That there is pervasive long term impact of trauma
- That a large percentage of adults and children in our human service systems have experienced severe trauma at some point in their lives.
- Traditional human service systems
 - largely overlook the ways in which "trauma is a central experience of the symptoms that are presented
 - fail to incorporate trauma knowledge in existing explanations of and responses to these problems.

Trauma-informed vs. Traditional

Trauma-informed

- How do I understand this person?
- **Services** are strengths-based
- Minimize risk to consumer, weighing risk to providers
- **Services** a collaboration between consumer and provider
- Trust and safety earned and demonstrated over time
- Both parties acknowledged for bringing information and expertise to the relationship.

Traditional

- How do I understand this symptom/problem?
- **Services** are crisis-driven
- Minimize risk to system/service
- Consumers perceive **services** as hierarchical
- Trust and safety assumed from beginning
- Can recreate abuse dynamics in which the **trauma** survivor was forced to accept an unequal relationship to avoid worse treatment

How Trauma Informed Care Addresses Current Problems in the Human Services

- Designed to minimize re-victimization
- Validates the survivors' life experiences
- Understands that many problem behaviors originate as understandable attempts to cope with abusive experiences

Critical Factors in Trauma Recovery

- Safety
- Connection
- Control

Trauma Therapy

- Court should provide orders for trauma survivors to be referred to evidence-based trauma-focused therapy.
- Caseworker should provide therapist with complete trauma history.
- For child survivors, require that mental health providers include current caregivers in treatment and educate them about the impact of trauma on child behaviors and behavior management.

Examples of Evidence-Based Treatments for Children

- Parent-Child Interaction Therapy (PCIT)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Abuse-Focused Cognitive Behavioral Therapy (AF-CBT)
- Child Parent Psychotherapy (CPP)

Examples of Evidence-Based Treatments for Adults

- Eye Movement Desensitization and Reprocessing (EMDR)
- Cognitive Behavioral Therapy
- Exposure Therapy

Essential Elements of Trauma Informed Care

- Screening & Assessment
- Creating a Safe Environment
- Seeing Client Through a Trauma Lens
- Using Human Experience Language
- Promoting and Maintaining Empathic Relationships
- Collaboration of Equals
- Teach not Treat
- Vicarious Trauma

Benefits of a Thorough Trauma Assessment¹

- Thorough assessment can identify a survivor's reactions and how his or her behaviors are connected to the traumatic experience.
- Thorough assessment can predict potential risk behaviors and identify interventions that will ultimately reduce risk.
- Child welfare workers can use assessment results to determine the need for referral to appropriate trauma-specific mental health care or further comprehensive trauma assessment.

¹The National Child Traumatic Stress Network (2008)

Why Trauma Survivors Fail to Report Their Trauma History

- Safety concerns
- May not be believed
- Ashamed that they were victimized
- They fear the worker will judge them
- Many don't trust workers

Reasons Child Survivors May Not Reveal Abuse

- Desire not to get their parents into trouble
- Fear of being removed from their homes or not returned
- A belief that it's okay for their parents to hurt them
- Belief that they deserve the abuse for their "bad" behavior

To Facilitate Getting the Real Story

- Spend time with the person
- Listen with sensitivity. Go beyond their words and observe their behavior and emotion or lack of emotion.
- Never belittle the problem or feelings or minimize its seriousness for the sake of false reassurance. Integrity in this area will help build a trusting relationship.
- ‘Show’ them you can listen to their pain
- Be willing to say ‘I don’t know’.
- Do it all consistently
- Ensure that survivors are provided a psychologically safe setting

A Feeling of Safety is Enhanced When You

- Keep confidential the ‘secrets’ survivors entrust to you
- Give clear information
- Provide honest answers to questions about e.g., how decisions are made to move children, return children home, terminate parental rights, why the court is involved, what the court intends to do.
- Are consistent and predictable
- Give the survivors as much control and choice as possible

Preparation for Moving a Child to a New Home

- Tell the child in advance about the upcoming move.
- Explain why s/he is moving and where s/he is going.
- Encourage child to ask questions and answer them honestly.
- Verbalize the child’s fears, the questions the child is afraid to ask.
- Tell child about who is in the new family, kids, pets, about the school, neighborhood.

Preparation for Moving a Child to a New Home cont.

- Provide child with pictures of the new home and family.
- Give them choices, e.g., if they want to see the school, neighborhood before moving in, buy something for their new home.
- Ask them about what after-school activities they were involved in and whether they wish to continue them.
- Be sure to get the names and phone numbers of people with whom child wishes to maintain a relationship from previous foster home, e.g., friends, teachers, classmates.

Information About Foster Care That Would Help Children Feel Safer

- How the child welfare and court systems work
- Their rights as foster children
- The roles of the adults in their lives, e.g., worker, supervisor, foster parent, lawyer, CASA
- How to make complaints
- How to contact their family and friends left behind

Maintaining and Increasing Children's Relationships

- Court should provide orders to support contacts with important people in child's life from pre-care and in-care.
- Minimize the extent to which existing positive relationships in the child's life (e.g., teachers, friends, siblings) are disrupted by repeated changes in placement.
- When replacing home of child, maintain child in same school.
- Provide continuity in care with professionals, e.g., medical, dental, mental health
- Promote new positive relationships with adults, e.g., mentor, foster grandparent, big brother/sister, church members, coaches.
- Facilitate contact among sibling beyond the weekly visit, e.g., phone calls, special get-togethers.

Reconnecting Foster Children with Children and Adults They Care About

- Ask children whom they miss
- Who was special to them
- Whom they wish they could call or see again
- How can we find them?
- If you contact the person named, ask them if they want to be part of child's life
- Together create a plan for visits, phone calls, cards, email

What Child Welfare Believes Youth Need to Learn to Make it on Their Own

Youth must develop an understanding of, and build skills needed to:

- Pursue or complete their education or vocational training
- Obtain and maintain employment
- Locate and maintain affordable housing
- Manage their money and keep a budget
- Cook meals, keep house, and perform other "daily living" routines
- Access health care and community services.

Benefits of Growing Up in a Stable Family

- Sense of belonging
- Safety
- Unconditional love
- Sense of control over one's life
- Feeling of being valued
- Feeling understood by others
- Social skills
- Coping strategies

What Foster Care Alumni Said They Needed To Make It On Their Own

- Ability to trust
- Coping skills
- Sense of belonging
- Ability to make connections
- Self motivation
- Self reliance
- Self esteem

In a Psycho-educational Approach Two Things Happen

- Past abuses are linked to current coping strategies
- Symptoms are reframed as being attempts to cope with past abuses

Trauma Reminders¹

- When faced with people, situations, places, or things that remind them of traumatic events, trauma survivors may experience intense and disturbing feelings tied to the original trauma.
- These “trauma reminders” can lead to behaviors that seem out of place, but were appropriate - and perhaps even helpful - at the time of the original traumatic event.
- Trauma survivors may face so many trauma reminders in the course of an ordinary day that the whole world seems dangerous and no one seems deserving of trust.

¹The National Child Traumatic Stress Network
Child Welfare Trauma Training Toolkit 2008

There are Three Main Elements in Caregivers' Supportive Responses to their Children's Trauma

- Believing and validating the child's experience
- Tolerating the child's affect
- Managing the caregiver's own emotional response

Parenting Issues for Trauma Survivors

- Feelings of shame, guilt, and inadequacy can interfere with parenting.
- Interaction with a child can trigger a parent's traumatic past.
- Parent may be neglectful in order to avoid being "triggered" by child.
- Parents may have been inadequately nurtured themselves .

Collaboration Across Systems¹

Service providers should:

- Develop common protocols and frameworks for documenting trauma history
- Exchange information
- Coordinate assessments
- Plan and deliver care

Collaboration enables all helping professionals to view the survivor as a whole person, thus preventing potentially competing priorities.

¹The National Child Traumatic Stress Network
Child Welfare Trauma Training Toolkit 2008

Common Diagnoses for Children in the Child Welfare System

- Attachment Disorder
- Attention Deficit Hyperactivity Disorder
- Oppositional Defiant Disorder
- Bipolar Disorder
- Conduct Disorder

Protective Factors that Trauma Informed Schools Can Provide Foster Children

- Foster children spend 6 hours a day in school. If the school is trauma-informed, those could be 6 hours in which the children feel understood, accepted and validated, all of which might help them recover from trauma
- Teachers who function as secondary or alternative attachment figures could provide some protection against negative developmental outcomes
- Finally, education can help the children become part of society. A permanent home won't get them very far if they try to make it in the world without an education.

Impact of Trauma on Developing Brain¹ How Fear Changes Thinking, Feeling and Behaving

Adaptive Response	REST (Adult Male)	VIGILANCE	FREEZE	FLIGHT	FIGHT
Hyperarousal Continuum	REST (Male Child)	VIGILANCE (Crying)	RESISTANCE (Freeze)	DEFIANCE (Tantrums)	AGGRESSION
Dissociative Continuum	REST (Female Child)	AVOIDANCE (Crying)	COMPLIANCE Robotic/detached	DISSOCIATION (Numbing)	FAINTING
PRIMARY Secondary Brain Areas	NEOCORTEX Cortex	CORTEX Limbic	LIMBIC Midbrain	MIDBRAIN Brainstem	BRAINSTEM Autonomic
Cognitive Style	ABSTRACT	CONCRETE	EMOTIONAL	REACTIVE	REFLEXIVE
MENTAL STATE	CALM	AROUSAL	ALARM	FEAR	TERROR

¹Perry, B. (2003)

Characteristics of Abusive Relationships and How We Re-enact Them

- Betrayal by trusted caregiver
- Secrecy
- Client is disempowered
- Voice of client is unheard, denied or invalidated
- Client is powerless to alter or leave the relationship
- Reality is reconstructed to represent values and beliefs of abuser.

What Happens to Children When Foster Parents no Longer Want Them

The children are:

- Re-Betrayed
- Re-Hurt
- Re-Abandoned
- Re-Rejected
- Re-Victimized
- Re-Abused
- Re-Neglected
- Re-Traumatized

Characteristics of Abusive Relationships and How We Re-enact Them

- Betrayal by trusted caregiver
- Secrecy
- Client is disempowered
- Voice of client is unheard, denied or invalidated
- Client is powerless to alter or leave the relationship
- Reality is reconstructed to represent values and beliefs of abuser.

Factors Found to Cause Vicarious Trauma in Child Welfare Professionals¹

- Exposure to the pain and horrific stories of clients
- Overwhelming caseload
- Adversarial nature of court work
- Lack of supervisory and administrative support

¹NASW, 2003

Failure to Address Professionals' Vicarious Trauma Leads to

- Child welfare professionals being less effective
 - Decreased productivity
 - More errors
 - Avoidance of tasks
 - Missed or cancelled appointments
 - Chronic lateness
- Leaving the field
- Staying on and losing hope and enthusiasm for their work
- More disruptive placements as foster parents become burnt out

Symptoms of Vicarious Trauma Reported by Social Workers¹

- 40% thought about their work with traumatized clients without intending to
- 22% reported feeling detached from others
- 26% felt emotionally numb
- 28% had a sense of foreshortened future
- 27% reported irritability
- 28% reported concentration difficulties

¹Bride, 2007

For the Child Welfare System, Life Intervened in the Form of

- Children with more severe problems
- High case loads
- Shortage of foster homes
- Excessive paperwork
- Unending mandates
- Not enough training
- Traumatized staff
- Decreased funding

Questions?

Rosalind Folman, Ph.D.
rosalindfolman@sbcglobal.net
(248) 554-0899

Useful Resources Related to Trauma and Trauma Informed Care

Badenoch, B. (2008) Being a Brain-Wise Therapist: A Practical Guide to Interpersonal Neurobiology. New York: Norton Publishers.

Cozolina, L. (2006) The Neuroscience of Human Relationships: Attachment and the Developing Brain. New York: Norton Publishers.

Elliott, D. E., Bjelajac, P., Fallot, R. D., Markoff, L. S., & Glover Reed, B. (2005). Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women. *Journal of Community Psychology*, 33(4), 461-475.

Harris, M. & Fallot, R. D. (2001). Envisioning a trauma informed service system: A vital paradigm shift. In M. Harris & R. D Fallot (Eds.), Using trauma theory to design service systems. pp. 3-22. San Francisco, CA, US: Jossey-Bass.

Hughes, D. A. (2006). Building the Bonds of Attachment: Awakening Love in Deeply Troubled Children (Second Edition). Lanham, MD: Aronson Publisher

Perry, B. D. and Szalavitz, M. (2006.) The Boy Who Was Raised as a Dog and Other Stories from a Child Psychiatrist's Notebook: What Traumatized Children can Teach Us About Loss, Love and Healing. New York: Basic Books.

Perry, Bruce D. (2006). Applying Principles of Neurodevelopment to Clinical Work with Maltreated and Traumatized Children: The Neurosequential Model of Therapeutics. In N.A. Boyd (Ed) Working with Traumatized Youth in Child Welfare. pp. 27-52. New York: Guilford Press.

Useful Websites

National Center for Trauma Informed Care
<http://mentalhealth.samhsa.gov/nctic/trauma.asp>

National Child Traumatic Stress Network
http://www.ncetsnet.org/ncets/nav.do?pid=ctr_cwtool

Child Trauma Academy
www.ChildTraumaAcademy.org

National Abandoned Infants Assistance Resource Center
http://aia.berkeley.edu/media/pdf/source_vol16_no1.pdf

***Growing Up in the Care of Strangers:
The Experiences, Insights and Recommendations of Eleven Former Foster Kids***

William Gladden Foundation Press
192 pages, \$27.95

To be in a position to truly help foster children, child welfare professionals and other professionals who work with foster children (e.g., judges, lawyers, CASAs, therapists, teachers, physicians) need to be aware of the trauma children can suffer in foster care and the consequent damage to their lives which is often hidden from others. The contributors to this book shed light on this damage—the very damage that needs to be addressed.

The authors of this book reveal the pain of both their pre-placement experiences and their subsequent experiences in out-of-home care. Most of the authors of this book lived in multiple placements, as many as 17. Over half experienced several types of placement, such as foster homes, orphanages, juvenile detention centers or mental health facilities. The majority spent all or most of their time in foster care placements, including foster families, kinship care and group homes. Some of their placement experiences turned out well, others did not. It is toward providing an understanding of what placements and services they believe are in “the best interests of the child” that the authors have opened up their lives to inspection.

The authors, all of whom went on to college and graduate school, are currently devoting their lives to helping foster children. They have chosen to reflect on their childhood experiences through the lens of adult professionals.

Dr. Rosalind Folman is one of the eleven contributors to *Growing up in the Care of Strangers*. She earned a B.A. from Barnard College and a doctorate from the University of Michigan. As a psychologist, Dr Folman has worked in child welfare as a researcher, evaluator, consultant, therapist and national speaker on the psychological issues of children in care. Her research focus is the psychological development of foster children. She emphasizes the critical importance of listening to foster children's voices. Dr. Folman believes that it is only through the children's voices that we can learn how they understand their situation and how they cope with it, information that is essential for developing policy and programs to assist foster children in overcoming their adversities.

Based on feedback from foster children, Dr. Folman has given keynote presentations throughout the country to child welfare personnel, judges, lawyers, CASAs, educators, physicians, program developers and policy makers. She has also consulted with agency personnel on practices that lessen the trauma of foster care placement and facilitate children's development.

Dr. Folman is available for training and consultation and can be reached at 248-554-0899 or rosalindfolman@sbcglobal.net

BOOK ORDER FORM INFORMATION

Thank you for your interest in the book *Growing Up in the Care of Strangers*.

Single or multiple copies can be ordered from

Dr. Rosalind Folman
2702 W. 13 Mile Rd.
Royal Oak, MI 48073
248-554-0899

www.fosterkidslives.com

Pricing: Pricing: 1 to 2 books \$27.95 each
3 to 5 books \$23.95 each
6 to 10 books \$19.95 each
11+ books \$15.95 each

Shipping U.S.: \$4.00 for the first book and \$2.00 for each additional book
International: \$9.00 for the first book and \$5.00 for each additional book
(estimate)

Checks, Cash & Paypal* accepted

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email address: _____

Organization/Agency _____

Number of books ordered _____

***To use paypal go to <http://fosterkidslives.com/> and click on buy now**