Overview of the Day

- Welcome and Review of the Agenda
- Group Agreements
- Learning Objectives
- Review of key concepts and interactive activities
- Team Based Learning Activity
- Group application utilizing case examples
- Wrap up
Learning Objectives

• Review the learning objectives
• Identify and underline one learning objective that you feel you have a good understanding of already.
• Identify and circle one learning objective that you want to focus on today.

Goals for Today

• Understand the correlation between trauma and behaviors associated with key issues in child welfare including substance use disorders, intimate partner violence and/or behavioral health disorders
• Develop strategies that are culturally relevant, strengths-based and trauma informed to effectively address the impacts of trauma and key issues in child welfare on child safety and risk.

Group Agreements

• Be collaborative
• Ask lots of questions – let us know what you think
• Be open to trying new things
• Be willing to make mistakes
• Maintain confidentiality
• Be responsible for your own learning
Best Practices in Child Welfare

Best practice approaches for working with children, youth and families in child welfare:
- Trauma Informed Practice
- Strengths Based Practice
- Culturally humble approach
- California Core Practice Model behaviors
- Structured Decision Making (SDM)

Review of key concepts

- Definition and impact of trauma
- Trauma Informed Practice
- Key child welfare issues
  - Substance use disorders
  - Behavioral health issues
  - Intimate partner violence
- How does trauma and key issues intersect?
- How are they impacted by each other?

What is trauma?

- Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.

  * SAMHSA(www.samhsa.gov)
What is child trauma?

- An event that overwheels the child’s ability to cope and causes fear, helplessness, or horror, expressed by sadness, withdrawal, or disorganized / agitated behavior.

- Witnessing or experiencing an event that poses a real or perceived threat to the life or well-being of the child or someone close to the child.

Trauma Informed Practice

“Trauma Informed Practice” is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma...that emphasizes physical, psychological, and emotional safety for both providers and survivors...and, that creates opportunities for survivors to rebuild a sense of control and empowerment.”

–(Hopper, Bassuk & Olivet, 2010, pg. 82)

According to SAMHSA’s concept of a trauma-informed approach, “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;
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices; and
- Seeks to actively resist re-traumatization.”
Types of trauma

- Acute traumatic events
- Chronic traumatic situations
- Complex trauma
- Historical trauma
- Secondary trauma

Complex trauma

- The term complex trauma describes both children’s exposure to multiple traumatic events, often of an invasive, interpersonal nature, and the wide-ranging, long-term impact of this exposure.

- These events are severe and pervasive, such as abuse or profound neglect. They usually begin early in life and can disrupt many aspects of the child’s development and the very formation of a self. Since they often occur in the context of the child’s relationship with a caregiver, they interfere with the child’s ability to form a secure attachment bond.


Child Welfare Involvement

*Every intervention and/or transition has the potential to be traumatic for children and families:*

- Investigation
- Removal
- Placement / placement changes
- Social worker changes
- Reunification or an alternative plan (adoption)
- Case closure
Secondary Traumatic Stress

Distress that results when an individual hears about the firsthand trauma experiences of another. Symptoms mimic those of PTSD.

- Re-experiencing personal trauma or
- Changes in memory/perception;
- Depletion of personal resources;
- Disruption in perception of safety, trust, independence.
- Social workers are at risk

Trauma and the Brain

- Trauma can have serious consequences for the brain.
- Trauma-induced alterations in biological stress systems can adversely affect brain development.
- Trauma-exposed children and families display changes in their levels of stress hormones similar to those seen in combat veterans.
- Plasticity means the brain continues to change in response to repeated stimulation.

The Influence of Developmental Stage

- Child traumatic stress reactions vary by developmental stage.
- Children who have been exposed to trauma expend a great deal of energy responding to, coping with, and coming to terms with the event.
- This may reduce a child’s capacity to explore their environment and to master age-appropriate developmental tasks.
- The longer traumatic stress goes untreated, the farther children tend to stray from appropriate developmental pathways.
How Can Trauma Affect Parents?

A personal history of trauma can:

- Compromise parents’ ability to make appropriate decisions about their own and their children’s safety
- Interfere with their ability to form and maintain secure and trusting relationships (with their children, partners, and service providers)
- Impair parents’ ability to regulate their emotions
- Lead to maladaptive coping strategies including substance use disorders
- Cause parents to be triggered by their children’s traumas and/or systems interventions


How social workers can help

- Understand parents anger, fear, resentment, or avoidance as reactions to past trauma
- Assess parent’s trauma history
- Build on parents’ desires to care for their child
- Help parents understand impact of their own past trauma
- Recognize that children and parents’ behavior is sometimes an adaptation to trauma and may be related to altered physiology.
- Refer parents to trauma-informed services

Review of Key Issues

- Key issues in child welfare include:
  - Behavioral health issues
  - Substance use disorders
  - Intimate partner violence
Stages of Change


Key Issues & Trauma

- Table talk (5 minutes): How do the key issues intersect with trauma in
  - Children
  - Parents
  - Roots of the key issues?
  - Or Roots of trauma?
  - What about ACES?

- Report out some examples to larger group

Team Based Learning
Individual Activity
Scoring Responses

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<th>Column Two Record your first answer (was it “A”?)</th>
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Group Activity

- Supporting parents with COD
  - What are co-occurring disorders (COD)?
  - Review the video questions in trainee guide
  - Watch videos and answer questions as a group

COD Video 1: https://www.youtube.com/watch?v=Q4ccdNMtYlw
COD Video 2: https://www.youtube.com/watch?v=ARQuTgXumok
Bias and culture: meeting parents where they are

• Review the video questions in trainee guide
• Watch video and answer questions as a group — https://www.youtube.com/watch?v=h_3bKM7ijyY
• Debrief

The Influence of Culture on Trauma

• Trauma response varies by culture. Social and cultural realities strongly influence children’s risk for—and experience of—trauma.
• The necessity to respond to trauma is universal in terms of the physiological and social responses.
• Strong cultural identity and community/family connections can enhance a child’s resiliency.
• Cultural beliefs and values can help or hinder in regard to the child’s reaction to trauma.

Cultural Considerations for Key Issues & Trauma
LUNCH BREAK
60 Minutes

Putting Learning into Practice

• See Case Scenarios in trainee guide
• What trauma triggers or reminders can you identify in these scenarios?
• Let’s discuss
Think Tank!

Let’s put this into practice:
• Group formation
• Choose a case - maintain confidentiality – no names or identifiers!
• Take notes
• Identify worries and what’s working well
• Present to the class

Putting It All Together: Personal Learning Plans

Turn to Personal Learning Planning your Trainee Guide

Individually answer the questions

Wrapping UP....What are you excited to do?

What did you learn today that you are most excited about implementing when you get back to the office?

What worries you about returning to the office?
End of Block Evaluation

Preliminary Evaluation Materials

Materials:
• Informed Consent

Generating Your Trainee ID code:
• First 3 letters of MOTHER’S MAIDEN NAME (e.g., SMITH = SMI).
• First 3 letters of MOTHER’S FIRST NAME (e.g., CAROLINA = CAR)
• NUMERAL FOR THE DAY YOU WERE BORN
  Example: May 9, 1970 = 09
• The NUMERAL FOR THE YEAR YOU WERE BORN
  Example: May 9, 1970 = 70

Trainee ID Code: S M I C A R 9 0 9