

# **Trauma-Informed Review**

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## **The Trauma Healing Project**

We envision a community where any person or group in our community impacted by violence, abuse or other trauma will be supported to fully recover and heal.

*Working to improve individual and community health through education, action research, and direct support for healing.*

## **Today's Agenda**

- Background of TIC & CRB
- Review of Definitions
- Trauma-Informed Case Review Elements
- TI Review Checklist/Outline
- Mini-Practice

## **Trauma Informed Practice at the CRB**

In 2013, Mandy Davis, Director of the Trauma Informed Care Project at PSU, observed several CRB reviews in order to offer suggestions and best practices to avoid retraumatization and promote engagement of families participating in reviews.

She gave suggestions for both CRB Review Process materials and questions asked during reviews.

Her suggestions were implemented into the following materials: the Notice of CRB Review we send to all legal parties, the Opening Statement, and a Guide for Participants that are now provided to parents at the review.

(from 2014 Conference presentation by Amy Benedum & Rakeem Washington)

## **Trauma Informed Practice at the CRB**

2014 CRB Conference Included training by:

- Amy Benedum, Field Manager for Linn, Lincoln & Benton Counties
- Rakeem Washington, Field Manager for Marion County

Covering definitions, changes to practice and policy, and an overview of how to incorporate Trauma-Informed Care principles into CRB Reviews.

To watch a video of that training, go to:

[https://www.youtube.com/watch?feature=player\\_embedded&v=e1YrycEL-t8](https://www.youtube.com/watch?feature=player_embedded&v=e1YrycEL-t8)

## **Definitions - Trauma**

“Trauma is not a disorder but a reaction to a kind of wound. It is a reaction to profoundly injurious events and situations in the real world and, indeed, to a world in which people are routinely wounded.

“Trauma is a concrete physical, cognitive, affective, and spiritual response by individuals and communities to events and situations that are objectively traumatizing. On a simple level, for the most part, people feel traumatized or wounded because they have been wounded.”

~ Bonnie Burstow

## Definitions - Trauma

“For our purposes, trauma refers to events outside the typical range of human experience. In child welfare, it’s common to have parties who have experienced some of the following: abuse and neglect, experiencing or witnessing interpersonal violence, serious accidents, unexpected death of a loved one, and community violence.

“Many parents and children in the child welfare system have experienced trauma in their lives; having a child enter foster care is traumatic to both the child and the parents.”

(Amy Benedum & Rakeem Washington, CRB Conf 2014)

## Remember:

- Without helpful affect regulation skills people who are traumatized may have to rely on *tension reduction behaviors* -external ways to reduce triggered distress. (Briere, 2004)
- Chronic trauma interferes with neurobiological development and the capacity to integrate sensory, emotional and cognitive information into a cohesive whole. Developmental trauma sets the stage for unfocused responses to subsequent stress. (Van der Kolk)
- ([http://www.traumacenter.org/products/pdf\\_files/Preprint\\_Dev\\_Trauma\\_Disorder.pdf](http://www.traumacenter.org/products/pdf_files/Preprint_Dev_Trauma_Disorder.pdf))

**Remember:**

- Our brains change and welcome change.
- Positive interactions which communicate safety and connection are foundational to changing unproductive brain patterns.
- Every interaction the survivor has with a provider system has the potential of
  - adding to the trauma experiences,
  - reactivation of trauma memories,
  - or providing a sense of safety and enhancing emotional regulation.

**A Developmental Perspective**

- Problematic behavior evolves over time as a result of successive experiences
- A prior negative experience may increase the difficulty a person has in successfully accomplishing a subsequent developmental task
- A return to positive functioning is always possible

(Chapin Hall)

## **Parents with childhood trauma**

- Fewer had stable employment or post-secondary education
- More had problems in 3 or more areas of current functioning
- A majority were resistant to participating in services to address their current problems
- Two-thirds described having previously participated in mental health treatment and one-third had experienced a psychiatric hospitalization

## **Challenges in Predicting/Maintaining Reunification**

Prognosis among parents with childhood trauma histories

- 1/3 = *poor, unlikely, or unfavorable*
- 1/3 = *guarded*
- 1/3 = *favorable*

Reunification

- Roughly 1/3 of children reunified with their parents, *regardless* of parents' histories...but more children with a parent who had a trauma history came back into foster care (30% vs. 7%)

(Chapin Hall)

## **The Role of Services**

- The service needs of parents with significant childhood trauma are great.
- Multiple, simultaneous service demands, however, may not be helpful.
- D'Andrade's work on reunification suggests multiple service demands on parents.
  - Average of 8 required service events per week.

## **The Role of Services**

The California Evidence-Based Clearinghouse for Child Welfare lists 1 program “supported by research evidence” as effective in family reunification.

(Chapin Hall)

## **Definitions – Trauma-Informed Care**

- Services and supports that are informed about and sensitive to trauma-related issues present in individuals who have experienced trauma.

AMH Trauma Policy (2014)

- Thoroughly incorporates, in all aspects of service delivery, an understanding of the prevalence and impact of trauma and the complex paths to healing and recovery. Trauma-informed services are designed specifically to reduce stress and to avoid re-traumatizing clients, volunteers and staff.

CHC Trauma Protocol (2015)

## **Definitions – Trauma-Informed Care**

Put simply, trauma informed practice recognizes that past or present experiences of trauma can affect a parent's confidence and ability to keep children safe, work effectively with child welfare staff, and respond to the requirements of the courts.

(Amy Benedum & Rakeem Washington, CRB Conf 2014)



**Practicing Trauma-Informed Care means:**

**We recognize that traumatic experiences *terrify, overwhelm, and violate* the individual.**

**We have a commitment not to repeat these experiences and, in whatever way possible, to restore a sense of safety, power, and worth.**

**Trauma-Informed Case Review**

- Member Training & Competency
- CRB Planning & Preparation
- Parent engagement from invitation to preparation for the review
- CRB Process and Facilitation
- Debrief/Ongoing Learning
- Documentation & Recommendations

## **Trauma-Informed Case Review**

- Safety - Creating Safe Space
  - Physical
  - Emotional
- Restoring Power & Control
- Value the Individual(s)
- Plan for Triggers
- Parallel Process

## **Creating Safe Space**

(to reduce anxiety, and FFF so folks can engage and participate)

### **PHYSICAL SAFETY:**

- Assess your space, parking, signage, room size, chairs.
- Noise and distractions
- Smells, food, drinks
- Attend to unspoken unease

## **Creating Safe Space**

(to reduce anxiety, and FFF so folks can engage and participate)

### **EMOTIONAL SAFETY**

- Preparing family before entering.
  - What they will see, hear, smell, where to sit
- Introduce yourself and repeat as needed.
- Explain why you are doing what you are doing.
  - “I am getting ready to read a statement that we read each time we start this meeting. It explains why we are here and our role. Ready...”
  - Eg. Raising hands.
- Describe the process for the meeting. *“First we will, then, takes about 1 hour...”*
- Jurisdiction - to read or not to read?
  - Can’t select what gets remembered or what shuts down.

## **Restoring Power & Control**

(now that the anxiety is reduced)

- Provide a copy of all the literature - opening and findings.
  - If you have something and I don’t.....
  - Refer to it as you proceed
  - Give instructions - can they write on it?
- Explain each question/finding.
  - “What we mean when we say reasonable efforts.” “We are skipping that one b/c..”
  - Ask everyone for input - SYSTEMATICALLY. \*Tell folks you will do this. “Is there anything you would like us to know/add?”

## **Value the Individual**

**Now that I know I am not just a case number)**

- Ask the family first. “What is her grade?” “How do you pronounce her name?”
- “Are the services the right ones for you/your family?”
- “Is there anything you would like us to know?”

## **Tips & Considerations-Triggers**

- Be specific when you ask questions.
- Speak to the obvious
- Foster parent trigger
- Be direct and compassionate
- Concurrent planning trigger
- “parent progress” trigger
- Non-verbals

## **Parallel Process**

Ask yourselves what do you need to feel safe, empowered, and valued.

- Be well nourished.
- Know what to expect.
- Have time to prep emotionally .
- Have time to practice - review - ask questions.

## **Trauma-Informed Case Review Checklist:**

- Member Training & Competency
- CRB Planning & Preparation
- Parent engagement from invitation to preparation for the review
- CRB Process and Facilitation
- Debrief/Ongoing Learning
- Documentation & Recommendations

## **Trauma-Informed Review Checklist**

### **Training & Competency - All CRB members:**

- Receive training about trauma and trauma-informed care prior to active participation in a review.
- Can give examples and other evidence showing they understand and can apply trauma-informed principles to each aspect of a review process.
- Participate in debriefing and review sessions that consistently incorporate questions and assessments of trauma-informed practice.

## **Trauma-Informed Review Checklist**

### **CRB Planning & Preparation**

- Scheduling considerations include parent(s) and support providers
- Notice of CRB Review provided in parent's preferred language
- Follow-Up call to invite parent to attend (with support provider if available)
- Any specific agenda items or topics to be covered given in advance as possible

**Trauma-Informed Review Checklist**  
CRB Process & Facilitation

- Seating is arranged to mitigate intimidation (e.g. professionals not all on one side of the table/room)
- CRB Facilitator/Lead is prepared and grounded
- Review meeting agenda/purpose & process
- Opening Statement: reading of legal jurisdiction not required - use with discretion/when relevant to current CRB

**Trauma-Informed Review Checklist**  
CRB Process & Facilitation (continued)

- Space for silence
- Facilitation addresses dominant and quieter voices/participation
- Questions for parent(s) are authentic - not rhetorical; make space for answers.
- Include time for questions and concerns from parent(s) and support providers
- Ensure strengths are reflected; use appreciative language

## **Trauma-Informed Review Checklist**

### **CRB Process & Facilitation (continued)**

- **Closure process -**
  - Summary of what was covered (thoughtful) including any next steps to be followed (verbally and in writing if possible)
  - Closing statement
  - Specific ways for parent(s) to stay or be in touch

## **References**

Children Whose Parents Have Experienced Childhood Trauma -- Challenges, Obligations, and Reasonable Efforts for Reunification  
Webcast:

<http://news.uchicago.edu/multimedia/children-whose-parents-have-experienced-childhood-trauma>

Parents' Pasts and Families' Futures: Using Family Assessments to Inform Perspectives on Reasonable Efforts and Reunification

[http://www.chapinhall.org/sites/default/files/Parents%20Past%20and%20Families\\_08\\_30\\_12-FINAL.pdf](http://www.chapinhall.org/sites/default/files/Parents%20Past%20and%20Families_08_30_12-FINAL.pdf)

Trauma-Informed Care in Behavioral Health Services:

<http://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf>