Saint Louis Crisis Nursery

THE ROLE OF TRAUMA INFORMED CARE IN CHILD ABUSE AND NEGLECT PREVENTION

Crisis
Nursery
Saint Louis

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For more than 32 years, the Saint Louis Crisis Nursery has been committed to the prevention of child abuse and neglect, providing emergency intervention, respite care and support to families in crisis through:

- 24/7 Short-term care for young children in a safe and nurturing environment

- Helping families resolve crisis

- Offering resources for empowerment, ongoing support, and parent education

- Community outreach and awareness

- Advocacy for children and families

Emergency Crisis Care

- 24/7   Emergency Hotline
- 5 Locations
- Open 24 hours a day
   365 days a year
- Available for children birth-12yrs
- Includes medical care, developmental assessments, art & play therapies
- Last year we served over **6,800 children** through our emergency respite program

Family Empowerment Program

- 9 Locations
- Follow-up within 72 hours of using Crisis Care Services
- Home Visits with a Counselor or Social Worker
  - Long-Term Goal Setting/ Case Management
  - Parenting Skills Coaching
  - Counseling and Clinical Support
- Parent Education Groups
- Community Outreach

The Problem

- Average of 186 Child Abuse/Neglect Reports on 269 Missouri children ***every day***

- ***6,885 children*** were removed from their homes in 2017 as a result of abuse/neglect

- ***188 children died*** between 2012-2016 as a result of abuse/neglect

- Neglect remains ***highest category*** of substantiated abuse in the state

Sources: Missouri Department of Health and Human Services. (2018). Children's Division Annual Fiscal Year 2017 Report. Retrieved from: https://dss.mo.gov/re/pdf/cs/2017-missouri-childrens-division-annual-report.pdf
Missouri Department of Health and Human Services. (2017). Children's Division Annual Fiscal Year 2016 Report. Retrieved from: https://dss.mo.gov/re/pdf/can/2016-missouri-child-abuse-neglect-annual-report.pdf

Agenda:

- Risk Factors

- What is Trauma & Why Does it Matter?

- Basics of Trauma Informed Care

- Applying Concepts of TIC to Child Abuse and Neglect Prevention

- Increasing Protective Factors & Decreasing Risk

RISK FACTORS

Individual Risk Factors
- Lack of understanding of children's needs, child development and parenting skills
- Parental history of child abuse and or neglect
- Substance abuse and/or mental health issues
- Parental characteristics such as young age, low education, single parenthood, large number of dependent children, and low income
- Nonbiological, transient caregivers in the home

Family Risk Factors
- Social isolation
- Family disorganization
- Intimate partner violence
- Parenting stress and poor parent-child relationships

Community Risk Factors
- Community violence
- Concentrated neighborhood disadvantage (e.g., high poverty and residential instability, high unemployment rates, and high density of alcohol outlets)
- Poor social connections.

List from: Centers for Disease Control and Prevention. (2018). Child Abuse and Neglect: Risk and Protective Factors. Retrieved from: https://www.cdc.gov/violenceprevention/childabuseandneglect/riskprotectivefactors.html

What is Trauma?

TRAUMA OCCURS WHEN AN INDIVIDUAL IS EXPOSED TO EVENTS WHICH OVERWHELM THEIR ABILITY TO COPE

Potentially Traumatic Events

- Accident/ Serious Injury
- Natural Disasters
- Community Violence
- Violent Death of Loved One
- Violence Within the Family
- Living with a parent who has a serious mental illness
- Living with a parent who has an addiction
- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Neglect
- Homelessness
- School Violence
- Chronic Poverty

Prevalence

- Studies suggest that somewhere between **50-80% of children** have been, or will be, exposed to a traumatic event by age 18

- Of those children experiencing a traumatic event, it is estimated that 4-8% will develop symptoms which meet criteria for a diagnosis of post-traumatic stress disorder [PTSD]

Source: Fairbank, J.A. (2008). The epidemiology of trauma and trauma related disorder in children and youth. PTDS Research Quarterly, 19 (1). Retrieved from http://www.ptsd.va.gov/professional/newsletters/research-quarterly/V19N1.pdf

Acute vs. Chronic/Complex Trauma

- Acute Trauma refers to a single episode or incident: ie. natural disaster, car accident, traumatic loss of a loved one, a crime, etc.

- Complex or Chronic trauma includes a series of traumatic events which occur over a period of time: ie. ongoing abuse or neglect, domestic violence, homelessness, etc.

Why Does it Matter?

THE MULTIDIMENSIONAL IMPACT OF TRAUMA

MAY ALL CHILDREN HAVE THE FREEDOM TO SAFELY BE CHILDREN

PHYSIOLOGICAL

- Physical Changes within the Body's Stress Response System
  - Stress Response = OVERDRIVE
  - Individuals go into stress response and shut down over **minor stressors**
  - Leads to more physical illness (ACE study)

- Visible Differences in Physical Brain Structure
  - Studies have shown less brain development and brain matter in the areas of the brain associated with problem solving & critical thinking (Source: Bremner, J. D. (2006). Traumatic stress: effects on the brain. *Dialogues in Clinical Neuroscience, 8*(4), 445–461.)

RELATION TO SELF AND OTHERS

Trauma significantly impacts an individual's ***sense of safety*** and well being

Trauma impacts an individual's ***ability to trust*** others and the world around them

Trauma impacts how an individual views ***their ability to control their own situation***

Trauma impacts an individual's ***sense of hope*** in the future

Common "Symptoms" in Children

- Trouble sleeping
- Difficulty separating from caregiver
- Regression to earlier developmental stages
- Repetitious play
- Impulsive behavior
- Aggressive behavior
- Difficulty concentrating
- Somatic complaints
- Anxious behavior/
- increased startle response

Note that many of these **_may be developmentally appropriate_ depending on the child's age. We become concerned when symptoms are not age appropriate and/or significantly interfere with functioning

NCTSN. Age Related Reactions to a Traumatic Event . Retrieved from http://www.nctsnet.org/sites/default/files/assets/pdfs/age_related_reactions_to_a_traumatic_event.pdf

Potential Impacts of Untreated Childhood Trauma in Adulthood

- Untreated childhood and adolescent PTSD has been associated with a number of negative outcomes in adulthood, including:
  - substance abuse
  - poor physical health
  - mental health diagnoses
  - low earnings

- Difficulty trusting those in "power" positions
- Depression
- Hopelessness
- Difficulty with decision making and planning (due to neurobiological development and cortisol production)

Source: Fairbank, J.A. (2008). The epidemiology of trauma and trauma related disorder in children and youth. PTDS Research Quarterly, 19 (1). Retrieved from http://www.ptsd.va.gov/professional/newsletters/research-quarterly/V19N1.pdf

CASE STUDY

PART ONE

What can we do?
A Trauma-Informed Approach

PROVIDING INTERVENTIONS THAT:

INCREASE RESILIENCY
LESSEN THE IMPACT OF TRAUMA
REDUCE RISK

Changing the Way We Think About Clients

- An understanding of the impact trauma has across the whole of a person's life should change the way we think about them

- Instead of thinking ,"*What is **wrong** with this person?*" we should be thinking, "*What **has happened** to this person?*"

- Increases our empathy for others and helps us understand why others may react in ways that may not be healthy, **therefore increasing our ability to help**

SAMHSA's Six Key Principles of a Trauma-Informed Approach

- Safety

- Trustworthiness & Transparency

- Peer Support

- Collaboration & Mutuality

- Empowerment

- Cultural, Historical, and Gender Issues

Safety

WHAT ACTIVE STEPS AM I TAKING TO INCREASE CLIENTS' PERCEPTIONS OF PHYSICAL SAFETY?

IN WHAT WAYS AM I PROMOTING PSYCHOLOGICAL SAFETY?

Trustworthiness & Transparency

HOW DO I PROMOTE TRUST?

IN WHAT WAYS AM I TRANSPARENT?

HOW AM I ANTICIPATING AND PREPARING CLIENTS FOR CHALLENGING SITUATIONS IN OUR RELATIONSHIP?

Peer Support

WHO ELSE AM I ENGAGING IN THE PROCESS?

WHERE ELSE CAN I PROMOTE CONNECTION?

Collaboration & Mutuality

HOW DO I RECOGNIZE CLIENT STRENGTHS?

IN WHAT WAYS DO I SHARE POWER?

HOW DO I DEMONSTRATE MUTUAL RESPECT?

Empowerment, Voice & Choice

HOW DO I PROMOTE SELF ADVOCACY?

DO MY CLIENTS FEEL THEY HAVE A SHARED ROLE IN DECISION MAKING?

HOW DO I INCORPORATE CLIENT DESIRES AND NEEDS INTO THE ASSESSMENT AND INTERVENTION PROCESS?

Cultural, Historical, and Gender Issues

HOW DO I HONOR AND RECOGNIZE THE IMPACT OF MY CLIENT'S GENDER/RACIAL/ETHNIC/RELIGIOUS IDENTITY ON THEIR EXPERIENCE INTERACTING WITH OUR AGENCY?

WHAT POTENTIAL CURRENT EVENTS COULD BE IMPACTING CLIENTS BASED ON THEIR IDENTITY?

HOW AM I CONTINUING TO GROW IN MY OWN AWARENESS OF SYSTEMS OF OPPRESSION & THEIR HISTORICAL CONTEXT?

NON TRAUMA INFORMED

- POWER OVER
- YOU CAN'T CHANGE
- JUDGING
- PEOPLE NEED FIXING FIRST
- OPERATE FROM THE DOMINANT CULTURE
- PEOPLE ARE OUT TO GET YOU
- RIGHT/WRONG
- HELPING
- "YOU'RE CRAZY!"
- COMPLIANCE/OBEDIENCE
- NEED-TO-KNOW BASIS FOR INFO
- PRESENTING ISSUE
- "US AND THEM"
- LABELS, PATHOLOGY
- FEAR-BASED
- I'M HERE TO FIX YOU
- DIDACTIC
- PEOPLE MAKE BAD CHOICES
- BEHAVIOR VIEWED AS PROBLEM
- WHAT'S WRONG WITH YOU?
- BLAME/SHAME
- GOAL IS TO DO THINGS THE 'RIGHT' WAY
- PRESCRIPTIVE
- PEOPLE ARE BAD
- CONSIDER ONLY RESERCH AND EVIDENCE

TRAUMA INFORMED CARE

- POWER WITH
- YOUR BRAIN IS 'PLASTIC'
- OBSERVING
- PEOPLE NEED SAFETY FIRST
- CULTURAL HUMILITY
- PEOPLE CAN LIVE UP TO THE TRUST YOU GIVE THEM
- MULTIPLE VIEWPOINTS
- LEARNING
- "IT MAKES SENSE"
- EMPOWERMENT/COLLABORATION
- TRANSPARENCY AND PREDICTABILITY
- WHOLE PERSON AND HISTORY
- WE'RE ALL IN THIS TOGETHER
- BEHAVIOR AS COMMUNICATION
- EMPATHY-BASED
- SUPPORT HEALING
- PARTICIPATORY
- PEOPLE WHO FEEL UNSAFE DO UNSAFE THINGS
- BEHAVIOR VIEWED AS SOLUTION
- WHAT HAPPENED TO YOU?
- RESPECT
- GOAL IS TO CONNECT
- CHOICE
- PEOPLE ARE DOING THE BEST THEY CAN
- CONSIDER ALSO LIVED EXPERIENCE

ECHO PARENTING & EDUCATION

Increasing Protective Factors

- "Strengthening Families, A Protective Factors Framework" (Center for the Study of Social Policy)

  - Parental Resilience
  - Social Connection
  - Concrete Supports
  - Knowledge of Parenting and Child Development
  - Social and Emotional Competence of Children

For additional information, visit: https://www.cssp.org/young-children-their-families/strengtheningfamilies/about/protective-factors-framework

CASE STUDY ACTIVITY

PART TWO

Questions?

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