# Next Steps for Addressing Childhood Trauma:

## *Becoming a Trauma-Informed and Responsive Commonwealth*

A Report of the Childhood Trauma Task Force

*DECEMBER 2019*

https://www.mass.gov/lists/childhood-trauma-task-force-cttf

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# Members of the Childhood Trauma Task Force

| Member Name | Affiliation/Appointing Organization |
|---|---|
| Maria Mossaides | Child Advocate, Chair |
| Representative Carolyn Dykema | House of Representatives (Speaker of the House Appointee) |
| Representative Timothy Whelan | House of Representatives (Minority Leader Appointee) |
| Thomas Capasso* | Juvenile Court |
| John Millett | Massachusetts Probation Service |
| Dr. Yvonne Sparling | Department of Youth Services |
| Commissioner Linda Spears<br>Laura Brody | Department of Children and Families |
| Emily Sherwood<br>Michelle Botus | Department of Mental Health |
| Yves Singletary | Department of Public Health |
| Stacy Cabral* | Executive Office of Education |
| Claudia Dunne | Committee for Public Counsel Services |
| Kate Lowenstein | Citizens for Juvenile Justice |
| Tammy Mello<br>Kathryn Cohen | Children's League of Massachusetts |
| *No Appointment Made*[1] | Massachusetts District Attorneys' Association |
| * Members with an asterisk next to their name abstained from voting on this report. | |

*The Childhood Trauma Task Force is a Committee of the Juvenile Justice Policy and Data Board.*

[1]Michael Glennon of the Suffolk County District Attorney's Office has participated in the work of the JJPAD Subcommittees, including the CTTF, as an interim MDAA representative during the period over which this report was compiled.

## Guide to Acronyms

| Acronym | Definition |
|---|---|
| **ACEs** | Adverse Childhood Experiences |
| **CPCS** | Committee for Public Counsel Services (Public Defenders) |
| **CTTF** | Childhood Trauma Task Force |
| **DCF** | Department of Children and Families |
| **DESE** | Department of Elementary and Secondary Education |
| **DMH** | Department of Mental Health |
| **DPH** | Department of Public Health |
| **DYS** | Department of Youth Services |
| **EOHHS** | Executive Office of Health and Human Services |
| **JJPAD** | Juvenile Justice Policy and Data Board |
| **OCA** | Office of the Child Advocate |
| **SAMHSA** | Substance Abuse and Mental Health Services Administration (federal) |
| **TIR** | Trauma-informed and responsive |

# Executive Summary

The Childhood Trauma Task Force (CTTF) was established by *An Act Relative to Criminal Justice Reform (2018).* The CTTF was tasked by the Legislature with determining how the Commonwealth can better identify and provide services to youth who have experienced trauma and are currently involved with the juvenile justice system or at risk of future juvenile justice system involvement.

The following initial findings and recommendations are the result of the CTTF's first year of work. The Legislature created the CTTF as a permanent entity, recognizing the complexity and scale of the group's assignment. The group will continue to meet regularly in 2020 and intends to develop additional findings and more comprehensive recommendations in the coming year.

# Findings

## 1. The Commonwealth must prioritize addressing childhood trauma to support the health and well-being of our children, families, and communities.

Childhood trauma is a root cause of many issues that can impact a child's development, and the impact of childhood trauma – which can include negative impacts on a child's brain development, leading to symptoms such as emotional dysregulation and aggressive behaviors – can place enormous burdens on our educational, healthcare, judicial and social service systems.

Although traumatic experiences may impact any child, we know some children – including Black and Latinx children as well as children living in poverty – are significantly more likely to experience trauma, and to experience it more frequently.[2] Given the connection between childhood trauma and behavioral symptoms that can eventually result in trouble in school, substance use disorder, or contact with law enforcement, the disproportionate experience of trauma experienced by low-income children and children of color is an early source of systemic inequity – and one that our Commonwealth can and should address.

Unaddressed childhood trauma has a substantial impact on both children and our society as a whole, and so it is critical for the Commonwealth to build on its existing efforts to create a robust system of trauma prevention and intervention efforts to promote healthy development for all children, youth, and families.

This is particularly important as we consider the population of youth who become involved in our juvenile justice system. Children who have experienced trauma are more likely to be excluded from school via a suspension or expulsion, and are more likely to come into contact

[2]Sacks and Murphy (2018). "The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity." Child Trends. Retrieved via https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity.

with the juvenile justice system compared to the general population.[3] Additionally, trauma can serve as a pathway to youth substance use disorder and abuse.[4]

The CTTF finds that by better identifying and intervening when children have experienced trauma, and by ensuring that all systems that interact with children are designed, to the extent possible, to ensure children are not traumatized or retraumatized as a result of interacting with those systems, the Commonwealth can ultimately reduce the number of children who become involved with the justice system.

## 2. There have been numerous, significant and impactful efforts in recent years to make services and systems "trauma-informed" in the Commonwealth.

Many child-serving state agencies have engaged in efforts to make their agencies trauma-informed. There are also a host of smaller coalitions, committees, and task forces working on childhood trauma initiatives at the county and community level.

## 3. There is no consistent, statewide agreement or understanding of what it means to be "trauma-informed" in practice.

A common theme that has emerged is that there is not a shared definition for the term "trauma-informed." Training staff seems to be the primary focus of most agency and organization trauma initiatives, but training by itself is often not sufficient to create organizational change. Without a common understanding of what it means to be trauma-informed, the state cannot implement quality assurance standards for these types of programs and services or support consistent training programs for trauma-informed practices across the state.

## 4. There is no consistent, statewide approach to identifying children who have experienced trauma, and there is debate amongst professionals about the best ways to do so.

State agencies and vendors select their own tools and processes for identifying children who have experienced trauma; there is no policy in place that requires agencies or vendors to use a specific evidence-based screening or assessment tool. There is not yet consensus on what approach (or approaches) would be most successful or what a consistent statewide approach could or should look like.

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[3] Morgan, E., Salomon, N., Plotkin, M., Cohen, R., (2014). The school discipline consensus report: Strategies from the field to keep students engaged in school and out of the juvenile justice system. Council on State Governments. Retrieved from http://knowledgecenter.csg.org/kc/system/files/The_School_Discipline_Consensus_Report.pdf

[4] See NCTSN (n.d.), "Effects." Retrieved from https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma/effects, American Psychological Association (2008). "Children and trauma: Update for mental health professionals." Retrieved from https://www.apa.org/pi/families/resources/children-trauma-update

### 5. There is also no consistent, statewide approach to responding to children who have experienced trauma.

The Commonwealth does not have a policy in place that requires state agencies or vendors to use a specific evidence-based practice or set of practices for trauma interventions, and there are concerns about the availability of such interventions.

### 6. State and local agencies may have practices or policies in place that could traumatize children and families, thus re-traumatizing already vulnerable populations.

Government agencies are frequently in the position of making decisions that can be potentially traumatizing for children and their families, such as the decision to arrest a child's parent or remove a child from their home. In many cases, the agency has no choice but to make a given decision, while in other circumstances there may be more leeway or opportunity to execute the decision in a different way.

The CTTF finds that more work can be done to identify potentially traumatic decision points in various agency interactions with children and families and to implement changes in policies and practice to minimize or avoid the traumatic effect to the extent possible.

# Recommendations

The CTTF has focused its efforts in its first year on better understanding the current landscape in Massachusetts. Based on that work, the group has developed the following initial recommendations.

## Recommendation #1: Massachusetts should develop and adopt a Statewide Framework for Trauma- Informed and Responsive Practice.

The framework should provide the following:

- A clear definition of trauma-informed and responsive (TIR) practice
- Principles of trauma-informed and responsive care that can apply to any school, healthcare provider, law enforcement agency, community organization, state agency or other entity that comes into contact with children and youth
- Clear examples of how individuals and institutions can implement TIR practices across different domains, such as organizational leadership, workforce development, policy and decision-making, and evaluation
- Strategies for preventing and addressing secondary traumatic stress for all professionals and providers working with children, youth, and families who have experienced trauma

## Recommendation #2: Massachusetts should provide support for child-serving organizations seeking to adopt the TIR Practice Framework.

Implementing trauma-informed approaches is a time-intensive process. To assist in this process, the state could provide:

- Training on the TIR Framework and implementation of TIR practice in various settings
- A TIR practice resource website that could serve as a repository of information for practitioners across sectors
- TIR assessments for organizational use
- Professional development opportunities related to TIR practice
- Technical assistance for implementation
- Support for TIR practice Learning Communities

## Recommendation #3: The CTTF should include representation from local school districts.

Schools play an active role in the CTTF's mandate. While DESE is a part of the task force, and the group has invited representatives from school-based programs to give presentations in the past year, the CTTF believes it is vitally important to add representatives from local school districts to the task force to be a part of these critical conversations.

Given that the current membership of the CTTF is comprised of the same members as the JJPAD, a legislative change is needed to officially add school representatives to the task force.

# Introduction

The Childhood Trauma Task Force was established by Chapter 69 of the Acts of 2018, *An Act Relative to Criminal Justice Reform*.[5] The membership is drawn from the membership of the Juvenile Justice Policy and Data Board (established by the same legislation),[6] and is chaired by the Office of the Child Advocate.

The statute states that the Office of the Child Advocate:

> *"…shall convene a childhood trauma task force made up of members of the juvenile justice policy and data board established pursuant to section 89 of chapter 119 to study, report and make recommendations on gender responsive and trauma-informed approaches to treatment services for juveniles and youthful offenders in the juvenile justice system.*
>
> *Said task force shall review the current means of (i) identifying school-aged children who have experienced trauma, particularly undiagnosed trauma, and (ii) providing services to help children recover from the psychological damage caused by such exposure to violence, crime or maltreatment. The task force shall consider the feasibility of providing school-based trainings on early, trauma-focused interventions, trauma-informed screenings and assessments, and the recognition of reactions to victimization, as well as the necessity for diagnostic tools. A priority shall be placed on juvenile or youthful offender's pathways into the juvenile justice system with the goal of reducing the likelihood of recidivism by addressing the unique issues associated with juvenile or youthful offenders including emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, family violence, household substance abuse, household mental illness, parental absence, and household member incarceration.*
>
> *The childhood trauma task force shall annually report its findings and recommendations by December 31 to the governor, the house and senate chairs of the joint committee on the judiciary, the house and senate chairs of the joint committee on public safety and homeland security and the chief justice of the trial court." (M.G.L. Ch. 18C, Section 14)*

In plain language, the CTTF is tasked with determining how the Commonwealth can better identify and provide services to youth who have experienced trauma and are <u>currently</u> involved with the juvenile justice system or <u>at risk</u> of future juvenile justice system involvement.

The CTTF held its first meeting in January 2019. Over the course of the year**,** the CTTF invited members from state agencies, as well as outside experts and community-based program providers, to present on their strategies for addressing childhood trauma. The CTTF also conducted a survey of community-based organizations, state agencies, and juvenile justice practitioners to learn about their services and activities aimed at addressing childhood trauma.

*For a description of the CTTF's 2019 work process and survey methodology, please see Appendix A.*

This report is the product of the Task Force's first year of work and includes a description of key findings thus far and initial recommendations. The Legislature created the CTTF as a permanent

[5] https://malegislature.gov/Laws/SessionLaws/Acts/2018/Chapter69

[6] In practice, the CTTF operates as a subcommittee of the Juvenile Justice Policy and Data Board.

task force, recognizing the complexity and scale of the group's assignment. The group will continue to meet regularly in 2020 and intends to develop additional findings and more comprehensive recommendations in the coming year.

# Background on Childhood Trauma

## What is Trauma?

The CTTF has chosen to use the definition of individual trauma developed by the federal Substance Abuse and Mental Health Service Administration (SAMHSA) in 2014, as this is a commonly referenced definition that is meant to be used across multiple sectors.

> *"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, or emotional well-being." (SAMHSA, 2014, p. 7)*

The critical components of this definition are known as the Three E's: events, experiences, and effects. The definitions of these criteria are listed in Table 1.[7]

**Table 1: SAMHSA's Three E's of Trauma**

| Criteria | Definition |
|---|---|
| ***Events*** | "The actual or extreme threats of physical or psychological harm," such as physical abuse or neglect that threatens the child's life or the child's healthy development (SAMHSA, 2014, p. 8). |
| ***Experiences*** | How someone "labels, assigns meaning to, and is disrupted physically or psychologically by an event" (SAMHSA, 2014, p. 8). No two people will experience a potentially traumatic event in the same way (SAMHSA, 2014). |
| ***Effects*** | The negative impacts that trauma can have on a person's development and well-being. These include cognitive issues such as memory problems, attention issues, and an inability to control emotions (SAMHSA, 2014, NCTSN, n.d., American Academy of Pediatrics, 2014). The effects of trauma may be immediate or delayed (SAMHSA, 2014). |

In addition to individual trauma, **entire groups of people can experience trauma and pass the effects down through multiple generations. This is referred to as *historical trauma* or *intergenerational trauma***. The terms were originally developed to describe the impact of the

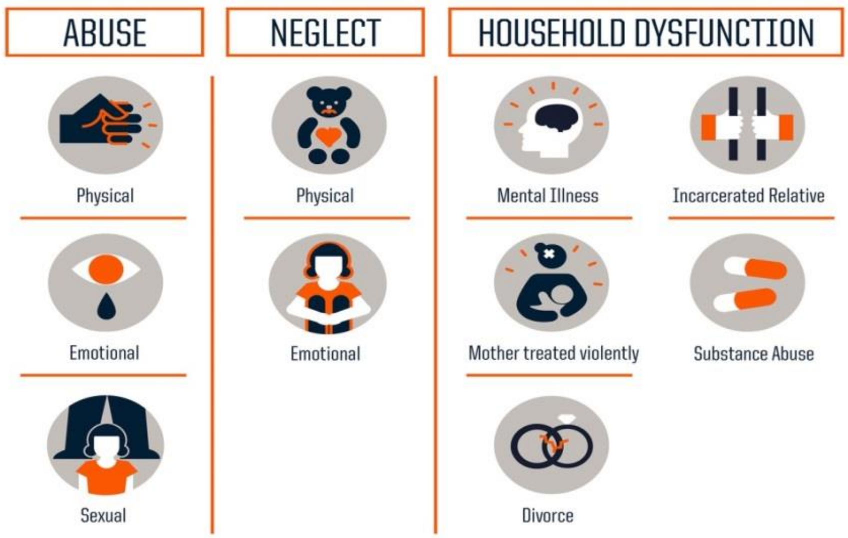
[7] Substance Abuse and Mental Health Services Administration (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach.* Retrieved from https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884.html

Holocaust on children of survivors. Some groups that have experienced historical trauma include American Indians/Alaska Natives, immigrants, and people of color.[8]

## What Types of Events Can Become Traumatic Experiences?

There are many kinds of events that can be traumatic for children and youth. The Centers for Disease Control (CDC) coined the term Adverse Childhood Experiences, or ACEs, to describe examples of **abuse, neglect, and household dysfunction** that could be potentially traumatic for children. Figure 1 shows a depiction of the ten original ACEs.[9]

**Figure 1: Adverse Childhood Experiences**




Traumatic events are not limited to the CDC's definition of ACEs**.** Other potentially traumatic events that a child could experience include:

- Natural disasters
- Serious accidents
- Medical emergencies
- Witnessing or being a victim of violence in the family or community
- Military-related stressors, such as parental deployment
- War and asylum-seeking[10]

[8] Substance Abuse and Mental Health Services Administration (2016). *Behind the term: Trauma*.
Retrieved from https://authorzilla.com/oOZ5b/behind-the-term-trauma-samhsa-substance-abuse-and-mental.html

[9] Visual retrieved from Starecheski, L. (2015, March 2). "Take the ACE quiz – and learn what it does and doesn't mean." National Public Radio. Retrieved from https://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean

[10] NCTSN (n.d.). "About child trauma." Retrieved from https://www.nctsn.org/what-is-child-trauma/about-child-trauma

In addition, some consider **poverty and economic stress** to be traumatic experiences. Research has shown that there is a relationship between experiencing economic disadvantage and showing symptoms of post-traumatic stress disorder (PTSD). Economic disadvantage also increases the likelihood that an individual will experience other types of trauma, including violence.[11]

Finally, **systemic oppression, including but not limited to racism, sexism, heterosexism, and ableism**, can also be considered traumatic. Studies have shown that overt and covert experiences of discrimination based on race, gender, and sexual orientation are associated with symptoms of PTSD.[12] While individual prevention and intervention strategies are important, it is also critical to tie this work to broader social justice efforts that support historically marginalized groups of people.

**What is Complex Trauma?**

According to the National Child Traumatic Stress Network (NCTSN), a person with complex trauma has experienced multiple traumatic events in their lives. These events are often severe, pervasive, and interpersonal in nature, such as abuse or neglect by a parent or other trusted adult. Complex trauma can be particularly disruptive to a child's development.

Source: https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma

## What is the Effect of Trauma on a Child's Development?

**Children who have experienced trauma may exhibit a variety of behavioral symptoms**. The types of behavioral changes will depend on a number of factors, including the child's age, gender, family, and community circumstances. For instance, a very young child might develop separation anxiety after a traumatic event, while an adolescent may engage in risk-taking behaviors, such as substance abuse.

Examples of common behavioral changes that could indicate trauma include:

- Being irritable, angry, and/or aggressive
- Having trouble regulating emotions
- Having trouble focusing on school assignments, projects, and conversations
- Loss of interest in hobbies; not speaking or participating in regular activities
- Problems sleeping/nightmares
- Change in eating habits (eating too much or too little)
- Change in sleep habits (sleeping too much or too little)
- Risk-taking behaviors, such as substance abuse or risky sexual activity
- Symptoms of anxiety and/or depression[13]

[11] Bradley-Davino, B. and Ruglass, L. (n.d.). Trauma and posttraumatic stress disorder in economically disadvantaged populations. *American Psychological Association*. Retrieved from https://www.apatraumadivision.org/files/58.pdf

[12] Holmes, S.C., Facemire, V.C., and DaFonseca, A.M. (2016). Expanding criterion A for Posttraumatic stress disorder: Considering the deleterious impact of oppression. *Traumatology*, 22(4), p. 214-321. Retrieved from https://www.apa.org/pubs/journals/features/trm-trm0000104.pdf

[13] See NCTSN (n.d.), "Effects." Retrieved from https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma/effects, American Psychological Association (2008). "Children and trauma: Update for mental health professionals." Retrieved from https://www.apa.org/pi/families/resources/children-trauma-update, SAMHSA (n.d.). "Recognizing and treating child traumatic stress." Retrieved from https://www.samhsa.gov/child-trauma/recognizing-and-treating-child-traumatic-stress, and Child Mind Institute (n.d.) "Signs of trauma in children." Retrieved from https://childmind.org/article/signs-trauma-children/

Some children may also show physical symptoms, such as headaches, stomachaches, or muscle pain with no obvious physical cause.[14]

**Research suggests that these behavioral changes are due to the biochemical changes caused by what is called *traumatic* or *toxic* stress**. When a child experiences a traumatic event, the child may overproduce stress hormones such as cortisol and adrenaline. Overproduction of these hormones can have negative effects on brain development and are attributed to symptoms such as attention issues, emotional dysregulation, and aggressive behaviors.[15]

Behaviors that can be signs of trauma are often the same types of behaviors that can result in trouble at school, substance use disorder, or with law enforcement. Although engaging in some amount of risky, impulsive or limit-testing behavior is common and developmentally appropriate for adolescents, **children who have experienced trauma are still more likely to be excluded from school via a suspension or expulsion, and are more likely to come into contact with the juvenile justice system compared to the general population**.[16] This is why childhood trauma is of particular concern to members of the CTTF: addressing childhood trauma could be one way to reduce the number of youth who become involved with the juvenile justice system.

**Trauma can also impact a child's long-term physical health**. In 1998, the American Journal of Pediatrics published the results of a landmark study conducted by the Centers for Disease Control (CDC) and Kaiser Permanente, commonly referred to as the adverse childhood experiences (ACEs) study. The study analyzed the relationship between traumatic experiences in childhood and physical and mental health in adulthood. Controlling for sex, age, race, and education levels, the ACEs study found:

- A strong relationship between the number of ACEs a person experienced and the number of risky health behaviors that they engaged in, such as alcohol abuse, drug abuse, and smoking.
- A statistically significant relationship between a person's total number of ACEs and increased rates of heart disease, cancer, lung disease, and liver disease.[17]
- That ACEs had a statistically significant relationship with each other; in other words, a person who reported experiencing emotional abuse was more likely to experience sexual abuse, emotional neglect, and physical abuse.[18]

Overall, the findings suggested that **traumatic events may have a cumulative impact on a person's physical and emotional well-being, and without intervention, these effects could have life-long, and possibly life-threatening, consequences.**

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[14] NCTSN (n.d.). "Effects." Retrieved from https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma/effects

[15]American Academy of Pediatrics (2014). *Adverse Childhood Experiences and the lifelong consequences of trauma*. Retrieved from https://www.aap.org/en-us/Documents/ttb_aces_consequences.pdf and

Sacks, V. and Murphey, D. (2018). *The prevalence of adverse childhood experiences, nationally, by state, and by race/ethnicity*. Retrieved from https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity

[16] Morgan, E., Salomon, N., Plotkin, M., Cohen, R., (2014). The school discipline consensus report: Strategies from the field to keep students engaged in school and out of the juvenile justice system. Council on State Governments. Retrieved from http://knowledgecenter.csg.org/kc/system/files/The_School_Discipline_Consensus_Report.pdf

[17] Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P., and Marks, J.S. (1998). "Relationship of Childhood Abuse and the Household Dysfunction to Many of The Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study." *American Journal of Pediatrics*, 14(4), p. 245-258

[18] Dong, M., Anda, R.F., Felitti, V.J., Dube, S.R., Williamson, D.F., Thompson, T.J., Loo, C.F.,and Giles,W.H.(2004). The interrelatedness of multiple forms of child abuse, neglect, and household dysfunction. *Child Abuse and Neglect, 28, p. 771-784*

## How Common is Childhood Trauma?

**Nationally, childhood trauma is very common**. According to a recent CDC study of over 140,000 adults in 25 states:

- 61% of adults have experienced at least one ACE
- One in six adults have experienced four or more ACEs.[19]

Another recent analysis from the National Survey of Children's Health by Child Trends demonstrated that nationally:

- One in 10 children have experienced three or more ACEs
- Black and Hispanic/Latinx children are more likely to experience an ACE compared to their white counterparts.[20]

**Complex trauma is extremely common for children involved in the child welfare and juvenile justice systems**:

- In a national sample of 2,200 children involved in the child welfare system, 70% had experienced complex trauma.[21]
- Another study of older teens in foster care showed that over 80% had experienced at least one traumatic event, and 62% had experienced two or more in their lifetime. The most commonly reported traumas were witnessing violence, being a victim of violence, sexual abuse, and being threatened with a weapon.[22]
- A national study found that on average, youth in the juvenile justice system experienced almost five traumatic events each. The most common types of traumatic events experienced were traumatic loss/grief, domestic violence, emotional abuse, and physical abuse. Most of the justice-system involved youth (62%) experienced their first traumatic event within the first five years of their life.[23]

**There is limited data regarding how many children in Massachusetts have experienced a traumatic event.** Using data from the NSCH study, Figure 2 shows that in Massachusetts, children have lower ACEs scores compared to the national average.[24] However, it is important

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[19] Centers for Disease Control (2019, Nov 8). Estimated proportion of adult health problems attributable to adverse childhood experiences and implications for prevention – 25 states, 2015-2017. Vital Signs, 68(44), p. 999-1005. Retrieved from https://www.cdc.gov/mmwr/volumes/68/wr/mm6844e1.htm#T1_down. Massachusetts was not one of the states that used the ACEs module in the BRFSS. See https://www.cdc.gov/brfss/questionnaires/index.htm

[20] Sacks and Murphy (2018). "The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity." Child Trends. Retrieved via https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity.

[21] Spinazzola, J., Habib, M., Knoverek, A., Arvidson, J., Nisenbaum, J., Wentworth, R., Hodgdon, H., Pond, A., and Kisiel, C., (2013). The heart of the matter: Complex trauma in child welfare. Center for Advanced Studies in Child Welfare. Retrieved from http://www.traumacenter.org/products/pdf_files/Complex_Trauma_in_Child_Welfare_S0002.pdf

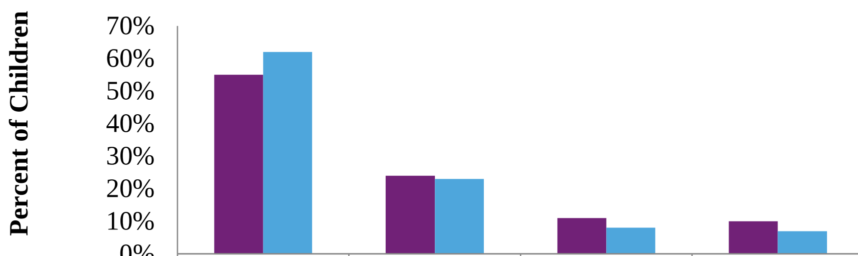
[22] Salazar, A.M., Keller, T.E., Gowen, L.K., Courtney, M.E. (2014). Trauma exposure and PTSD among older adolescents in foster care. Social Psychiatry and Psychiatric Epidemiology, 48(4), p. 545-551. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4114143/

[23] Dierkhising, C.B., Ko, S.J., Woods-Jaeger, B., Briggs, E.C., Lee, R., Pynoos, R.S. (2013). Trauma histories among justice-involved youth: Findings from the National Child Traumatic Stress Network. European Journal of Psychotraumatology. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3714673/

[24] Sacks and Murphy, 2018.

to note that this data does not include childhood experiences of abuse or neglect, and that the data was collected from parents, not the children themselves.[25]

Figure 2: ACEs Prevalence in Massachusetts




| | 0 ACEs | 1 ACE | 2 ACEs | 3+ ACEs |
|---|---|---|---|---|
| National Average | 55% | 24% | 11% | 10% |
| Massachusetts | 62% | 23% | 8% | 7% |

As noted earlier, youth involved in the juvenile justice system are more likely to have experienced trauma, and justice-involved youth in Massachusetts are no exception. In 2013, the Massachusetts Juvenile Court Clinic conducted a study of youth that they served.[26] Out of 258 youth:

- Over 50% reported experiencing emotional neglect
- 40% reported experiencing physical abuse
- 30% reported experiencing physical neglect
- 15% reported experiencing sexual abuse[27]

Even with limited quantitative data, **the prevalence of trauma and its impact on children is a common theme across projects that seek to improve services for vulnerable children in the Commonwealth.** The Office of the Child Advocate recently engaged with Commonwealth Medicine on a project assessing state services and community supports for transition-age youth. As part of that project, the Commonwealth Medicine team conducted numerous interviews with state agency leaders and a focus group with community service providers, who are often the front line for the delivery of state services. Although it was not a primary focus of those that the team spoke with, participants discussed the extent to which trauma is prevalent in this population and needs to be a predominant factor when developing and providing services.

> *"The common denominator is really that all of the youth we work with have experienced trauma…. chronic multi-generational trauma is typically what our youth have experienced"*
>
> *~Provider Focus Group*

[25] The NSCH includes the following as adverse childhood events: 1) divorce/separation, 2) death of a parent/guardian, 3) parent/guardian incarcerated, 4) living with someone who is mentally ill, suicidal, or severely depressed for more than two weeks, 5) living with someone with a substance abuse problem, 6) witnessing violence in the home, 7) being a victim or witnessing violence in the community, 8) experiencing economic hardship (meaning the family found it difficult to cover food and housing expenses).

[26] Kinscherff, R., Franks, R.P., Keator, K.J., Pecoraro, M.J. (2019). Promoting positive outcomes for justice-involved youth: Implications for policy, systems, and practice. Judge Baker's Children's Center. Retrieved from https://jbcc.harvard.edu/sites/default/files/jbcc_juvenile_justice_policy_brief_2019_print_version.pdf

[27] CTTF members note that the under-reporting of sexual abuse is very common, and that the true incidence is likely much higher.

# Findings

## Finding #1: The Commonwealth must prioritize addressing childhood trauma to support the health and well-being of our children, families, and communities.

Childhood trauma is a root cause of many issues that can impact a child's development, and the impact of childhood trauma – which can include negative impacts on a child's brain development, leading to symptoms such as emotional dysregulation and aggressive behaviors – can place enormous burdens on our educational, healthcare, judicial and social service systems.

Although traumatic experiences may impact any child, we know some children – including Black and Latinx children as well as children living in poverty – are significantly more likely to experience trauma, and to experience it more frequently. Given the connection between childhood trauma and behavioral symptoms that can eventually result in trouble in school, substance use disorder, or contact with law enforcement, the disproportionate experience of trauma experienced by low-income children and children of color is an early source of systemic inequity – and one that our Commonwealth can and should address.

While research and best practices on addressing the impacts of childhood trauma are still emerging – as further described in Finding 3, 4 and 5 – our first key finding is that it is critical for the Commonwealth to build on its existing efforts to create a robust system of trauma prevention and intervention efforts to promote healthy development for all children, youth, and families throughout the state.

This is particularly important as we consider the population of youth who become involved in our juvenile justice system. Children who have experienced trauma are more likely to be excluded from school via a suspension or expulsion, and are more likely to come into contact with the juvenile justice system compared to the general population.[28] Additionally, trauma can serve as a pathway to youth substance use disorder and abuse.[29]

The CTTF finds that by better identifying and intervening when children have experienced trauma, and by ensuring that all systems that interact with children are designed, to the extent possible, to ensure children are not traumatized or retraumatized as a result of interacting with those systems, the Commonwealth can ultimately reduce the number of children who become involved with the justice system.

## Finding #2: There have been numerous, significant and impactful efforts in recent years to make services and systems "trauma-informed" in the Commonwealth.

The CTTF learned that there are many existing programs, committees, task forces, and initiatives

[28] Morgan, E., Salomon, N., Plotkin, M., Cohen, R., (2014). The school discipline consensus report: Strategies from the field to keep students engaged in school and out of the juvenile justice system. Council on State Governments. Retrieved from http://knowledgecenter.csg.org/kc/system/files/The_School_Discipline_Consensus_Report.pdf

[29] See NCTSN (n.d.), "Effects." Retrieved from https://www.nctsn.org/what-is-child-trauma/trauma-types/complex-trauma/effects, American Psychological Association (2008). "Children and trauma: Update for mental health professionals." Retrieved from https://www.apa.org/pi/families/resources/children-trauma-update

that have aimed to increase the availability of trauma services and to make systems trauma-informed. The following section highlights these efforts to illustrate and recognize the tremendous amount of work that organizations across the state have done to move toward a trauma-informed child-serving system of services.

### *State Agencies*

The CTTF finds that there have been numerous efforts within and across state agencies to make child-serving systems trauma-informed. Table 3 summarizes the various training programs and other initiatives by state agencies.

**Table 3: Trauma-Informed Initiatives across State Agencies**

| Agency/Organization | Trauma-Informed Initiatives and Activities |
|---|---|
| **Committee for Public Counsel Services (CPCS)** | CPCS social workers assess youth using a trauma-informed lens and Positive Youth Development framework.<br><br>The Youth Advocacy Division connects youth to comprehensive assessments and evaluations.<br><br>CPCS attorneys have been trained in child and adolescent development, trauma, and neuroscience. |
| **Department of Children and Families (DCF)** | The Massachusetts Child Trauma Project aimed to improve placement stability for children in care experiencing complex trauma via capacity building for DCF staff, foster parents, and providers.<br><br>DCF participated in the New England Trauma and Resiliency Convening. The 2019 Resiliency Summit engaged agency leaders and staff in using cultural humility as a tool to proactively engage children during their trauma disclosures.<br><br>DCF developed trauma supports for foster parents, including MAPP training, MSPCC KidsNet Trauma Training, the MAFF Trauma Conference, UMass Trauma Coaching, and permanency mediation.<br><br>DCF provided in-service trauma trainings to its social workers through the Child Welfare Institute.<br><br>Family Resource Center staff have had the opportunity to participate in trauma trainings offered by UMass Medical School. |
| **Department of Youth Services (DYS)** | During DYS intake, all are assessed for trauma using the Massachusetts Youth Screening Instrument (MAYSI-2) |

| | |
|---|---|
| | Committed youth complete a PTSD screen, Limbic System Checklist, ACEs screen, and Youth Level of Service-Case Management Inventory screen.<br><br>DYS has adopted Dialectic Behavioral Therapy (DBT) as the primary clinical approach to address trauma and neglect in their population.<br><br>All DYS staff members are trained in DBT, and all staff are trained on trauma-informed care as a part of their basic training.<br><br>DYS frequently conducts research to evaluate their initiatives. |
| **Department of Elementary and Secondary Education (DESE)** | The DESE Safe and Supportive Schools (SaSS) Commission makes recommendations to DESE's board on updating the SaSS framework and tool, identifies strategies to increase school's capacity in the realm of behavioral health, improves school's access to clinically, culturally, and linguistically appropriate services, and provides funding sources to support the framework & tool.<br><br>The SaSS self-reflection tool is for school-based teams to go through a year-long self-reflective analysis of their current school and district in order to create and enhance the school's work to become more safe and supportive.<br><br>SaSS grants provide funding for schools to support their initiatives to organize, integrate, and sustain district-wide efforts to create safe and supportive school environments.<br><br>SaSS hosts a yearlong professional development series including webinars, regional networking meetings, and a statewide convening on topics related to the impact of trauma, social-emotional learning, and positive behavior management through an equity lens. |
| **Department of Mental Health (DMH)** | DMH regulations require trauma assessment for consumers upon admission and require incorporation of trauma history into crisis prevention plan/planning.<br><br>DMH staff receive training on the impact of trauma, including sexual and physical abuse and witnessing violence, on both patients and staff.<br><br>DMH led the Interagency Restraint and Seclusion Prevention Initiative to reduce the use of restraints and seclusions in residential settings, which could be traumatizing for children.<br><br>DMH developed a new resource, Isaac's Story, in English and Spanish. (See: https://www.mass.gov/isaacs-story). Isaac's Story |

| | |
|---|---|
| | is a short video and storybook that explains "different kinds of hurt" to children/ These resources address what it is like to have anxiety and the importance of expressing feelings.<br><br>DMH is developing new treatment modalities based in play, as children and youth who have experienced trauma often struggle to play and experience joy. |
| **Department of Public Health** | <u>Division of Sexual & Domestic Violence and Child Youth Violence Prevention:</u> The MA Sexual Assault Nurse Examine (SANE) Program has been a leader in providing Trauma-Informed Care (TIC) for the past 24 years. TIC is at the foundation of practice for all 3 components (Adult/Adolescent, TeleSANE and Pediatric SANE) of the MA SANE Program. SANEs are educated about the impact of trauma from both a situational and historical perspective, as well as the impact of vicarious trauma on SANE clinicians. All SANE practices are grounded in patient empowerment and choice, and approaches to care that minimize further traumatization. The MA SANE provides training on Trauma-informed Care for survivors of sexual assault to hospitals, community partners, and state agencies.<br><br>Suicide Prevention Program runs an "Understanding Trauma and Trauma-Informed Care" day long public training for providers. Zero Suicide and the Collaborative Assessment and Management of Suicidality (CAMS) are suicide-specific approaches and assessment and treatment frameworks that strive to incorporate many of the same values of trauma-informed care (such as collaboration, choice, empowerment).<br><br>In partnership with other providers the Division of Sexual & Domestic Violence Services and Child Youth Violence Prevention Unit offer a variety of trauma-informed trainings; including topics such as *How to Provide Trauma-Sensitive Services Through A Race Equity* and *Responding to First Disclosure of Sexual Assault.*<br><br><u>Bureau of Substance Addiction Services:</u> The Bureau of Substance Addiction Services', Office for Youth and Young Adult Services (OYYAS) has built into each procurement (RFR) standards specific to trauma informed care. This includes trauma sensitive services which utilize evidence-based techniques that promote recovery from a substance use disorder (SUD) or other mental health related concern in an environment that provides safety, support, understanding, and consistency. BSAS expects that all vendors will be able to provide trauma-informed treatment.<br><br>In an effort to promote and uphold these standards of care, OYYAS has partnered with the Institute for Health and Recovery (IHR) to provide on-site education and support to OYYAS vendors. IHR works with each organization to ensure that their policies and practices reflect a genuine understanding of trauma |

| | |
|---|---|
| | informed care. In addition to on-site training, IHR continues to deliver workshops across the Commonwealth including *an Introduction to Trauma-Informed Treatment with Adolescents* which is available to any interested party through the AdCare Educational Institute.<br><br>Additionally, through OYYAS Site Audits, staff review each program's compliance with staff training requirements; training specific to Trauma-Informed Care is a mandated component as specifically noted on the audit form.<br><br><u>Bureau of Family Health and Nutrition:</u> The Bureau of Family Health and Nutrition's Division of Pregnancy, Infancy and Early Childhood (DPIE) identifies trauma-informed systems as one of its foundational guiding principles, integrating a trauma-informed approach and a focus on community engagement particularly in the Massachusetts Home Visiting Initiative and the Parent as Teachers (PAT) home visiting model. |
| **Probation Department** | All juvenile probation officers have been trained by the Child Trauma Training Center at UMass Medical School or through other trauma-focused trainings offered by the department's Massachusetts Training and Operation Center, and incorporate the principles from this training into case management practices. |

### *Interagency Efforts: Defending Childhood Initiative*

In addition to individual efforts by state agencies, there have also been interagency efforts to address trauma, such as the Defending Childhood Initiative. This project, funded in 2015 by the federal Office of Juvenile Justice and Delinquency Prevention (OJJDP), focused on children and youth who had been exposed to violence and strengthened efforts to prevent them from entering the juvenile justice system. Initiative activities included:

- Mapping multiple state agency, local, and cross-sector trauma initiatives
- Developing a strategic plan
- Conducting 65 trainings about trauma across the state
- Piloting the integration of trauma-informed practices in Family Resource Centers, including conducting a needs assessment to determine what the FRC workforce would need to implement such practices

DCF, DYS, DMH, the Department of Early Education and Care (EEC), the Executive Office of Health and Human Services (EOHHS), the Boston Public Health Commission, the Boston Police Department, and MassHealth all participated in the Defending Childhood Initiative.[30]

[30] Commonwealth of Massachusetts (2016). Defending Childhood state policy initiative: Massachusetts Final Report. Report of Activities and Outcomes March 2015-September 2016

### *Local Initiatives*

In addition to work at the agency-level, there are a host of smaller, community-based coalitions, committees, and task forces working on childhood trauma initiatives. Out of the 186 respondents to the CTTF's Childhood Trauma Screening/Assessment/Intervention survey, 30% reported that their organization was involved in some type of trauma initiative. Examples of such initiatives include:

- Providing training on trauma for staff
- Participating in DCF's Trauma Informed Leadership Teams (TILT)
- Implementing initiatives regarding commercially sexually exploited youth (CSEC)

There are also at least three county-based initiatives the CTTF is aware of aimed at addressing childhood trauma, as seen in Figure 4.[31],[32],[33]

**Figure 4: County-Based Trauma-Informed Initiatives**

**Worcester County Trauma & Resilience Collbaborative**

- Received $225k in the FY 2020 state budget to provide a clearinghouse of resources on trauma and training about trauma to parents and educators
- Goal is to pilot this model for possible replication statewide

**"Trauma-Informed Berkshires" Campaign**

- Goal is to change the community culture to be more trauma-informed
- Local initiatives have included school culture change work at an elementary school

**Plymouth County Drug-Endangered Children Initiative**

- The Task Force's Drug Endangered Children Initiative (DECI) has been working with the Trauma and Learning Policy Initiative to properly train school personnel on fostering a trauma-sensitive environment at school
- Law enforcement have been trained to identify when a child has witnessed a traumatic incident (e.g. an overdose or an arrest) and have been formulating a protocol to inform schools of such incidents so that these children can continue receiving appropriate support and services through an initiative called "Handle with Care."

## Finding #3: There is no consistent, statewide agreement or understanding of what it means to be "trauma-informed" in practice.

While the aforementioned efforts have been successful in raising awareness about the impact of trauma, **a common theme that has emerged from the various presentations and discussions**

[31] Van Buskirk, C. (2019, August 26). "Worcester collaborative to address childhood trauma is funded." Worcester Telegram and Gazette. Retrieved from https://www.telegram.com/news/20190806/worcester-collaborative-to-address-childhood-trauma-is-funded

[32] Brown, K. (2018). "What happened to you? A western Massachusetts county takes on trauma." New England Public Radio, articles retrieved from https://www.nepr.net/topic/what-happened-you-western-massachusetts-county-takes-trauma

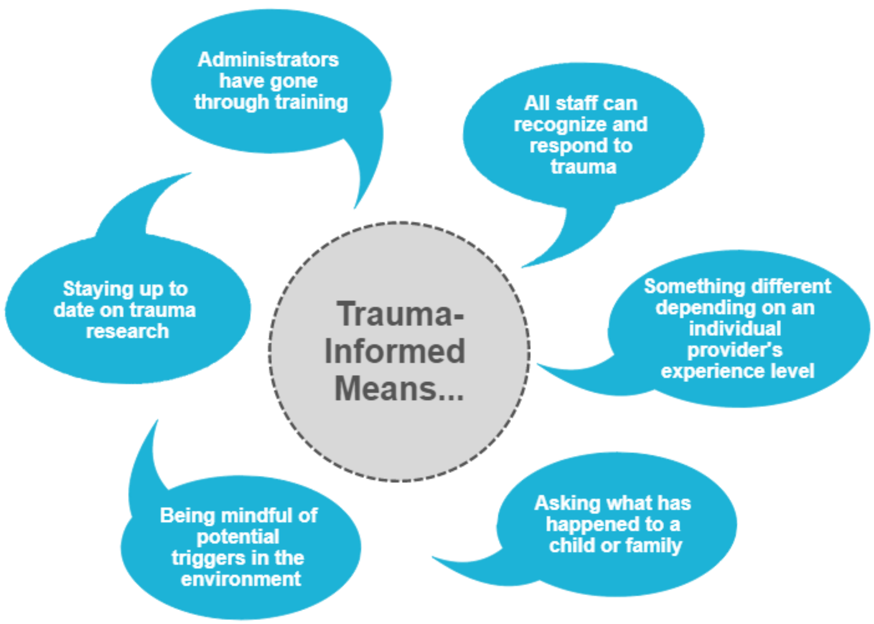
[33] Plymouth County District Attorney's Office (2019). *A Comprehensive, data-informed approach to addressing the needs of opioid-endangered youth: The Drug-Endangered Children Initiative (DECI).*

**in the first year of work is that the term "trauma-informed" does not have a shared definition across agencies and organizations.**

The CTTF believes that most child-serving organizations and agencies in Massachusetts would consider themselves "trauma-informed." Results from the CTTF survey of providers and juvenile justice practitioners across the state gave some support to this perception: 89% of respondents said that their institution is trauma-informed.

However, what this looks like in practice differs depending on the agency, organization, and program. Figure 5 gives some examples of the types of responses we received when we asked survey participants to define what trauma-informed means for their organization. Responses included how staff interact with youth, keeping up with the latest trauma research, and who has (or has not) received training about trauma.

**Figure 5: Interview Responses - What Does Trauma-Informed Mean?**




Training staff seems to be the primary focus of most agency and organization trauma initiatives. Interestingly, though, only 43% of survey respondents reported that "all staff members" have been trained in trauma-informed care, despite 89% reporting that their institution is trauma-informed. SAMHSA considers training for all staff is to be an important component of a trauma-informed approach.[34]

Although training is important, research on what methods are most effective in integrating new practices into an organization's work, sometimes called "implementation science," suggests that **training alone is not sufficient to change organizational or institutional practice**. According to

[34] SAMHSA, 2014

the National Implementation Research Network, there are several important elements that need to be included to successfully implement models for organizational change, including:

- Leadership to push for changes and model desired practices/behavior
- Changes in hiring practices to ensure new staff are likely to adhere to the new model
- Coaching/effective supervision to help employees put model into practice and provide continuous professional development
- Data collection practices and systems in place to evaluate fidelity to, and the effectiveness of, policies, procedures, or the specific model.[35]

**Without a common understanding of what it means to be trauma-informed, the state cannot implement quality assurance standards for these types of programs and services or support consistent training programs for trauma-informed practices across the state.** In addition, CTTF members note that for programs and services to truly be trauma-informed, organizations must also look carefully at their own policies and procedures to ensure they take the impact of trauma on a youth's behavior into account, change policies that may lead to re-traumatization, and bolster policies and practices that foster positive youth development.

## Finding #4: There is no consistent, statewide approach to identifying children who have experienced trauma, and there is debate amongst professionals about the best ways to do so.

Identifying children who have experienced trauma and connecting them to services may seem straight-forward on its face, but it is a deeply complicated topic and the field is still evolving. We lack much of the data we might like to have to better understand the challenges, and there has not been rigorous evaluation of the impact of many approaches.

After a year of study, the CTTF has found that **there is not a consistent approach across the state or across sectors for identifying children who have experienced trauma – and there is debate amongst professionals about the best way to do so.** There are many promising practices across the state, but there is not yet consensus on what approach (or approaches) would be most successful or what a consistent statewide approach to identifying and responding to childhood trauma could or should look like. It is likely that experimentation, pilots, and further evaluation will be necessary. This is a topic the CTTF will continue to explore in the coming year.

The CTTF has learned about two primary methods for identifying children who have experienced trauma: universal screening and behavior-based screenings/assessments.

*Universal Screening:* One approach is to conduct universal trauma screenings or assessments in places where many children are likely to be, such as a school or the pediatrician's office. This has the potential benefit of identifying children who have experienced trauma before they begin presenting symptoms.

It may also allow us to identify children who may be responding to their trauma in ways that do not appear concerning to adults. For example, some children react to trauma in their life by trying to be "perfect." This child may still need help processing the trauma they have experienced – and may

[35] National Implementation Research Network (n.d.) "Implementation Drivers." Retrieved from https://nirn.fpg.unc.edu/module-2/implementation-drivers

experience challenges later in life if they do not – but this need may not become evident to adults in their life because their behavior is interpreted as prosocial.

Through presentations from guest speakers and other research, however, the CTTF learned that are concerns about universal screening, particularly in school settings. These concerns include:

- Screenings should be conducted by a trained mental health professional, and schools may not have a sufficient number of trained mental health staff available to conduct the screenings
- Screenings may expose children to troubling or upsetting information, and the school may not be equipped to respond to the aftermath
- Not all children who are exposed to traumatic events will struggle in school or necessarily need intervention
- The validity of certain screening tools based on demographic characteristics (e.g. gender, race, ethnicity, economic status)
- Lack of clear procedures to protect a child's privacy
- Potential stigmatization of the child or family
- Lack of appropriate services if a child is found to have experienced trauma

Some who express concerns regarding universal screening in schools prefer to focus on policies that help schools create safe, supportive learning environments for all students. [36]

Another alternative to consider is conducting universal screenings for behavioral health more generally, rather than trauma specifically.[37]

*Behavior-Based:* A different approach is to focus on children exhibiting concerning behaviors. In these situations, a child would be identified by an adult in their life as having challenges and be referred to a clinician or other trained professional who can conduct a trauma screening or trauma assessment. (Screenings and assessments are different tools and are each defined below).

| Trauma Screening | Trauma Assessment |
|---|---|
| "A tool or process that is a brief, focused inquiry to determine whether an individual has experienced one or more traumatic events, has reactions to such events, has specific mental or behavioral health needs, and/or needs a referral for a comprehensive trauma-informed mental health assessment." (National Child Traumatic Stress Network) | "A process that includes a clinical interview, standardized measures, and/or behavioral observations designed to gather an in-depth understanding of the nature, timing, and severity of the traumatic events, the effects of those events, current trauma-related symptoms, and functional impairment." (National Child Traumatic Stress Network) |

[36] Trauma Learning and Policy Initiative (2019). "Trauma-Sensitive Schools" presentation.

[37] Behavioral health includes mental health and substance use disorders. See SAMHSA "Behavioral Health Treatments and Services." https://www.samhsa.gov/find-help/treatment

The results of the CTTF survey raised concerns that there may be limited availability of evidence-based trauma-screenings and assessments:

- 35% of community-based service provider report conducting evidence-based trauma screenings for children and youth
- 29% of community-based service providers report conducting evidence-based trauma assessments for children and youth

The types of screening and assessment tools used vary across organizations and settings. For instance, Figure 6 shows that based on the survey findings, the screening tools used most often in community-based settings is somewhat different than those used by juvenile justice practitioners. **The Commonwealth does not have a policy in place that requires state agencies or vendors to use a specific evidence-based screening or assessment tool to identify children who have experienced trauma. Agencies and organizations select their own tools and processes for identification.**

**Figure 6: Common Evidence-Based[38] Trauma Screening Tools by Setting**

| Community-Based Services | Juvenile Justice Practitioners |
|---|---|
| •Child and Adolescent Needs and Strengths- Trauma Version (CANS) | •Massachusetts Youth Screening Instrument (MAYSI-II) |
| •ACEs Screening Tool for Children and Adolescents | •Trauma Symptom Checklist |
| •Child Posttraumatic Stress Disorder Symptom (PTSD) Scale | •Child and Adolescent Needs and Strengths - Trauma Version (CANS) |
| •UCLA PTSD Reaction Index | •Mississippi Scale for Civilian PTSD |

Finally, some programs do not focus on screening or assessments as a means of identifying children who have experienced trauma. Rather, their approach is to assume that certain populations of children are high-risk for experiencing trauma, and they design programs for these youth accordingly. Two examples include:

- The Immigrant and Refugee School Initiative in Chelsea provides trauma-informed healthcare and educational advocacy for any immigrant/refugee family that is referred to them, with the understanding that immigrant and refugee youth and families have likely experienced trauma.[39]
- The Comprehensive Behavioral Health Model, a partnership between Boston Public Schools, Boston Children's Hospital, and UMass Boston, uses school-wide positive behavioral

[38] An evidence-based trauma screening, assessment, or intervention is one that is considered clinically sound and has been scientifically tested to show results. The National Child Traumatic Stress Network (NCTSN) maintains lists of evidence-based practices for identifying and responding to children who have experienced trauma, which the OCA relied in in developing the CTTF survey.

[39] Massachusetts General Hospital (n.d.). "Immigrant and refugee health programs (IRHP)." Retrieved from https://www.massgeneral.org/community-health/cchi/programs/immigrant-and-refugee-health-programs

interventions and supports and a social emotional learning curriculum to support all students in school.[40]

## Finding #5: There is also no consistent, statewide approach to responding to children who have experienced trauma.

Once a child has been screened or assessed, there are many evidence-based interventions available to help children and families cope. **The Commonwealth does not have a policy in place that requires state agencies or vendors to use a specific evidence-based practice or set of practices for trauma interventions**.

Survey respondents reported using the following interventions most frequently:

- Cognitive Behavioral Therapy (22% of respondents) [41]
- Attachment, Self-Regulation, and Competency (21% of respondents) [42]
- Trauma-Focused Cognitive Behavioral Therapy (20% of respondents)[43]
- Dialectical Behavioral Therapy (18% of respondents)[44]

Based on the information the CTTF has gathered thus far, it is unclear the extent to which the supply of evidence-based trauma interventions meets the need for such services across the state. Anecdotally, members have heard complaints of waitlists and service deserts for families trying to access needed trauma intervention services, but hard data on these potential gaps in services is not available.

There is also some concern amongst experts that some types of screenings, assessments, and interventions focus too heavily on the negative experiences a child has had or on their perceived negative behaviors. Instead, they believe **organizations should adopt a strengths-based approach,** which "allows a practitioner to regard each youth, his/her family and community not only as person in need of support, guidance and opportunity, but also in possession of previously unrealized resources which must be identified and mobilized to successfully resolve presenting problems and circumstances."[45]

Strengths-based approaches are important because:

- The child or youth can share more about themselves than only the negative events they have experienced in their lives, thus creating a fuller picture of who they are as a person
- Knowing a child's strengths helps the staff member build a relationship with the child

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[40] Boston Public Schools Behavioral Health Services (n.d.). "What is CBHM?" Retrieved from https://cbhmboston.com/what-is-cbhm/

[41] For more information on Cognitive Behavioral Therapy, see American Psychological Association (n.d.) "What is Cognitive Behavioral Therapy?" Retrieved from https://www.apa.org/ptsd-guideline/patients-and-families/cognitive-behavioral.pdf

[42] For more information on Attachment, Self-Regulation, and Competency, see NCTSN (2012). "ARC: Attachment, Self-Regulation, and Competency: A comprehensive framework for intervention with complexly traumatized youth." Retrieved from https://www.nctsn.org/sites/default/files/interventions/arc_fact_sheet.pdf

[43] For more information on Trauma-Focused Cognitive Behavioral Therapy, see NCTSN (2012). "TF-CBT: Trauma-Focused Cognitive Behavioral Therapy." Retrieved from https://www.nctsn.org/sites/default/files/interventions/tfcbt_fact_sheet.pdf

[44] For more information about Dialectical Behavioral Therapy, see Chapman, A.L. (2006). "Dialectical Behavioral Therapy: Current indications and unique elements." *Psychiatry,* 3(9), p. 62-68. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2963469/

[45] Nissen, Laura (2001). "Strengths-Based Approaches to Work with Youth and Families: An Overview of the Literature and Web-Based Resources. Retrieved from: https://pdfs.semanticscholar.org/4610/5e678b5034060ce01c6c2ea39ec37f3a297f.pdf

- Sharing strengths increases the likelihood that a child's strengths will be used during the intervention[46]

### Finding #6: State and local agencies may have practices or policies in place that could traumatize children and families, thus re-traumatizing already vulnerable populations.

Government agencies are frequently in the position of making decisions that can be potentially traumatizing for children and their families, such as the decision to arrest a child's parent or remove a child from their home. In many cases, the agency has no choice but to make a given decision, while in other circumstances there may be more leeway or opportunity to execute the decision in a different way. Regardless, **another aspect of becoming a trauma-informed and responsive organization is to examine each potentially traumatic decision point and identify potential changes in practice that could reduce the traumatic impact.**

An example of this type of effort is the interagency work to reduce the use of restraint and seclusion that has taken place over the past two decades. Restraining a youth is almost certainly traumatic to that youth. It also cannot always be avoided. But through a variety of efforts – including training, changes in policies and procedures, coaching, and data collection and analysis – Massachusetts has been able to dramatically reduce the use and duration of restraints on youth in a variety of settings over the past number of years.[47]

**CTTF members find that more work can be done to identify potentially traumatic decision points in various agency interactions with children and families and to implement changes in policies and practice to minimize or avoid the traumatic effect to the extent possible.** The CTTF has discussed some of these decision points and will continue to identify them, and potential solutions, in the coming year.

# Recommendations

Over two decades of research on the effects of childhood trauma has shown us the dramatic impact these experiences can have on a child's physical and emotional health over the course of their lives. If the Commonwealth of Massachusetts can develop and implement consistent standards for trauma-informed and responsive programming and services across sectors that serve children, we can have an incredibly positive impact on all aspects of a child's development. In addition, ensuring that all children and families are immersed in environments that are supportive and teach kindness, empathy, and understanding can have profound effects on the well-being of our communities.

The CTTF has focused its efforts in its first year on better understanding the current landscape in Massachusetts. Based on that work, the group has developed the following initial

[46] Leitch, L. (2017). Action steps using ACEs and trauma-informed care: a resilience model. *Health and Justice*, 5(5).

[47] Massachusetts Department of Mental Health (n.d.). "Restraint/Seclusion Reduction Initiative (RSRI)." Retrieved from https://www.mass.gov/service-details/restraintseclusion-reduction-initiative-rsri. Also see CTTF meeting materials from July 23rd, 2019 meeting: https://www.mass.gov/doc/cttf-july-23rd-meeting-presentation/download

recommendations. The CTTF anticipates developing more extensive recommendations in the coming year.

## Recommendation #1: Massachusetts should develop and adopt a Statewide Framework for Trauma- Informed and Responsive (TIR) Practice

As stated previously, one way that the state can help support TIR practice for agencies and organizations is to provide common definitions and technical assistance for implementation. One way to do this is to establish a Statewide Framework for Trauma-Informed and Responsive Practice that can be used across sectors.

The framework should provide the following:

- A clear definition of TIR practice
- Principles of trauma-informed and responsive care that can apply to any school, healthcare provider, law enforcement agency, community organization, state agency or other entity that comes into contact with children and youth
- Clear examples of how individuals and institutions can implement TIR practices across different domains, such as organizational leadership, workforce development, policy and decision-making, and evaluation
- Strategies for preventing and addressing secondary traumatic stress for all professionals and providers working with children, youth, and families who have experienced trauma

The CTTF is in the process of drafting a statewide TIR Framework. This Framework is based on the findings of this report as well as a review of over 60 documents related to trauma-informed care and practice in healthcare, education, law enforcement, the judiciary, juvenile justice, and child welfare. We expect to release the Framework in 2020.

### What is Trauma-Informed and Responsive (TIR)?

Different sectors and organizations use different terms to describe an organization or practice that is, in some way, operating differently as a result of an increased understanding of trauma and its impact on the brain and child development. Commonly used terms include "trauma-informed, "trauma-aware," "trauma-sensitive" and "trauma-responsive."

After much discussion, the CTTF has decided to use the term "trauma-informed and responsive" (TIR) moving forward as its way to describe approaches that are both informed by the research on trauma and child development and are responsive to the needs of the child and their family. Trauma-informed and responsive is an aspirational term and is used in particular to describe the direction the Task Force members would like to see our system go in the future.

## Recommendation #2: Massachusetts should provide support for child-serving organizations seeking to adopt the TIR Practice Framework

State agencies and organizations have made it clear that implementing trauma-informed approaches is a time-intensive process. Even with the dissemination of a statewide Framework, agencies and organizations may not have the time, staff, or other resources to implement it. To assist in this process, the state could provide:

- Training on the TIR Framework and implementation of TIR practice in various settings
- A TIR practice resource website that could serve as a repository of information for practitioners across sectors
- TIR assessments for organizational use
- Professional development opportunities related to TIR practice
- Technical assistance for implementation
- Support for TIR practice Learning Communities

Once the TIR Framework is finalized and a dissemination plan is complete, the CTTF will focus on building more detailed recommendations for the types of technical assistance that would be most useful for state agencies and organizations, and what would be needed to provide that technical assistance.

### Recommendation #3: The CTTF should include representation from local school districts

Schools play an active role in the CTTF's mandate. The Task Force has been asked to look into how we identify school-aged children who have experienced trauma and to determine the feasibility of school-based trauma trainings. A representative from the Department of Elementary and Secondary Education (DESE) is a part of the task force, and the group has invited other representatives from school-based programs to give presentations in the past year. However, the CTTF believes it is vitally important to add representatives from local school districts as official members of the Task force to be a part of these critical conversations.

Given that the current membership of the CTTF is comprised of the same members as the JJPAD, a legislative change is needed to officially add school representatives to the Task Force.

## Next Steps

Childhood trauma is complex and can impact many areas of a child's life. The CTTF was aware that in its first year, it would not be able to address all of the topics that it wanted to investigate.

Additional topics that the CTTF would like to study in the future include, but are not limited to:

**Identification and Referral:** The CTTF would like to further investigate how we can improve the state's ability to identify various populations of children who have experienced trauma – such as youth who have witnessed an overdose – and connect them to services.

**School-Based Approaches:** The CTTF would like to learn more about what could be done to support schools in identifying and/or serving children who have experienced trauma.

**Early Childhood Trauma Interventions:** The CTTF survey indicated that there may not be many programs or services available for very young children (0-3 years old) who have experienced trauma. Given the importance of early intervention, the CTTF would like to learn more about current programs and services available for infants and toddlers and best practices for early childhood screening and intervention.

**Population-Specific Programming:** The statute asks the CTTF to make recommendations regarding gender-responsive trauma intervention programs. The CTTF is also interested in examining programming for LGBTQ populations as well as culturally-appropriate/specific programming. The CTTF was not able to thoroughly study best practices or availability of population-specific programming in the Commonwealth in the first year but intends to do so in the future.

**Continuous Quality Improvement (CQI)**: The CTTF will look at models for CQI in order to ensure that trauma-informed and responsive programming is having a positive impact on children and families. Specifically, the CTTF will learn more about the types of data we should be collecting that will help us answer questions about impact, and the ways in which we can collect and analyze that data.

# Appendix A: Work Process Overview

In its first year, the CTTF focused primarily on better understanding the current landscape of practices and services in Massachusetts. To achieve this objective, the CTTF engaged in three primary activities: conducting a survey of child-serving organizations on their practices with regards to trauma screenings, assessments, and interventions; learning about child-serving state agency trauma practices and initiatives; and bringing in outside subject matter experts and practitioners in key areas for presentations and discussion.

## Childhood Trauma Screening/Assessment/Intervention Survey

To gain a better sense of current practices across the state, the CTTF developed a survey which was sent to a variety of child-serving organizations, including state agencies, community-based service providers, and juvenile justice practitioners across the Commonwealth. The survey focused on the use of trauma screenings, assessments, and interventions.

Given the complexity of surveying every child-serving organization in the state, the CTTF surveyed organizations that provided services in a targeted list of cities and towns. To ensure we were getting responses that were representative of the entire Commonwealth, the Task Force generated the city and town list using a variety of data sources to identify places that may have higher and lower rates of children exposed to trauma.[48] These data sources include:

- Supported 51B investigations by DCF Area Office
- Youth suicide rates by county
- Juvenile arrest data
- Opioid death and incident data per capita
- Data from the Safe and Successful Youth Initiative.

We also used Census data to ensure diversity in population size, demographics, and geography.

CTTF members sent the survey to their colleagues and community partners and received a total of 179 responses. Respondents included community-based organizations, mental health providers, early education programs, state agencies, court clinicians, probation officers and Children's Advocacy Centers. The survey included questions about:

- The populations of children and youth that they serve by age range
- The availability of gender-specific programs
- The availability of screenings, assessments, and interventions for special populations of children and youth[49]
- Availability of services in various languages

[48] The cities selected were Springfield, Holyoke, Fall River, Worcester, Brockton, Lawrence, Lynn, Cambridge, Pittsfield, Chelsea, Orange, Bridgewater, Fitchburg, North Adams, Needham and Salisbury. The Cape and Islands were also included. A smaller subset of cities and towns were chosen because the CTTF did not have the resources to conduct a statewide survey.

[49] Populations included: African American children and youth, children and youth with developmental disabilities, English language learners, homeless youth, LGBTQ+ children and youth, transgender/gender non-conforming/non-binary youth, children and youth with complex medical needs, commercially sexually exploited children, Hispanic/Latino children and youth, immigrant children and youth, refugee children and youth

- The types of evidence-based trauma screening, assessment, and intervention tools being used[50]
- Other trauma initiatives that the organization participates in

Results from the survey were analyzed and presented to the CTTF in June 2019. The results gave the group a sense of the current landscape of trauma screening, assessment, and intervention availability and helped the group identify potential gaps and areas for further study.

## State Agency Presentations

To further understand current practices regarding trauma prevention and intervention, members of the CTTF representing state agencies were invited to give presentations to the CTTF to discuss their trauma-informed policies, programs, practices, and other initiatives. The CTTF heard presentations from the following agencies:

- Committee for Public Counsel Services
- Department of Children and Families
- Department of Youth Services
- Department of Mental Health
- Department of Elementary and Secondary Education

## Expert Presentations

Finally, the CTTF decided to invite outside experts from around the state to discuss innovative trauma intervention and prevention programs. The Task Force decided that it was initially interested in learning more about three primary topics:

- Interventions for children who have witnessed violence
- School-based initiatives
- Interventions for immigrant/refugee children

Table 1 shows the presenting organizations, their area of expertise, and a brief description of each presentation. At the end of each presentation, CTTF members were invited to ask questions, and guest speakers were asked a) what they thought about the current gaps in the system and b) what the state could do to address those gaps.

**Table 1: Expert Presentations**

| Organizations | Program/Initiative | Summary |
|---|---|---|
| Boston Medical Center | Child Witness to Violence Project | Outpatient mental program for children 0-8 years who have witnessed domestic violence or community violence. Also provides training and consultations for agencies. |

[50] Evidence-based definition based on the National Child Traumatic Stress Network (2019) Evidence-Based Practice Position Statement. See https://www.nctsn.org/print/2220

| | | |
|---|---|---|
| Roca, Inc. | Organization-wide | Works with youth who have experienced extensive trauma and connects them to services. Roca does extensive youth outreach, works with many community partners, and has processes in place for continuous quality improvement. |
| Massachusetts Advocates for Children and Harvard Law School | Trauma Learning Policy Initiative | Provides direct representation for families and partners with schools to create trauma-sensitive environments. Also advocates for policy changes that benefit families and teachers. |
| Boston Children's Hospital, Boston Public Schools, and UMass Boston | Comprehensive Behavioral Health Model | A three-tiered model that includes universal screening for behavioral health issues and providing mental health partners for students with higher needs. |
| Boston Children's Hospital | Refugee Trauma and Resiliency Center | Developed the Trauma Systems Therapy for Refugees (TST-R) model that works in partnership with cultural brokers. Also developed Community Connect, a multidisciplinary initiative aimed at engaging youth, increasing provider capacity, and providing ongoing connections. |
| Chelsea Public Schools and Massachusetts General Hospital | The Immigrant and Refugee School Initiative | Provides educational and healthcare advocacy to immigrant and refugee families in Chelsea and support groups for public school students. |

**Commonwealth of Massachusetts**

**Office of the Child Advocate**

**Address**
One Ashburton Place, 5th Floor
Boston, MA 02108

**Website**
https://www.mass.gov/orgs/office-of-the-child-advocate
https://www.mass.gov/lists/childhood-trauma-task-force-cttf

**Contact**
Melissa Threadgill, Director of Juvenile Justice Initiatives
Email: melissa.threadgill@mass.gov
Phone/Direct: (617) 979-8368
Phone/Main: (617) 979-8374

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