

Office of the Child Advocate
Childhood Trauma Task Force Meeting Minutes

July 23, 2019

1:00pm-3:00pm

Task Force Members or Designees Present:

Maria Mossaides, Child Advocate, Chair (OCA)
Laura Brody, (DCF)
Babanina James, (DPH)
Claudia Dunn, (CPCS)
Kate Lowenstein, (CFJJ)
Tammy Mello, (Children's League)
John Millett, (Probation)
Emily Sherwood, (DMH)
Dr. Yvonne Sparling, (DYS)
David Melly, (Rep. Dykema's office)

Other Attendees:

Janice LeBel, (DMH)
Michelle Botus, (DMH)
Ivana Boyd (CFJJ)
Nikki Flionis, (Mission Safe)
Lisa Thureau, (Strategies for Youth)
Katherine Hughes

OCA Staff:

Melissa Threadgill
Christine Palladino-Downs
Lindsay Morgia
Karen Marcarelli
Meeting Commenced: 1:05pm

Welcome and Introductions:

Ms. Threadgill welcomed the attendees to the seventh Childhood Trauma Task Force (CTTF) meeting and each person introduced themselves.

Ms. Threadgill held a formal vote for the approval of the minutes from the May 14, 2019 and June 4, 2019 CTTF meetings. There were no objections. The May 14, 2019 and the June 4, 2019 meeting minutes were approved.

Ms. Threadgill reviewed the agenda.

**Department of Mental Health Presentation on *Recognizing & Responding to Trauma:*
The Dept. of Mental Health's Efforts**

Ms. Threadgill introduced Janice LeBel, Director of Systems Information, for the Department of Mental Health.

Ms. LeBel first provided background information on the development of trauma recognition as it related to restraint and seclusion. In 1998, DMH started talking about trauma history, which led to being able to identify and then create crisis planning and response efforts. This effort was extended in 2006 by then-Commissioner Sudders, who encouraged an organized way to think about trauma which led to the use of a common language and approach to restraints and seclusion now utilized by seven state agencies. Additionally, in 2012 a joint procurement of DMH and DCF, Caring Together, was established to create joint service standards and more efficient care of children in residential settings.

Ms. LeBel then proceeded to discuss the current and shared efforts around the recognition of underlying trauma as it relates to restraint and seclusion. Three areas of concern were discussed:

- Asking about trauma
- Doing something about trauma
- Studying the impact of restraint and seclusion on treatment/operations

Resource Guides were developed with the goal of creating positive cultures of care. In addition, new treatment modalities were explored, including the teaching of sensorimotor integration and play as alternatives to restraint and seclusion. These efforts resulted in DMH and DCF performance standards which included the following:

- Restraint/Seclusion Prevention: treatment and educational settings use trauma informed, positive behavioral support practices and methods that reflect current knowledge about the effects of trauma.
- Clinical Model: require the use of evidence based and promising practices which support trauma informed, strength based, individualized, family driven/youth guided and community focused care clinical approaches
- Evaluation Tool: evaluation scoring anchored by trauma-informed practice indicators, and consumer inclusion in service design and selection

Ms. LeBel continued by stating that all DMH staff are provided training about trauma especially in terms of what being trauma informed means and putting challenging behaviors in context.

Next, Ms. Botus presented a pamphlet titled, Different Kinds of Hurt: Isaac's Story which is a true story. She expressed that this is a great tool for reaching communities of color. She noted that the kickoff for the book was at an elementary school in Dorchester where Secretary Sudders read the book to a group of second graders. The book received a positive response from the children and it is hoped that it will encourage them to talk about the challenges that they are feeling. Ms. Botus stated that the book is published in Spanish and was also printed in a Chinese newspaper. She indicated that there are also discussion guides for parents and teachers and a video is also available. The story can also be found at www.mass.gov/isaacs-story. Ms. Botus stated she felt that this was one way to really reach communities.

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Ms. Mello asked about a link to the website so that the Children's League could include it in their newsletter.

Ms. LeBel reported on other DMH education efforts including a meeting with every school district in Central Massachusetts to inform them about SAMHSA's "Building a Trauma Informed Nation" and to discuss ways that school districts can be more trauma informed in their programming and response to student behavior. She stated that overall, the big take away is that DMH has really empowered their consumers especially through youth empowerment trainings.

Ms. LeBel concluded her presentation by stating that being trauma informed is not enough. She said that there is a need to focus on positive and protective factors instead of focusing on problems or negative symptoms. She indicated that there is also a need to promote neurogenesis/neuroplasticity through self-directed attention practices and movement. Finally, there is a need to teach practical skills of self-regulation.

Deputy Commissioner Sherwood commented that there is a need to start asking kids "what got you through?"

Ms. Mello commented that there is a need to spend time on resiliency factors and that it would be a good thing to do in terms of engagement.

Following Ms. LeBel's presentation, Ms. Threadgill recognized a member of the audience, Katherine Hughes, to speak about her work trying to educate families about trauma. Ms. Hughes indicated that she has been working with the BU School of Public Health, the BU School of Social Work and others to help create a pamphlet to educate parents about childhood trauma. The pamphlet was distributed to the group and is titled, "Understanding Childhood Trauma and your Family." Ms. Hughes indicated that they have conducted parent focus groups to gather input and stated that one parent said this information could save lives. Ms. Hughes stated that she is looking for help getting the pamphlet translated into other languages and is also looking for websites where the pamphlet can be posted. Additionally, she said they are looking for grant money to help with the dissemination of the pamphlet.

A second audience member, Lisa Thureau from Strategies for Youth, spoke about her group's work educating Police Officers about kids and trauma. One issue she spoke about was the relationship between domestic violence and child trauma. Her organization created an informational card for the police to give to the parents during or after a domestic violence incident with children present. There is space at the bottom of the card for the police to give contact information for local resources. Additionally, the program informs the police about how to behave when they enter a home with children present. She stated that the city of Boston is being sued for no knock warrants resulting in kids being traumatized. She also reported that Strategies for Youth is creating a Trauma Jeopardy Game

Ms. Threadgill thanked both audience members for contributing valuable information and resources relating to childhood trauma.

Creating Guidelines for Trauma-Informed Practice in Massachusetts – Presentation and Discussion

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Ms. Threadgill began the presentation about trauma-informed guidelines by stating that there have been many good suggestions from the task force members and with those suggestions in mind, OCA staff have developed language on the purpose of the guidelines for group discussion. The draft purpose is to promote greater (and more consistent) adoption of trauma-informed practices in child-serving organizations in Massachusetts. A question was posed asking if this was an accurate description.

Ms. Dunne responded by proposing that the term “trauma-informed” be replaced by “trauma responsive.” The group agreed.

Ms. Threadgill stated that she wanted to make the guidelines as specific and clear as possible by first defining what it means to be “trauma-informed” (which she will update to be trauma-responsive moving forward). Additionally, the guidelines should help organizations assess themselves, direct organizations to resources relating to trauma-informed practices, potentially align with state RFPs/service procurement, and provide a foundation for additional work such as training. She stated that she sees opportunities to use these guidelines to promote alignment. The group agreed.

Ms. Mello stated that she felt that one of the biggest pitfalls is that everyone does “training” which does not necessarily translate into skill development. She said that she thinks that this is an opportunity for the task force to be intentional in focusing on skill development.

Ms. Lowenstein asked about where are the pools of people we are pulling from. She stated that trauma can be different in different cultures and that there is a need to start recruiting more broadly.

Ms. Palladino-Downs asked about who is the audience for the guidelines. She stated that there are so many layers and steps and that we need to be clear about to what group the guidelines are being directed.

Ms. Mossaides suggested that the first steps should be to align our public agencies which would require the task force members to be in agreement for what the expectations are and ensuring that the regulations are consistent across agencies. If we are talking about making an investment in training, part of our standards need to be about content and refreshers. We need to be clear about our expectations. She stated the Child Sexual Abuse Task Force is developing an interactive website which will also direct people to resources. The OCA and the Children’s Trust did a listening tour to find out what would be helpful. We need to be clear on what the standards are.

Nikki Flionis stated that she and a colleague are developing a very hands-on product with tips and practices relating to child trauma.

Deputy Commissioner Sherwood asked if the OCA is creating something new or pulling from other sources.

Ms. Threadgill responded that the OCA is reviewing material from other sources and will try to avoid “re-creating the wheel”, but is also thinking about something much more tangible and accessible for non-clinicians.

Ms. Mello asked about how do you apply trauma responsive practices She said it’s an opportunity for this group to develop some concrete things we can say, such as articulating steps and tools that people need to integrate information.

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Ms. Botus commented that her training background always goes back to having a job aid to refer to, something tangible that people can use as a reference.

Ms. Lowenstein commented that we need to be sure that this is reaching the right people. We want to capture the non-therapeutic locations, not just agencies. It also needs to be directed to parents. Also, it is an issue that people at high levels don't see these sometimes-scary behaviors as trauma related.

Ms. James commented that DPH had a two-year initiative that developed consistent guidelines for training both participants and staff. It's important that the guidelines be culturally appropriate.

Ms. Dunne commented that it's important to get information to other adults and parents, i.e. barbershops, churches. We want to be as broad as you can.

Ms. Threadgill then asked the group if it may be necessary to develop this in multiple phases.

Ms. Mossaides commented that it is not possible to list all youth serving agencies. The state ones are easy because they have licenses – camps, dance studios, community organizations are not.

Ms. Mello commented that the term community organizations would be good. We should look for ways in which we can be inclusive.

Ms. James suggested we could try to pilot the guidelines.

Ms. Palladino-Downs commented that we should create guidelines that are adaptable. Using the term trauma responsive is a real language shift given that trauma-informed is already the language. She suggested this may confuse people.

Ms. Mello stated she disagreed, and that she saw it as an opportunity.

Ms. Palladino-Downs responded stating that we will just need to define it, as currently, the most commonly-used term is "trauma-informed."

Ms. Botus noted that many community organizations are trauma-responsive already. Some state agencies miss opportunities to be responsive, however, such as DTA and HUD.

Mr. Millett suggested bringing in the child trauma unit from UMass to help with the language.

Deputy Commissioner Sherwood commented that it might be better to directly inform the parents. She referenced the creation of mobile response teams at DMH but feels we might be sending the message to parents that you need professionals. She recommended pushing the knowledge to people and not just to organizations.

Ms. Mello commented that we should be intentional in saying what do we need to know, what's the information we need for children, staff and parents. We need to be intentional in developing how to talk to them and providing resources.

Ms. Lowenstein commented that the task is about decision making. She said it has to be about the kids – how are decisions furthering trauma and by not always conflating mental health and trauma. Another piece would be if we could clarify that trauma is not mental illness. In addition,

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the individual should be supported by the whole agency. We should stress the gender differences trauma.

Deputy Director Sherwood noted we must talk about the trauma of racism and the experiences of racism.

Ms. Dunne stated we need the appropriate language.

Ms. LeBel commented that the idea of guidelines is tremendous and necessary – but, also, so what? She suggested a narrowed set of guidelines while asking what is your metric for success. She recommended being very focused. It's not just guidelines for what you are doing you'll also need resources. She also questioned why can't we be in trauma prevention mode. If you build it, they will come. She noted that SAMSHA has toolkits and resources that can be stratified and possibly adapted for the task force.

Ms. Threadgill stated that she found the conversation enormously helpful and suggested that we may need to think about this in a phased approach.

Ms. Threadgill then reviewed the list of the trauma guidelines audience to including state child-serving agencies, community-based providers, public and private schools, healthcare organizations, law enforcement and judiciary. The group had no additional target audiences to add to the list.

Ms. Threadgill listed the trauma informed frameworks that OCA has used thus far to develop this presentation for the group. These include materials from:

- SAMHSA
- National Center for Child Traumatic Stress
- Trauma & Learning Policy Initiative
- OJJDP
- American Institutes for Research

Ms. Threadgill continued by stating that the guidelines from SAMHSA provide an excellent starting point, and she discussed SAMHSA's definition of "trauma-informed." She noted that the definition included both concepts an organization needs to know/understand and actions an organization needs to take..

Ms. Threadgill also noted that within that SAMHSA definition, there are areas that may need to be further defined/explained, including:

- All people at all levels of the organization/system "have a basic realization about trauma" and understand how trauma can affect the behavior of individuals, families, group, organizations, and communities
- People need to know how to recognize signs of trauma
- Staff training
- Policies and procedures
- Environment
- Resisting re-traumatization of children, youth, and staff members

It was also pointed out the there are other domains that the CTF may want to add, including:

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- Physical and Emotional Safety
- Staff support – addressing secondary trauma
- Organizational leadership
- Evaluation and Continuous Quality Improvement

Ms. Threadgill then asked the group if there was anything missing from her summary.

Ms. Mello commented that coaching is missing.

Ms. Threadgill suggested the group include it with training: Staff Training and Coaching

Ms. Flionis commented that community organizations often say everyone has been trained. She sees coaching as something different

Ms. Lowenstein commented that we want to make sure we understand the kids' perspectives and strengths.

Ms. Dunne noted that we need to be looking for kids' strengths to build coping skills and resilience. She also noted that this does not mean talking at kids or giving them superficial positive feedback. The work occurs within the caring adult or therapeutic relationship between the young person and the involved adult.

Ms. Flionis suggested utilizing small steps to take kids to a place where they feel they have some skills. She agreed that just talking always doesn't do it and that there is a need for the incremental building of a relationship

Ms. Mello noted that individual and family engagement is missing.

Ms. Botus stated that the staff support piece seems vague.

Ms. Threadgill next discussed the topic of organizational leadership including:

- Establishing a trauma-informed approach as part of the organization's mission/vision statement, manual, and policies
- Aligning resources to support implementation of a trauma-informed approach
- Promoting an organizational culture based on resiliency and recovery
- Examples of what this may look like in different settings.

Ms. Threadgill stated that OCA would write an initial draft of guidelines for each domain, and then have the group provide commentary and editing.

Ms. Threadgill then briefly spoke about the issues around staff training, creating an environment of physical and emotional safety, policies and procedures, staff support/secondary trauma, and evaluation and CQI.

Ms. Threadgill concluded the presentation by indicating that the OCA would develop draft guidelines based on today's conversation and indicated that there will be a need for CTF members support in providing context-specific examples and reviewing the draft.

Ms. Threadgill also stated OCA would be developing a year one report for the legislature for the group's review.

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Ms. Mossaides commented that there is money in the FY2020 budget for the establishment of the Worcester Trauma and Resilience Collaborative to educate young people in the city of Worcester who have experienced adverse childhood experiences. She indicated that the OCA has met with UMASS where they are working to compile a compendium of resources which might be useful to the CTTF.

Closing Comments:

It was announced that there would be not CTTF meeting in August and the date of the September meeting has yet to be determined.

Adjournment: 2:53pm