Childhood Trauma Task Force

June 4th

9am – 11am

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Agenda

- Welcome and Introductions
- Approval of Minutes from May Meeting
- Presentation from DYS
- Trauma Services Survey Results & Discussion
- Discussion on Next Steps & Future Meeting Topics

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Massachusetts
Department
of Youth Services

Childhood Trauma Task Force Presentation

June 4th, 2019

DYS Clinical Over-View

Presented by: Yvonne Sparling, Ph.D.
DYS Director of Clinical Services

DYS Over-View

DYS has a continuum of services and placements depending on the legal status of the youth.

- Detention
- Commitment
    - Assessment phase Casework, Clinical, Education, Health
    - Treatment (Hard-ware Secure, Staff Secure Residential)
    - Community Supervision
- Discharge from DYS or YES program

Assessing for Trauma

Intake: Ma. Youth Screening Instrument -2
MAYS-2, Thomas Grisso

Assessment: PTSD-Screen, Limbic System Check List, and ACES (Adverse Childhood Experiences), Youth Level of Service (YLS)

DYS Clinical Approach

Given the high rate of trauma and neglect in JJ youth, we adopted DBT as the primary clinical approach. DBT is a cognitive behavioral therapy which teaches skills in self regulation: mindfulness, distress tolerance, emotional regulation and interpersonal skills. It is integrated across all DYS programs and is used as both a therapeutic modality and a behavior management approach.

Clinical Overview

Program Clinical Therapy Services:

Individual Therapy (at least weekly)

Family Therapy (offered to all families)

Mandatory and Specialized Clinical Groups:

Dialectical Behavior Therapy (twice weekly)

Offender Group (weekly)

Substance Abuse and/or Substance Prevention

Staff Training

DYS Training Department - Child Trauma Training Center at U. Mass Medical Center

In 2015, 1441 state employees were on Trauma Informed Care

Since 2015, this training is a part of Basic Training to all new state employees (National Child Traumatic Stress Network grant).

Staff Training

Training on Adolescent Brain Development by Karen Williams in 2014 (1000 staff)

Training on Racial Trauma- Dr. Ken Hardy

DYS Clinical Conference in 2016
DYS Community Conference in 2017

Direct Care Work Force Initiatives

Youth Engagement Strategies

Revamping of Restraint Technique

Room Confinement Policy to limit the use of room time for non-compliance and for punishment.

Programs developed Behavior Management Systems that focused on Incentives and Repair processes that allow for choice by youth.

Family Engagement Efforts

Increasing Family Engagement as part of a strategy to decrease the effects of trauma.

Family Engagement Specialists (originally 2 were funded through the Garret Lee Smith Grant in 2008).

Family Engagement Specialists since 2014 are part of our community case work team, 1 per region, to help the family with resources.

Family Engagement Efforts

Increasing Family Engagement as part of a strategy to decrease the effects of trauma.

Second Chance Grant in Metro developed family partner positions for parents of committed youth and began the Parent Café.

In the JDAI initiative, we have partnered with PPAL as a service option for parents of youth in detention.

In 2018, DYS developed Family Guidelines and updated the Visitation Policy to increase access for families.

Research

DYS- DBT Study by Dr. David Burton
Findings: Significant differences after six months of treatment in secure treatment:

Million Adolescent Clinical Inventory

Less Impulsive, Less Depressed, Less Oppositional
Less Suicidal, and More Willing to Comply

Behavior Rating of Executive Function (BREF)

Test measures cognitive functioning: ability to shift attention, plan and organize, maintain attention. When comparing pre to post test:

Youth in Average range remained in Average range.
Youth in the Critically Concerning range improved to the Average range.

Research on Family Engagement Efforts

2014 Study:
300 families were interviewed
60 from each of the 5 regions
1/3 detention, 1/3 programs and 1/3 from the community

Findings: Once families became engaged in services, they reported a high rate of satisfaction. Over-all average scores were in the Satisfied to Very Satisfied range. Parents indicated they felt respected and thought their child benefitted from services given to them. Many parents said that their child getting committed was the best thing for them.

2017 Study:

Findings: an anonymous on-line Family Survey was developed for families to fill out when they visited their children at our programs. Results tended to be positive and policies were updated to include their feedback and suggestions. Currently, we are re-starting the surveys.

Next Steps

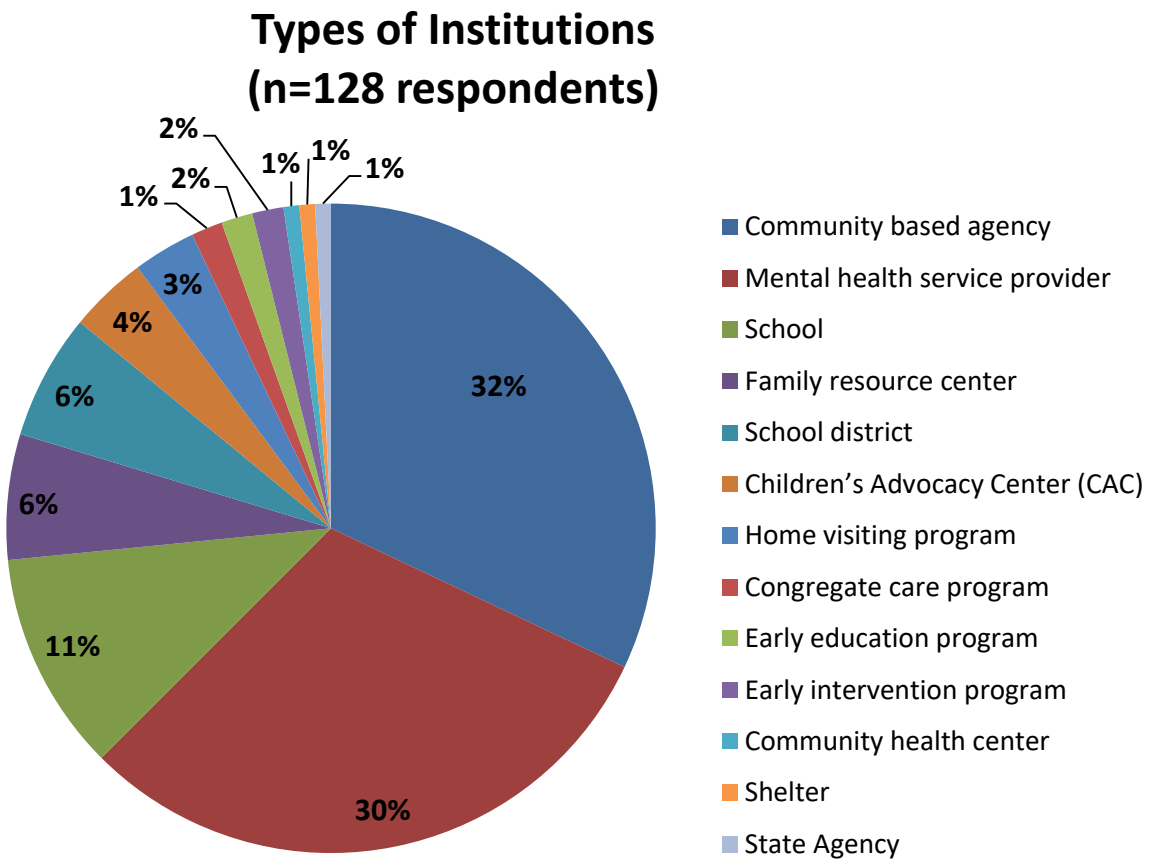
Broader Training on Trauma Informed Care

Continuous Training so that staff understand the importance of Integrating services across disciplines, programs and into the community.

CTTF Survey Results and Discussion

June 4th, 2019

Community-Based Services: Institution Types



- 89% of respondents said that their institution considers themselves trauma-informed
- 43% reported that all staff members have been trained in trauma-informed care

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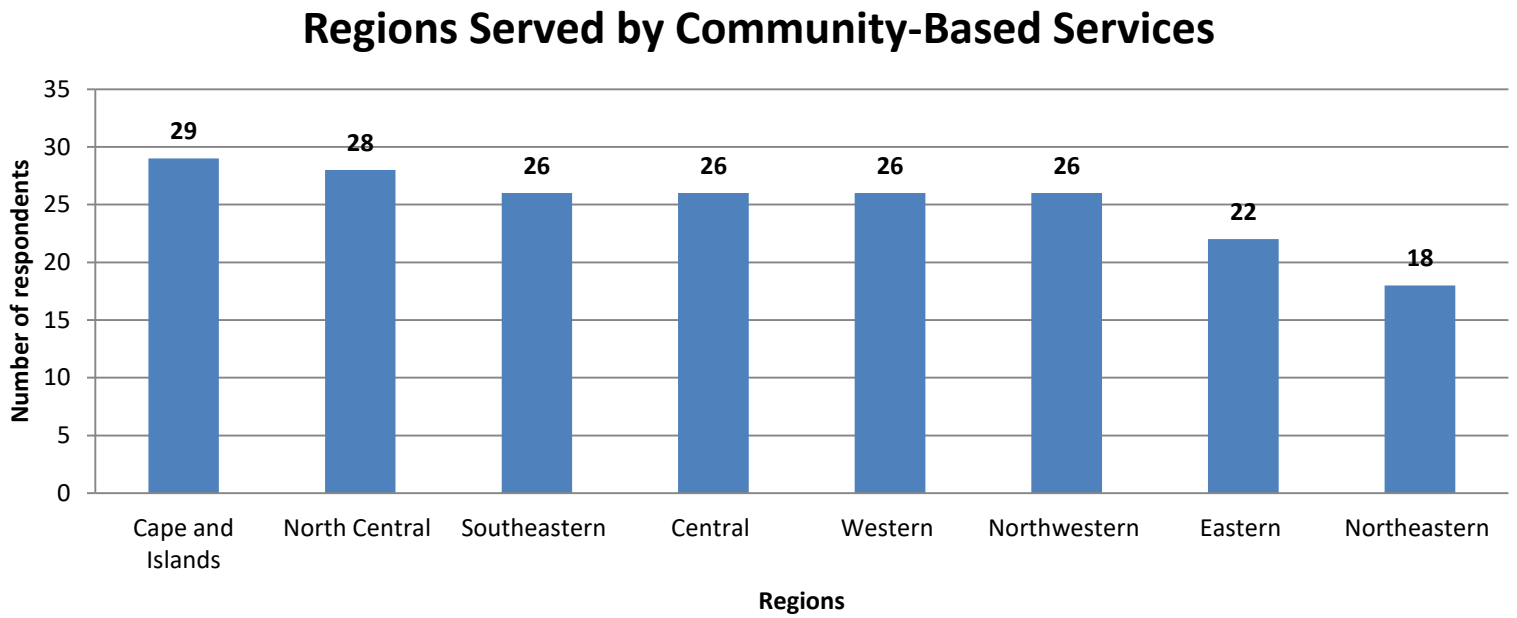
Community-Based Services: Regions Served



Region	Communities Served
Cape and Islands	All
North Central	Fitchburg, Orange
Southeastern	Brockton, Bridgewater, Fall River
Central	Worcester

Region	Communities Served
Western	Springfield, Holyoke
Northwester	North Adams, Pittsfield
Eastern	Cambridge, Chelsea, Needham
Northeastern	Lawrence, Lynn, Salisbury

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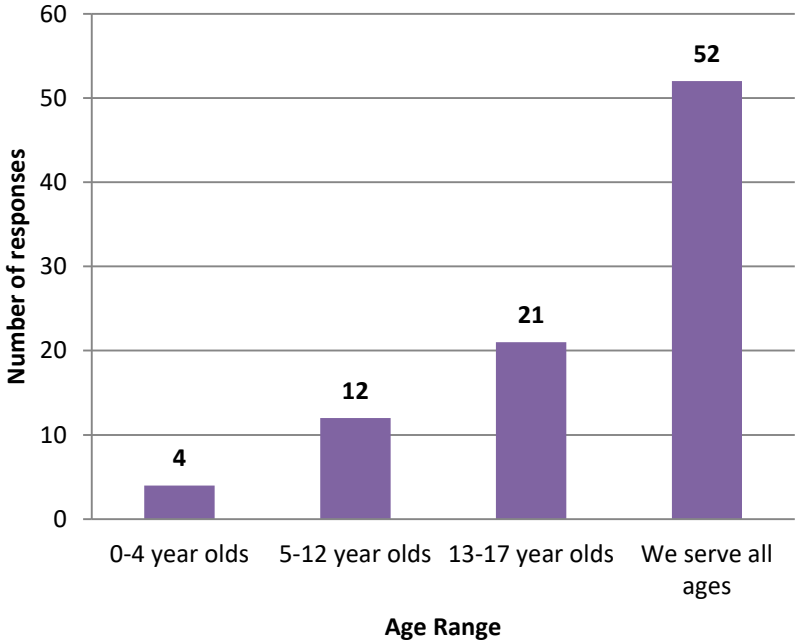
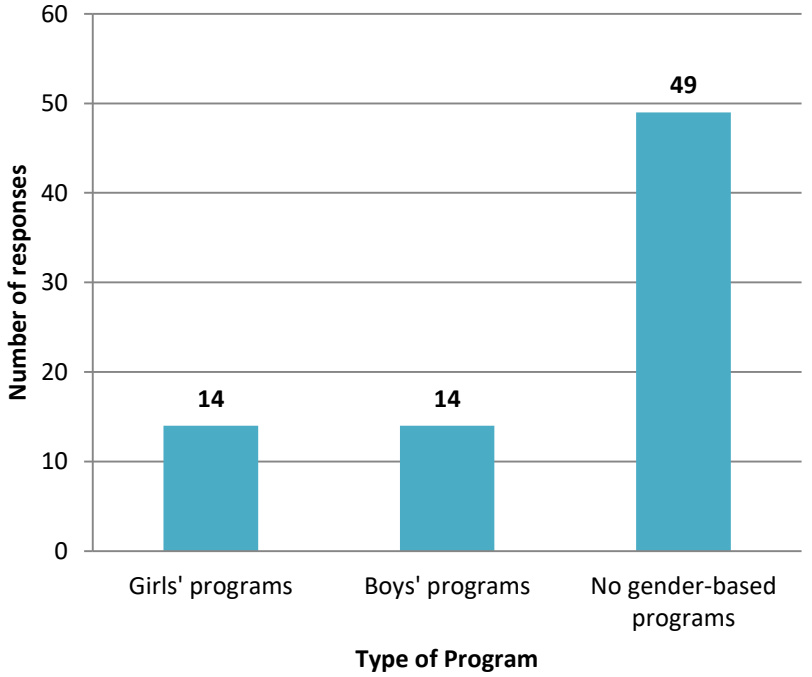
Community-Based Services: Populations Served

Services by Age Range (n=89 responses)



Gender-Specific Programs (n=77 responses)



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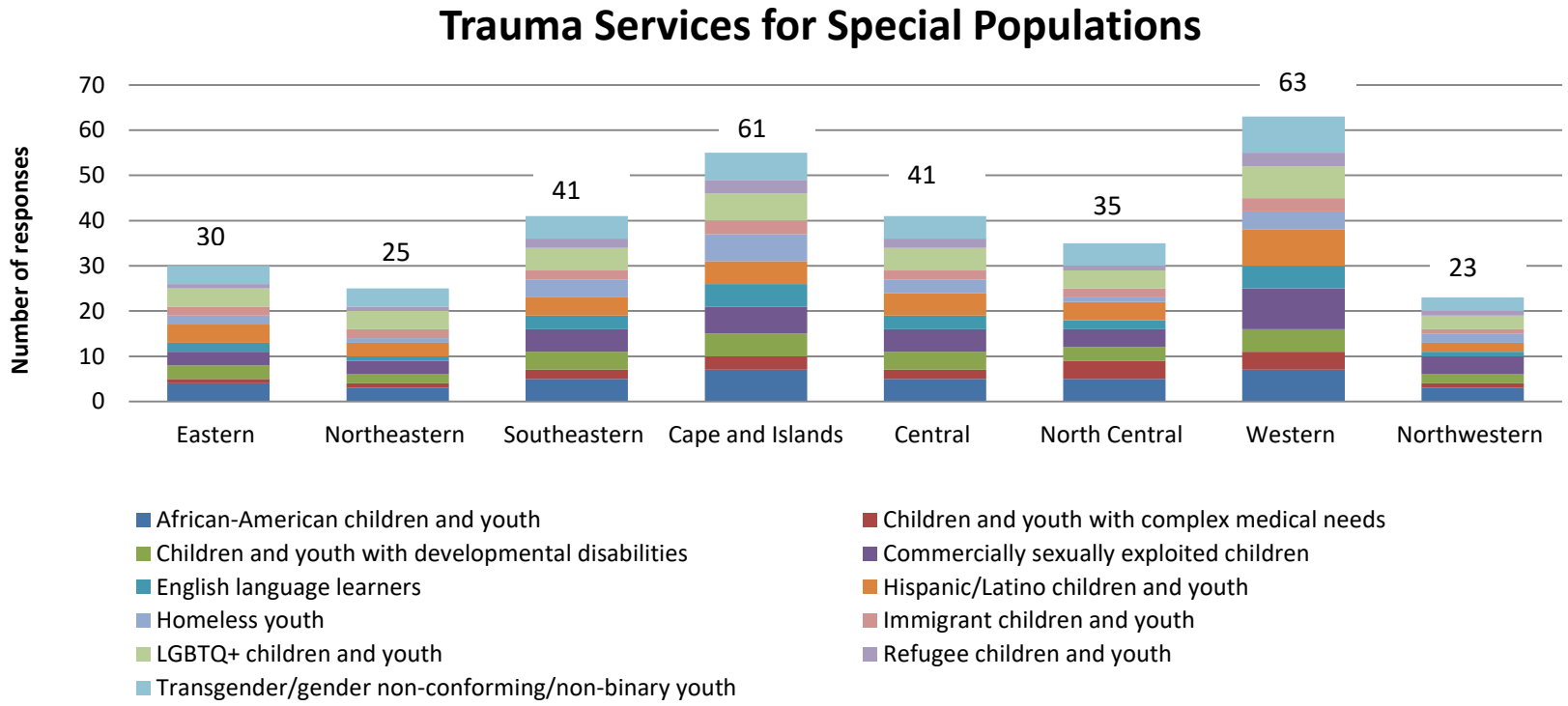
Community-Based Services: Populations Served



<u>Statewide:</u> Most commonly, specialized services are available for children and youth who are:

- Hispanic/Latino
- African-American/Black
- Transgender/Gender non-conforming/Non-binary youth
- LGBTQ+
- Commercially sexually exploited youth (CSEC)

Over half of the CSEC programs serve Western Massachusetts.

Northeastern and Northwestern have similar number and distribution of programs for special populations.

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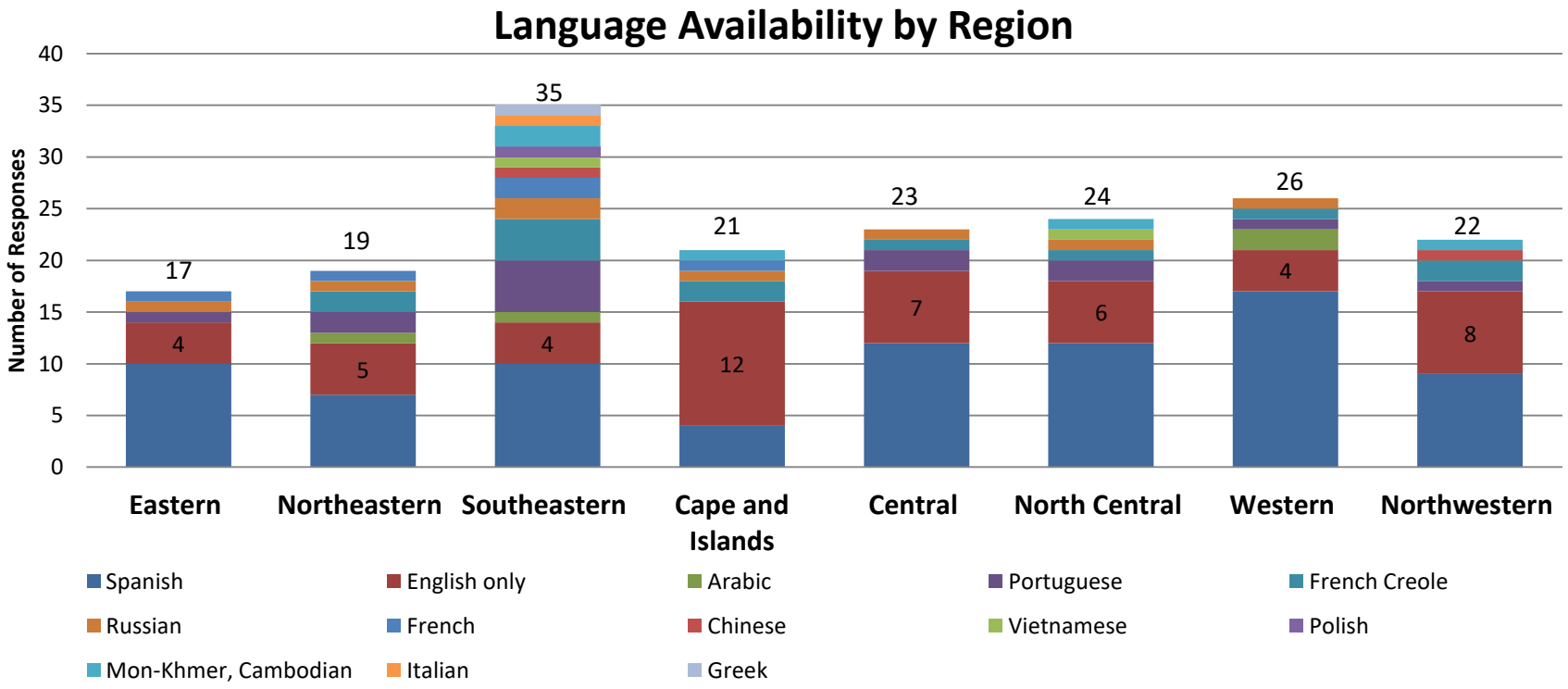
Community-Based Services: Languages Spoken



- All regions offer services in multiple languages.
- Southeastern: 13 languages available
- Eastern and Central: 5 languages available
- Western region offers the most services in Spanish (17)
- 22% offer services in English only (29)
- Most of the English only services serve the Cape, Northwestern, and Central regions

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Community-Based Services: Trauma Screenings

Most Commonly Used Trauma Screening Tools

1) Child and Adolescent Needs and Strengths – Trauma Version

- 22 responses

2) ACEs Screening Tool for Children and Adolescents

- 13 responses

3) Other

- 11 responses

4) UCLA Posttraumatic Stress Disorder Reaction Index

Child PTSD Symptom Scale

- 9 responses each

- 35% of respondents reported their institution conducted screenings (45/128)
- 41% said a referral is not required for a screen, and 38% said a referral is required in all cases. Consistent across regions.
- Respondents who reported using “other” screening tools most commonly serve the Southeastern, Central, and Western regions

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Community-Based Services: Trauma Assessments

Most Commonly Used Trauma Assessment Tools

1) Child and Adolescent Needs and Strengths – Trauma Comprehensive version

- 26 responses

2) Child Behavior Checklist

2) Other

- 16 responses each
- Other: Trauma Symptom Checklist, clinical interviews, trauma section of assessment

3) ACEs Family Health History and Health Appraisal Questionnaire

- 8 responses

- 29% of respondents reported their institution conducted assessments (37/128)
- Referrals: about half do not require a referral, about half require a referral in all cases
- Other options include clinical interviews and the Trauma Symptoms Checklists for various ages

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Community-Based Services: Trauma Interventions

Most Commonly Used Trauma Interventions

Trauma-Focused Cognitive Behavioral Therapy

- 37 responses

Cognitive Behavioral Therapy

- 35 responses each

Attachment, Self-Regulation, and Competency

- 29 responses

Dialectical Behavioral Therapy

- 19 responses

- 42% of respondents reported their institution provided trauma interventions (54/128)
- 31% require referral, 30% said no referral is required
- Similar patterns emerge across regions
- 23% of respondents said that they conduct screenings, assessments, and interventions

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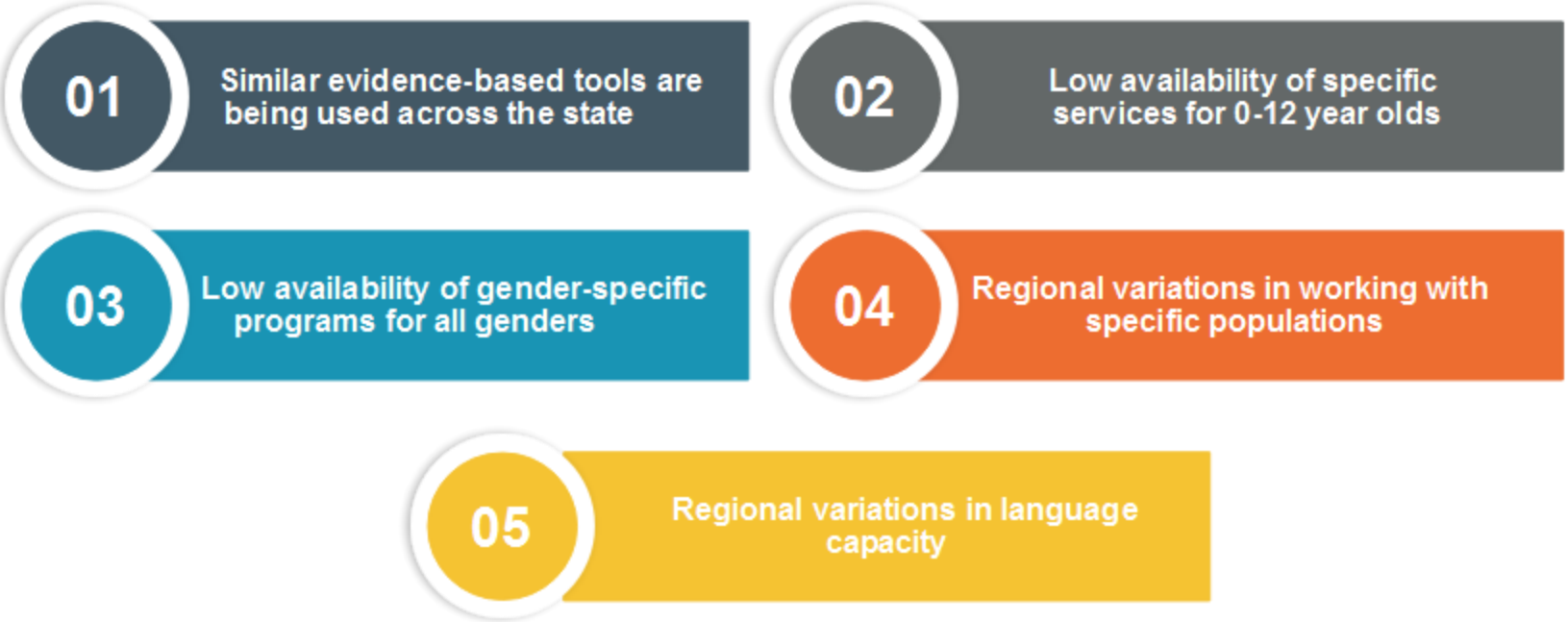
Community-Based Services: Takeaways



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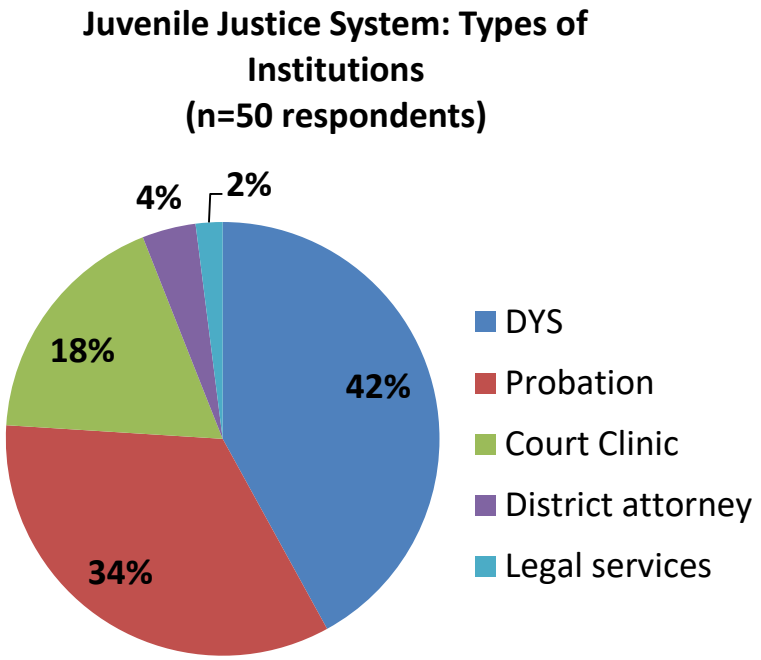
Juvenile Justice System: Institutions and Regions



- 88% of respondents said that their institution is trauma informed.
- 38% reported all staff have been trained in trauma-informed care

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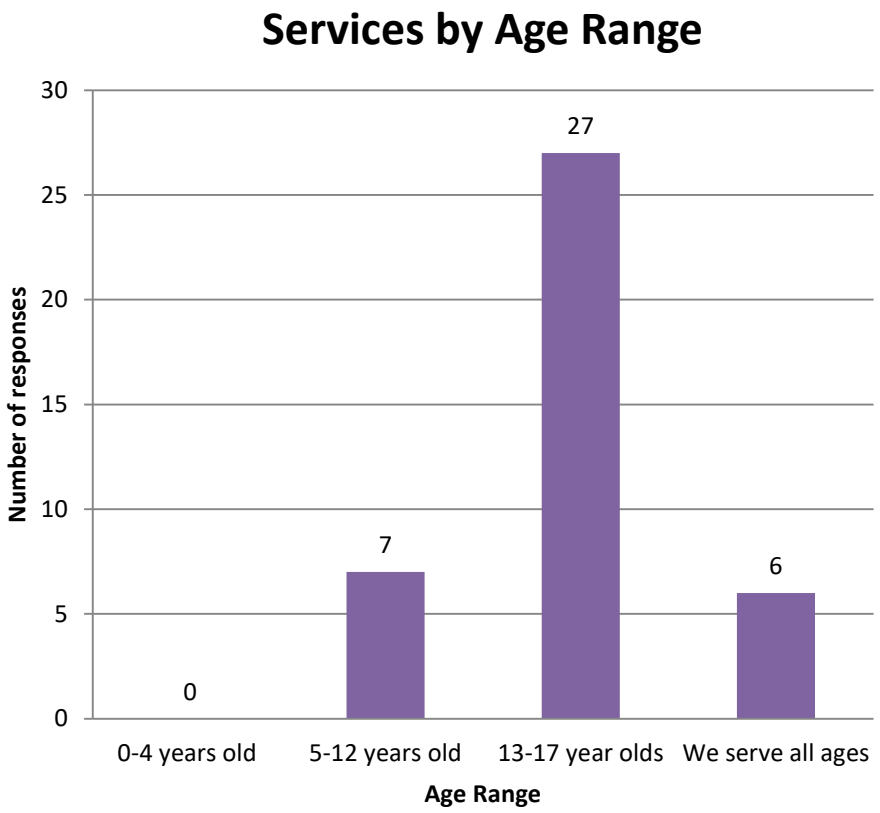
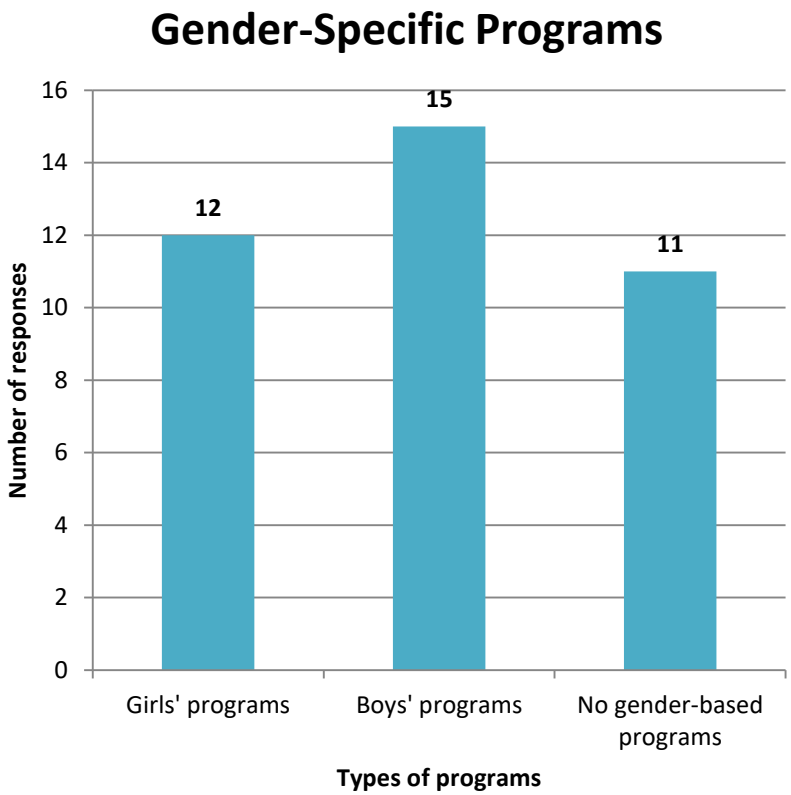
Juvenile Justice System: Populations Served





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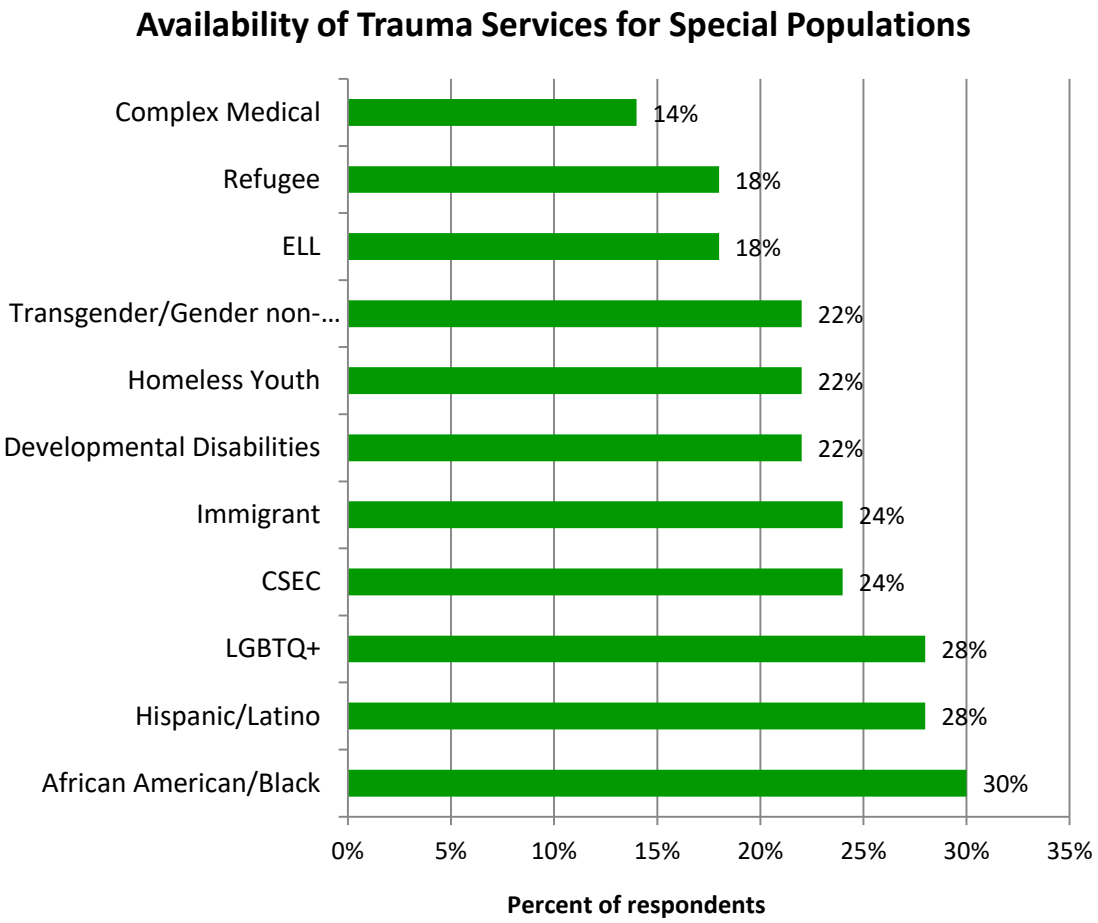
Juvenile Justice System: Populations and Languages



- 26% of respondents said that they offer services in English only
- 25% of respondents said that interpreters are available if needed

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Juvenile Justice System: Trauma Screenings

Juvenile Justice

- MAYSI II (16 responses)
- Other (7 responses)
- Trauma Symptom Checklist (5 responses)
- Child and Adolescent Needs and Strengths - Trauma Version (4 responses)

Community-Based Services

- Child and Adolescent Needs and Strengths – Trauma Version
- ACEs Screening Tool for Children and Adolescents
- Other
- Child PTSD Symptom Scale and UCLA PTSD Reaction Index

- 56% of respondents said that their institution conducts trauma screenings (28 out of 50)
- Other screening tools in the juvenile justice system include:
  - Clinical interviews
  - Collateral contact
  - Court clinic assessments
  - Mississippi PTSD Inventory

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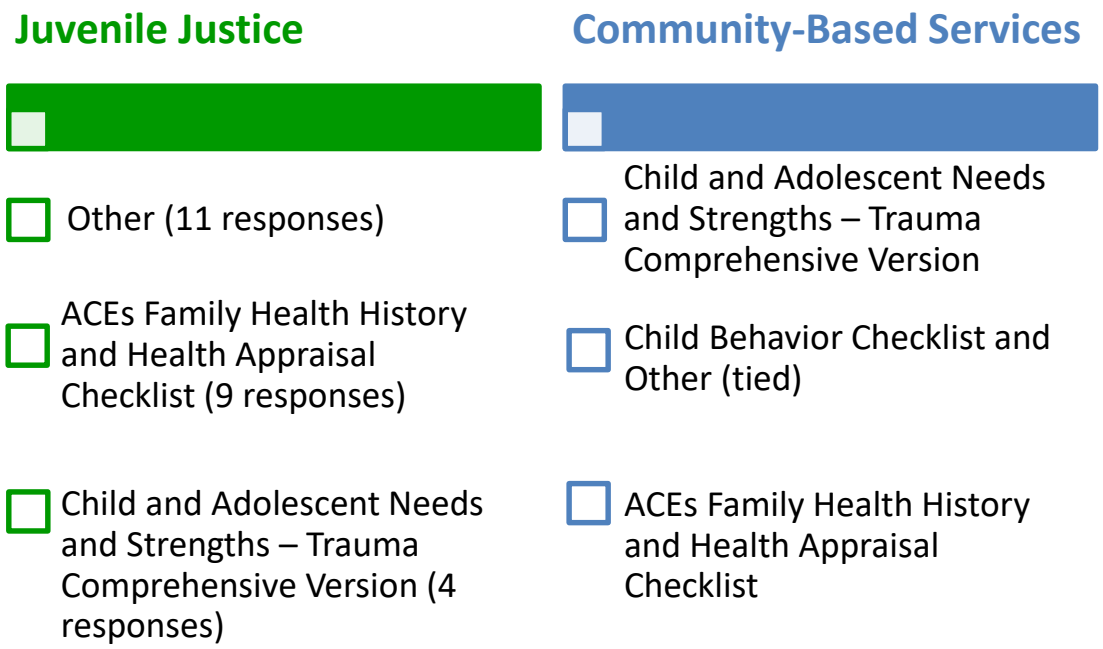
Juvenile Justice System: Trauma Assessments



- 42% report that their institutions conduct trauma assessments (21 out of 50)
- Other assessment tools in the juvenile justice system are similar to those identified in the screening section.
- DYS is the only institution using CANS-TCV

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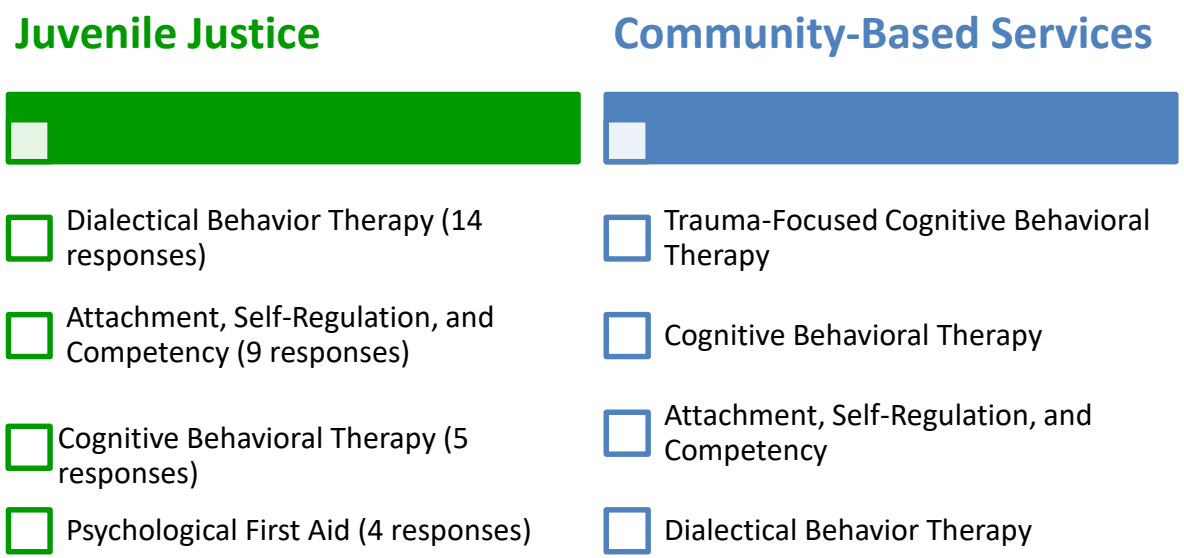
Juvenile Justice System: Trauma Interventions



- 40% of respondents stated that they offer trauma interventions (20/50).
- DYS is the primary provider of trauma interventions

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Juvenile Justice: Takeaways

01 Trauma screenings may be more available than assessments or interventions.

02 There may be less of a distinction between a trauma screening and trauma assessment within the juvenile justice system.

03 Trauma interventions are similar to those used in the community, but in reverse order

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Discussion on Task Force Next Steps

1. What topic(s) or challenge(s) should we focus on for our first annual report (due December 2019)?

Starter Ideas for Discussion:

- **Trauma-Informed Practices:** What does it mean for work to be trauma-informed in Massachusetts, and how can our state promote greater adoption (and consistency) of trauma-informed practices in all organizations that interact with and serve children?
- **Identification & Referral:** How can we improve our ability as a state to identify various populations of children who have experienced trauma and connect these youth to services as needed?
- **School-Based Approaches:** What specifically should be done in schools with regards to identifying and serving children who have experienced trauma?

Discussion on Task Force Next Steps

2. What **questions** do we still have on the topic(s) we have chosen for our first report?

3. Are there **additional speakers** we'd like to invite to help answer those questions?

4. What research support can OCA provide that would be helpful to answering questions or informing discussion?

- Follow-up interviews from survey
- Examples of initiatives in other states
- Topic-specific literature reviews

Survey Follow-Up Research Possibilities

1. What does it mean to be a trauma-informed agency or organization in Massachusetts?

2. What lessons can we learn from existing programs that specifically serve children ages 0-12 years old that can inform intervention efforts?

3. What can we learn about gender-responsive programs within and outside of the juvenile justice system that can inform practice statewide?

4. How can we find out more information about the role of the healthcare sector in identifying and intervening with children who have experienced trauma?

5. Are these existing services sufficient to meet the needs of children and families in different communities?

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Next Meeting

July 23rd

1pm – 3pm

Location: TBD

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