

Office of the Child Advocate  
Childhood Trauma Task Force Meeting Minutes  
Thursday, November 7th, 2019  
10:00am-12:00pm

**Task Force Members or Designees Present:**

Maria Mossaides, Chair (OCA)  
Representative Carolyn Dykema (House of Representatives)  
Laura Brody (DCF)  
Claudia Dunne (CPCS)  
Kate Lowenstein (CFJJ)  
Yves Singletary (DPH)  
Yvonne Sparling (DYS)  
Emily Sherwood (DMH)  
Sharon Hasroni Downey (Probation)

**Other Attendees:**

Members of the Public

**OCA Staff:**

Melissa Threadgill (OCA)  
Lindsay Morgia (OCA)  
Melissa Williams (OCA)  
Kristine Polizzano (OCA)  
Karen Marcarelli (OCA)

**Meeting Commenced:** 10:09

**Welcome and Introductions:**

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

Ms. Threadgill introduced Kristi Polizzano, the newly hired Juvenile Justice Specialist for the Office of the Child Advocate. Ms. Polizzano will be assisting Ms. Threadgill with JJPAD related tasks. Ms. Threadgill also acknowledged that Ms. Morgia, the Office of the Child Advocate's Research and Policy Analyst, will no longer be with the OCA and thanked her for all of her contributions.

Ms. Threadgill reviewed the agenda.

### **Discussion of the Legislative Report Draft:**

Ms. Threadgill reviewed the proposed plan for completion of the annual legislative report. The purpose of today's meeting will be to review the draft report and task force members provide feedback. At the next CTF meeting on December 3rd, the purpose will be to review the final report.

Ms. Threadgill began reviewing the CTF Legislative Report draft and asked members to provide feedback.

#### *Background and Introduction Sections*

Task force members had no comments or edits on pages five through seven.

When reviewing page eight, Ms. Lowenstein commented that overall, the reports looks good. She mentioned that ACEs were discussed throughout multiple sections as a major focus but feels that ACEs focuses on adults and the original study did not include a lot of the issues the task force is looking at today. She suggested focusing on youth moving into the juvenile justice system due to the trauma they have experienced by clarifying various terms such as complex developmental trauma for the reader as there are many terms that coincide with ACEs and it may be confusing for the reader. Her idea was to provide background information on the terminology being used.

Ms. Morgia asked if it would make more sense to define complex developmental trauma and clarify terminology along with shortening the ACEs section.

Ms. Lowenstein suggested having an introduction paragraph outlining the terms that are commonly used and talk about why we are using those terms and what they mean.

A member of the public agreed with Ms. Lowenstein in that the report focuses on ACEs and long-term effects of trauma. He mentioned while there are long terms effects from trauma, children also have issues on a day-to-day basis which raises the issue of looking at social justice and all contributing factors.

Ms. Lowenstein stated that the report spends a lot of time talking about ACEs when it may be more useful to talk about the issues that directly impact children in the child welfare and juvenile justice system instead of all children. She asked the task force for ideas on keeping the reader focused on the specific populations of children the report is trying to address.

Ms. Threadgill recommended rereading the mandate as it is broader than just looking at juvenile justice involved youth. She stated that many people in the Legislature come to the table with little background in this area and the background section provides a starting point for understanding childhood trauma and its effects.

Representative Dykema agreed that ACEs is just one way to measure trauma and stated that we don't want the report to focus on just that one method.

Ms. Threadgill suggested moving the ACEs section to the appendix as an informational appendix and to highlight other practices and historical background context.

Representative Dykema suggested adding a section about who these children are and how we connect that child with their specific trauma needs. She believes that would be more relevant to the Legislature.

Ms. Lowenstein stated that the ACEs study is important, but it's a health-based focus approach and she would like to keep the task force focused on the impact of trauma on youth entering the juvenile justice system.

Ms. Dunne stated that there are limitations to the ACEs study as it doesn't look at resiliency. It is a limited tool.

Ms. Threadgill stated that she will work on restructuring the background section by talking about the expanded different types of trauma first, and then keep the ACEs survey as historical background information.

Ms. Lowenstein agreed with this approach as it will provide context for readers.

A member of the public commented that in his work, he found the ACEs work most helpful in establishing the prevalence of trauma as it shows the issues are more prevalent than thought. The usefulness of the ACEs study is addressing that ACEs do in fact affect children.

Ms. Threadgill agreed that mentioning ACEs as a tool to provide prevalence and then acknowledge the study is not perfect may be a good way to rework the background section.

Ms. Lowenstein agreed with including the prevalence of ACEs as long as we make sure kids aren't written off.

Ms. Sherwood agreed that there is a huge prevalence of ACEs. In order to address Ms. Lowenstein's concerns the report could explicitly make the point that there needs to be a specific focus on what we learned about aggressive behavior as there is significant evidence of the

healthcare impacts of ACEs on children. It's the "dose-related" response from ACEs, meaning the higher number of ACEs the higher impact, that caused people to focus more on mental health and trauma.

Ms. Dunne agreed that ACEs did bring focus to trauma but stated it's not a total assessment tool.

A member of the public pointed out that he didn't see the ACEs pyramid in the report. He stated that if the pyramid was in the report, it can be used to show that experiences of trauma can lead to linked behaviors.

Ms. Threadgill and Ms. Morgia stated that it was in the report, but they took it out. They will look at putting the pyramid back in the report.

Mr. Singletary stated it's important to understand typical adolescent teen behavior and then show what happens when youth experience trauma. When young children experience trauma, they are more likely to show their experience through certain behaviors. When they are older, those behaviors could enter them into the juvenile justice system.

Ms. Dunne stated it would be helpful to have an example of typical development compared to atypical.

Ms. Threadgill agreed it would be helpful to add a visual pertaining to this and asked for people to send her an email if they have suggestions or resources.

Ms. Lowenstein agreed to send Ms. Threadgill an email with a few options and stated that a chart displaying behaviors relating to trauma would be illuminating. She stated if the goal is to shift the view and understanding surrounding this population of kids, then it's a great idea to include resources to show how trauma impacts behavior.

Ms. Dunne stated that she will send Ms. Threadgill information as well.

### *Findings*

Ms. Threadgill reviewed Finding One (pg. 11): **There have been numerous, significant and impactful efforts in recent years to make services and systems "trauma-informed."**

Ms. Threadgill explained that she tried to document all of the great efforts that are taking place.

A member of the public suggested adding the Family Resource Centers as an example as they are all trained through UMass to be trauma-informed.

Ms. Threadgill highlighted interagency efforts and local initiatives as an attempt to demonstrate that along with state interest, there is local interest as well.

A member of the public stated that there are a lot of one-and-done initiatives mentioned in the report. He said there aren't a ton of trauma informed systems in place, but the report makes it look like a lot is going on. In reality there isn't as the one-and-done initiatives don't have a long-term impact as they don't last very long. He is looking for a systems-based approach.

Ms. Threadgill agreed with his point and stated that is discussed more in depth in finding two.

Ms. Sherwood stated as an example, trauma screenings are part of some agency practices and that is not a one and done practice.

A member of the public commented trauma screenings in itself could be one-and-done as they may collect the information and then not do anything with it.

Ms. Sherwood disagreed and stated DYS does a great job at using the trauma screening information.

Ms. Threadgill reviewed Finding Two: **While the efforts outlined in Finding 1 have succeeded in raising awareness about the impact trauma can have on children and families, there is not widespread agreement/understanding of what it means to be trauma-informed in practice.**

Ms. Threadgill stated that finding two demonstrates that while a lot of great work has been done, we do not have universal definitions of trauma-informed and trauma-responsive. She pulled in implementation science behind trauma-informed practices into this section.

Ms. Mossaides stated if there were universal definitions and standards for all agencies to use, then we would in turn have universal and continuous trainings. Right now, we have no shared understandings and shared standards as appropriate. She recognized there will be tweaks based on the cohorts the agency is serving, but if the Commonwealth issued a standard for all child-serving agencies, this would move us in the right direction.

Ms. Sherwood agreed and talked about having a roadmap to show where we are, where we want to go, and this is what it's going to take to get there.

Mr. Singletary stated in his experience, people will screen for trauma but won't have the resources to do anything about their findings. He discussed the need for including standards from a practice point of view.

Ms. Dunne stated we need everyone working with children and youth to be trained on trauma-informed and responsive practices, and not just the clinicians. She discussed the importance for training all employees including groundskeepers, maintenance, and kitchen staff as they all interact with children, just in different capacities.

Dr. Sparling commented that DYS has a whole day for all new staff to talk about trauma-informed practices and staff have ongoing training each year.

A member of the public said it's not just about the trainings, but it's about the culture and the mindset of the organization/agency.

Ms. Dunne stated it's important to address or acknowledge that there needs to be a change in practice where we don't just focus on the child, but also on the family as a whole.

Ms. Threadgill recognized the importance of this conversation but stated it makes more sense to wait to talk about this until we discuss the guidelines document.

Ms. Lowenstein discussed an edit to the last sentence with finding two. She stated that kids are counting on us to be strong and we cannot retraumatize children. She suggested using stronger language so readers have a better understanding of the message we are trying to get across.

Ms. Threadgill asked the members how they felt about using the phrase "end re-traumatization."

Ms. Dunne stated that she believes the group needs more time to think about using that phrase.

Ms. Mossaides recognized that the adults working with these children and youth could be perpetrators due to our policies and practices. If we do not have appropriate measures, we could retraumatize children.

Ms. Threadgill suggested using the terminology "change policies that retraumatize children."

Dr. Sparling agreed with that phrase and suggested adding "and provide resiliency services" to the end of that sentence.

Ms. Mossaides stated we need to keep the report positive and say we need to change this and move in a better direction.

Ms. Threadgill said that she has enough information to rewrite this sentence.

Ms. Threadgill reviewed Finding Three: **State government can do more to help support child-serving organizations in becoming fully trauma-informed and responsive (TIR).**

The CTF members had no comments or edits to finding three.

Ms. Threadgill reviewed Finding Four: **State and local agencies should continue and increase efforts to examine potentially traumatic impact of government decisions on children and families.**

Ms. Lowenstein thought this section was excellent. She suggested adding a sentence about a child who has already experienced multiple traumas and how re-placing and moving a child into a new environment can further traumatize the child.

Mr. Singletary suggested talking about compounded trauma and make the connection that the more trauma a child has, the more behaviors they will exhibit.

Ms. Dunne suggesting including language or an example of a child getting charges for acting out due to the trauma they have. They are then placed in a residential program or detention center where they act out again, assault staff, and get more charges. These youth will then go into court and traumatized even further.

Representative Dykema stated for legislature and state employees, it's a policy issue, but for kids, trauma and the way we react is life changing. When thinking about finding three, it should state government changing their policies can change these kids' lives. It would be helpful to insert more dramatic language into finding three.

Ms. Threadgill suggested making that an entirely different finding, such as Finding Six.

Ms. Lowenstein suggested making this Finding One. She commented that right now, we are easing into the findings and then getting into the more important things. We need to put this up front that what we do and how we do it greatly impacts kids. For her, she looks at the findings in an order of importance manner.

Ms. Threadgill agreed to move this idea to finding one. We can do better in terms of decision-making when children are involved. This idea is essentially a statement of purpose.

Representative Dykema stated this is not a small issue for some children, but this is a huge issue that policy can unlock and make substantial changes to the lives of children.

Ms. Sherwood asked if there is any data on past studies from DYS, DMH, or DPH.

Dr. Sparling stated that she will find this data for DYS.

Ms. Dunne suggested looking at the school to prison pipeline to see if there is a connection with the child welfare system and juvenile justice system.

Representative Dykema said it's also about stigma. We need to start with talking about how bad behaviors do not make bad kids. The bad behaviors can be due to trauma.

A member of the public stated there is a data nuance in the report. 80% of people in jail have been traumatized, but not all traumatized kids will end up in jail. He has old data on this but will send it to Ms. Threadgill. He stated we need to make the distinction that not all children and youth who experience trauma and have an ACE will definitely act out. We do not want to label kids.

Ms. Threadgill stated there are a large number of DYS kids that have had DCF involvement.

A member of the public agreed that using the 80% statistic would be better than the statistic mentioned earlier in the report about the number of ACEs youth in the juvenile justice system have experienced.

Ms. Lowenstein stated even if the kids are not pushed into the juvenile justice system due to trauma, they are not doing well in school. They become invisible to us. We need to focus on behaviors through the trauma experiences lens. She stated there are state decision points that push youth towards the juvenile justice system and get arrested. They are disappearing at some point. We need to understand trauma and behaviors from an early age, and we want to make sure we don't ignore a child's trauma just because a child is not acting out.

Ms. Mossaides said this really speaks to the local educational level. She stated creating standards for state agencies is one thing, but there are over 400 independent school districts that operate differently, and their local response varies.

Dr. Sparling stated she was struck by Ms. Dunne's comments about youth who escalate in programs and attack other youth or staff. If this was an area of focus, trainings could be developed for staff on this particular issue.

Ms. Mossaides said this is something that is of focus within the Restraint and Seclusion Task Force. A lot of children who are being restrained are on the Autism Spectrum. We need to come

up with an understanding and baseline by population so we can make sure we are not retraumatizing children from the use of interventions.

Ms. Brody agreed and stated a lot of times staff do not want to call the police because they recognize the child is acting out due to trauma. However, for their own protection, youth get banned, refused, and declined from many programs. She also recognized that staff become traumatized from these events. We need to recognize this on a system wide basis.

Ms. Mossaides agreed we need a program redesign for this population.

Ms. Dunne agreed with the point about schools on how having over 400 schools makes it more difficult but necessary to create standards within the education system.

A member of the public stated he runs the center for trauma-informed schools, and there are a lot of cases as to why we cannot treat trauma within schools, but there is nothing about how we can treat trauma within schools. When kids are referred to trauma services outside of the school, they are only likely to use the services to 3.9 times out of 10. If they are not receiving services within schools, then children are not getting the help. We need to add this to Finding Five and state it has to happen within the schools.

Ms. Threadgill moved on to discuss Finding Five: **There is not a consistent statewide approach to identifying and responding to children who have experienced trauma, and there is disagreement amongst professionals about the best ways to do both.**

Ms. Threadgill stated there are a lot of disagreements in the field and this finding shows that there are inconsistencies.

Ms. Lowenstein stated all children who are removed from their home should be screened for trauma. She also said that in this finding we are saying there is not a consistent or right approach, but she feels it's our job to point them in the right direction.

Ms. Threadgill reminded everyone this is an interim report and if there are things we haven't fully fleshed out yet as a group, we need to mention that we are still in the process of thinking about this. We can say that there are certain populations that we know are experiencing trauma and we can offer them services without screening.

A member of the public commented on the word "disagreement" and suggested changing it to "wide-range."

Ms. Dunne suggested saying there are a lot of different approaches and the CTTF is still trying to figure out which is best.

Ms. Threadgill suggested saying something on how we have seen different methods and approaches, but we have not formulated as to what is the right direction to move into. She agreed to soften language.

Ms. Lowenstein suggested moving the last two paragraphs of this finding to the beginning of finding five. Then, we can move into talking about how we are in the process of finding the best approach. She also suggested adding a sentence saying it's incredibly important to share this information because there are so many child serving agencies and we want to make sure there is a state-wide understanding.

A member of the public said rather than getting into the debate about using universal screenings in school or not, we need to emphasize that there needs to be resources and trained staff within the school to respond to children with trauma. Ideally, this would be part of a bigger package where everyone in the school would be trauma-informed and responsive.

Ms. Threadgill agreed to add a paragraph or two about schools. She stated the report can incorporate information the CTTF learned during the Spring presentations.

Mr. Singletary stated we need to look into the school system as a whole as they are a hub for children. He recognized that teachers have also experienced trauma and we are asking a lot from them. We need to create space for a conversation to dive deeper into this topic.

Bob commented school funding comes from property taxes. He said we need to figure out and mandate how to use healthcare dollars for mental health resources within schools as public school systems do not have enough money for these services.

Ms. Sherwood stated there are certain Medicaid funds for mental health services that are given to the general fund for each town, but it doesn't create an actual incentive for the schools to implement services as they do not receive the money directly. There are also space, political, and cultural challenges and legislature cannot entirely make it happen themselves as there are so many schools districts. We cannot underestimate the challenges that schools face.

Representative Dykema suggested adding a recommendation stating we need to focus more on the challenges of funding and lack of services and the importance of schools in terms of addressing trauma.

Ms. Threadgill agreed to add a recommendation to the legislature to add more school representatives to the task force so we can hear their opinions and experiences.

Dr. Sparling stated we need to find a consistent process and statewide approach, but it will be limited based on the needs and ages of the kids.

Ms. Mossaides stated we need a framework across agencies. There isn't a sense that there are specific domains each agency needs to focus on. We do not have a shared framework and it's missing in many areas.

Ms. Threadgill said she will work on restructuring each of the Findings and reorganize the way in which they are presented.

### *Recommendations*

Ms. Threadgill reviewed Recommendation One: **Massachusetts should develop and adopt Guidelines for Trauma-Informed and Responsive Practice.**

Ms. Dunne suggested using a stronger word than "guidelines."

The task force agreed on using the word "framework."

Ms. Threadgill reviewed Recommendation Two: **Massachusetts should provide support for child-serving organizations seeking to adopt the TIR Practice guidelines.**

Ms. Threadgill will incorporate the piece about ongoing support not one-and-done support.

Ms. Dunne suggested adding something about an ongoing feedback loop and how to incorporate new brain science as it is discovered and improved.

Ms. Threadgill agreed.

Ms. Mossaides proposed that it will either be the task force, the OCA, or another appropriate entity that will focus on this.

A member of the public wondered if there needs to be some way to find other tools or models that can show trauma responsive trainings that can be added to the guidelines or framework. Something that the state could support.

Ms. Threadgill agreed and thought about how we can provide sector specific support and guidelines.

Ms. Dunne suggested adding something about next steps about researching best practices.

Mr. Singletary suggested adding an explicit bullet point about assessment.

Ms. Threadgill agreed with adding something about organizational assessment.

A member of the public also agreed but stated organizational assessment needs money for support.

Ms. Dunne asked if we should add a statement about secondary trauma which impacts how staff can perform trauma-informed responses and practices.

Mr. Singletary suggested adding this to the workforce development section.

Ms. Threadgill agreed and stated she will add a third recommendation about focusing on the roles of schools and wanting to bring more school voices to the table.

**Closing Comments:**

Ms. Threadgill discussed the next steps of the CTTF and the legislative report. She asked if anyone wanted to add anything to the parking lot issues.

Ms. Dunne suggested adding gender-based programming and how we need to be more specific about the needs of LGBTQ youth.

A member of the public suggested talking about incorporating trainings on implicit bias. She stated we need to help school districts understand that piece and have a strong understanding that implicit bias does impact the decisions made.

Ms. Threadgill agreed that implicit bias is important to add. She will see where this fits best.

Ms. Threadgill asked everyone to let her know if they have any edits to the Appendix sections. She stated that the changes today were bigger than anticipated and as a result, the task force has a few options. The first option would be to make the changes and then review and approve at the December meeting. Another option would be to make a good faith attempt to finish the report and then rely on telling the Legislature that the task force will not finish the report on time.

Members agreed to having Ms. Threadgill make the changes and then review and hopefully approve at the next meeting.

Ms. Threadgill will send the updated report to group by November 22nd, 2019. She asked for everyone to send her edits through email before the next meeting.

The next meeting will be held on December 3rd, 2019.

**Adjournment:** 11:43am