

Approved by CTTF 10.22.19

Office of the Child Advocate
Childhood Trauma Task Force Meeting Minutes
Tuesday, October 1st, 2019
10:00am-12:00pm

Task Force Members or Designees Present:

Yvonne Sparling (DYS)
Kathryn Cohen (Children's League)
Stacy Cabral (DESE)
Sharon Hasrouni (Probation)
Michelle Botus (DMH)
Representative Carolyn Dykema (House)
Yves Singletary (DMH)

Other Attendees:

Members of the Public

OCA Staff:

Melissa Threadgill (OCA)
Melissa Williams (OCA)
Lindsay Morgia (OCA)
Alicia Raphalian (OCA)
Karen Marcarelli (OCA)

Meeting Commenced: 10:08am

Welcome and Introductions:

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

Ms. Threadgill reviewed the agenda.

Discussion on Creating Guidelines for Trauma-Informed and Responsive Practice in Massachusetts

Ms. Threadgill provided a brief overview of the development plans for creating guidelines on trauma-informed and responsive practice in Massachusetts. The development plan is broken down into a three-step plan:

1. Step One (Big Picture)

- a. Develop short and accessible “guidelines document” that describes
 - i. Principles of Trauma Informed and Responsive Care (Conceptual/Theory)
 - ii. Domains for Trauma Informed and Responsive Care (Implementation/In practice)
- b. Document intended to be accessible/relevant across multiple sectors
 - i. Idea is for this document to include terminology that is widely understood across sectors.

2. Step Two (Sector Specific)

- a. Develop online sector-specific resource guides
 - i. Link to sector-specific resource guides already in existence
 - ii. Supplement with specific examples/resources as needed
 - iii. Implementation/organizational assessment checklists based on guidelines

3. Step Three (Implementation and Distribution)

- a. Develop and implement dissemination strategy

Step One: Guidelines Document

Ms. Threadgill began the discussion on the development plans, starting with step one. She turned over the presentation to Ms. Morgia, the Policy and Research Analyst for the Office of the Child Advocate, to speak about the current methodology, purpose, and sections for completing step-one.

Methodology

Ms. Morgia explained that the Office of the Child Advocate has gathered around sixty documents from various sectors outlining their definition and understanding of trauma-informed and responsive practices. The OCA then used qualitative analysis software to pull out the definition of specific terms to find commonality across sectors.

Purpose

Ms. Morgia explained that the purpose of the guidelines document will be to articulate 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. The purpose is based on SAMHSA (2014) and will be adapted for use across sectors.

Defining Trauma

Ms. Morgia defined the term “trauma” for the purpose of the guidelines to ensure that all sectors were starting on the same page with the same definition. Per previous agreement of the CTF, the definition of trauma that will be used throughout the guidelines is from SAMHSA:

*“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, emotional, or spiritual well-being” (SAMHSA 2014).*

The guidelines document will include the above definition along with three summary comments.

1. When a child experiences a traumatic event, it can have a negative effect on the child’s behavior and cognitive functioning.
2. Common behaviors associated with trauma include problems with memory, attention, and emotional regulation.
3. It is important to remember that no two children will react to the same traumatic event in the same way.

Ms. Morgia and Ms. Threadgill asked the task force for their thoughts regarding the “defining trauma” section.

Representative Dykema commented that the singular traumatic event is highlighted in this definition. Her thoughts are to also think about and include complex trauma as trauma is not only caused by one specific event.

Ms. Botus asked if there is a way to capture different social factors that affect trauma such as racial trauma, etc.

Ms. Morgia stated that when SAMHSA created this definition, it was more as an umbrella definition instead of encompassing all the different types and forms of trauma. She suggested that the guidelines document could include a glossary of different types of factors that could potentially result in trauma.

Ms. Threadgill stated that another option would be to create more bullet points to extend the definition.

Mr. Singletary suggested adding information about coping skills and resiliency factors.

A member of the public suggested talking about the commonality of trauma.

Ms. Threadgill stated that the guidelines could include information explaining that trauma can appear in many forms, can be affected by different social factors, and is not uncommon.

Mr. Singletary suggested adding the phrase “typical adolescent development” instead of “behavior and cognitive function” to point out that trauma impacts development.

Ms. Threadgill commented that the guidelines need to be understood across sectors and many sectors first recognize trauma based on a child’s behavioral issues.

Ms. Botus stated the guidelines should be inclusive of all age ranges and that a child’s experiences should include zero to five-year-olds as they also experience trauma/emotional experiences.

Ms. Morgia asked if it would be helpful to breakdown “defining trauma” by age?

A member of the public explained that breaking it down by age ranges would limit the point that no two children exhibit symptoms of trauma in the same way.

Another member of the public suggested changing the wording to “children’s neurological, cognitive, and behavioral development.”

Representative Dykema recognized that using the term “development” is more of a therapeutic term and is only used across certain sectors.

Ms. Botus suggested taking out the word behavior and use the word response.

Dr. Sparling suggested using the following suggestion : “When a child experiences a traumatic event, it can interfere with the child’s development, which may result in changes in the child’s behavior or cognitive functioning.”

The task force along with members of the public agreed with Dr. Sparling’s suggestion.

Trauma-Informed and Responsive Adults

Ms. Morgia and Ms. Threadgill asked the task force for their thoughts regarding the “Trauma-Informed and Responsive Adults” section. The section language includes the following statements:

1. Any adult who interacts with a child can be trauma-informed and responsive (TIR) by doing the following:
 - a. Recognizing behaviors that may be signs of trauma.
 - b. Realizing that these behaviors are the child's way of communicating emotions and coping with the effects of trauma.
 - c. Responding to these behaviors by teaching children healthy ways of expressing feelings and coping with stressful situations, as well as seeking additional professional help when appropriate.
 - d. Interacting with children in ways that avoid re-traumatization.
2. Trauma-informed and responsive adults also know that all children, including those with trauma histories, have strengths, capabilities, and talents that should be nurtured throughout their lives.

Dr. Sparling suggested having a bullet that explains a child's strengths and avoiding re-traumatization.

Ms. Botus stated that the last bullet about trauma-informed and responsive adults is really powerful and suggested moving it to the top and having it be the first thing stated.

It was noted that the phrase "any adult" includes parents as well and not just a professional in a child setting.

Mr. Singletary suggested including the responsibility of trauma-informed and responsive adults to train/educate other adults and the importance of building empathy.

A member of the public suggested adding in a line that explains and captures the adult's response to recognizing trauma. This person recommended including what a trauma informed adult will do after recognizing trauma and state that individual responses will depend on their agency/sector.

Ms. Threadgill asked the task force how they feel about using the term "behavior" in this section.

Representative Dykema stated that when talking about systems and making systems trauma-informed, the system first needs to provide the resources so the individuals within the system

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have something they can do about what they recognize and not get frustrated that they can't do anything next.

A member from the public working within the education sector commented that within Safe and Supportive Schools, there is already a definition of what adults would do; they use ARC. The education system adapted ARC and applied it to a school setting and suggested that it could also be adapted across other sectors.

Representative Dykema asked what ARC stood for. The response was that ARC stood for "Attachment, Regulation, and Competence."

Ms. Threadgill asked the task force for their comments and thoughts on this.

Ms. Botus stated that it's hard to respond to that statement without further research.

A task force member stated that the document needs to recognize that not all adults who work with children will have the same amount of time and access to children as others. Not all intervention strategies can be implemented across sectors but it's important to be trauma informed. They commented on the difference in amounts of exposure between police officers and teachers. With that in mind, recognition and response is key for all groups.

Ms. Threadgill stated that we are looking at adults with a wide range of interactions with children and stated that the guidelines could make the distinction between adults that have short vs long-term interactions with children .

Principle One: Safety

Ms. Morgia and Ms. Threadgill reviewed "Principle One: Safety" and stated that the principles are more theoretical and conceptual. She stated that the principles should merge into the six domains of trauma-informed and responsive practice which will be discussed later on in the guidelines. They asked the task force for their thoughts.

When discussing the physical safety aspect, one member of the public stated that they personally believe it should be more about preventing adults' abuse of power and coercion and not necessarily preventing physical injuries such as an accidental fall. This person suggested adding in language about creating relationships between adults and children that are not coercive, abusive, and exploitive.

Ms. Morgia stated that in this case, physical safety was referring and focusing more on physical injuries s but the coercion and exploitation factors could be added as well.

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Ms. Botus agreed with adding coercion and abuse of power to the bullet point on physical safety.

Ms. Threadgill stated that they will add the aspects of bullying, coercion, and abuse of power to the bullet point.

Another member of the public commented that physical safety is more about the person and not just the physical space.

When discussing emotional safety, Mr. Singletary stated that part of creating a safe space is managing when a child already doesn't feel like they are not emotionally safe. He mentioned that we don't want to create the false idea that a child will never face emotional injuries.

Dr. Sparling commented on the "freely express their ideas" phrase within the emotional safety bullet point stating that this is difficult within the DYS setting as some youth's ideas are sometimes gang related.

Ms. Botus commented that each bullet point references "child" and the document should encompass children and youth of all ages

Ms. Threadgill said that it will be made clear in the beginning of the document that we are referring to children of all ages.

Ms. Threadgill asked if the task force would like to take out the first sentence of emotional safety as it doesn't fit for all children.

Ms. Botus stated that even though we are all serving children and families, each agency has their own agenda and goals. She said that the task force should work on how to make this broad enough to cover each agency's purpose.

A member from the public who works within the education system stated that they don't think the first sentence should be removed as it is a powerful sentence within the school environment

Ms. Morgia suggested taking out the word punishment.

Ms. Botus stated that the first sentence of emotional safety is really important, but it can be addressed within a different section such as principle three.

Ms. Threadgill summarized the changes that will be made to this section including adding the element of abuse of power and coercion, eliminate the first sentence of emotional safety and move to the concept to principle three, and revisit the meaning of physical safety.

Principle Two: Trustworthiness and Transparency

Ms. Threadgill and Ms. Morgia asked the task force for their thoughts on principle two. Some comments included:

1. At times, communication with parents and family will break a child's trust. This is especially true for DCF and DYS involved youth.
2. Confidentiality is so critical. The phrase "within the bounds of confidentiality" should be added to this section.
3. Sometimes the principle of safety will prevail the principle of transparency.
4. Distinguish the difference about what can be kept confidential and what needs to be disclosed depending on any applicable legal mandates.
5. Be more explicit as to how responding in a timely manner relates to trust.
6. Relationships are a huge buffer for trauma and this section should read that if adults did this, it would help children.

Principle Three: Empowerment, Voice, and Choice

Ms. Threadgill and Ms. Morgia asked the task force for their thoughts on principle three.

Ms. Cabral commented on bullet three and suggested adding in a phrase about providing restorative responses, as empowerment is not just about choices. It is more about the approach

It was mentioned that when including youth in the decision-making process, it is important to make sure their choices enhance their physical and emotional safety.

Ms. Botus commented that the first bullet point provides no action and Ms. Morgia stated that it's meant to set the stage for the principle.

The topic of advancing a child's resiliency was discussed and Ms. Morgia stated that the term "resiliency" is often used in conjunction with the term "bounce back" which could have negative unintended implications. She suggested that instead of using the term "resiliency," the document could include information on supporting and helping develop a child's healthy coping skills.

Principle Four: Peer Support

Ms. Threadgill and Ms. Morgia asked the task force for their thoughts on principle four.

A member of the public commented that they see peer support more as a practice instead of a principle.

Ms. Botus stated that peer support can be retraumatizing for the person providing support. She also stated that it's important to recognize that the peer will need support as well and that peer supports should not be isolated. All mentors need to be supported and there needs to be policies and practices around supporting peer support mentors

Ms. Threadgill asked if the task force wanted to say anything about coping strategies?

One change noted was that the first bullet should be "trauma survivors 'can be' a vital support..."

A member of the public stated that children and families can use peer support, but it should be not a principle of forcing them to engage in peer supports.

Ms. Threadgill stated that this principle is also more appropriate for those who have longer interactions with children.

Principle Five: Combatting Discrimination and Promoting Racial, Gender, and Cultural Responsivity

Ms. Threadgill and Ms. Morgia asked the task force for their thoughts on principle five. A summary of the comments can be found below.

1. The first bullet point should include poverty, socioeconomic class, religion, and able-bodiedness.
2. Bullet point four should be the foundation of principle five. It should be the second bullet point.
3. The last bullet point should include families and not just agencies and organizational leaders.
4. Language about creating a space for these types of conversations to exist.

Annual Legislative Report: Process, Timeline and Outline

Ms. Threadgill discussed the CTF statute requirements to report annually to the Legislature on findings and recommendations.

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Ms. Threadgill explained that the CTTF will need more time to develop a more substantial report with recommendations which she hopes could be completed by Summer 2020. For now, the CTTF will produce an initial/interim report. The proposed outline includes:

1. A description of the CTTF work thus far.
 - a. Meeting Presentations
 - b. Survey Results
2. Initial findings based on the survey.
3. Recommendations
 - a. Development of the Trauma-Informed and Responsive Care Guidelines
 - b. CTTF's next steps/areas of focus for year 2

During the October 22nd, 2019 meeting, the plan will be to review the detailed outline of the report and provide feedback. During the November 7th, 2019 meeting, the plan will be to review the draft report and provide further feedback. The task force will review the final report during the December meeting.

Ms. Threadgill asked the task force if they would like to keep the November 7th meeting, recognizing that the meeting dates are close together as scheduling has been difficult to find a date that everyone can attend. The task force agreed to keep the November 7th meeting.

Closing Comments:

Ms. Threadgill explained that next steps for the Childhood Trauma Task Force. The OCA will continue working on step two (online resource guides) and step three (dissemination plan) for review and discussion at future meetings. The OCA will also incorporate the edits from today's discussion.

The next meeting will be on October 22nd, 2019 with the following meeting on November 7th, 2019. The October 22nd meeting will include a presentation/discussion with Laurie Leitch, continued discussion on trauma-informed guidelines, and a review of the annual report outline.

Ms. Threadgill held a formal vote on the approval of the July 23rd, 2019 Childhood Trauma Task Force meeting minutes. The July meeting minutes were approved.

Adjournment: 11:52am