

Childhood Trauma Task Force

September 13, 2021

1pm-3pm

Agenda

- Approval of July 2021 Meeting Minutes
- Updates and Discussion of Work Plan for Remainder of 2021
- Trauma screening in child welfare settings
 - OCA presentation
 - Dr. Jason Lang, Child Health and Development Institute (CHDI) of Connecticut

Updates

- Center on Child Wellness & Trauma Progress
 - Stakeholder Interviews (57 to date)
 - Hiring (Numerous postings)
 - Website
 - Launch

- JJPAD COVID Report

CTTF 2021 Work Plan Update

Where We've Been....

- Trauma Screening Fundamentals
- Trauma Screening in Schools
- Trauma Screening in Pediatrics
- Integration of Positive Childhood Experiences

Where We're Going...

- Trauma Screening in Child Welfare (Sept)
- Trauma Screening in First Responder & Juvenile Justice Settings (Oct)

2021 Work Plan Update

- OCA Recommendation for Next Steps
 - Publish interim report in December 2021
 - Fulfills statutory mandate for annual report
 - Document lay of the land:
 - Current practices in MA and elsewhere
 - Pros/cons of various approaches
 - Key considerations & cautions
 - Hold off on recommendations at this point
 - Review initial draft in November, finalize in December

2021 Work Plan Update

- OCA Recommendation for Next Steps
 - Winter/Spring 2022
 - Using report as springboard, collect feedback from a larger audience
 - Discuss potential recommendations
 - Publish final report with recommendations ~ Summer 2022

Screening in Child Welfare

- Child welfare is a sector with high prevalence of traumatized children
- Benefits of screening for trauma in child welfare:
 - Referral to services specific to trauma symptoms and/or experiences of child
 - Inform case practice
 - Help family understand & function better (to avoid out-of-home placement)
 - Facilitate more stable and appropriate placements (and thus avoid multiple placements)
 - Collect data to inform service needs and request funding for child welfare agency & community providers

Screening Young Children

Screening young children for trauma in child welfare settings is a special consideration because:

1. Young children are disproportionately represented in the child welfare system. In MA:
 - Children under 6 represent 37% of children (0-17) in an out-of-home placement
 - Children 0-2 represent 20% of children (0-17) in out-of-home placements
2. Children under the age of three are particularly vulnerable because the caregiver-child attachment relationship is critical to their development and future wellbeing

But identifying trauma in young/preverbal children is challenging – only a couple PTSD screening tools have been validated for this population

Current Practice in MA re: Screening

- DCF does not have a policy of universal trauma screening at intake
- DCF refers some children that appear to be needing trauma supports to providers who then screen/assess child and refers them for trauma-based treatments

Louisiana Child Welfare Trauma Project (LCTP)

*Children's Bureau/NCTSN Grant (2013-2017) Tulane University
and Louisiana DCFS*

Developed Trauma
& Behavioral Health
(TBH) screen

- Traumatic events + trauma-related symptoms

Implemented TBH
in CW agency

- Trained 600+ DCFS case workers on use of TBH within 30 days of intake + repeat every 6 mths
- Integrated training & use of TBH in DCFS policy

Expanded
treatment capacity
in community

- Documented poor availability of EBTs for trauma
- Initial training for 335 clinicians on CBT for Youth PTSD (Basic & Advanced Training)

Trauma & Behavioral Health (TBH)

Developed own screening tool to fit the 7 following criteria (specifically for CW):

1. Cover a wide range of traumatic events (not just maltreatment)
2. Cover PTSD symptoms
3. Cover symptoms of co-morbid items (e.g. depression, anxiety, oppositional defiant disorder)
4. Be brief (i.e. contain 30-40 items)
5. Be self-administered by youth and/or caregiver for the most economical use of time and resources, greater completion, and avoid bias of caseworker
6. Apply to infants through adolescents to minimize the burden of conducting this screen
7. Be free

LCTP Lessons Learned

- **Commitment of DCFS leadership** crucial for success (including allocating staff to facilitate implementation)
- **Training:**
 - Has to be short and repeated (some of the highest caseload in the nation + high staff turnover)
 - Brought to the caseworker to avoid time loss
- **Importance of collecting data:**
 - TBH Screen data to track change over time for youth
 - Evaluating caseworker use of screen & implementation throughout DCFS (CQI)
 - Disseminate results to stakeholders for increased buy-in

LCTP Implementation Challenges

- Goal was universal screening at intake; reality was:
 - 50% of newly opened cases received TBH screening
 - 29% had repeat screening
- Limited availability of evidence-based trauma treatments throughout the state

Project Broadcast, North Carolina

Children's Bureau/NCTSN Grant (2012-2016) Center for Child & Family Health (CCFH) and NC Division of Social Services (NCDSS)

Developed a trauma screener

- 2 versions: children under 5 and older youth
- Brief; asks about traumatic experiences and potential symptoms

Training

- Provided on use of screener
- Developed a *Companion Guide for the Project Broadcast Trauma Screening Tool*

Trauma-informed Practices

- Focus on Secondary Traumatic Stress of caseworkers
- CCFH continues to train clinicians, offer EBTs, and update roster of available MH providers

Companion Guide for the Project Broadcast Trauma Screening Tool

- Comprehensive, accessible guide for caseworkers to:
 - Understand childhood trauma
 - Purpose and use of screening tool
 - Guidance for next steps and informing case practice
 - Understanding trauma triggers
 - Communication with family and child-serving professionals involved with child (esp. therapist)
 - Implementation FAQ

Project Broadcast Successes & Limitations

- More than 22,000 children screened
- North Carolina is “county administered, state supervised” and has over 100 counties
 - Only 9 counties were part of Project Broadcast
 - Since 2016, increased to some level of training/consultation for 32 counties
- Screening tool not part of state CW agency policy – up to local agencies

Screening for Trauma in Child Welfare in Connecticut

Dr. Jason Lang

Child Health and Development
Institute of Connecticut

Next Meeting

(All meetings are virtual; Teams information is in each calendar invitation. Contact Kristine.Polizzano@mass.gov for more information on how to join meetings)

Monday, October 4th
1:00-3:00pm

Contact

Melissa Threadgill

Director of Juvenile Justice Initiatives

Melissa.Threadgill@mass.gov