Trauma-Informed Child-Serving Systems

In recent years, research, training, and information have helped build awareness about the impact of trauma on the lives of children. This awareness has resulted in a new understanding about the importance of addressing existing trauma exposure and preventing re-traumatization. The leadership in federal, state, and local child-serving systems, including child welfare, mental health, juvenile justice, education, primary care, Medicaid, and others, has recognized the urgency of changing the fundamental question from "What's wrong with you?" to "What happened to you?" The challenge then becomes to ensure this paradigm shift permeates all levels of child-serving systems and is disseminated to all individuals who touch the lives of children, from the policymaker at the state level to the receptionist in the local provider agency.

Importance of Creating Trauma-Informed Child-Serving Systems

We now know the majority of children and youth in child-serving systems have experienced some trauma in their lives. In fact, trauma is intertwined with many of the difficulties that bring young people to the attention of these systems. Trauma is not confined to an event; its aftermath shapes children's identity and significantly affects how they see the world and how they function in their daily lives. Consequently, for child-serving systems to effectively help children and families, it is essential that all staff and providers understand the impact of trauma and realize that unless their services and practices are trauma informed, staff might re-traumatize the children and youth they are trying to help. A genuine understanding of the far-reaching effects of trauma will shape the practices within and between child-serving systems, for requirements for screening for trauma and assessing its impact, educating staff and leadership, and training in evidence-based treatments. This understanding entails a cultural shift that emphasizes physical and emotional safety, choice, collaboration, empowerment, and trustworthiness. Part of the cultural shift includes greater collaboration and coordination among service providers for children and youth involved in multiple systems.[1]

Partnership, Leadership, and Workforce Development

Federal and state agencies and local organizations increasingly understand that becoming trauma informed requires strong partnerships and collaboration. Traumatic events may be isolated, but the resulting physiological and psychological consequences are not. An

appropriate response to trauma transcends the typical boundaries of agencies. For example, a youth who comes to the child welfare system because of sexual abuse may also struggle with mental health and physical health needs. In addition, the traumatic experience may negatively affect that youth's school functioning. Systems that work in isolation or silos are ineffective: we do not function in separate systems but are holistic beings, and services and treatments must be coordinated across systems to have lasting impact.

At the federal level, leaders in the U.S. Department of Health and Human Services' Administration for Children, Youth and Families (ACYF), the Substance Abuse and Mental Health Services Administration, and the Centers for Medicare and Medicaid Services have partnered to provide guidance and resources to state directors in child welfare, mental health, and Medicaid to address complex trauma and improve the social and emotional well-being of children in child-serving systems.[2] The leaders' 2013 guidance letter encourages the use of trauma-focused screening, functional assessments, and evidence-based practices in child-serving settings for the purpose of improving child well-being. The partnerships developed at the federal level are ongoing and continue to provide needed resources at the state and local levels.[3]

Many states have created cross-system workgroups or committees that include families, youth, and young adults to ensure trauma-informed policies are infused in all child-serving systems. Some of these cross-system groups are Learning Collaboratives and Learning Communities, which afford a methodology for providing training, implementation, and program dissemination. These collaborative models bring together individuals from different organizations in a range of roles to "work with each other and recognized experts to accelerate the spread of a best practice,"[4] for example, by building capacity for clinicians to be trained and certified in evidence-based treatments. In addition, Learning Collaboratives focus on continuous quality improvement through careful measurement of progress and monitoring of fidelity to treatment guidelines.

Even if states do not have existing workgroups or statewide initiatives, local communities can mobilize efforts to build capacity by bringing together providers, administrators, youth, and families to serve on local planning and implementation teams. For example, in Richmond, Virginia, the Trauma Informed Community Network comprises leaders from the state and local levels across systems, practitioners, and families. These partners have come together to develop a more trauma-informed system through building awareness, training, research, technical assistance, and recommendations for policy change. In local communities across Indiana, "Change Teams" are being formed, which include representatives from the child-serving systems, providers, families, and young adults, to examine policies and practices to ensure a more trauma-informed system. These groups have recognized that although training is very important, it is not enough. Policies need to be developed and implemented to create effective and sustainable trauma-informed systems

Policy Development and Implementation

Effective policy development requires continued dialog among federal, state, and local authorities. As indicated above, guidance has been generated at the federal level to highlight the importance of understanding the impact of trauma and the need to develop and implement trauma-informed policies and practices. Policy development and implementation is a complex process at the state level because every state has unique governmental structures requiring flexibility to adapt and implement policies with sensitivity to local structures, culture, and needs. Recognizing this complexity helps explain why system change is so difficult. Adopting a trauma-informed philosophy requires a systemic paradigm shift that begins with understanding that trauma is pervasive and needs to be addressed in every system. It is equally important to understand that policy development is an iterative process and requires input from individuals at all levels as well as representatives from populations for whom the policies are designed. Lack of alignment between the policymakers and the individuals implementing the policy leads to poorly informed decisions and negative outcomes. The examples below illustrate policy decisions at the federal and state levels that promote trauma-informed practices.

- At the federal level, Medicaid requires that all beneficiaries receive Early Periodic Screening, Diagnosis, and Treatment (EPSDT), which ensures physical and behavioral health conditions are screened for at regular intervals in accordance with the schedule created by the American Academy of Pediatrics. Although EPSDT is a federal law, it is managed differently across the states, and implementation procedures are developed individually. For example, South Carolina revised billing codes to allow pediatricians to bill for trauma screenings as part of the EPSDT benefit package.[5] This example of policies for universal screening and assessment for trauma illustrates how policy decisions involve all levels of government.
- An example of policy change at the state level is the 2013 redesign of the juvenile justice system in Georgia. House Bill 242 was passed in response to the state's reliance on expensive and restrictive residential settings for individuals detained to the Georgia Department of Juvenile Justice. The juvenile justice reform bill provides recommendations for the institutional settings to focus only on serious offenders and to promote greater efforts to institute evidence-based treatments and practices in the community.[6] These crucial policy changes will result in significant cost savings, but more important, will reduce recidivism and enhance functioning of the youth committed to the system.
- In Vermont, a bill was introduced in the House Chamber in March 2014 to address childhood trauma. Bill H.762 is the first bill in any state in the nation that calls for integrating screening for adverse childhood experiences in health services and for integrating the science of adverse childhood experiences into medical and health school curricula and continuing education.

- ACYF Children's Bureau is an example of a federal agency promoting trauma-informed care with particular emphasis on the child welfare system. As a federal agency, ACYF Children's Bureau administers grants to state and local authorities to promote trauma-informed care by implementing universal screening and evidence-based treatments. As the federal agency, ACYF Children's Bureau provides oversight but allows the grantees to develop policies within the state or local structure. At the conclusion of these grants, a toolkit will be developed to help other states create trauma-informed child welfare systems. The implementation of this federal mandate is a good illustration of how national policy takes shape at the state and local levels.

Conclusion

Trauma is pervasive among children in our child-serving systems. As a society, we have a responsibility to help children and families who have experienced trauma and promote their social, emotional, and physical well-being. Even though each child-serving system may approach trauma differently, it is imperative that all systems become trauma informed, improve outcomes, and avoid re-traumatizing the children they serve. To be truly trauma-informed, the different government agencies must collaborate and work in partnership with one another as well as with local organizations and families to design and implement policies that are appropriate and culturally sensitive.

References

[1] http://www.nctsnet.org/nctsn_assets/pdfs/Service_Systems_Brief_v1_v1.pdf

[2] More information on this guidance including resources can be found at http://medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-13-07-11.pdf

[3] To hear a conversation among the federal partners, a playback of the April 17, 2014, webinar, "National Perspectives and Federal Resources: Trauma Informed Care in Child Serving Systems," can be found at http://gucchdtacenter.georgetown.edu/webinars.html

[4] Ebert, L., Amaya-Jackson, L., Markiewicz, J.M., Kisiel, C., & Fairbank, J.A. (2012). Use of the Breakthrough Series Collaborative To Support Broad and Sustained Use of Evidence-Based Trauma Treatment for Children in Community Practice Settings. *Administration and Policy in Mental Health, 39*, 187–199.

[5] https://www.scdhhs.gov/press-release/epsdt-pediatric-screening-tools

[6] http://www.pewstates.org/uploadedFiles/PCS/Content-Level_Pages/Reports/Georgia%202013%20Juvenile%20Justice%20Reform%20Summary%20Brief_July2013.pdf