

Changing the Intergenerational Pathways of Trauma

Trauma Informed Mental Health Assessments

Map the Change

Barbara Jessing, MS, LIMHP, LMFT

Carrie Strovers, JD



Project Harmony

One of seven Child Advocacy Centers in Nebraska.

- Serves Eastern Nebraska and 16 counties in Southwest Iowa
- Co-location of 200+ professionals:
 - Department of Health and Human Services
 - Omaha Police Department CVSA Unit
 - Lutheran Family Services
 - Child Saving Institute
 - Nebraska Children and Families Foundation

Mission:

To protect and support children, collaborate with professionals, and engage the community to end child abuse and neglect.



One Child. One Voice. One Vision. **Be Someone.**

Impact from Infancy

- Founded October 1, 2014
- Early childhood experts
- Support case professionals
- Implement best practices at the beginning of the case
- Eligibility:
- Family with a child birth to five that has been removed from the parental home pursuant to an abuse/neglect filing in Douglas County Juvenile Court.



One Child. One Voice. One Vision. **Be Someone.**

Multidisciplinary Team

- Infant mental health therapists
- Schools
- CASA
- County Attorney
- Department of Health and Human Services
- Nebraska Families Collaborative
- Medical
- Adoption specialists
- Foster Care Review Office
- Home visitors/VNA
- Triage Center
- Domestic Violence advocates



One Child. One Voice. One Vision. **Be Someone.**

Trauma Informed Child Welfare Practice

- Adopt a trauma sensitive, relational approach to carrying out early childhood and child welfare services
- Recognize adult manifestations of past and continuing trauma including triggering situations
- Balance accountability with support
- Connect parents to trauma-informed resources (which should be embedded in mental health, substance abuse, parent education and other treatment services)
 - What does a good trauma evaluation look like for a parent?



One Child. One Voice. One Vision. **Be Someone.**



Adverse Childhood Experiences pass from one generation to the next....

Until They Don't

Exception or Rule?

- Studies of intergenerational transmission consistently show that only about ONE THIRD of those who experience early maltreatment will proceed to maltreat the next generation of children.....
- TWO THIRDS do not!

What Parent Factors Predict Good Outcomes in Child Welfare?

- Parent accepts responsibility for maltreatment
- Parent acknowledges connection between their substance use and mental health conditions
- Parent places needs of child first
- Parent shows willingness to try; capacity to change
- Parent willing to work constructively with professional team
- Parent makes use of available and offered resources



Child Advocacy Center

- Charles Zeanah, Zero to Three Presentation, December 2017

One Child. One Voice. One Vision. **Be Someone.**

Does a parent arrive at our door with all of these qualities?

What experiences can move a parent toward these qualities?

What style and actions on our part are more likely to result in engagement?

THE TRUTH ABOUT ACEs

WHAT ARE THEY?

ACEs are
ADVERSE
CHILDHOOD
EXPERIENCES

The three types of ACEs include

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse

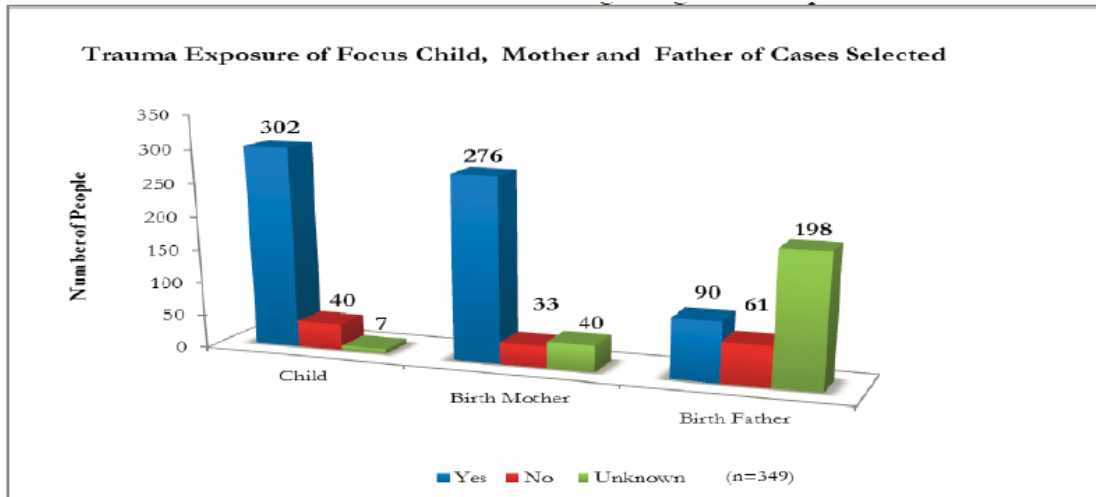


Divorce

Reasons Children Enter Out of Home Care Attributable to Parents – Excerpted

<i>Reason</i>	<i>Percent of Cases</i>
• Parent Drug Use:	52%
• Domestic Violence:	22%
• Parent Alcohol Use:	17%
• Parental Incarceration	18%
• Parent Mental Health Diagnosis	16%

“Trauma Exposure Among Select Wisconsin Families 2008-2010”



“THE BLIND SPOT” How Trauma Can Affect Parenting

Difficulty regulating emotions

Difficulty with concentration, attention, and decision making

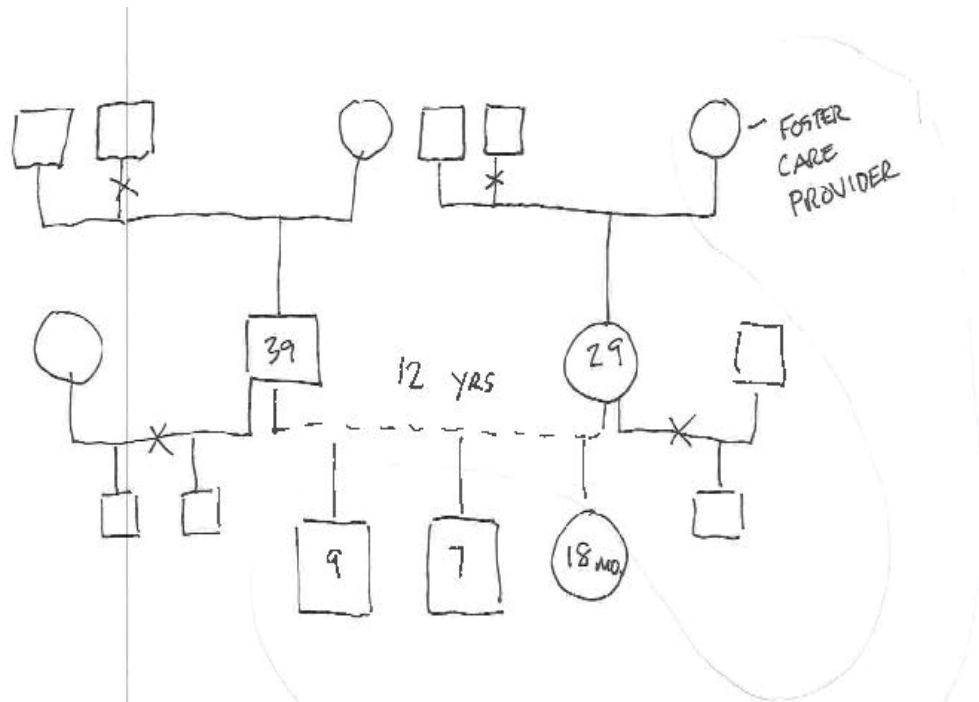
Maladaptive coping such as substance abuse can impair judgment

Difficulty making and keeping close supportive relationships

Difficulty in accurately assessing danger or safety

We Can't Change Parent ACE Score...

- But we can intervene to help parents protect children from ACE exposure
- And we can build resiliency in parents



Introduction of Story

Comprehensive Trauma Assessment is the Map

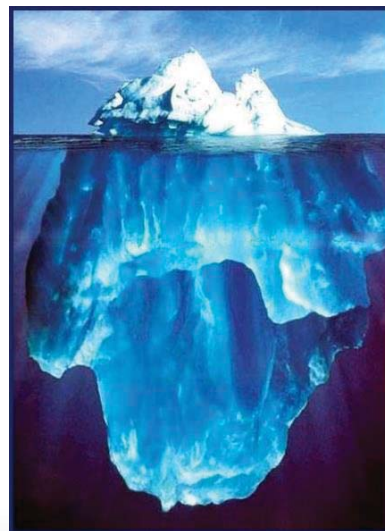
Engagement Starts Here



One Child. One Voice. One Vision. **Be Someone.**

Problematic Issues in Parent Assessment -- Your Experience?

- Fragmented assessments
- Often based on incomplete information; missing key collateral information
- Unfocused – what is the question that needs to be answered
- Conflicting recommendations
- Can't find qualified professionals
- Lack of Consensus on what a trauma assessment is and who can perform one
- Few mental health practitioners are cross trained in trauma, addictions, mental health, and family therapy



One Child. One Voice. One Vision. **Be Someone.**

How is Trauma Assessment Different than Trauma Screening?

Do You Use Any Form of Trauma Screening in Your Work?

- Trauma Screening refers to a tool or process that is a brief, focused inquiry to determine whether an individual has experienced one or more traumatic events, has reactions to such events, has specific mental or behavioral health needs, and/or needs a referral for a comprehensive trauma-informed mental health assessment.
 - Screening is a “wide-net” process
 - It may be a formal instrument, or a guided set of questions.
- Plan ahead. What might you need to do when you learn the results

Examples

- Adult Trauma Screening
 - Adverse Childhood Experiences Questionnaire
 - Trauma History Questionnaire
 - Child Welfare Trauma Referral Tool
 - Screenings typically designed for general professional use
- Adult Trauma Assessment
 - Trauma Symptom Inventory (TSI)
 - Clinician-Administered PTSD Scale for DSM-5 (CAPS-5)
 - PTSD Checklist for DSM-5 (PCL-5)
- Assessments typically require professional mental health credential

What is a Trauma-Informed Mental Health Assessment?

- A structured framework for
 - (1) gathering information across key domains of functioning
 - (2) identifying and addressing the needs of persons exposed to traumatic events
 - (3) coding and summarizing this information, so that it can be communicated to families and other providers.



One Child. One Voice. One Vision. **Be Someone.**

WHY?

- To gain an in depth understanding of the nature, timing, and severity of traumatic events, effects of events, current trauma symptoms and functional impairments
- To facilitate understanding of ALL dynamics in the parent's functioning –
 - Trauma
 - Substance Use
 - Mental Health Symptoms
 - Victim or Perpetrator of Violence; current and/or historic
- To inform case conceptualization
- To inform treatment planning
- To monitor progress toward successful outcome

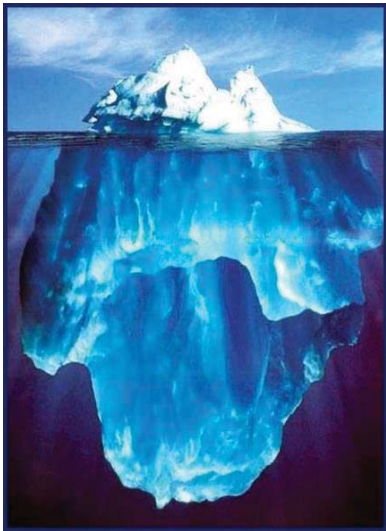


One Child. One Voice. One Vision. **Be Someone.**

Who is Qualified to Conduct a Trauma Assessment?

- EVERY Mental Health Practitioner should have the basic competencies to assess for trauma
- ANY mental health practitioner who sees high risk populations should have the basic competencies for trauma assessment and treatment
 - Professional Education and Training in trauma specific assessment and treatment, including clinical interview and use of standardized instruments
 - Knowledgeable about current and best practices in trauma assessment and treatment
 - Trained in relevant evidence based practices for trauma treatment
 - Cross Training in Family Violence, Substance Abuse, Mental Health, and Trauma
- Some individuals with more complex trauma and severe symptoms may need more specialized trauma assessment
 - Therapist with advanced trauma specific training and experience
 - Dually Licensed Therapist (Substance Abuse and Mental Health)
 - Psychologist
 - Neuropsychologist
 - Psychiatrist

Elements of a Trauma-Informed Mental Health Assessment



- Clinical Interview
 - Presenting Problem – 360 degree view
 - Psychosocial History; family dynamics; adverse childhood experiences; current parenting
 - Mental Health history and Symptoms
 - Substance Use history and symptoms
 - Trauma exposure and symptom
- Standardized Measures
 - Mental Health, Trauma, Substance Abuse tools
 - Psychological Testing when indicated
- Behavioral Observation
- Collateral Information -- Expect and explore discrepancies

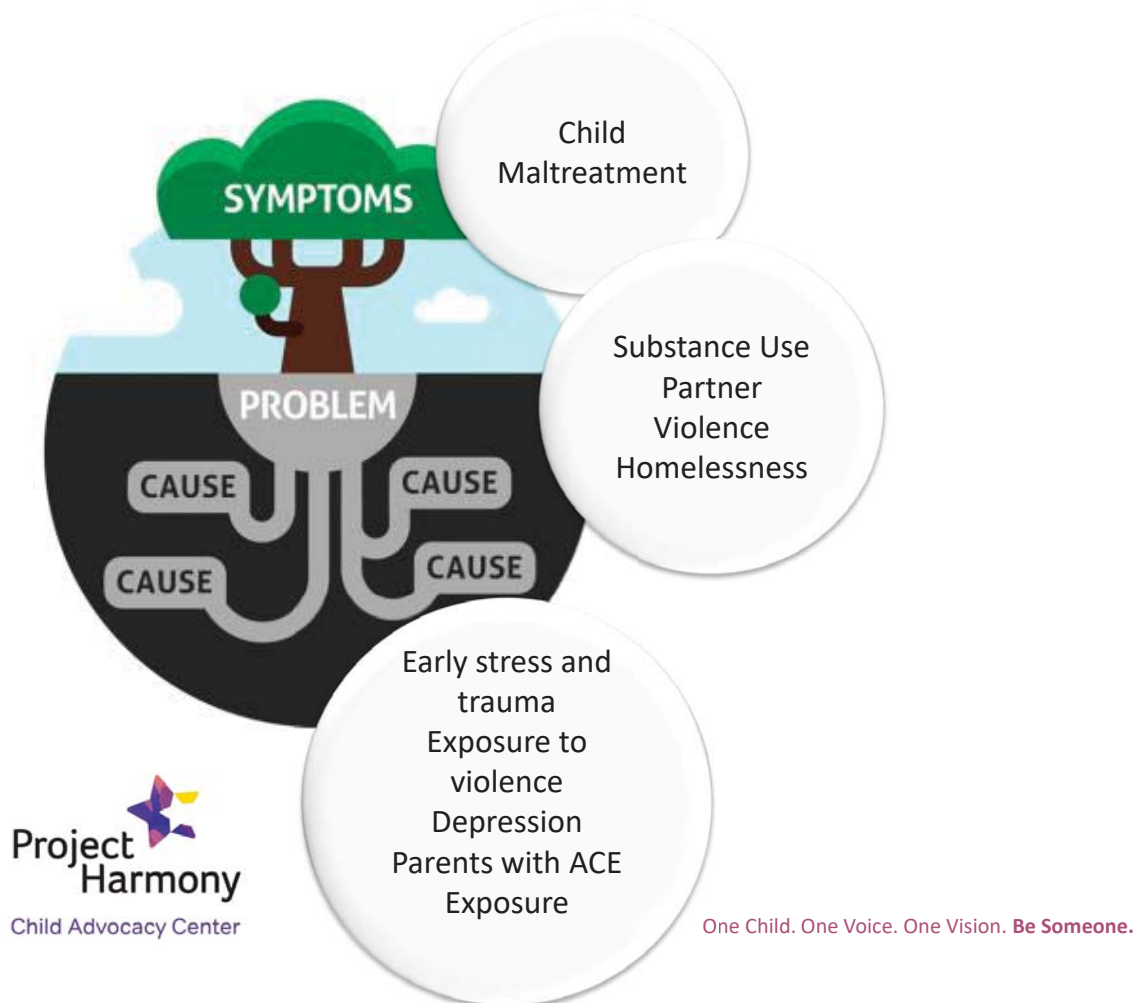
Features of a Trauma Assessment

- Includes a detailed history
- Creates a time line: when in development did events occur and what developmental progression was affected?
- Assesses for a wide range of EXPOSURE to traumatic events
- Assesses for a wide range of SYMPTOMS of trauma
- Explores LINKS between traumatic events, attempts to cope, and current functioning
- Identifies triggering situations – some are visible and obvious; others are out of awareness
- Conveys a 360 degree view
- Indicates how symptoms affect functioning?
- Utilizes a variety of assessment techniques
- Synthesizes, Analyzes, and Offers Recommendations

Back to Our Story....

- Their early family experiences
 - Alcoholic parent with a mean streak
 - Parental Divorce
 - Secrecy about bio fathers
 - Violent early assault
 - Early neglect
 - Health crisis – asthma
 - School failure
 - Social withdrawal, ADD, depression
 - Early sexual activity
- Their life together as parents
 - Close but conflictual, dependent relationship
 - Meth and alcohol use
 - Incarceration (drug related)
 - Depression/postpartum
 - Grief and loss of early caregivers
 - Rocky employment history
 - Chronic stress
 - Child in psychiatric crisis
 - Housing instability
 - Episodes of violence between them

If it were you,
where would
you start?



Referral Question

- Why am I referring this parent at this time for the decision in focus?
 - What do I need in the case at this time?
 - What decisions will it inform?
 - What specific questions do I need this assessment to answer?
- Where does the court system need help?

To Focus the Assessment, Ask “The Horizon Question”

- Picture your child as grown and successful. What does success look like to you?
- How might your child, when grown, describe you as their parent?



One Child. One Voice. One Vision. **Be Someone.**

How Can We Help You Chart a Path to that Goal?

- What might the obstacles be?
- Who can you ask for help?



One Child. One Voice. One Vision. **Be Someone.**

How Will the Assessment and Recommended Treatment Help Us Get Here?

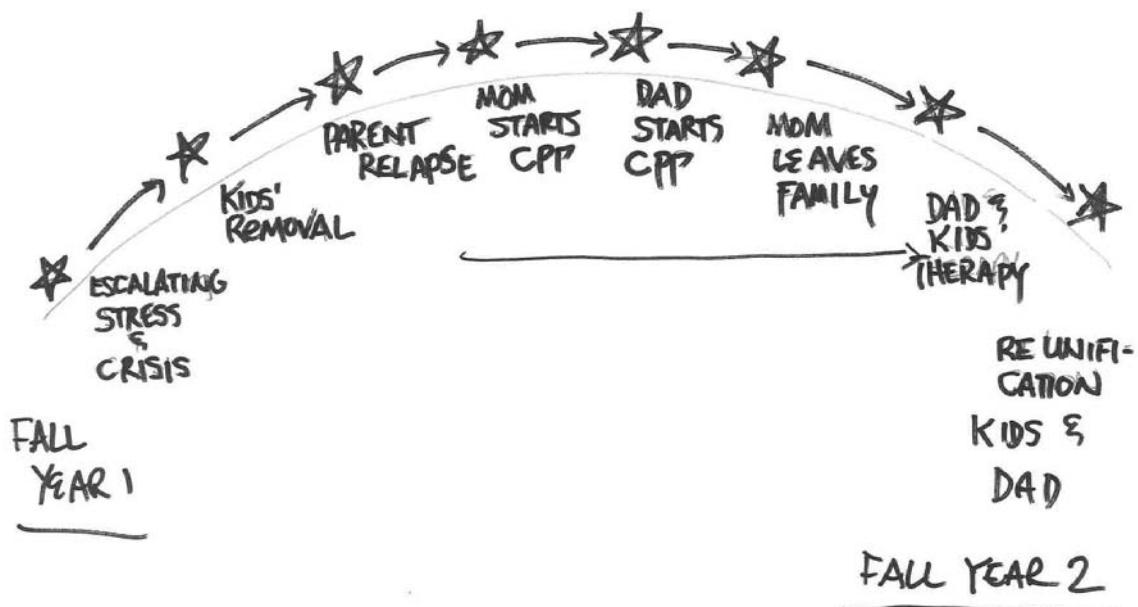
- Parent accepts responsibility for maltreatment
- Parent acknowledges connection between their substance use and mental health conditions
- Parent places needs of child first
- Parent shows willingness to try; capacity to change
- Parent willing to work constructively with professional team
- Parent makes use of available and offered resources

- Charles Zeanah, Zero to Three Presentation, December 2017



One Child. One Voice. One Vision. **Be Someone.**

FAMILY TIME LINE



Motivational Approaches and Engagement with Parents



One Child. One Voice. One Vision. **Be Someone.**



<https://www.changecompanies.net/blogs/tipsntopics/>



One Child. One Voice. One Vision. **Be Someone.**

Prognosis?

- Prognosis for Reunification is difficult to predict
- Power dynamics between Child Welfare System and parents need careful examination
- Key to trauma informed services is in RELATIONSHIP between family and service providers



One Child. One Voice. One Vision. **Be Someone.**



TIPPING Points



#1 Most Important Thing Which We Too Often Overlook

- THE HORIZON QUESTION
- What do you consider “success” in regard to the raising of your child?
- What kind of person do you hope they will be when they are grown?
- “What do you hope your child will say about you when he or she is grown, about the kind of parent you have been?”



#1 Most Important Thing Which We Too Often Overlook

- A conversation with the parent about the evaluation
 - What was it like for them
 - What questions they have
 - What you learned about them
 - Strengths as well as Problems
 - Hope and encouragement
 - Orchestrate Recommendations

ACE Module Added to “Nurturing Parent” Curriculum

“A father in county jail is ordered to take a parenting class, but isn’t too enthusiastic about it. As part of the class, he learns about the ACE Study, and does his own ACE score.

“Oh my god!” he announces to the class. “I have 7 ACEs.” His mother’s an alcoholic. His dad’s been in and out of jail. He himself started dealing drugs at age 11, and doing drugs at 14.

“I’ve got two kids at home experiencing the same things I did,” he says. The light bulb goes on”

- Jennifer Martin, The Family Center, Nashville, TN



One Child. One Voice. One Vision. **Be Someone.**

Motivational Strategies

- Invite
- Encourage
- Explain the Assessment – why it was recommended and what will occur
 - Demystify
- Elicit parent questions and concerns
- Horizon question
- Validate concerns and opinions
- Find areas of common ground as well as difference
- Consider language used
 - Cultural familiarity
 - Fluency
 - Reduce complexity of words and concepts
- For standardized instruments –depending on design – complete together as structured interview
- Watch for "AHA" Moments and turning points
- Near mistakes on professional part, and how to repair
- Provide a time and place to give feedback to the parent about the evaluation and to explain the recommendations



One Child. One Voice. One Vision. **Be Someone.**

When parents falter and need encouragement

- Many Court supervised treatment programs still require perfection in abstinence.
- Frame "flare-up" as treatment issue, and address skills and supports to prevent future relapse.
- Encourage timely response and potential adjustment of treatment plan/supports.
- Learning to take responsibility (individual and group) should be key component of treatment.

Application in Practice

Informing Case Planning

Integrated Assessments – Integrated Treatment

Look for the patterns and connections across treatment “silos”

- Substance Abuse
- Mental Health
- Trauma
- Domestic Violence

When parents get multiple service referrals, help them orchestrate

- Which steps to take first
- Providers who can address interaction of problems

ORCHESTRATE!



- Outline Sequence – step by step
- Be careful of overload
- Explain how this will benefit parent and children
- Address questions in supportive manner
- A study in San Jose, California showed that most reunifying parents had multiple problems, and were required to attend approximately 8 service events per week...” (Andrade and Chambers, 2012)

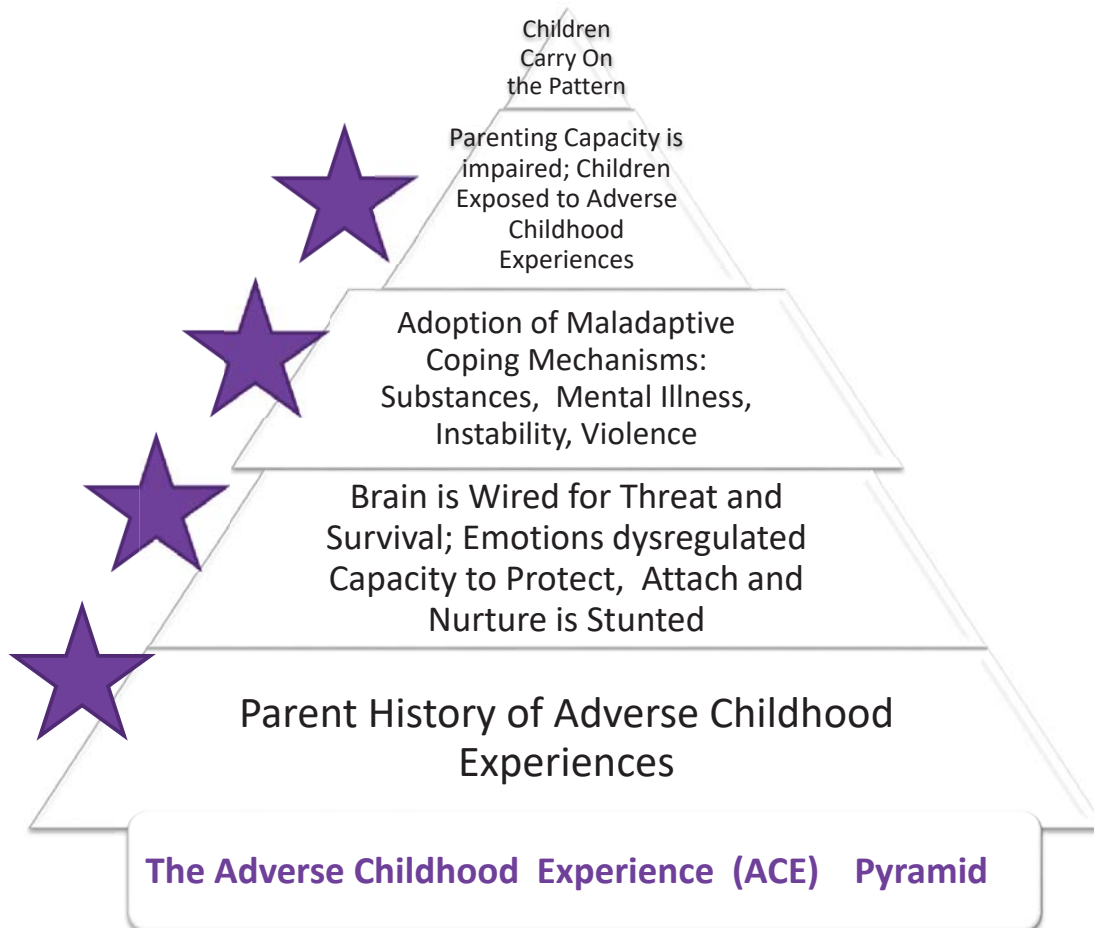
When It's Hard to Find a Qualified Professional

- What if One person could do all 4 types of evals? How might that be different?
- But if you can't... next best is
- For different professionals to be a team
- How do you pull them together
- In what order?
- Share information
- How do you make it happen?
- Clear Referral Question
- Family team meeting
- Case Planning
- ORCHESTRATE

- How to train your own home grown talent?? EG scholarships, trainings et
- INTEGRATED path forward for the family
- Small local resources and knowing about state initiatives



One Child. One Voice. One Vision. **Be Someone.**



Resources for Working with Traumatized Parents

- <https://acestoohigh.com/>
- <http://www.acesconnection.com/>
- <http://www.nctsn.org/resources/topics/child-welfare-system>
 - Birth Parents with Trauma Histories: Guides by profession
- [Helping Babies Grow: A Guide for Parents of Young Children Entering the Nebraska Child Welfare System.](#) (DVD) Contact the Nebraska Resource Project for Vulnerable Young Children
 - https://ccfl.unl.edu/projects_outreach/projects/current/nrp_vyc.php



One Child. One Voice. One Vision. **Be Someone.**

Resources

- [Adverse Childhood Experiences and Resilience Questionnaire](#)
 - <http://www.acesconnection.com/blog/got-your-ace-resilience-scores>
- [CHILD WELFARE TRAUMA REFERRAL TOOL](#)
 - https://www.nebraskababies.com/sites/default/files/downloadables/Child-Welfare-Trauma-Referral-Tool_2013.pdf
- Trauma History Questionnaire
 - <http://www.bharp.org/wp-content/uploads/2016/10/5-TRAUMA-HISTORY-Questionnaire.pdf>



One Child. One Voice. One Vision. **Be Someone.**