

**OJJDP Youth Violence Prevention
Unified Technical Assistance Program**

**Boosting Community Resilience and
Organizational Capacity to
Prevent and Address
Trauma-Related Violence**

Sponsored by
Development Services Group, Inc.



OJJDP Youth Violence Prevention Unified Technical Assistance Program

- The Youth Violence Prevention (YVP) Unified Technical Assistance (TA) Program focuses on helping communities to reduce and prevent youth violence.
- A major aim is to mitigate trauma to children and youth through provision of evidence-based and promising programs, practices, and strategies.
- DSG provides TA to three OJJDP programs—the National Forum on Youth Violence Prevention, the Defending Childhood Initiative, and the Community-Based Violence Prevention Program.



DSG's Work with the YVP Program

Our work through OJJDP's Youth Violence Prevention Programs—Defending Childhood Initiative, National Forum on Youth Violence Prevention, and the Community-Based Violence Prevention Program—aims to improve individual quality of life and safety, enhance local and state structures that support work with communities and cities, and elevate that work to a national audience.



YVP TA Program Mandate

- Align YVP efforts.
- Maximize limited resources.
- Leverage expertise across YVP initiatives.
- Strengthen partnerships.
- Ensure engagement of all stakeholders, especially youth, families, and communities.
- Provide TA to 39 grantees through various modalities.

Today's Webinar

This webinar is being presented by DSG's two partners in the YVP TA Program:

- Prevention Institute
- The National Center for Child Traumatic Stress (NCCTS), the coordinating site for the National Child Traumatic Stress Network



URBAN NETWORKS TO
INCREASE THRIVING YOUTH
UNITY
through Violence Prevention



Boosting Community Resilience and Organizational Capacity to Prevent/Address Trauma-Related Violence

May 20, 2015

About the Moderator



Annie Lyles, MSW

Program Manager
Prevention Institute

Agenda

- ◆ Technology Overview
- ◆ Welcome, Agenda Overview and Introductions
- ◆ Community Trauma: new study and implications
- ◆ National Child Traumatic Stress Network: hubs and lessons learned
- ◆ Evaluation and Adjourn

Learning Objectives

- ◆ Engage in a candid discussion around the evolution in our understanding of trauma and its impact on communities
- ◆ List strategies relevant for efforts focused preventing violence and trauma violence
- ◆ Identify tools and resources to support ongoing innovative partnerships and comprehensive effort to prevent trauma
- ◆ Articulate the need for understanding the impact of community-level trauma and the implications for prevention practice
- ◆ Differentiate between individual and community-oriented approaches to trauma and articulate the value of both

The Prevention Continuum

Up Front

In The Thick

Aftermath



Approaches that
take place

BEFORE

violence has
occurred to
prevent initial
perpetration or
victimization

Immediate
responses

AFTER

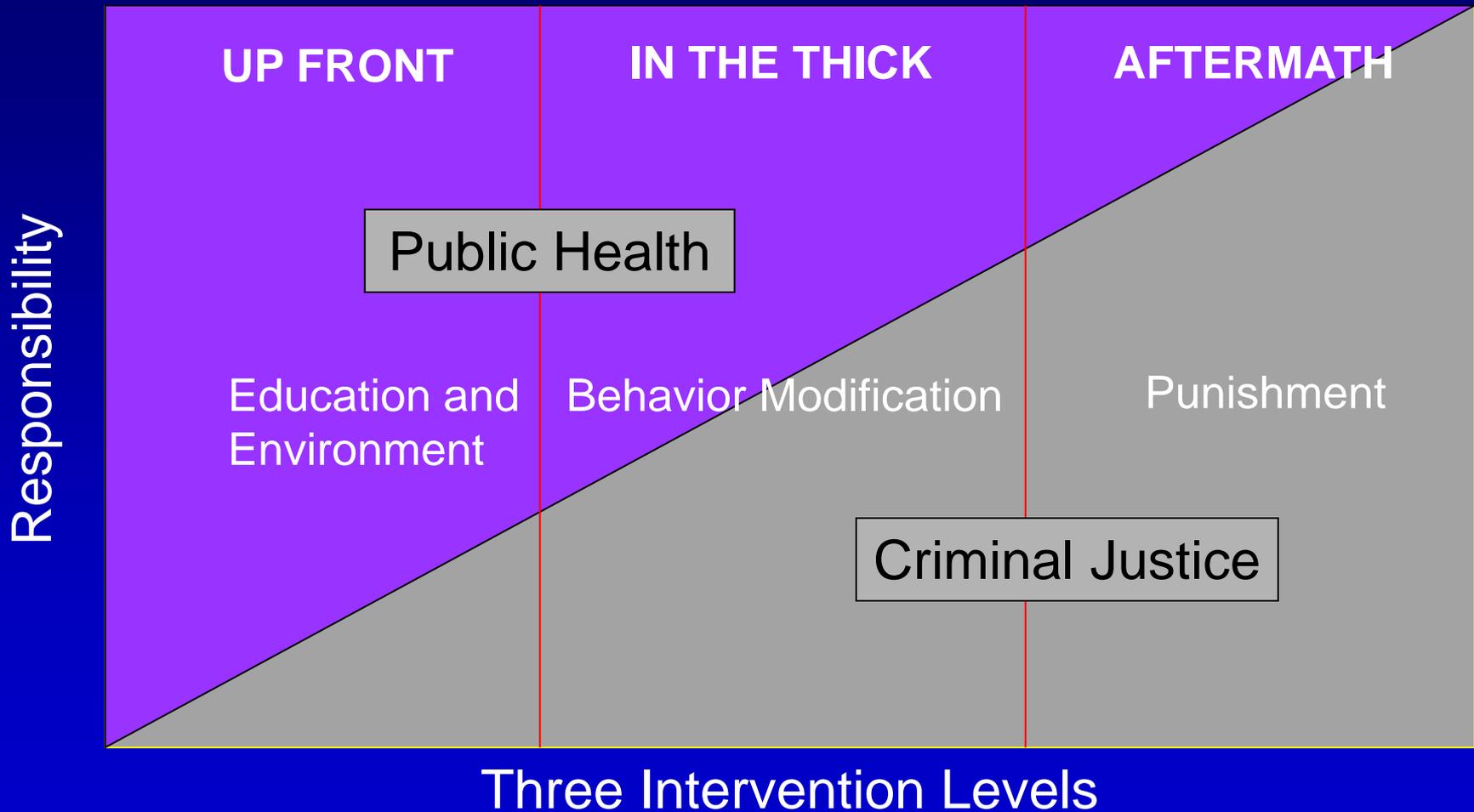
violence has
occurred to deal
with the
consequences in
the short-term

Long-term
responses

AFTER

violence to deal
with the lasting
consequences
and treatment
interventions

Public Health & Criminal Justice



Polling Question

Who is in the audience today?

- ◆ Education
- ◆ Justice
- ◆ Health
- ◆ Community
- ◆ Government
- ◆ Academia
- ◆ Other

Text Chat Question

**How are you
connected to this
topic?**

*When you start with needs, you
get programs....*

*When you start with strengths
you get possibilities.*

Lupe Serrano

casa de esperanza

About the Speakers



Howard Pinderhughes, Ph.D.
School of Nursing
University of California, San Francisco



Jane Halladay Goldman, Ph.D.
Director, Service Systems Program
National Center for Child Traumatic Stress

URBAN NETWORKS TO
INCREASE THRIVING YOUTH
UNITY
through Violence Prevention



Boosting community resilience and
organizational capacity to prevent/address
trauma-related violence

Howard Pinderhughes
UC San Francisco and Prevention Institute
May 20, 2015

This work is supported by a grant from Kaiser Permanente Community Benefits, Northern California



Thank You

Kaiser Permanente Northern California

Community Benefits Program for supporting this work

Prevention Institute and Dr. Howard Pinderhughes conducted a study to explore trauma at the population level, how it impacts other community health improvement efforts – including violence prevention, and emerging strategies.

Overarching Findings

- A. There is growing understanding about trauma, particularly its prevalence and impact. The predominant approach to dealing with trauma is screening and treatment, consistent with a medical model.

- B. Trauma manifests at the community-level. There are emerging practices to address trauma at the community level, yet there is not a framework for understanding and preventing it.

Findings

Trauma is often considered part of screening and treatment, consistent with a medical model.

1. Trauma is pervasive.
2. Trauma has a significant impact on development, health and well-being.
3. Trauma-informed care is becoming a standard of care in a growing number of places.
4. Concepts of poly-victimization and complex trauma are transforming the literature surrounding multiple exposures to violence and trauma, yet conceptualizations of trauma are still predominantly focused on the individual level.

Trauma Specific Approach Poll

Is your agency talking about adjusting policies and practices to be more trauma-informed?

- ◆ Yes, some changes have already been made.
- ◆ Yes, we are talking about it.
- ◆ No, we talked about it but haven't yet changed anything.
- ◆ No, we haven't discussed this.

What Is Trauma?

- ◆ Experiences or situations that are emotionally painful
- ◆ Chronic adversity (discrimination, racism, sexism, poverty, oppression)

PTSD Symptoms

- ◆ Re-experiencing the trauma
- ◆ Emotional numbing
- ◆ Avoidance
- ◆ Increased arousal





Synergistic Trauma

AKA Complex Post-Traumatic Stress Disorder

- ◆ A psychological injury that results from exposure to multiple sources of trauma.
- ◆ The combination of individual trauma from exposures to violence and the trauma from exposures to structural violence.

ROOT CAUSES = STRUCTURAL VIOLENCE

- ◆ Inequality
- ◆ Racism
- ◆ Sexism
- ◆ Poverty
- ◆ Oppression
- ◆ Power Dynamics
- ◆ Heterosexism



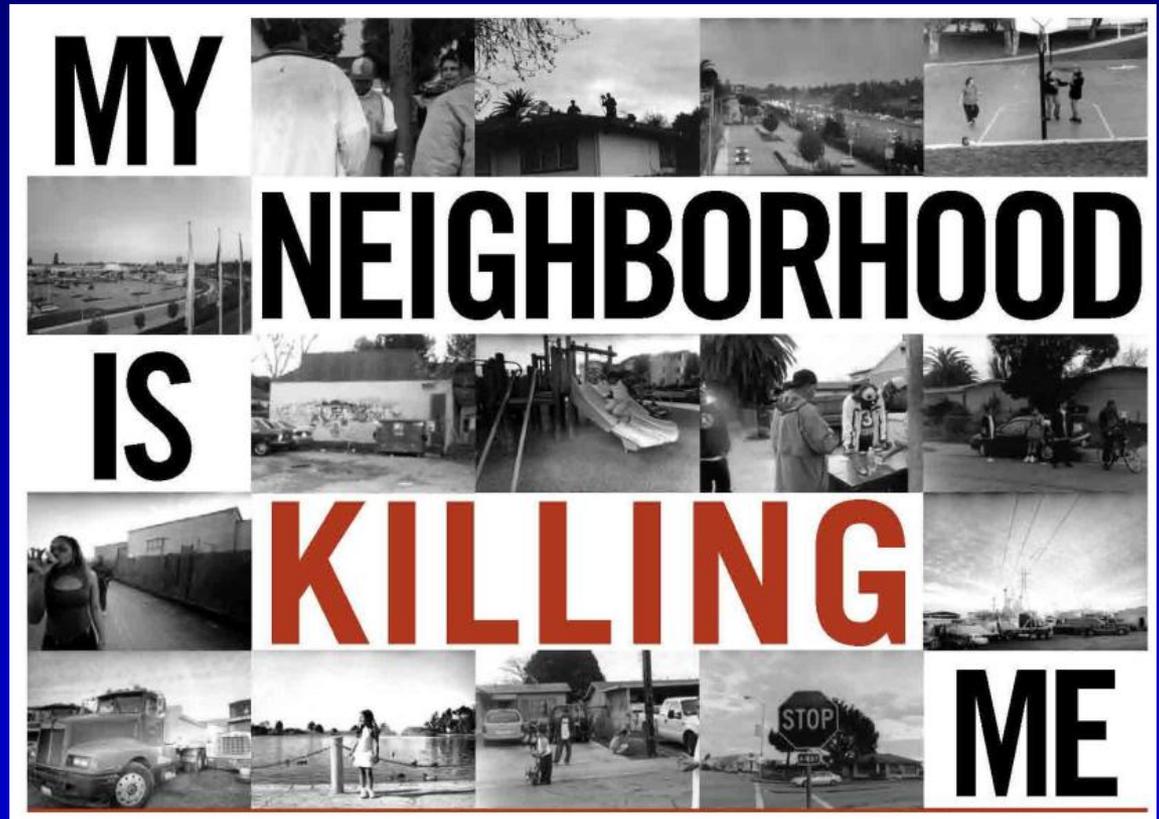
Trauma





Root Causes Shape...

- ◆ Systems
- ◆ Neighborhoods
- ◆ School
- ◆ Families
- ◆ Peers





Findings

Trauma manifests at the community-level. There are emerging practices to address trauma at the community level, yet there is not a framework for understanding and preventing it.

1. In high-violence neighborhoods, the idea that whole communities are traumatized is a widespread belief.
2. There is an understanding that trauma serves as a barrier to effective solutions for safety, health and well-being

“ In (inner city) African American communities – there is a high level of trauma from gun violence. In other areas of the city, not so much. Where I live, I hear gunshots from blocks away. That neighborhood is traumatized by the amount of violence that takes place there. ”

— Interviewee

Findings

Trauma manifests at the community-level. There are emerging practices to address trauma at the community level, yet there is not a framework for understanding and preventing it.

3. Despite the understanding of the widespread nature of trauma and an epidemic at the population level, the predominant focus at addressing trauma remains at the individual level

“ No epidemic has ever been resolved by paying attention to the treatment of the affected individual.”

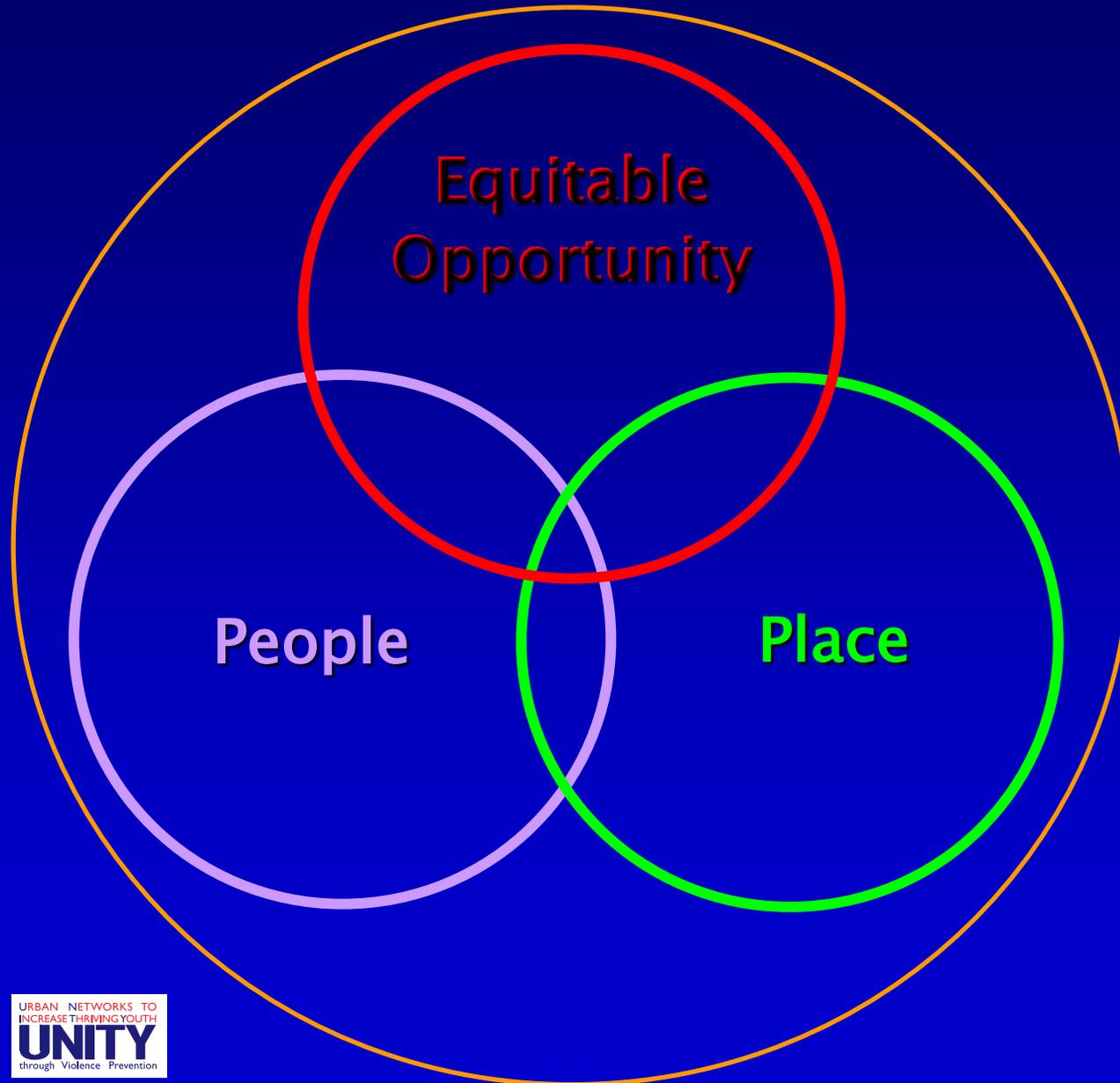
— George W. Albee

Findings

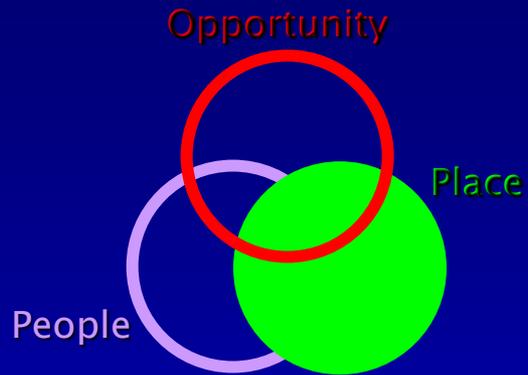
Trauma manifests at the community-level. There are emerging practices to address trauma at the community level, yet there is not a framework for understanding and preventing it.

- 4. Community trauma is not just the aggregate of individuals in a neighborhood who have experienced trauma from exposures to violence. There are manifestations, or symptoms, of community trauma.**

Community Environment



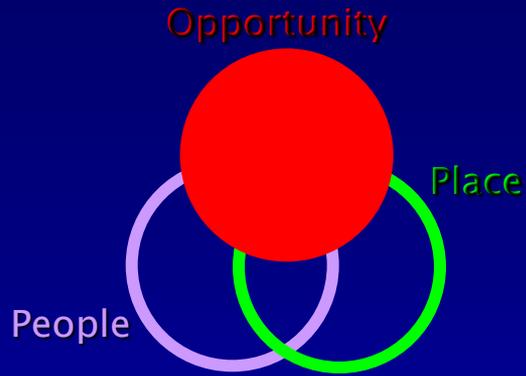
Physical/Built Environment



PLACE

Deteriorated environments and unhealthy, often dangerous public spaces with a crumbling built environment.

Economic/Educational Environment

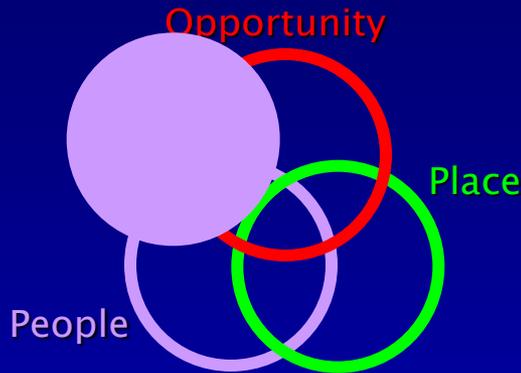


OPPORTUNITY

- **Intergenerational poverty**
- **Long term unemployment**
- **Relocation of businesses, corporations and jobs**
- **Limited employment opportunities**
- **Government and private disinvestment**

Social-Cultural Environment

PEOPLE



- **Damaged, fragmented or disrupted:**
 - **social relations** (esp. intergenerational)
 - **social networks and**
 - **infrastructure of social support**
- **Low sense of collective political and social efficacy**
- **Elevation of destructive social norms promoting violence and unhealthy behaviors over affirming, community oriented positive social norms**

Findings

Trauma manifests at the community-level. There are emerging practices to address trauma at the community level, yet there is not a framework for understanding and preventing it.

Such a framework would allow for an analysis of the full impact of community trauma and inform more comprehensive strategies to address and prevent it.

Toward a Resilience Framework to Address and Prevent Community-Level Trauma

Community Trauma is:

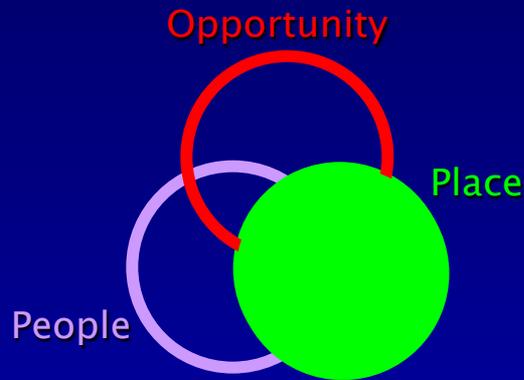
- Cumulative and synergistic impact of regular incidents of interpersonal violence,
- Historical and intergenerational violence, and
- Continual exposure to structural violence.

Toward a Resilience Framework to Address and Prevent Community-Level Trauma

Community resilience: the ability of a community to recover from and/or thrive despite the prevalence of adverse conditions.

In the context of community-level trauma, this means putting the conditions in place in which the community can heal from trauma and/or be protected against the impact of trauma.

Physical/Built Environment



PLACE

- Create safer public spaces through improvements in the built environment by addressing parks, housing quality and transportation
- Reclaim and improve public spaces

A Family Place Library

Chester, Pennsylvania



Stronghold Society

Pine Ridge Reservation



Text Chat Question

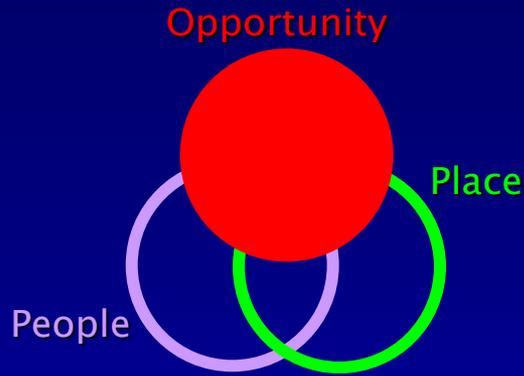
**What types of
community
resilience
strategies are you
using?**

Taking Back Public Spaces

New Orleans



Economic/Educational Environment



EQUITABLE OPPORTUNITY

- Restorative Justice
- Healing Circles
- Economic empowerment/ opportunity and workforce development
- Strategies to increase community wealth and resources that can resist the economic pressures that result in dislocation and gentrification

Re-thinkers

New Orleans



Culturally-Relevant Approaches to Mental Health

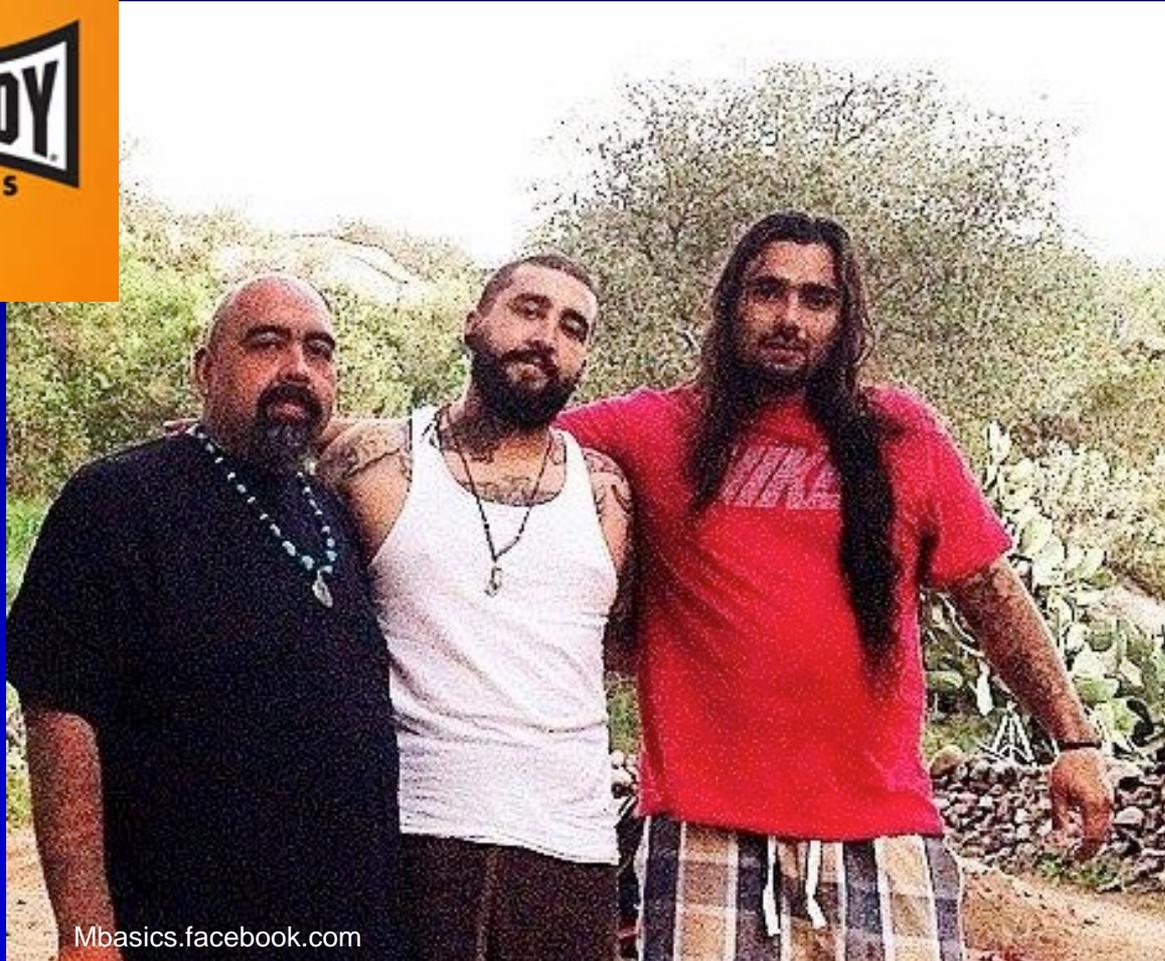


New York Times

Healing Ceremonies

Los Angeles

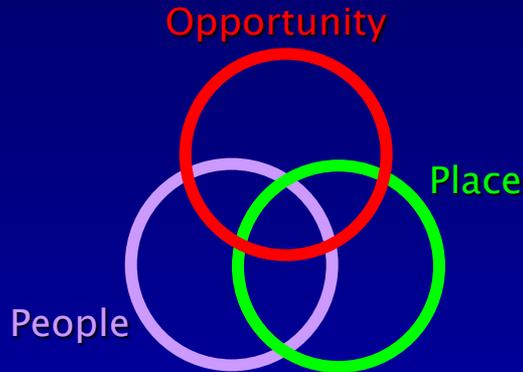
HOMEBOY
INDUSTRIES



Mbasics.facebook.com

Social-Cultural Environment

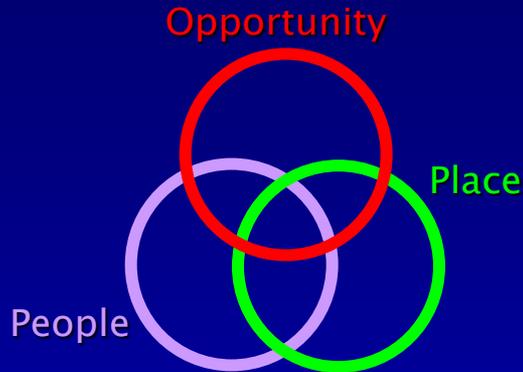
PEOPLE



- Rebuild and revitalize:
 - social relationships, esp. intergenerational
 - social networks
 - infrastructure of social support
- Strengthen and elevate social norms promoting: healthy behaviors, community connection and community orientation
- Establishing collaborations promoting these community level strategies while rebuilding community social networks

Social-Cultural Environment

PEOPLE



- Change the narrative about community and the people in it
- Shift community social norms
- Organize and promote regular positive community activity
- Provide a voice and element of power for community folks around shifting and changing environmental factors as well as the structural factors

Lakota Mental Health First Aid

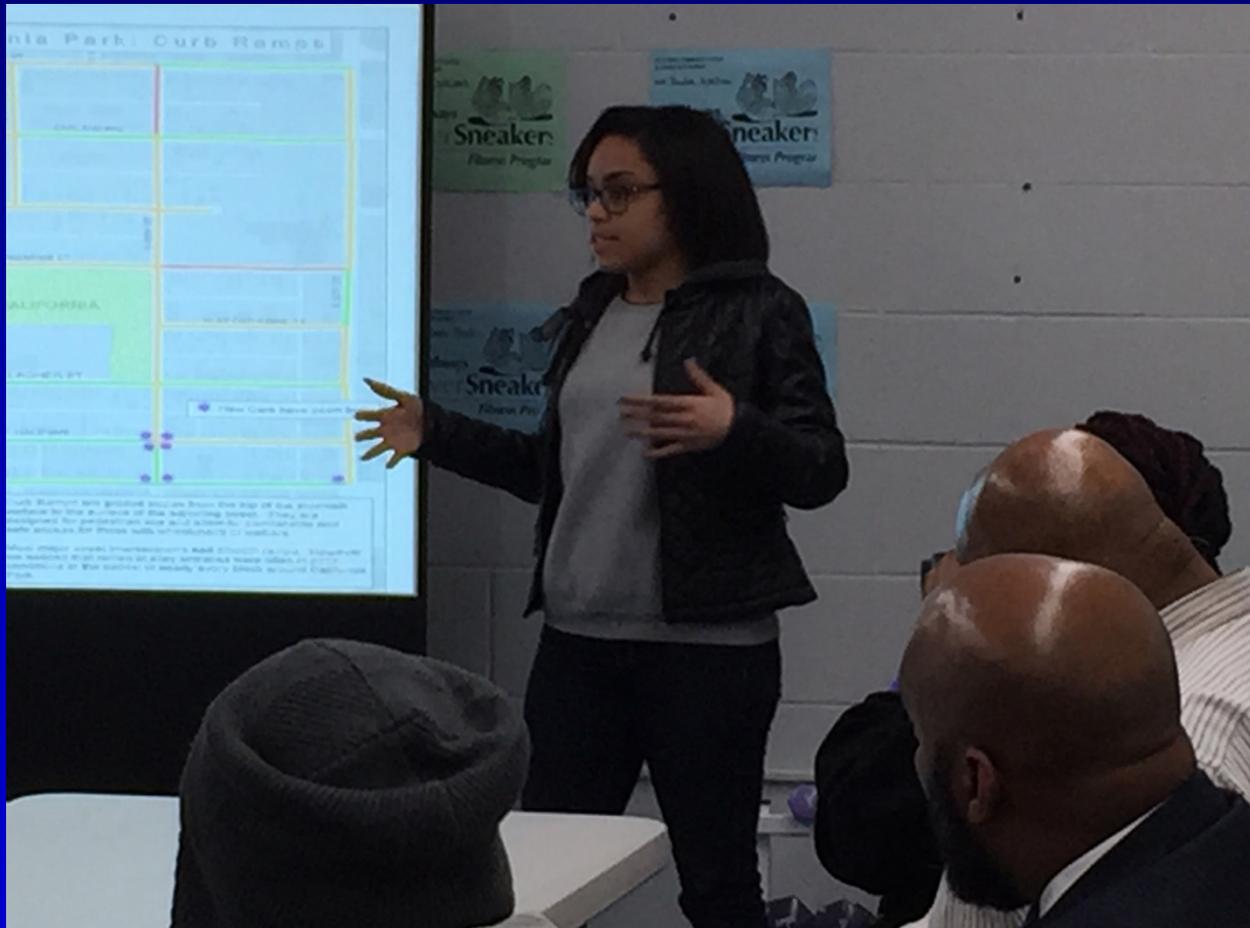
Rosebud, SD

- ◆ Wagluhtata Pi (Offering of Food & Tobacco)
- ◆ Wacante Ognaka (Compassion)
- ◆ Wokicunpte (Words of Sympathy)
- ◆ Wotakuye (Kinship – Addressing people as our relatives)
- ◆ Wokigna (Comfort)



Teens in Action

Louisville, KY



Get Lit

Los Angeles, CA



Community Connections

Oakland, CA



- ◆ The public health department led:
 - ◆ Community-strengthening efforts
 - ◆ Neighbor-to-neighbor bartering
 - ◆ Youth economic development programs
- ◆ More than 40% reduction in violent crime in the neighborhood

NOT
GUNS
Top
The
Madness

Enough
not
Guns

NO MORE GUNS

Enough
is
Enough

RE

Justice
for
All!

HOUSE OF STILES
1000 10th Ave S
Birmingham, AL 35206
205-924-4000

HOUSE OF STILES

HOUSE OF STILES

Other protesters in the background.

Connecting Neighbors



Long Beach, CA

WE LOVE LB CALENDAR 2015

Winter

Saturday, February 21, 2015

Citywide Breakfast

Join neighbors on your block for breakfast and some good times.

Spring

Saturday, April 11, 2015

Citywide Spring Clean

Team up with your block to co-host a Neighborhood yard sale, or block and yard beautification.

Summer

Saturday, June 20, 2015

Citywide Ice Cream Social

Enjoy the sizzling summer with neighbors and some yummy ice cream.

Fall

Saturday, October 24, 2015

Citywide Pumpkin Party

Gather your block with a pumpkin carving party and a delicious Fall potluck.

Mark Your Calendars for our Citywide Spring Clean Event.

WE
LB

info@welovelb.org



The National Child Traumatic Stress Network (NCTSN)

A young green plant with several leaves is being held in the cupped hands of a person. The background is a soft, out-of-focus natural setting. The text is overlaid on the image in red.

NCTSN Mission:

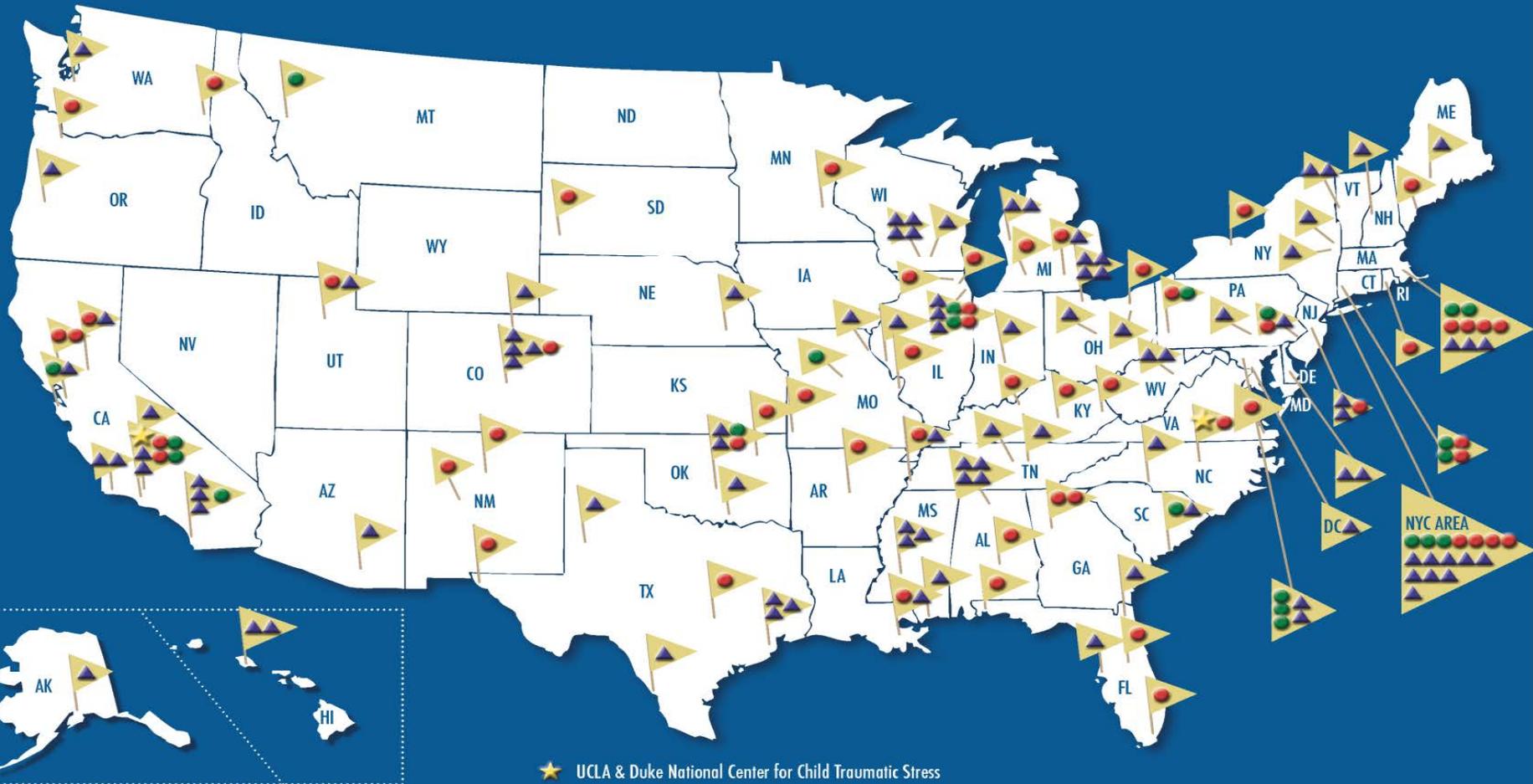
To raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States.

NSTSN: Changing the Course of Children's Lives by Changing the Course of their Care

- Traumatic events are common in the lives of America's children
- Child traumatic stress is one of our most under-recognized public health problems
- Child traumatic stress can derail a child's healthy development
- The effects of childhood trauma reach into adulthood
- Child traumatic stress is one of the most treatable mental health problems of childhood
- NCTSN brings a singular and comprehensive focus to child trauma
- NCTSN works to bring a trauma perspective to the systems that serve children



National Child Traumatic Stress Network Centers



- ★ UCLA & Duke National Center for Child Traumatic Stress
- Treatment and Services Adaptation Centers
- Community Treatment and Services Centers
- ▲ Affiliate Member Organizations and Individuals

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS)

NCTSN

The National Child Traumatic Stress Network

The National Child Traumatic Stress Network (NCTSN)

The NCTSN works to accomplish its mission by:

- Providing clinical services
- Developing and disseminating new interventions and resource materials
- Offering education and training programs
- Collaborating with established systems of care
- Engaging in data collection and evaluation
- Informing public policy and awareness efforts





What is a Trauma-Informed Child- and Family- Service System?

A trauma-informed child and family-service system is one in which all parties involved **recognize** and **respond** to the impact of traumatic stress on those who have contact with the system, including **children**, **caregivers**, and **service providers**. Programs and agencies within such a system **infuse and sustain** this trauma awareness, knowledge, and **skills** into their organizational **cultures**, **practices**, and **policies**. They act **in collaboration with** all those who are involved with the child, using the best available **science**, to facilitate and support the recovery and resiliency of the child and family.

A service system with a trauma-informed perspective is one in which programs, agencies and service providers would:

- Routinely screen for trauma exposure and related symptoms;
- Use culturally appropriate evidence-based assessment and treatment for traumatic stress and associated mental health symptoms;
- Make resources available to children, families, and providers on trauma exposure, its impact, and treatment;
- Engage in efforts to strengthen the resilience and protective factors of children and families impacted by and vulnerable to trauma;
- Address parent and caregiver trauma and its impact on the family system;
- Emphasize continuity of care and collaboration across child-service systems;
- Maintain an environment of care for staff that addresses, minimizes and treats secondary traumatic stress and increases staff resilience.

Resources for Children, Families and Providers on Impact of Trauma

FOR HEALTH CARE PROVIDERS



Pediatric Medical Traumatic Stress
A Comprehensive Guide

NCTSN The National Child Traumatic Stress Network

Child Sexual Abuse Fact Sheet



For Parents, Teachers, and Other Caregivers

What is child sexual abuse?

Child sexual abuse is any interaction between a child and an adult (or another child) in which the child is used for the sexual stimulation of the perpetrator or an observer. Sexual abuse can include both touching and non-touching behaviors. Touching behaviors may involve touching of the vagina, penis, breasts or buttocks, oral-genital contact, or sexual intercourse. Non-touching behaviors can include voyeurism (trying to look at a child's naked body), exhibitionism, or exposing the child to pornography. Abusers often do not use physical force, but may use play, deception, threats, or other forms of coercion to engage children and maintain their silence. Abusers frequently employ persuasive and manipulative tactics to keep the child engaged. These tactics—referred to as “grooming”—may include buying gifts or arranging special activities, which can further confuse the victim.

Who is sexually abused?

Children of all ages, races, ethnicities, and economic backgrounds are vulnerable to sexual abuse. Child sexual abuse affects both girls and boys in all kinds of neighborhoods and communities, and in countries around the world.

How can you tell if a child is being (or has been) sexually abused?

Children who have been sexually abused may display a range of emotional and behavioral reactions, many of which are characteristic of children who have experienced other types of trauma. These reactions include:

- An increase in nightmares and/or other sleeping difficulties
- Withdrawn behavior
- Angry outbursts
- Anxiety
- Depression
- Not wanting to be left alone with a particular individual(s)
- Sexual knowledge, language, and/or behaviors that are inappropriate for the child's age

NCTSN The National Child Traumatic Stress Network

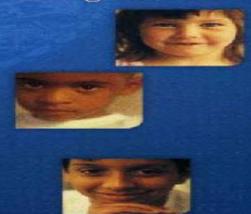
Child Trauma Toolkit for Educators



LAW ENFORCEMENT TRAINING

COPS, KIDS & DOMESTIC VIOLENCE

Protecting Our Future



NCTSN The National Child Traumatic Stress Network

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (DHHS).



Psychological First Aid for Schools PFA® Field Operations Guide

National Child Traumatic Stress Network
National Center for PTSD

NCTSN The National Child Traumatic Stress Network

This work was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (DHHS).

Available now... NCTSN The National Child Traumatic Stress Network

NEW Domestic Violence Fact Sheet Series

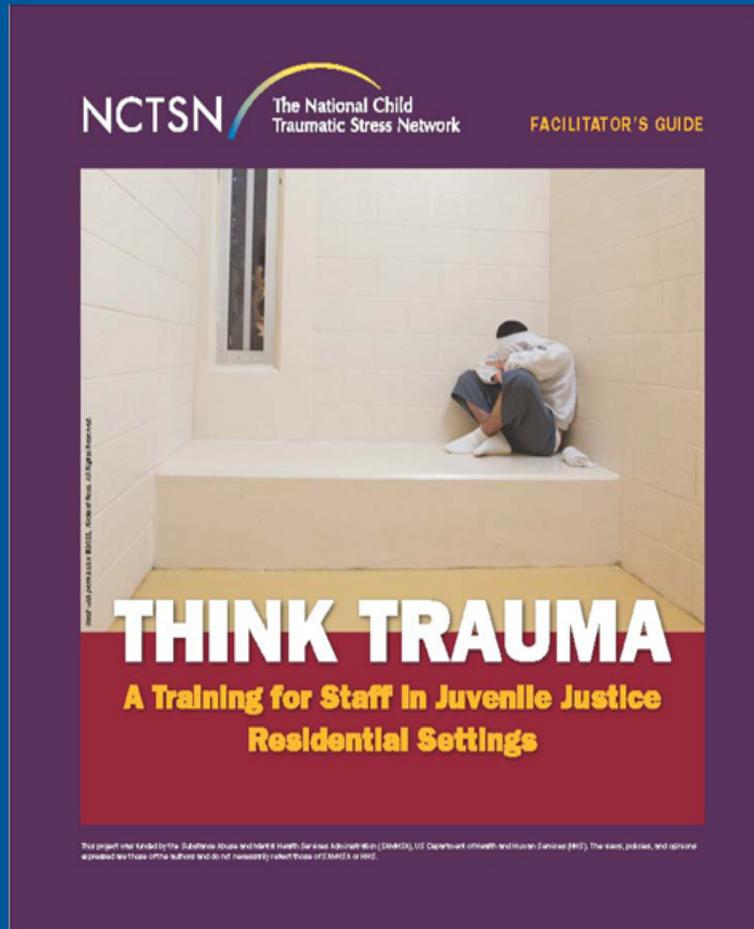
The NCTSN Domestic Violence Collaborative Group announces a new series of fact sheets created for parents whose children have been affected by domestic violence. The set of 10 fact sheets gets to the heart of the experiences and needs of these children and families, and offers education in support of their resilience and recovery. The titles are:

- #1 How Does Domestic Violence Affect Children?
- #2 Celebrating Your Child's Strengths
- #3 Before You Talk to Your Children: How Your Feelings Matter
- #4 Listening and Talking to Your Child About Domestic Violence
- #5 The Importance of Playing with Your Children
- #6 Keeping Your Children Safe and Responding to Their Fears
- #7 Managing Challenging Behavior of Children Living with Domestic Violence
- #8 Where to Turn if You Are Worried About Your Child
- #9 Helping Your Child Navigate a Relationship with the Abusive Parent
- #10 A Parent's Self-Care and Self-Reflection



www.nctsn.org/content/resources

Think Trauma: A Training for Staff in Juvenile Justice Residential Settings



Target Audience

- ✓ Direct care professionals working with youth in residential/correctional facilities

Description

- ✓ Helps staff learn how trauma impacts thoughts, feelings, attitudes and actions of youth in care, and provides practical tools for them to use in their response.

Format

- ✓ Facilitator's Guide
- ✓ Case Vignettes
- ✓ Slide Kit
- ✓ Supplemental Materials

Child Welfare Trauma Training Toolkit (Revised 2013)

Target Audience

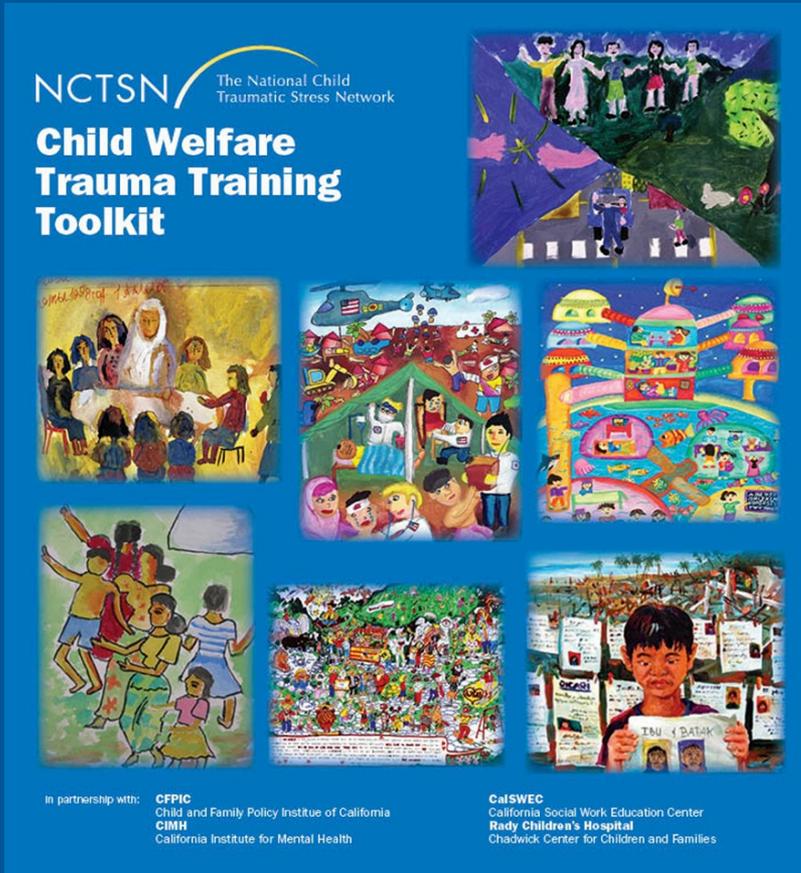
- ✓ Child welfare professionals

Description

- ✓ Designed to teach basic knowledge, skills, and values about working with children who are in the child welfare system and who have experienced traumatic stress

Format

- ✓ Trainer's manual
- ✓ Participant manual
- ✓ Comprehensive PowerPoint slides
- CD-ROM



Community Violence – Resources for Youth

Informational and engagement tools for use with youth who may be experiencing traumatic stress symptoms from exposure to community violence.

NCTSN The National Child Traumatic Stress Network



COMMUNITY VIOLENCE: REACTIONS AND ACTIONS IN DANGEROUS TIMES

If you're like most youth across America, your life has been affected by violence outside your home. You might live in a place where fights, gangs, weapons, drug violence, rapes, and substance abuse seem "normal." Or maybe you live in a neighborhood you thought was safe until a terrible event shocked the whole community. You yourself might have been hurt by community violence, or someone you know, maybe even a relative or best friend. Maybe you've been bullied or threatened in person or with texts or tweets or pictures ("cyber" bullying). And now maybe you feel all alone, with very little hope. You think no one else has gone through what you have, and that you're powerless to change anything or even keep yourself safe.

Can you relate?
If you can relate to community violence, here's an important message. You are not alone. And it doesn't matter how tough or cool you are, when terrible things happen it can affect how you feel, think, and act. But you can go forward despite your experiences. Community violence doesn't have to dominate your life if you understand your reactions to it, how to keep yourself safe, and how to make positive choices in dangerous times.

You are not alone. As many as 96% of youth have experienced or witnessed community violence.

How does community violence affect you?
Obviously, getting shot or assaulted can change your life and health forever. But just living with community violence around you can be enough to rob you of your sense of safety. It can put you into "survival mode," making you always worried and ready to gear up for fight or flight. It can change your mood, your outlook, and your sense of control.

WHAT SOLDIERS HAVE TAUGHT US
We know from soldiers that the trauma of violence can affect how they think, feel, and act away from battle. When they returned from combat, these men and women began to learn that what they were feeling—fear, anger, sadness—was normal and expected, considering what they had seen and lived through. They showed us that with the right kinds of information and support, they could move forward despite violent experiences. You can too.

VIOLENT PLACES, DANGEROUS TIMES: DOES COMMUNITY VIOLENCE CONTROL YOUR LIFE?



Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents

Target Audience

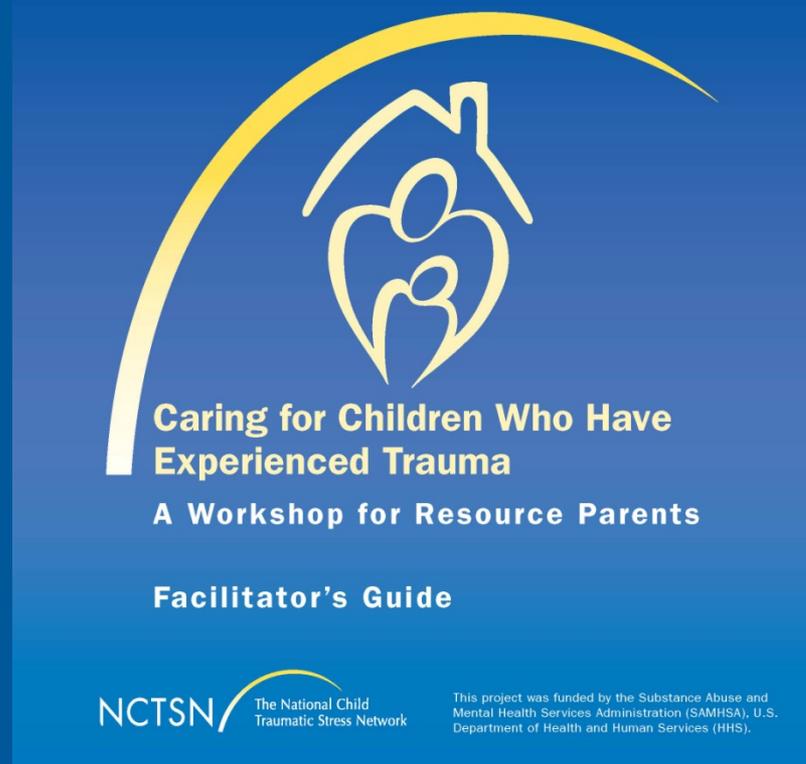
- ✓ Foster, adoptive, and kinship caregivers

Description

- ✓ Helps resource parents understand the link between trauma and their children's behavior, feelings, and attitudes.

Format

- ✓ Facilitator's Guide
- ✓ Participant Handbook
- ✓ Slide Kit



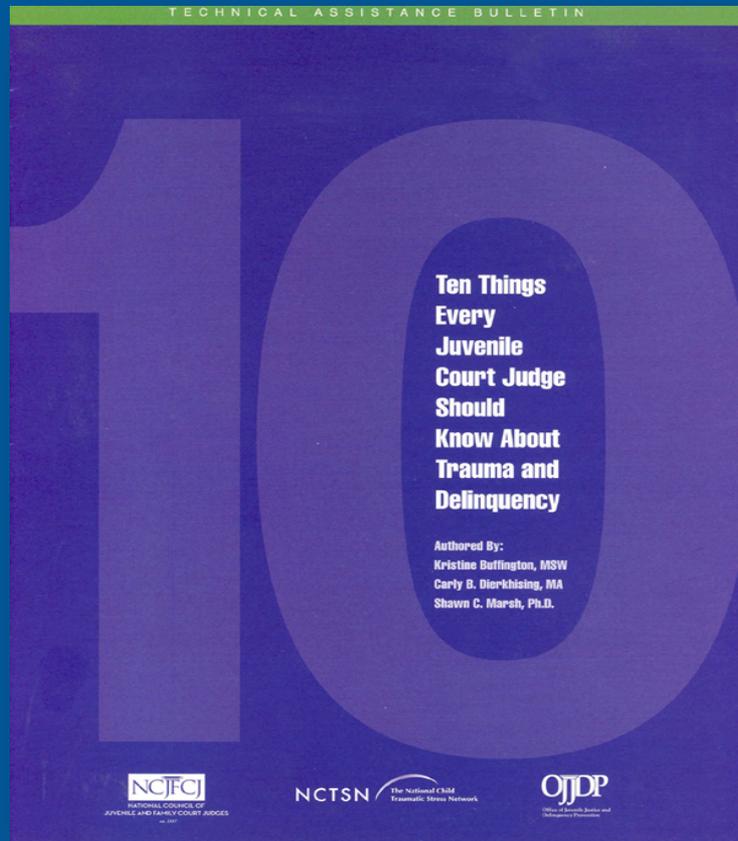
The Essential Elements of Trauma-Informed Parenting

1. Recognize the impact trauma has had on your child.
2. Help your child to feel safe.
3. Help your child to understand and manage overwhelming emotions.
4. Help your child to understand and modify problem behaviors.
5. Respect and support positive, stable, and enduring relationships in the life of your child.
6. Help your child to develop a strength-based understanding of his or her life story.
7. Be an advocate for your child.
8. Promote and support trauma-focused assessment and treatment for your child.
9. Take care of yourself.

Source: Grillo, C. A., Lott, D. A., & Foster Care Subcommittee of the Child Welfare Committee, National Child Traumatic Stress Network. (2010). *Caring for children who have experienced trauma: A workshop for resource parents—Facilitator's guide*. Los Angeles, CA And Durham, NC: National Center for Child Traumatic Stress. Retrieved from <http://nctsn.org/products/caring-for-children-who-have-experienced-trauma>

Ten Things Every Juvenile Court Judge Should Know About Trauma and Delinquency

(National Council of Juvenile and Family Court Judges, 2010)



- ✓ Technical assistance brief was co-developed and disseminated with NCJFCJ
- ✓ Purpose is to highlight the ten most crucial areas that judges need to be familiar with in order to best assist traumatized youth who enter the juvenile justice system

NCTSN Benchcards for the Trauma-Informed Judge

(National Council of Juvenile and Family Court Judges, 2010)

NCTSN The National Child Traumatic Stress Network

NCTSN BENCH CARD FOR THE TRAUMA-INFORMED JUDGE

Research has conclusively demonstrated that court-involved children and adolescents present with extremely high rates of traumatic stress caused by their adverse life experiences. In the court setting, we may perceive these youth as inherently disrespectful, defiant, or antisocial, when, in fact, their context of traumatic stress disorders. These two Bench Cards to help them make decisions based on the emerging scientific findings, part of a larger packet of materials about child and adolescent trauma, [Trauma-Informed Juvenile Justice System Resource Site](#) and are intended to assist judges in working with court-involved youth who have been exposed to traumatic events.

1. Asking trauma-informed questions can help judges identify trauma-informed services from a mental health professional considered whether or not trauma has played a role in the behavior. Below are a series of questions to help you assess whether trauma-informed services are warranted.

TRAUMA EXPOSURE: Has this child experienced a traumatic event or exposure to death, severe injury, or serious illness, or community violence, assault, severe bullying or harassment, and explosions, severe accidents, serious or terminal illness, or other traumatic events?

MULTIPLE OR PROLONGED EXPOSURES: Has the child been exposed to or for a prolonged period? Repeated or prolonged exposure to trauma may increase the risk of adverse outcomes.

OUTCOMES OF PREVIOUS SANCTIONS OR INTERVENTIONS: Have previous sanctions or higher levels of care proven ineffective in this case? Has the child been in "survival mode," trying to cope by behaving in a defiant or oppositional manner, or responding poorly to traditional sanctions, treatment, and placement changes?

CAREGIVERS' ROLES: How are the child's caregivers or other significant adults (either intentionally or unintentionally) supporting or preventing the child's recovery? Does the caregiver act in a way that is protective or restrictive? Do the caregivers act in a way that is restrictive or protective? Do the caregivers act in a way that is restrictive or protective?

SAFETY ISSUES FOR THE CHILD: Where, when and with whom does he or she feel unsafe and distrustful? Is the household a restraining order against another person? Is the child being bullied at school or does the child believe that he or she is being bullied?

TRAUMA TRIGGERS IN CURRENT PLACEMENT: Is the child's current placement, school, or institution where the child is being re-exposed to the traumatic event?

UNUSUAL COURTROOM BEHAVIORS: Is this child behaving in a way that suggests an inability to effectively participate in court proceedings, such as extreme passivity, quickness to anger, and/or extreme aggression, or does the child, as a judge, can do to lower anxiety, increase focus, and improve outcomes?

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

NCTSN The National Child Traumatic Stress Network

NCTSN BENCH CARD FOR COURT-ORDERED TRAUMA-INFORMED MENTAL HEALTH EVALUATION OF CHILD: SAMPLE ADDENDUM

This Court has referred this child for mental health assessment. Your report will assist the judge in making important decisions. Please be sure the Court is aware of your professional training and credentials. In addition to your standard psychological report, we are seeking trauma-specific information. Please include your opinion regarding the child's current level of danger and risk of harm. The Court is also interested in information about the child's history of prescribed psychiatric medications. We realize that you may be unable to address every issue raised below, but the domains listed below are provided as an evidence-based approach to trauma-informed assessment.

1. SCREENING AND ASSESSMENT OF THE CHILD AND CAREGIVERS

Please describe the interview approaches (structured as well as unstructured) used for the evaluation. Describe the evidence supporting the validity, reliability, and accuracy of these methods for children or adolescents. For screens or tests, please report their validity and reliability, and if they were designed for the population to which this child belongs. If feasible, please report standardized norms.

Discuss any other data that contributed to your picture of this child. Please describe how the perspectives of key adults have been obtained. Are the child's caregivers or other significant adults intentionally or unintentionally preventing this child from feeling safe, worthy of respect, and effective? Are caregivers capable of protecting and fostering the healthy development of the child? Are caregivers operating in "survival mode" (such as interacting with the child in a generally anxious, indifferent, hopeless, or angry way) due to their own history of exposure to trauma? What additional support/resources might help these adults help this child?

2. STRENGTHS, COPING APPROACHES, AND RESILIENCE FACTORS

Please discuss the child's existing strengths and coping approaches that can be reinforced to assist in the recovery or rehabilitation process. Strengths might include perseverance, patience, assertiveness, organization, creativity, and empathy, but coping might take distorted forms. Consider how the child's inherent strengths might have been converted into "survival strategies" that present as non-cooperative or even antisocial behaviors that have brought this child to the attention of the Court.

Please report perspectives voiced by the child, as well as by caregivers and other significant adults, that highlight areas of hope and recovery.

3. DIAGNOSIS (POST TRAUMATIC STRESS DISORDER [PTSD])

Acknowledging that child and adolescent presentations of PTSD symptoms will differ from adult presentations, please "rule-in" or "rule-out" specific DSM-V criteria for PTSD for adolescents and children older than six years, which include the following criteria:

- Exposure to actual or threatened death, serious injury, or sexual violence, either experienced directly, witnessed, or learning that the event occurred to a close family member or friend (Criteria A)
- Presence of intrusion symptoms such as intrusive memories, distressing dreams, flashbacks, physical reactions, trauma-specific re-enactments through play, psychological distress at exposure to cues (Criteria B)
- Avoidance of stimuli or reminders associated with the traumatic event, including avoidance of internal thoughts and feelings related to the event, as well as external activities, places, people, or situations that arouse recollections of the event (Criteria C)

CONTINUED ON BACK →

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

- ✓ Series of two benchcards to assist judges in working with court-involved youth who have been exposed to traumatic events.
- ✓ The first card offers a series of questions to help the judge gather information necessary to make good decisions for children at risk of traumatic stress disorder.
- ✓ The second card is designed for judges to attach to orders for trauma-informed behavioral health assessments.

5. Address parent and caregiver trauma and its impact on the family system



Addressing Parent and Caregiver Trauma

- Increasing awareness of how trauma may impact parenting in your agency, community and with families
- Screening for parent/caregiver trauma history
- Developing plan for helping parent/caregiver address trauma
 - Knowledgeable about adult trauma treatment and resources
 - In-house treatment
 - Strong relationships with adult treatment providers
- Tools
 - Birth Parent Fact Sheets
 - Coming soon: On-line trainings about parent trauma
 - Resource Parent Curriculum
 - Screening measures for parents (webinar)

Birth Parents with Trauma Histories in the CW System Fact Sheet Series

Series of five fact sheets highlighting importance of understanding the serious consequences that trauma histories can have for birth parents, and the subsequent potential impact on their parenting, created for the following audiences:

- ✓ Resource Parents
- ✓ Parents
- ✓ Mental Health Professionals
- ✓ Judges and Attorneys
- ✓ Child Welfare Staff

NCTSN  The National Child Traumatic Stress Network

Birth Parents with Trauma Histories and the Child Welfare System

A Guide for Resource Parents

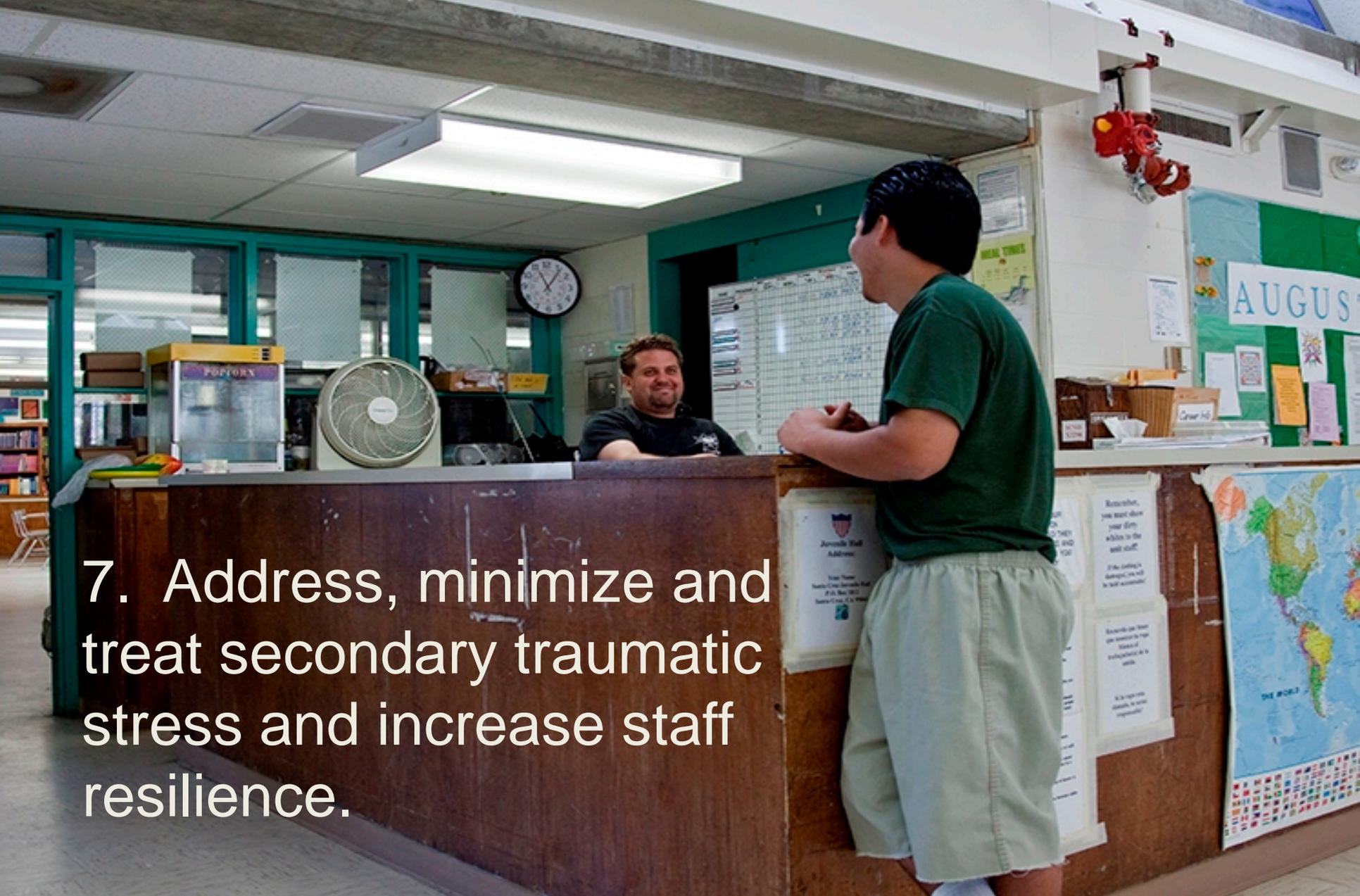
THE GARCIAS' STORY

Mr. and Mrs. Garcia, ages 65 and 64, decided to become resource parents¹ three years ago, after their children had grown up and left home. Crystal, age six, and Jonathan, age three, have been with them for six months. Although Crystal is very clingy, they are sweet children, but when they get upset they can be aggressive with each other and almost impossible to calm down. Mrs. Garcia, the primary caretaker, is concerned that there are gaps in the information the foster care agency has given her about their history, their mother Karen, and why the children came into foster care. Mrs. Garcia wonders why every time Karen visits her children she screams at them instead of being happy to see them, which makes them upset and out of control for days afterward.

The children have started to call Mrs. Garcia and her husband "Grandma" and "Grandpa," which she likes, but knows it bothers Karen. She has tried to talk with Karen about how the children are doing; when she drops them off for visits, however, Karen says things under her breath about how her kids didn't act like this when they lived with her. The children ask Mrs. Garcia why they're still in foster care and when they'll be going home; she isn't sure what to tell them. The last time the children hit each other and threatened to hit her, she called the caseworker, who didn't really have an answer for her. Since the last court date, Crystal and Jonathan have been seeing a therapist, but Mrs. Garcia is not sure what they do other than play games. Karen is supposed to join the sessions, but hasn't attended regularly. Mrs. Garcia chose to become a resource parent to help young mothers get their lives together, but from what she can see, she isn't sure that it's best for Crystal and Jonathan to live with Karen again.

Just as children in foster care have lived through trauma, many of their parents have histories of childhood or adult trauma: physical abuse, sexual abuse, domestic violence, serious accidents, and community violence—along with the experience of having their children placed in foster care. These experiences, if left unaddressed, can continue to impact individuals well into adulthood. Parents' past or present trauma can make it difficult for them to work effectively with case workers and resource parents toward reunification with their children. Even if you don't know a parent's personal history of trauma, your recognizing that trauma may have played a role in their lives will help you more effectively support and work with the entire family.

¹ For the purposes of this fact sheet, "resource parents" refers to foster, adoptive, and kinship parents.
This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS).



7. Address, minimize and treat secondary traumatic stress and increase staff resilience.



Increasing Staff Resilience: Practice Strategies

- Request and expect regular supervision and supportive consultation
- Utilize peer support
- Utilize agency resources (EAPs) for support when needed
- Consider therapy for unresolved trauma which may be activated by your job
- Set realistic goals and expectations
- Practice stress management through meditation, prayer, conscious relaxation, deep breathing, exercise
- Develop a written plan focused on work-life balance
- Seek continuing education on the effects of trauma

Increasing Staff Resilience: Agency Strategies

- Provide regular safety training for all workers
- Acknowledge that STS is an occupational hazard and promote open discussion of STS among agency staff
- Provide routine training, education, and support to all staff about STS and how to manage STS reactions
- Use self assessment measures to evaluate the impact of secondary trauma exposure on staff (Professional Quality of Life or STS Scale)
- Consider agency policies which may exacerbate STS and how policies might be amended to enhance staff resiliency
- Ensure that peer and professional counseling resources are available to staff at all times
- Implement balanced caseloads
- Have sufficient release time and safe physical space for workers
- Cultivate a workplace culture that normalizes getting help for work-related stress

Secondary Traumatic Stress Resources

THE RESILIENCE ALLIANCE

Promoting Resilience and Reducing Secondary Trauma Among Child Welfare Staff

PARTICIPANT HANDBOOK

ACS-NYU CHILDREN'S TRAUMA INSTITUTE

SEPTEMBER 2011

NYC CHILDREN'S SERVICES

NYU Langone MEDICAL CENTER

Guide to promoting resilience and reducing STS among child welfare staff

NCTSN The National Child Traumatic Stress Network

Secondary Traumatic Stress A Fact Sheet for Child-Serving Professionals

"...We are stewards not just of those who allow us into their lives but of our own capacity to be helpful..."

Each year more than 10 million children in the United States endure the trauma of abuse, violence, natural disasters, and other adverse events. These experiences can give rise to significant emotional and behavioral problems that can profoundly disrupt the children's lives and bring them in contact with child-serving systems. For therapists, child welfare workers, case managers, and other helping professionals involved in the care of traumatized children and their families, the essential act of listening to trauma stories may take an emotional toll that compromises professional functioning and diminishes quality of life. Individual and supervisory awareness of the impact of this indirect trauma exposure—referred to as secondary traumatic stress—is a basic part of protecting the health of the worker and ensuring that children consistently receive the best possible care from those who are committed to helping them.

Our main goal in preparing this fact sheet is to provide a concise overview of secondary traumatic stress and its potential impact on child-serving professionals. We also outline options for assessment, prevention, and interventions relevant to secondary stress, and describe the elements necessary for transforming child-serving organizations and agencies into systems that also support worker resiliency.

How Individuals Experience Secondary Traumatic Stress

Secondary traumatic stress is the emotional distress that results when an individual hears about the firsthand trauma experiences of another. Its symptoms mimic those of post-traumatic stress disorder (PTSD). Accordingly, individuals affected by secondary stress may find themselves re-experiencing personal trauma or notice an increase in arousal and avoidance reactions related to the indirect trauma exposure. They may also experience changes in memory and perception; alterations in their sense of self-efficacy; a depletion of personal

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (DHHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or DHHS.



Fact sheet on Secondary Traumatic Stress for child-serving professionals

LEARNING CENTER FOR CHILD AND ADOLESCENT TRAUMA

NCTSN The National Child Traumatic Stress Network

Secondary Traumatic Stress Speaker Series

Secondary Traumatic Stress... What is It?

Leticia Ross, PsyD – Child's Institute, Inc. (CI)
James Brady, PhD – Boston Children's Hospital
Tuesday, January 31, 2012
1pm EST/12pm CST/10am PST

Organizational Secondary Traumatic Stress

Leticia Ross, PsyD – Child's Institute, Inc. (CI)
Fred Sirovick, PhD – University of Maryland School of Social Work
Gyöngyi Vokó, MD – Mental Health Services, Inc.
Friday, March 26, 2012
1pm EST/12pm CST/10am PST

Secondary Traumatic Stress and Provider Self-Care in Disaster and Terrorist Settings

Malissa Bryant, PhD, PsyD – UCLA Neuropsychiatric Institute
Portico Wilson, PhD – UVA Neuroscience Institute
Steve Baskowitz, MD
Penn Center for Youth and Family Trauma Response and Recovery
Thursday, May 24, 2012
7pm EST/4pm CST/11am PST

Cultural Implications of Secondary Traumatic Stress—in English

Hilma Kalla Hernández, PhD, LPC – DuSable Children's Center
María L. Casas, MA – Child Welfare in Violence Project
Susanne Brown, PhD, LPC
Serving Children and Adolescents in Need (SCAN)
Tuesday, July 17, 2012
12pm EST/11am CST/9am PST

Cultural Implications of Secondary Traumatic Stress—in Spanish

Hilma Kalla Hernández, PhD, LPC – DuSable Children's Center
María L. Casas, MA – Child Welfare in Violence Project
Susanne Brown, PhD, LPC
Serving Children and Adolescents in Need (SCAN)
Moderator: Adreana E. Mullins, MS, DMFT – Children's Institute, Inc.
Wednesday, July 18, 2012
7pm EST/11am CST/5pm PST

Secondary Traumatic Stress for Educators

Edmond H. Gots, PsyD
Louisiana State University Health Sciences Center School of Medicine
James C. Carney, PhD
National Native Children's Trauma Center Institute
Robin H. Gurwiel, PhD – Duke University Medical Center
Ben Lawson, MEd – Assistant Superintendent of the St. Bernard Parish School, Louisiana, Louisiana
Monday, September 24, 2012
1pm EST/7pm CST/5pm PST

Step 1: Find events on our website (<http://www.nctsn.org/learning-center>)

Step 2: Check your email and confirm your interest (click on link)

Step 3: Review the <http://www.nctsn.org/learning-center> and email to the Speaker Series

Step 4: On the day of presentation, log in and return to the Speaker Series homepage

For Learning Center technical assistance email help@nctsn.org

This series is FREE and OPEN TO THE PUBLIC. Eligible participants may earn 1.5 CE credits per presentation. More information is available on the Learning Center at <http://www.nctsn.org>.

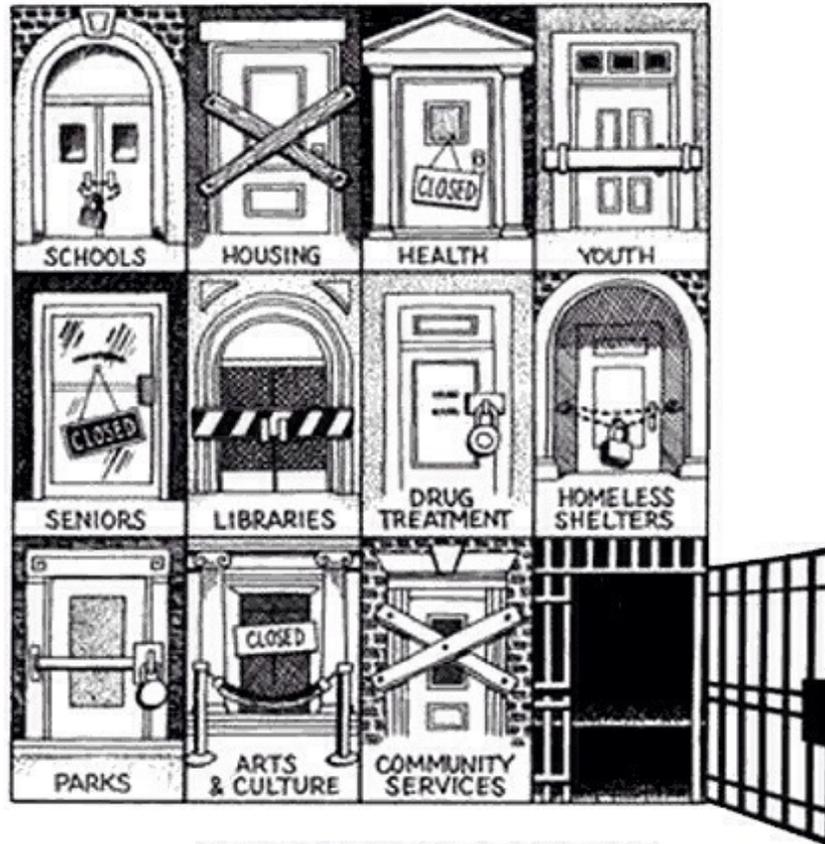
This series is funded by the Substance Abuse & Mental Health Services Administration, US Department of Health & Human Services.

Speaker series providing foundation of knowledge on STS, including cultural implications of STS (English and Spanish)

For more information, please contact me at:

Jane Halladay Goldman, PhD
Director, Service Systems Program
National Center for Child Traumatic Stress
jhalladay@mednet.ucla.edu
www.NCTSN.org

WHEN ONE DOOR CLOSES ANOTHER ONE OPENS



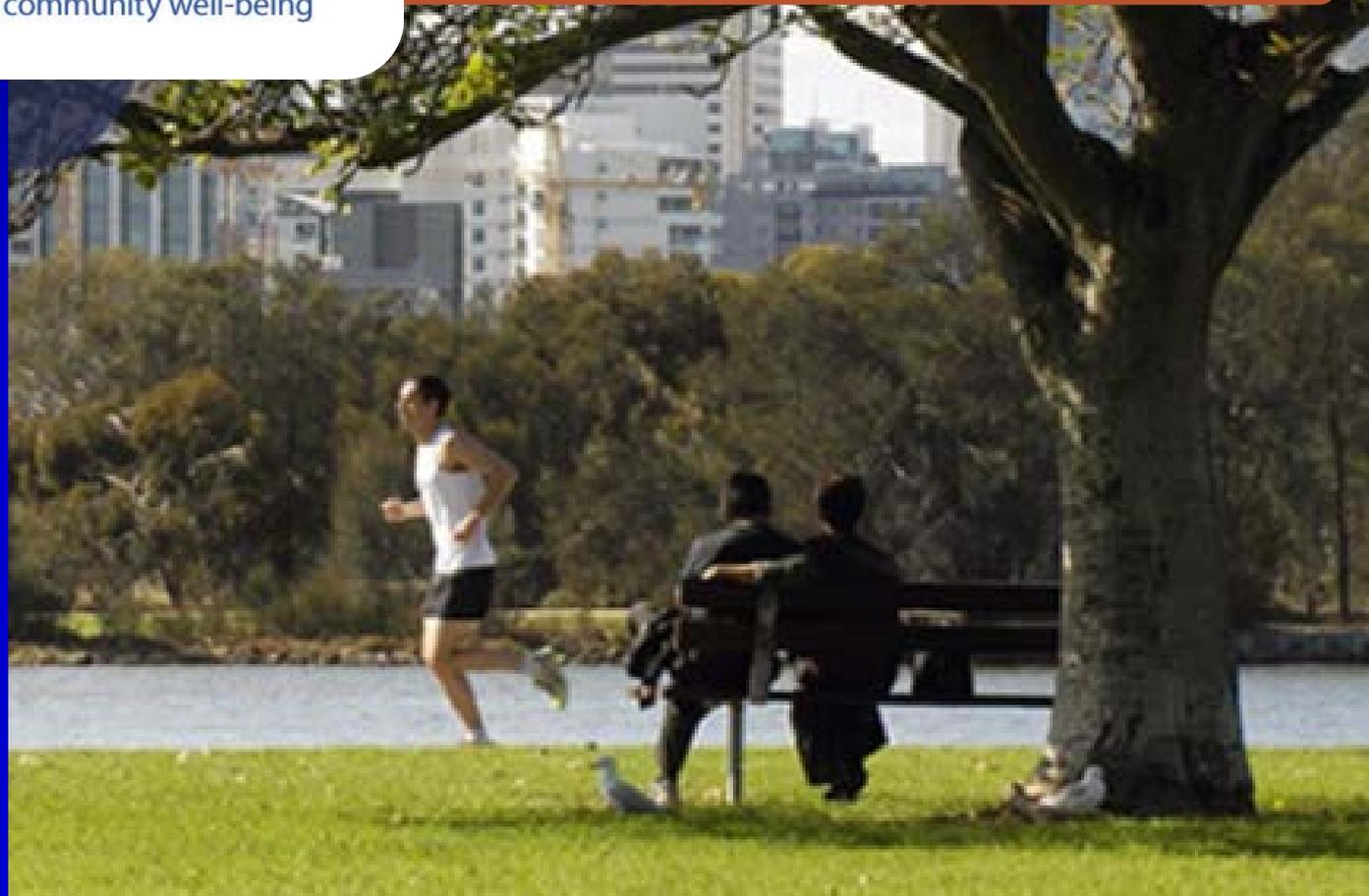
Advancing Health, Safety and Equity



Los Angeles County Department of Public Health
Injury & Violence Prevention Program
Health Impact Evaluation Center

Annie Lyles
510-444-7738

annie@
prevention
institute.org



Connect with us on

Sign up for our media alerts at www.preventioninstitute.org/alerts





Q & A



Howard Pinderhughes, Ph.D.

School of Nursing
University of California, San Francisco



Jane Halladay Goldman, Ph.D.

Director, Service Systems Program
National Center for Child Traumatic Stress

Webinar

Preventable or inevitable?

Findings and opportunities from an analysis of
community violence and safety in California news

May 29 at 11 a.m. PDT (2 p.m. EDT)

Register at bit.ly/violencenews

CLICK [HERE](#)
TO REGISTER
NOW!

berkeley **media** studies group

Prevention
Institute



For more information, please contact:

**Office of Juvenile Justice and
Delinquency Prevention (OJJDP)**

<http://www.ojjdp.gov>

**OJJDP's National Training and
Technical Assistance Center (NTTAC)**

<http://www.nttac.org>



Points of view or opinions expressed in this webinar are those of the presenter(s) and do not necessarily represent the official position or policies of the Office of Juvenile Justice and Delinquency Prevention or the U.S. Department of Justice.