



CHILDREN'S HOME SOCIETY

of Washington

Fulfilling the Promise of Every Child

Integrating Trauma-Informed Care and Brain Science into Human Services Programs

CHSW Mission

To develop healthy children, create strong families, build engaged communities, and speak and advocate for children.

Who We Are

- Serve more than 30,000 individuals annually
- Family support, early childhood education, adoption and child and family counseling.
- Office of Policy & Innovation leads the agency's work in innovation, child welfare system reform & advocacy.



Putting knowledge of ACEs and trauma into practice requires self-awareness and self-care of staff AND knowledge and skills to:

- Avoid further trauma to clients and staff
- Help clients heal from past trauma
- Provide clients with skills and capabilities to manage life, work, and parenting

Self Care *is not*.....

a one time event,
a spa day,
a glass of wine...or more,
a shopping spree!

Self Care *is*...

An ongoing and consistent act of being kind to yourself physically, spiritually and emotionally. The act of balance!



Day to Day Practice

In the work place:

Professional boundaries

Leave your personal “stuff” at the door

Know your triggers

Explore and practice self regulation

Handle conflict appropriately

Manage your mood and behaviors



Using a trauma focus requires a combination of:

- Program/services design based on the brain science we just reviewed
- Staff awareness of their own trauma histories, triggers, and needed knowledge and capabilities
- Changes in staff-client relationships to avoid further trauma and promote healing

Trauma Informed Practice

- **Trauma Informed**
- Power/control minimized-attention to culture.
- Caregivers and staff-collaborate

- **Non-Trauma Informed**
- Keys, security, uniforms, staff demeanor, tone of voice
- Rule enforcers



- Staff trained to improve knowledge & sensitivity
- Staff understand function of behavior (anger, shame, avoidance)
- Objective, neutral language
- Transparent system
- “Patient-blaming”
- Behavior is seen as intentionally provocative.
- Labeling language: manipulative, needy or attention seeking
- Closed system-advocates discouraged.



Day to Day Practice

Know your clients

Build a healthy relationship

Increase clients' sense of self control

Remember that traumatized people are often hypervigilant and notice expressions of others

Decrease focus on negative and increase focus on positive

Extending Trauma-Informed Care Concepts through Brain Science

Trauma-informed care concepts tell us what we want to avoid and how to help people heal if trauma has occurred

Brain science more broadly guides us on what we want to create adult and child well-being and resilience

Extending Trauma-Informed Care Concepts through Brain Science

Trauma-informed care helps us know HOW to deliver services to avoid or mitigate past trauma.



Brain science rounds out the picture of WHO, WHAT, WHEN, and WHERE

The concepts are complementary

The developing brain is shaped through attached ***relationships with attentive interactions***

Parents and other caregivers in the family or community play the major role in building babies brains. . .

through what is known as the “serve and return” relationship

We must build the capabilities of adult caregivers to achieve significant outcomes for children.



Core capabilities that adults use to manage life, work, and parenting effectively.

- ✓ Planning
- ✓ Focus
- ✓ Self-control
- ✓ Awareness
- ✓ Flexibility



Collectively referred to as “self-regulation,” which is built upon a foundation of “executive function.”

By supporting the development of adults' self-regulation skills, executive functioning, and mental health. . . .

We can enhance both caregiving skills and employability. . . .

Results:

Improved relationships with children

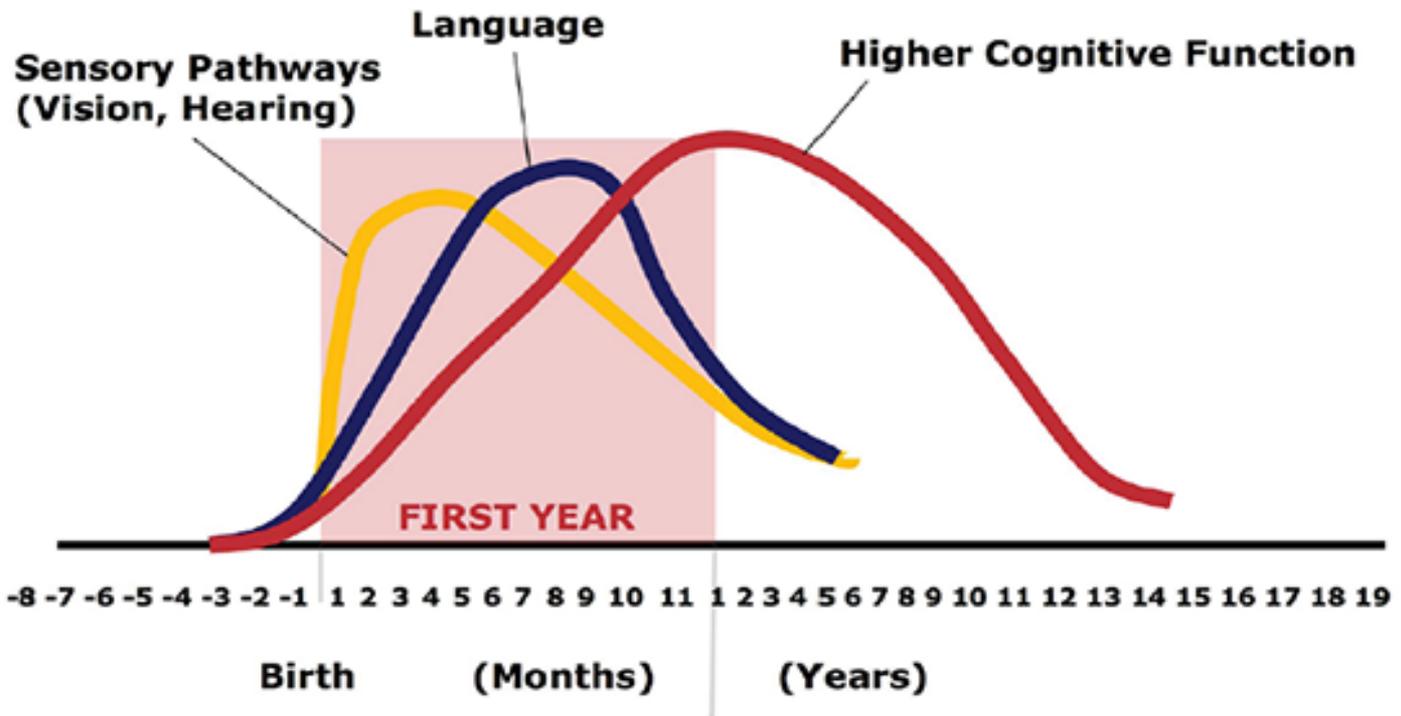
AND

Economic & social stability of the family



Human Brain Development

Neural Connections for Different Functions Develop Sequentially





What are the core capabilities adults need most?

I. Self-regulation

Helps us to draw upon the right skills at the right time, manage our responses to the world, and resist inappropriate responses.

Includes two types of processes

- **Intentional:** Conscious efforts to set and stick to a plan, and to inhibit counterproductive or distracting responses to situations.
- **Automatic:** Fast, non-conscious responses to the environment.

What are the core capabilities adults need most?

2. Executive function

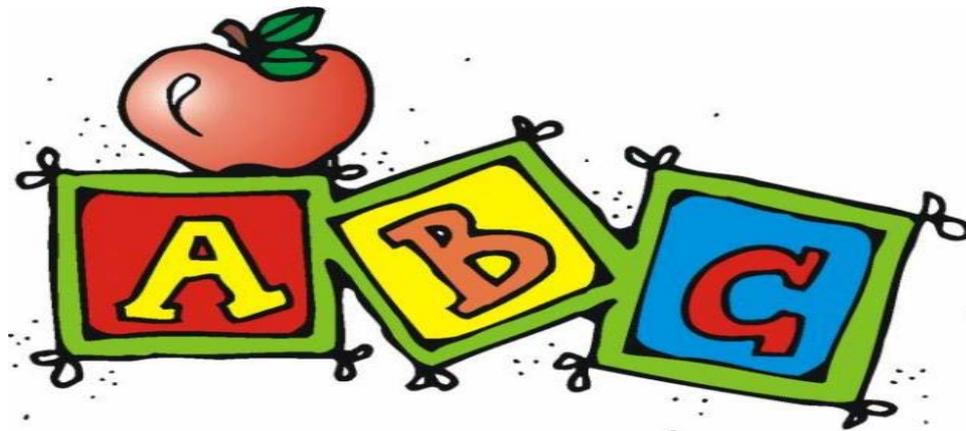
Executive function is the foundation for successful self-regulation.

Three main categories :

- **Inhibitory control** (the ability to resist impulsive behavior)
- **Working memory** (the capacity to hold and manipulate information in our heads over short periods of time)
- **Mental flexibility** (the ability to adjust to changed demands, priorities, or perspectives)

Healthy, nurturing environments:

- Home is the most important
- Child care/ preschool



Building supports and reducing overloads in service and home environments

- Reduce ways your systems overload adults in poverty and deplete their self-regulation skills
- Pay attention to the style of interaction between caseworkers and clients
- Use tools and techniques that help people take greater advantage of services and build core capabilities
- Relieve key stressors by filling basic needs

Increasing the individual's own capabilities to deal with challenges

- Provide training in specific self-regulation and executive function skills
- Teach strategies for reassessing stressful situations and considering alternatives
- Teach strategies for recognizing and interrupting automatic responses
- Create a multiplier effect in which small successes lead to the increased use of self-regulation and reinforcing positive emotional responses

Two-Gen Strategies Informed by Brain Science

1. Plugging Mobility Mentoring into Early Head Start Home Visiting
2. Provide linkages to community-based early learning and development/parenting services for families with young children involved in the child welfare system

Family Finances
Encourage, Educate, Coach

Home Visits

Parent & Child
Encourage, Educate, Model,
Coach



Financial Stability

Child well-being

Developing the 2 Generation Potential of home visiting



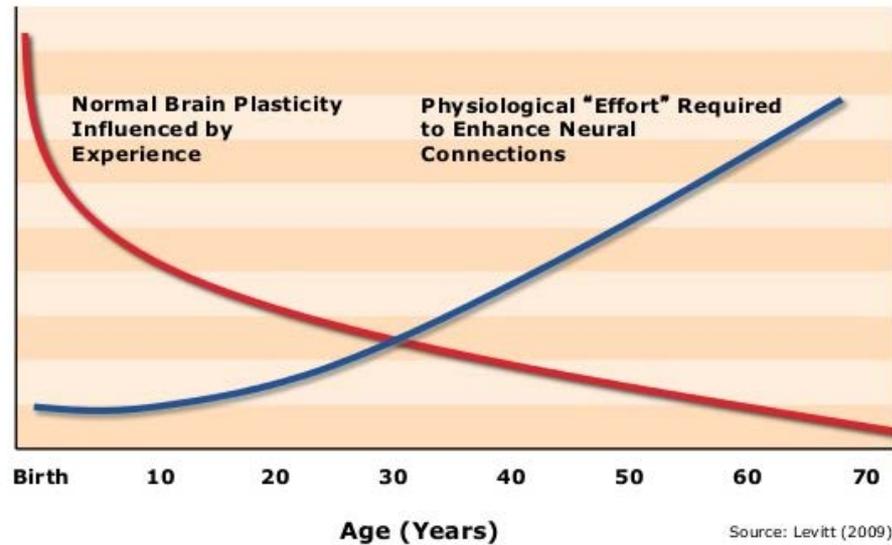
Early Head Start Home Visiting Program



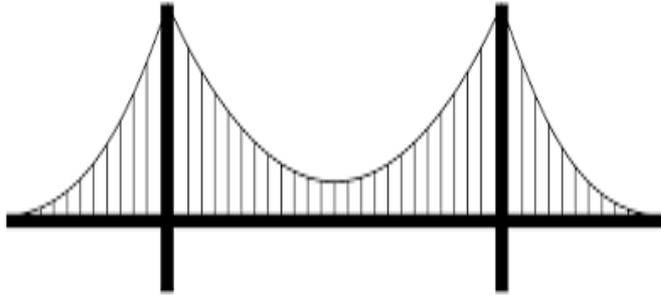
- One-on-one home-based visits
- 1.5 hour visits – once a week
- Prenatal – Age 3



The Ability to Change Brains Decreases Over Time



Mobility Mentoring Key Components



- Bridge to Self-Sufficiency[®] graphic
- Coaching model based on brain science and adult learning
- Clear assessment and goal-setting process
- Incentives

Training available by developers
Flexible model that can be adapted

Process to Develop Two-Gen Model

1. Develop idea and create a theory of change
2. Seek funding
3. Engage pilot program sites
4. Conduct equity analysis
5. Survey EHS families
6. Select model for addressing financial security and obtain training
7. Involve program staff in design
8. Develop pre-post evaluation design and tools
9. Document process and collect tools in “resource notebook”

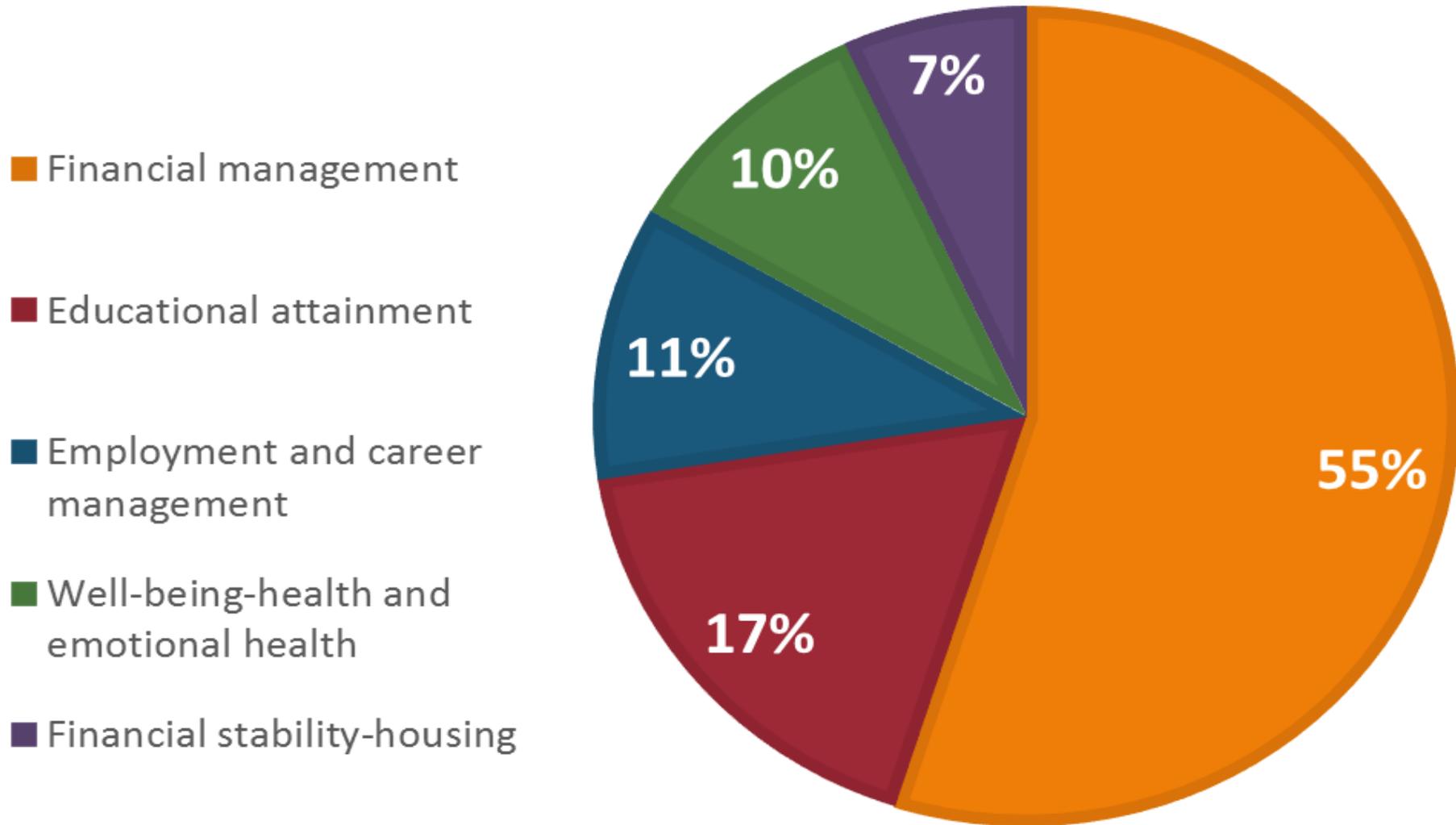


How did the blending project go

- Program implementation went smoothly
- Required modest resources
- Produced favorable results for most families
- Data collection and analysis were challenging: fewer resources than needed, and many people handling paperwork



Types of goals families selected



Examples of savings goals

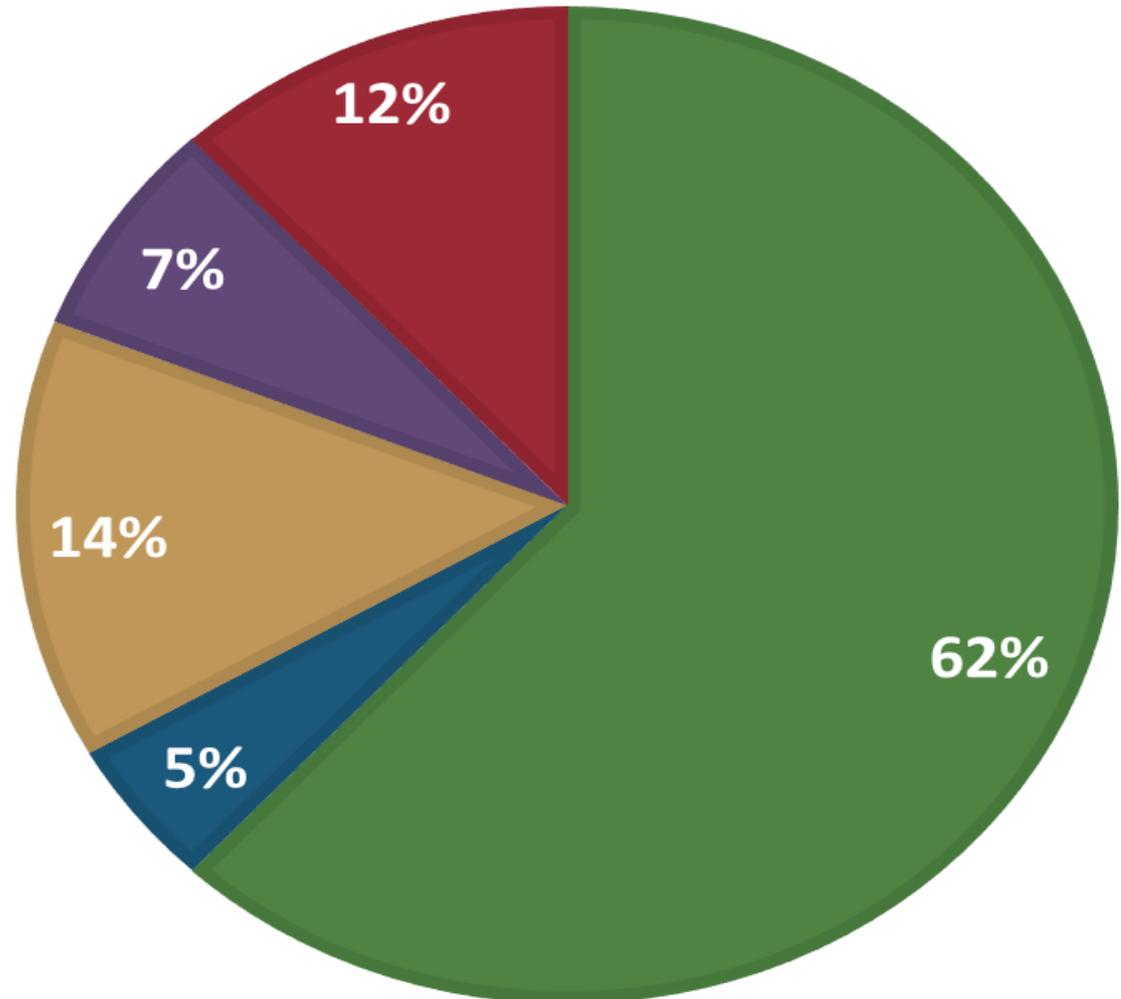
- Have \$500 in savings account
- One month's worth of rent and utilities in savings
- Establish savings of \$145
- Save \$700 for housing deposit or car

Examples of other goals

- Move to an apartment that costs less money
- Find child care for both children
- Complete two GED exams
- Complete application process for college
- Obtain day time hours at work

How much progress did families make in 4 months?

- Reached Goal
- Completed almost all action steps
- Completed some action steps
- Completed a few action steps
- Did not complete any action steps



Post-Completion Interviews

Most valuable thing families learned?

*It made me think and continue to think about spending. **If you spend \$10-\$20 just like that, without thinking, it's gone.** If there is a purpose for the money, then it starts to accumulate.*

Taking small steps and setting short-term goals will help in the long run with long-term goals.

What did families like most?

Great visual really shows you where you are and where you could be.

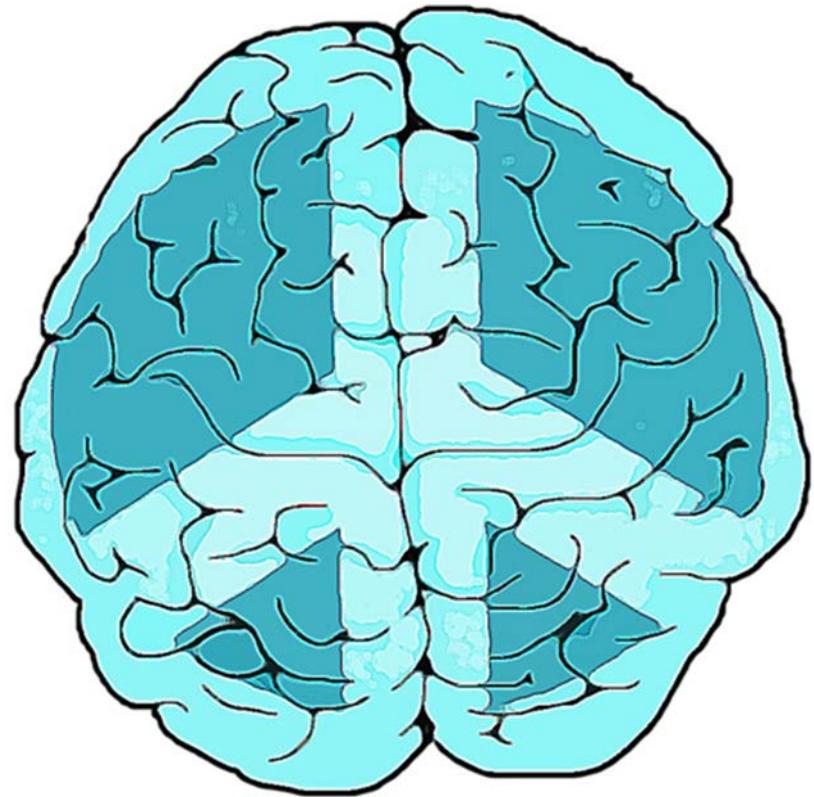
*That I had someone **helping me to track and not lose sight**, and having reminders.*

Did working toward a financial goal reduce stress in the families?

It felt good to have control.

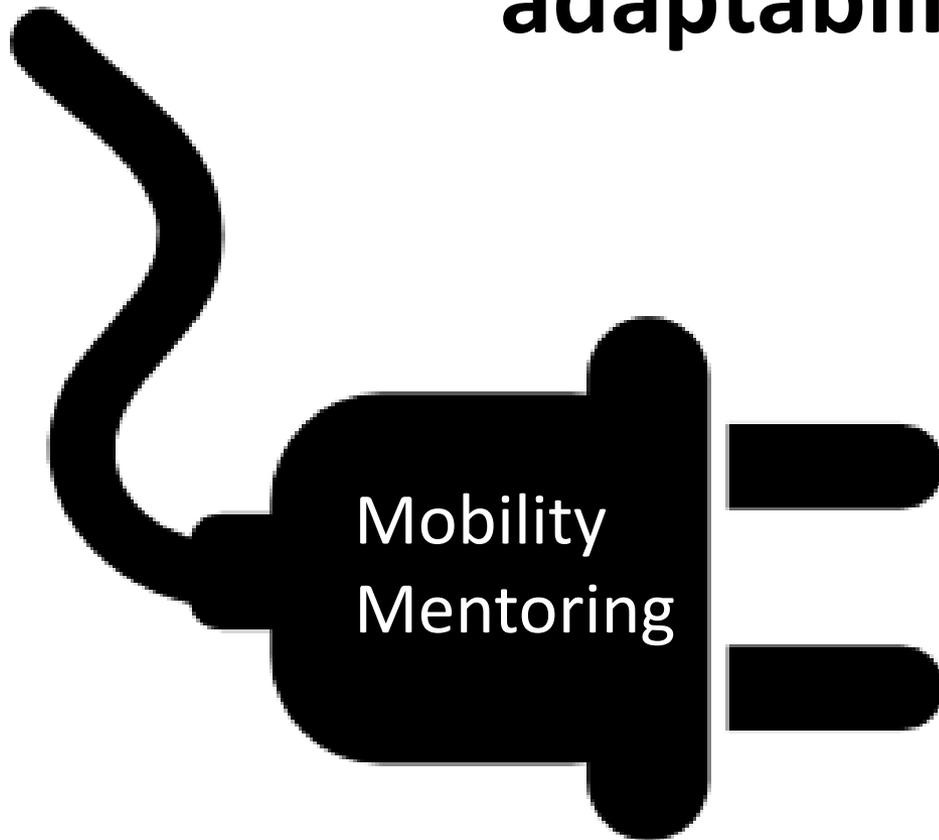
It gave peace of mind.

*I feel much more organized
and at peace.*

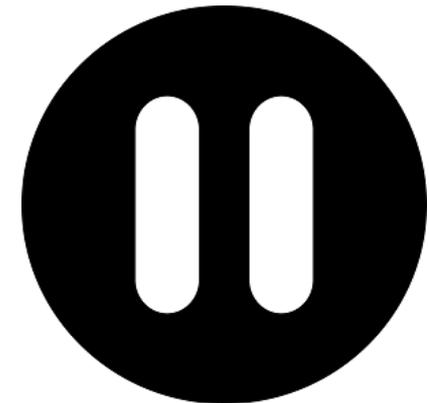
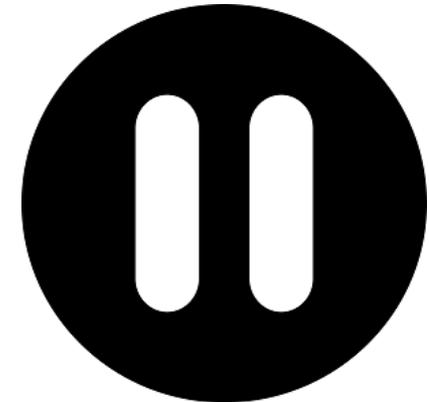




Design for Scale: adaptability



Service
Models



Systems



Child Welfare-Early Learning Linkages Project: The Need

1. 60% of dependency cases are children age birth to 5; 25% are under 1 year
2. Child welfare staff receive little training in brain development or trauma/toxic stress in young children, nor do they have a mandate or accountability for young children's developmental needs
3. King County has a rich (although very confusing) array of early childhood services that are free to low income families and have no cost to the child welfare system
4. Neither child welfare nor early childhood staff knew how to connect with one another
5. Young children and their families involved in the child welfare system, due to their high needs, should be prioritized for early childhood services -- but were getting limited access
6. Change needed at the policy/systems level and front-line level

Child welfare and poverty service populations overlap

Receipt of poverty services of child welfare population

- Of the 32,126 children age 0-5 in Washington's child welfare system during SFY 2014:
 - ▶ **39%** received **TANF services**
 - ▶ **88%** were on **Medicaid**
- Of the 7,154 children in Foster Care placement during SFY 2014:
 - ▶ **53%** received **TANF services**
 - ▶ **98%** were on **Medicaid**



Critical Needs of Young Children in the Child Welfare System

- Both toddlers (41.8%) and preschoolers (68.1%) have high developmental and behavioral needs.
 - Only 12.9% of infants and toddlers and 31.6% of preschoolers are receiving services for these issues

- Stahmer, A. C., Laurel, L. K., Hurlburt, M., Barth, R. P., Webb, M. B., Landsverk, J., & Zhang, J. (2005). Developmental and Behavior Needs and Service Use for Young Children in Child Welfare. *Pediatrics*, *116*, 891-900. Downloaded from <http://pediatrics.aappublications.org/content/116/4/891.full>



Linkage Strategies

On the ground: building relationships and capacity

1. Create online searchable database of research/evidence-based services -- long-term and strength-based (50+ providers and 150+ program sites)
 - Early learning
 - Early intervention/Birth to Three
 - Infant/early childhood mental health
2. Develop and convene monthly multidisciplinary case staffing meetings for families with children ages 0-5 at five local child welfare offices (from 6/13 to 3/16)
 - 133 meetings at child welfare offices
 - 750 case "plans" developed by multidisciplinary teams
 - Attended by 480 child welfare staff and 422 early learning and development staff (some duplication)



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Long-Term Outcomes

- Shared commitment of child welfare and early childhood systems in meeting developmental and early learning needs of young children involved in the child welfare system.

Improved child and family well-being.



Suggested Resources re: Trauma

www.Acesconnection.com

www.Acestoohigh.com

***Blaustein, M., & Kinniburgh, K., (2010). Treating Traumatic Stress in Children and adolescents: How to Foster Resilience through Attachment, Self-Regulation, and Competency. New York, Guilford Press**

Center on the Developing Child at Harvard University (2016). Building Core Capabilities for Life: The Science Behind the Skills Adults Need to Succeed in Parenting and in the Workplace. Retrieved from <http://www.developingchild.harvard.edu>

Suggested Resources re: Trauma

The Post-Traumatic Stress Disorder Sourcebook” by Glenn R. Schiraldi, Ph.D.

“The Body Bears the Burden. Trauma, Dissociation and Disease” by Robert C. Scaer, MD

“Traumatic Stress. The Effects of Overwhelming Experience on Mind, Body and Society” by Bessel A. van der Kolk, et.al.

“Psychological Trauma” by Bessel A. van der Kolk

“The Body Remembers. The Psychophysiology of Trauma and Trauma Treatment” by Babette Rothschild

“The Trauma Recovery Institute Treatment Manual” by Louis W. Tinnin, MD and Linda Gantt, Ph.D., ATR-BC

Intensive Trauma Therapy Inc. www.traumatherapy.com

Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others by Laura Van Dermoot and Connie Burk

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