The Trauma Informed Child Welfare System Addresses Child, Parent, and Organizational Traumatic Impact
Luther Lovell

- Child Welfare Services Manager
- Osceola and Mecosta Counties
- One of ten counties working with Western Michigan University Southwest Michigan Children’s Trauma Assessment Center to develop Trauma Informed Child Welfare Systems
- Began community wide implementation 2010
Trauma “Infusion”

- Weekly case consultations with management include trauma discussion with every relevant case.

- Trauma “expert teams”:
  - At least one team member participates in every discussion/workgroup surrounding local office policy, procedure, protocol, or practice (development and review).
  - Team members participate, when requested, in worker/supervisor case consults when the case involves trauma.
  - Team members rotate presentation responsibilities on a 15 minute trauma related topic at monthly staff meetings.

- Development and utilization of a “Trauma Resource Center” within the office.
Trauma Resource Center

Readily available resource material targeted to the specific disciplines that intersect regularly with our kids.
Trauma Informed Removals

- Implementation of “Trauma Informed” CPS removal field guide.
- Removals include a member of the Trauma Team
- Post removal staff debriefing
- Mandatory “trauma discussion and plan” (added to our transfer checklist) prior to transfer of the case from CPS to Foster Care.
Secondary Trauma

1. Modified interviews to message early detection and intervention.

2. New hire orientation discusses secondary trauma and it’s effects.

3. Mentors for new staff share their experiences, creating “commonalities”.

4. One on One’s present consistent and ongoing opportunity for managers to identify early signs of trouble and respond accordingly.

5. Specific time built into unit meetings for purposes of staff sharing as it relates to the job.

6. Trauma Response Protocol for responding to staff impacted by a traumatic event.
How did we get there?

- **Messenger**
  - CTAC

- **Champion(s)**
  - Those who have heard the message and it resonated. Ultimately convicted to see change occur in their community
  - Trauma Teams

- **Intentional**
  - *Relentless pursuit* of changing hearts and minds. Looking for every opportunity to spread the message.
  - *Communication*
    - Become knowledgeable
    - Leverage creative points of intersection for message distribution
    - Staff Involvement

- **Community Relationships**
Outcomes

**Short Term Outcomes:**
- Staff have become more child-focused
- Improved quality and timeliness of service delivery
- Increased client engagement
- Improved outcomes for families (anecdotal at this point)

**Expected Long Term Outcomes:**
- More sustainable, long term behavioral change
- Faster road to reunification and/or permanence
- Reduction in generational abuse/neglect
- Improved individual outcomes as it relates to relationships, job readiness, education, etc..
- Staff retention
Carrie Thompson

- Youth Interventionist Specialist Community Mental Health for Central Michigan
- Cover Osceola and Mecosta Counties
- Work with children and families who are involved with Probate Court
  - Juvenile Delinquency Cases
  - Abuse/Neglect Cases
Why Trauma?

• Many of the kids that we see do not fit a diagnosis (ADHD, ODD, PTSD)

• Trauma was not being properly assessed, diagnosed or treated

• Started as a state initiative

• Wanted to address it internally through CMH protocols/practices and also on a community level
How Have We (CMH) Responded?

- More Thorough Assessments and Screenings
- Trauma-Focused Trained Therapists
- Better understanding and response to Secondary Trauma internally
- Community Awareness
Assessments and Screenings

- Asking more trauma specific questions at the time of the initial call
- Asking more trauma specific questions at the time of the initial intake

Initial Phone Contact, scheduled assessment w/in 14 days → Assessment Occurs, Linked with primary therapist within 14 days → Consumer meets with therapist and develops Person-Centered Plan, which includes trauma-focused goals.
Assessments and Screenings, cont.

- Arranging lobby to be more “user-friendly”

- Creating an awareness at all levels (from the receptionist to our director) of the effects of trauma
Trauma-Focused Therapy

• Therapists throughout our six counties trained in Trauma-Focused CBT

• Offering TREM (Trauma Recovery Empowerment Model) M-TREM (Men’s group), and Teen TREM Groups
Better Understanding and Response to Secondary Trauma

- Outpatient Therapists and Case Managers have weekly individual supervision and monthly meetings.

- Monthly Trauma Case Presentations
  - Therapists present a trauma case to peers in an effort to brainstorm and receive feedback.

- Trauma Champions
  - Group made up of CMH employees from all six counties to offer suggestions/feedback on how our agency can improve trauma services, meets bimonthly.
Community Partners

• Local Children’s Council
• Department of Human Services
• Local Mental Health Agencies
• Local Pediatricians
• Early On
• Local Intermediate School District
Community Services Provided

- Local Trainings for ISD Staff (counselors, social workers, teachers)

- Dinner/Training for local Pediatricians Office (included many other children’s service providers as well)

- Mini Trainings for daycare providers through Great Start Initiative

- Trainings provided at the courthouse for court staff, local attorneys, judge
Outcomes

- **CMH**
  - More effective referral process (asking more effective questions)
  - More sensitive to trauma and it’s impact
  - An effective treatment process

- **Community**
  - Looking at children and family through the “trauma lens”.
  - Making appropriate referrals to CMH and other local MH providers
  - Using trauma information provided in safety/school planning
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