

Western Michigan University

Southwest Michigan

Children's Trauma Assessment Center



ADMINISTRATION FOR
CHILDREN & FAMILIES

A PARTNER IN
NCTSN

The National Child
Traumatic Stress Network

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**

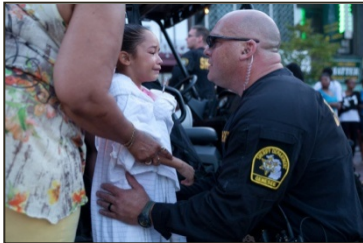
Trauma “Infusion”

- **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



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 brain-storm 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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