EXPANDING TRAUMA INFORMED SERVICES IN CHILD WELFARE SYSTEMS

A Court Perspective

Hon. Susan W. Ashley
New Hampshire Circuit Court

With Introduction by Kay Jankowski, Ph.D.
Dartmouth Trauma Interventions Research Center

Dartmouth Trauma Interventions Research Center

- Was a Cat III Center within NCTSN for 7 years; just moved to affiliate status
- Have received federal and private funding support to provide clinical training, consultation, and community outreach and to implement research targeting NH children and adolescents whose lives and health have been impacted by trauma.
- DTIRC has trained more than 300 public sector behavioral health providers in New Hampshire in EBPs – TF-CBT, CPP and HNC; screened over 4000 youth for trauma exposure and related problems
- Partnership with NH DCYF and DJJS for past 3+ years to work towards becoming more trauma-informed

NH Bridge Project

The goal of the Bridge Project is to integrate trauma treatment services across several state systems that serve NH youth and families who have been exposed to abuse, neglect, violence, or trauma.

The Bridge Project targets 3 care systems of key importance to abused and at risk children:

- Child protective services (NH Division for Children, Youth & Families)
- Juvenile justice (also part of NH Division for Children, Youth & Families)
- Judicial branch (NH Family Court Division).

Objectives of NH Bridge Project

- To provide screening, assessment and appropriate referral for children and youth entering the three identified child serving systems
- To provide training of non-clinical personnel at all levels of the organization in principles of trauma informed services.
- To provide training of key clinical personnel who serve these youth and families in evidence-based practices

Pilot Courts Identified

- Anchored project around 5 district courts; 4 judges
- Started with Juvenile Justice
- Judges have been community conveners – set the expectation; provide leadership

Becoming a Trauma-Informed Judge

- Background
- Developing a specialty
- Following the science
- Making connections

Learning from the Experts

- DTIRC
- Endowment for Health
- Dr. Joy Osofsky and Judge Cindy Lederman
- Judge Michael Howard

Screening tool

- Upsetting Events Survey (trauma exposure)
- UCLA PTSD Reaction Index (posttraumatic problems)
- Mood and Feelings Questionnaire (affective problems)
- CRAFFT (substance abuse issues)
- The Resiliency Checklist (protective factors)
- Each of these screening components targets factors that can impact decision-making about what might be the best approach to helping the youth.

Welcome to the Stress and Resources Survey

Survey Administrator: _____ ID# _____

Date survey is being administered (example 12/01/2005) _____

Time Period ○ Screening ○ Follow-Up

Site ○ DJJS ○ Other _____ ○ Test

Youth Resiliency Checklist

Below are a number of statements about you, your activities, your friends, and your family. Some statements might be true for you, others might not be true for you. Please answer as honestly as you can. This will help your caseworker, counselor, or other team members to understand your strengths, supports, and resiliency.

Directions:

1. Answer whether the statements below are not true at all, rarely true, sometimes true, often true or nearly all the time.
2. If you live in a placement, answer about your life at home, BEFORE placement.

	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time
1. I workout, play sports, or exercise a few times each week	❑	❑	❑	❑	❑
2. I belong to an organized activity (club, team, group) that I go to at least once a week.	❑	❑	❑	❑	❑
3. I have a regular part-time or full-time job.	❑	❑	❑	❑	❑
4. I've had jobs in the past.	❑	❑	❑	❑	❑
5. I have done volunteer work in the past.	❑	❑	❑	❑	❑
6. I go to church or youth group regularly.	❑	❑	❑	❑	❑

	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time
7. I get along well with most other kids.	❑	❑	❑	❑	❑
8. I get along well with most adults.	❑	❑	❑	❑	❑
9. Most people seem to like me.	❑	❑	❑	❑	❑
10. I have a sense of humor and like to make people laugh.	❑	❑	❑	❑	❑
11. I'm good at caring for others, like babysitting, elderly care, sick friends, or family.	❑	❑	❑	❑	❑
12. I'm good at working out problems between me and other people.	❑	❑	❑	❑	❑

	Not true at all	Rarely true	Sometimes true	Often true	True nearly all the time
19. My family has regular daily routines, like dinner times, curfews, rules about TV and computer, bedtimes, etc.	❑	❑	❑	❑	❑
20. I have chores and responsibilities at home like laundry, dishes, cleaning, pets, babysitting, yard work, etc.	❑	❑	❑	❑	❑
21. When I get in trouble I'll usually get a fair punishment, and have to talk it out with my parents.	❑	❑	❑	❑	❑
22. When I'm out, my parents usually want to know where I am and who I'm with.	❑	❑	❑	❑	❑
23. My parents have family friends or relatives that will help them out when they need it.	❑	❑	❑	❑	❑
24. Growing up, my family regularly went to church or another place of worship.	❑	❑	❑	❑	❑

Nuts and Bolts

- Where to screen
- Who to administer the screen
- When to screen
- What to do with positive screen

Where to screen

- In courthouse
- At probation office
- At CMHC

Considerations

- Physical space
- Who is screening
- Internet access
- Portability of survey
- Transportation

Who will screen

- Juvenile Probation/Parole Office
- Community Mental Health clinician
- In-home service provider
- Intern
- Diversion program staff
- School personnel

When to screen

- Arraignment
- Adjudicatory Hearing
- Pre-dispositional report
- Violation Hearings

What to do with positive screen

- Sharing information
  - Privacy concerns of MHC
  - Legal rights of juvenile
- Language of referral order—counselor discretion

Monitoring progress

- Review hearings
  - JPPO reports
  - Residential Treatment Facilities reports
- Secondary screen after completion of TF-CBT
- Gather data on recidivism

Challenges

1. Juveniles still not receiving TF-CBT
2. Overlapping State initiatives
3. Reduction in court-ordered services
4. Turnover: clinicians, judges, service providers, interns

1. Juveniles still not receiving trauma therapy

- Although many youth screened positive for PTSD, Depression and Substance Abuse, very few have been engaged and maintained successfully in trauma-focused treatment

Roadblocks to treatment

Unwillingness of mental health providers

- Misconceptions of TF-CBT and its appropriateness for complex trauma, adolescents, comorbidity, lack of stability in family, too many crises, waiting for chaos to subside, but to no avail
- Administrative barriers – youth are difficult to engage – limited to office based settings, strict no-show policies.

Roadblocks to treatment (con't)

- Juveniles not interested in treatment, refuse to participate
- Parental apathy
- Changes in placements—home to residential, then back home
- Changes in providers/counselors
- Waiting list for counseling
- Past poor experiences with counseling
- Payment/insurance coverage
- JPPOs reluctance to advocate for new treatment options
- Attorneys' aim to minimize requirements of dispositional orders

2. Overlapping State initiatives

- DHHS reorganization
- How to integrate trauma-focus into other collaborative efforts in child protection and juvenile justice

3. Reduction in Court-Ordered Services

- Changes in the law
- Budget cuts
- Closure of Residential Treatment Facilities

4. Turnover

- Clinicians, judges, service providers, interns
- Effect on individual treatment
- Effect on trauma-informed system
  - Need ongoing training for newcomers
  - Need continuing education for personnel not involved day-to-day

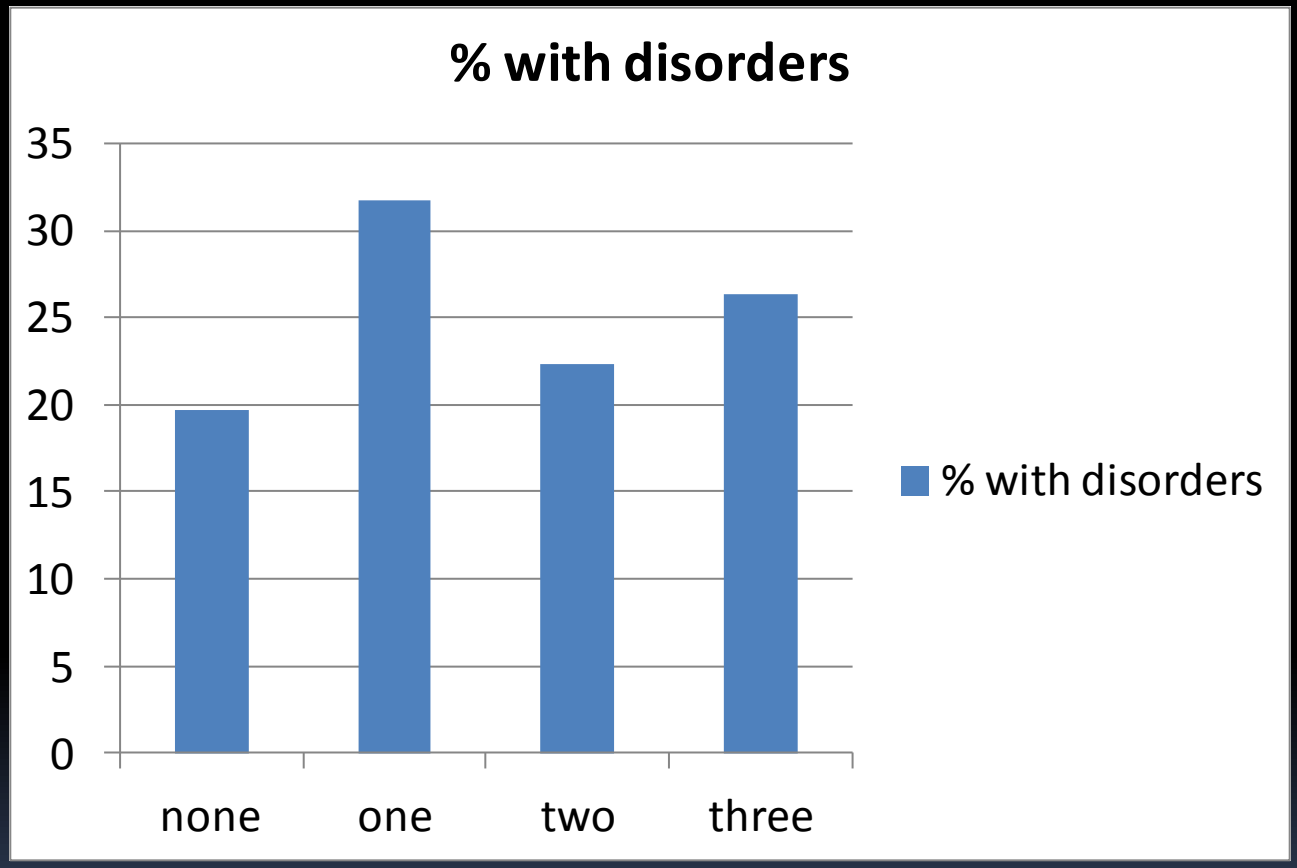
Lessons Learned

- Screening of JJ involved youth in the Courts is not only possible but beneficial
- Screening at arraignment widens the net and seems to work best
- Social work intern was very helpful to move screening forward, to coordinate referral for youth who screen positive
- Judge who promotes screening and evidence-based trauma treatment is key

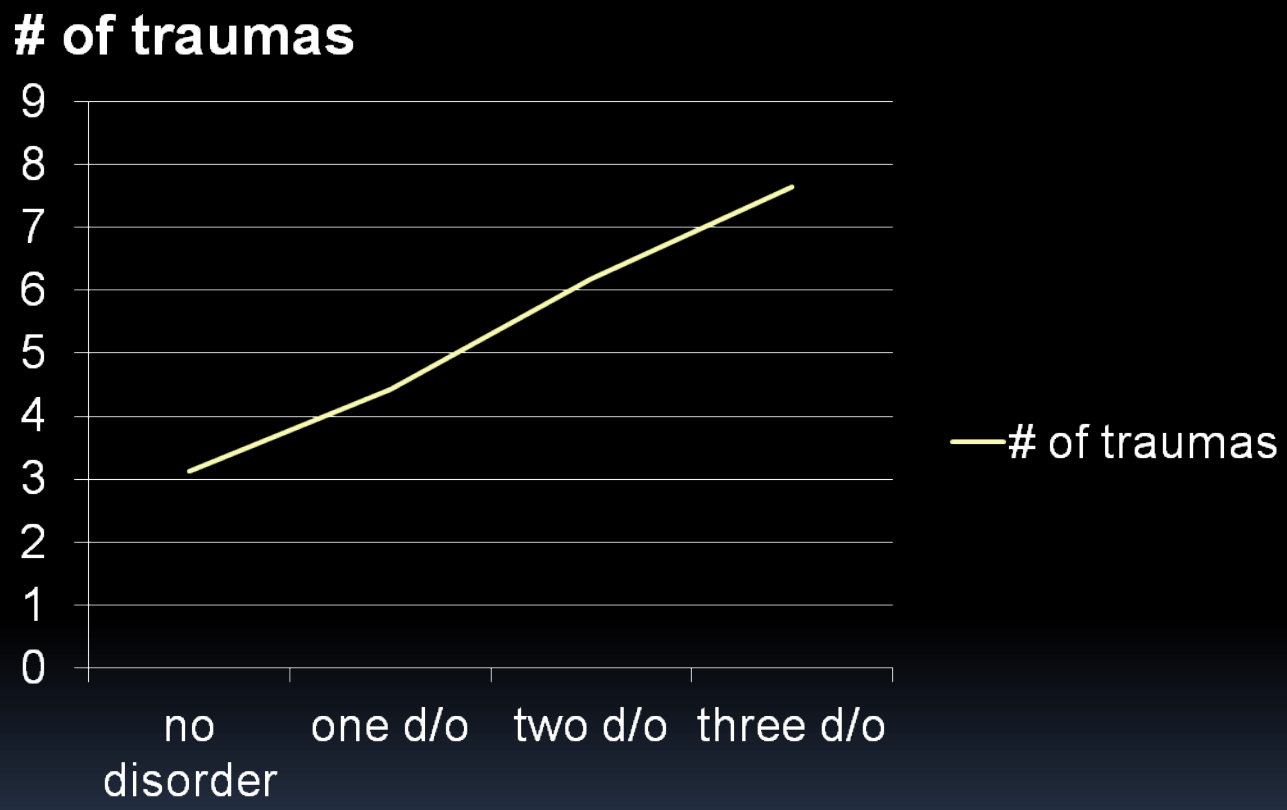
Results from 350 youths screened for trauma

- 94% report at least one major trauma
- 5.7 = average number of traumas
- 48% with PTSD
- 51% with depression
- 61% with substance abuse

Screened JJ youths with disorders



Relation of trauma to disorder



Impact of youth resilience

- Total resilience score did not moderate the impact of trauma
- Low total resilience predicted depressive symptoms (p=.026)
- Involvement subscale (sports, jobs, weekly activities, volunteer, youth group) was a significant moderator of depression (p=.036), and not quite significant moderator of PTSD (p=.102) in the face of trauma

ACF Discretionary Grant - Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-Informed Mental and Behavioral Health Services in Child Welfare

Awarded 5 year grant from ACF (Oct. 2012 – Sept. 2017) with the following goals:

-implement screening and assessment for children and youth involved in NH child welfare system, and integrate data into case planning and review process

-institute psychotropic med monitoring and clinical guidelines to increase safe prescribing practices

-increase access to evidence-based treatments to meet the individual mental health needs of DCYF involved children and families

-identify and de-scale services that are found not to be effective