



ADMINISTRATION FOR
CHILDREN & FAMILIES

Addressing Trauma in Child Welfare: Promoting Well-Being for Children, Youth, and Families

**Clare Anderson, Deputy Commissioner
Administration on Children, Youth and Families**





**Well-Being
Has Multiple
Domains,
*including
but not
limited to
safety and
permanency***

Adapted from Impact Youth Services, 2011;
<http://impactyouthservices.com/goals.htm>

ACYF-CB-IM-12-04:
http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2012/im1204.pdf

Policy: IM – Social and Emotional Well-Being



ACF Administration for Children and Families	U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Administration on Children, Youth and Families	
	1. Log No: ACYF-CB-IM-12-04	2. Issuance Date: 04/17/2012
	3. Originating Office: Children's Bureau	
	4. Key Words: Social and emotional well-being, trauma, screening and assessment, evidence-based and evidence-informed practices	

INFORMATION MEMORANDUM

TO: State, Tribal and Territorial Agencies Administering or Supervising the Administration of Titles IV-B and IV-E of the Social Security Act, Indian Tribes and Indian Tribal Organizations

SUBJECT: Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services

PURPOSE: To explain the Administration on Children, Youth and Families priority to promote social and emotional well-being for children and youth receiving child welfare services, and to encourage child welfare agencies to focus on improving the behavioral and social-emotional outcomes for children who have experienced abuse and/or neglect.

http://www.acf.hhs.gov/programs/cb/laws_policies/policy/im/2012/im1204.pdf

Symptoms that Overlap with Child Trauma and Mental Illness

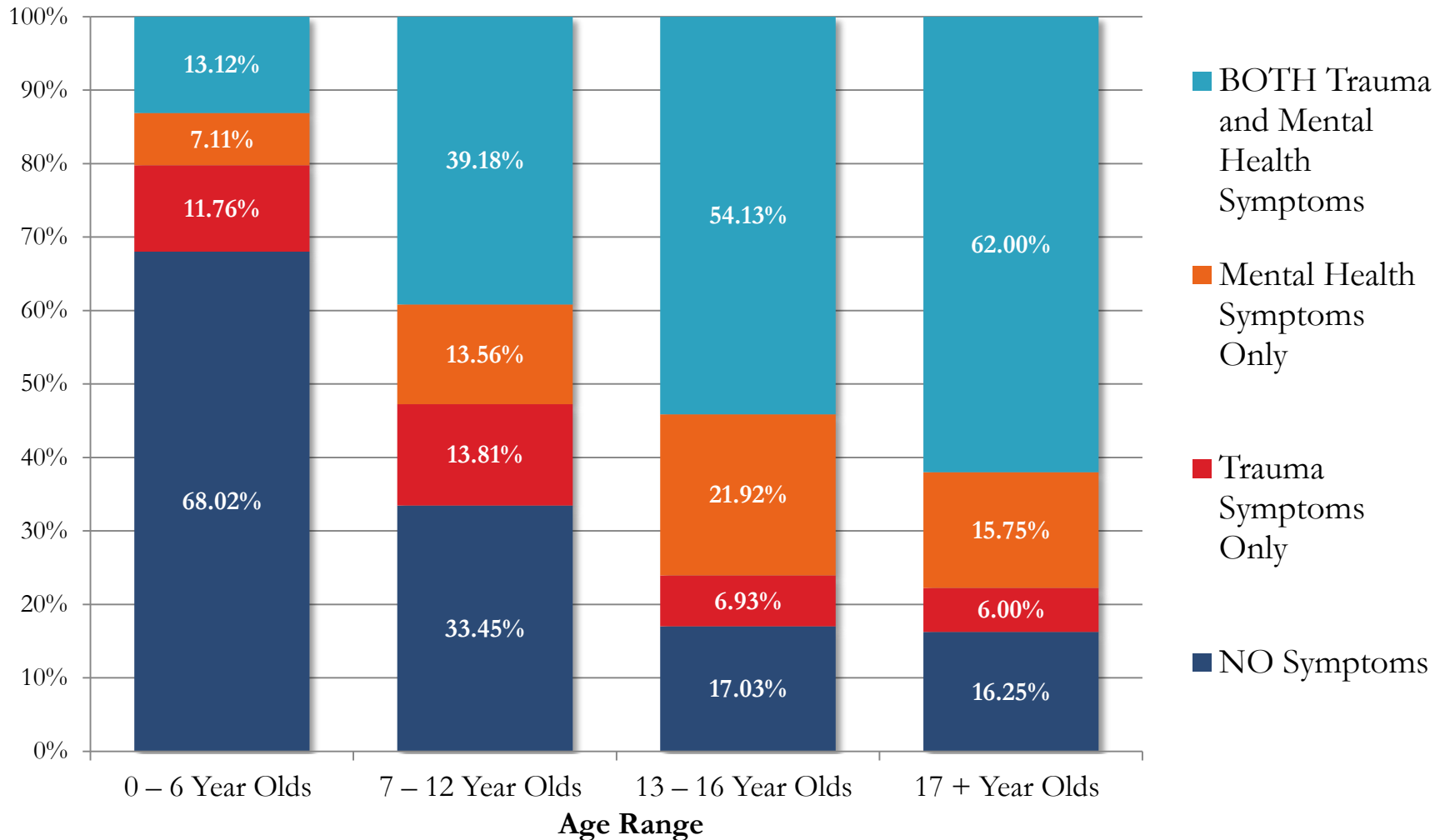


Mental Illness	Overlapping Symptoms	Trauma
Attention Deficit/ Hyperactivity Disorder	Restless, hyperactive, disorganized, and/or agitated activity; difficulty sleeping, poor concentration, and hypervigilant motor activity	Child Trauma
Oppositional Defiant Disorder	A predominance of angry outbursts and irritability	Child Trauma
Anxiety Disorder (incl. Social Anxiety, Obsessive-Compulsive Disorder, Generalized Anxiety Disorder, or phobia)	Avoidance of feared stimuli, physiologic and psychological hyperarousal upon exposure to feared stimuli, sleep problems, hypervigilance, and increased startle reaction	Child Trauma
Major Depressive Disorder	Self-injurious behaviors as avoidant coping with trauma reminders, social withdrawal, affective numbing, and/or sleeping difficulties	Child Trauma

(Griffin, McClelland, Holzberg, Stolbach, Maj, & Kisiel , 2012)

The Overlap of Trauma and Mental Health Symptoms

Trauma and Mental Health Systems by Age for Children Entering Care, IL



Screening & Functional Assessment

TRAUMA & BEHAVIORAL HEALTH SCREENING

Child and Adolescent Needs and Strengths (CANS) Trauma Version

Childhood Trauma Questionnaire (CTQ)

Pediatric Emotional Distress Scale (PEDS)

FUNCTIONAL ASSESSMENT

Strengths and Difficulties Questionnaire (SDQ)

Child Behavior Checklist (CBCL), the Social Skills Rating Scale (SSRS)

Emotional Quotient Inventory Youth Version (EQ-i:YV)

- Functional assessment—assessment of multiple aspects of a child’s social-emotional functioning (Bracken, Keith, & Walker, 1998)—involves sets of measures that account for the **major domains of well-being**.
- Child welfare systems often use assessment as a point-in-time diagnostic activity to determine if a child has a particular set of symptoms or requires a specific intervention. **Functional assessment, however, can be used to measure improvement** in skill and competencies that contribute to well-being and allows for **on-going monitoring of children’s progress towards functional outcomes**.
- Rather than using a “one size fits all” assessment for children and youth in foster care, systems serving children receiving child welfare services should have an **array of assessment tools** available. This allows systems to appropriately evaluate functioning across the domains of social-emotional well-being for children across age groups and accounting for the trauma- and mental health-related challenges faced by children and youth who have experienced abuse or neglect.

Children’s Bureau; Administration on Children, Youth and Families; Administration for Children and Families; U.S. Department of Health and Human Services. (2012) ACYF-IM-CB-12-04: Promoting Social and Emotional Well-Being for Children and Youth Receiving Child Welfare Services. Washington, D.C.: Author.

Matching Needs with Interventions: Factors Impacting Selection

Child Factors

Case history
and context

Behavioral
and Mental
Health
Symptoms

System and Practice Factors

Available and
Feasible EBIs

Expected
Outcomes
from EBI

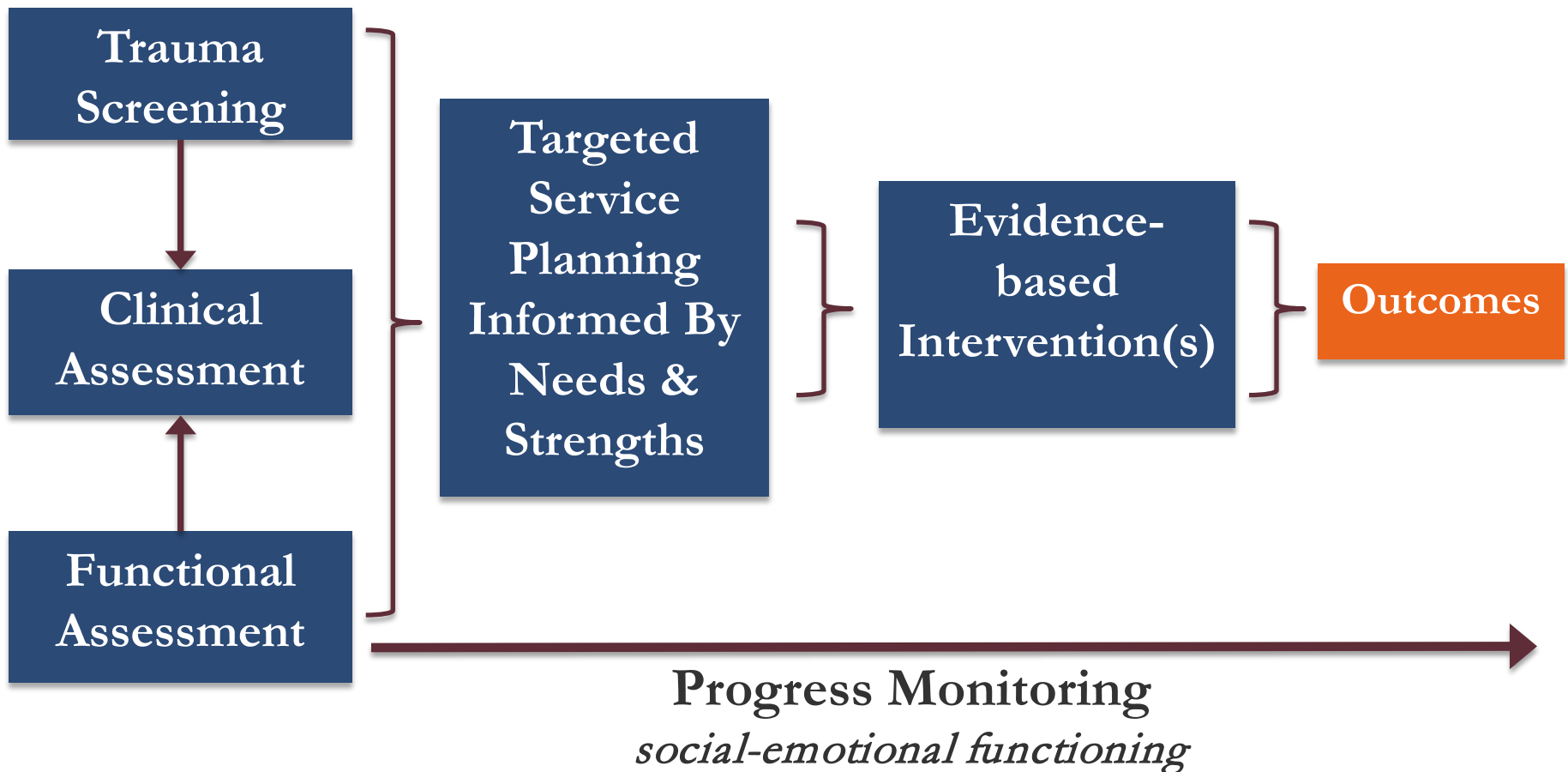
Selected
Evidence-
Based
Intervention

Getting to Better Outcomes



Trauma-Informed Care

therapeutic, responsive & supportive settings & relationships



Matching Populations, Outcomes, and Approaches: IV-E Demonstration Project Examples



Population

Children, 8-17

Children, 13-17

Children, 2-7

Screening & Assessment

- UCLA PTSD Index
- Strengths & Difficulties Questionnaire
- Child & Adolescent Needs & Strengths

- Strengths & Difficulties Questionnaire
- Child & Adolescent Needs & Strengths

- Trauma Symptoms Checklist for Young Children
- Infant Toddler Emotional Assessment
- Child Behavior Checklist

EBIs

Trauma-Focused Cognitive Behavioral Therapy

Multisystemic Therapy

Parent-Child Interaction Therapy

Outcomes

- Behavior problems
- PTS symptoms
- Depression

- Delinquency/Drugs
- Peer problems
- Family cohesion

- Conduct disorders
- Parent distress
- Parent-child interaction

Progress Monitoring: Measuring Outcomes, Not Just Services



“Our goal in facilitating innovation and experimentation in child welfare programs through waiver demonstrations is to improve outcomes for children and, thus, we encourage States to consider whether funding flexibility and improvements in the service strategies for children both at risk of foster care placement and those already placed outside the home could lead to better outcomes for children” (ACYF-CB-IM-12-05).



Measuring Services

How many children received...?
How many hours of training were delivered?
What percent of children got...?

Measuring Outcomes

Are trauma symptoms reduced?
Did services increase relationship skills?
Do children have healthier coping strategies?



SAMHSA's National Child Traumatic Stress Initiative (NCTSI) Data

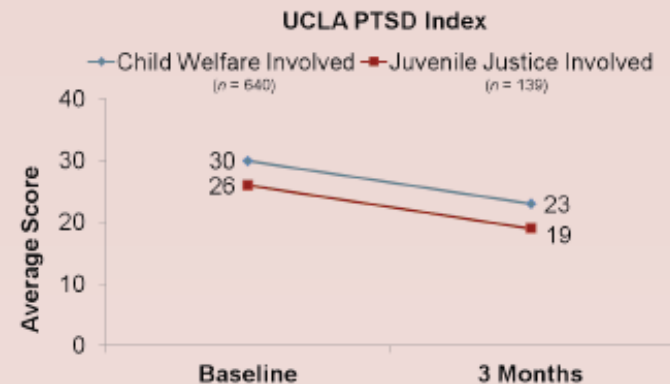
NCTSI centers train professionals from juvenile justice and child welfare agencies on how to adopt **trauma-informed perspectives** and deliver **trauma-focused evidence-based practices**, including **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)**; **Attachment, Self-Regulation, and Competency (ARC)**; **Child-Parent Psychotherapy (CPP)**; and **Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS)**.

http://www.samhsa.gov/children/SAMHSA_ShortReport_2012.pdf

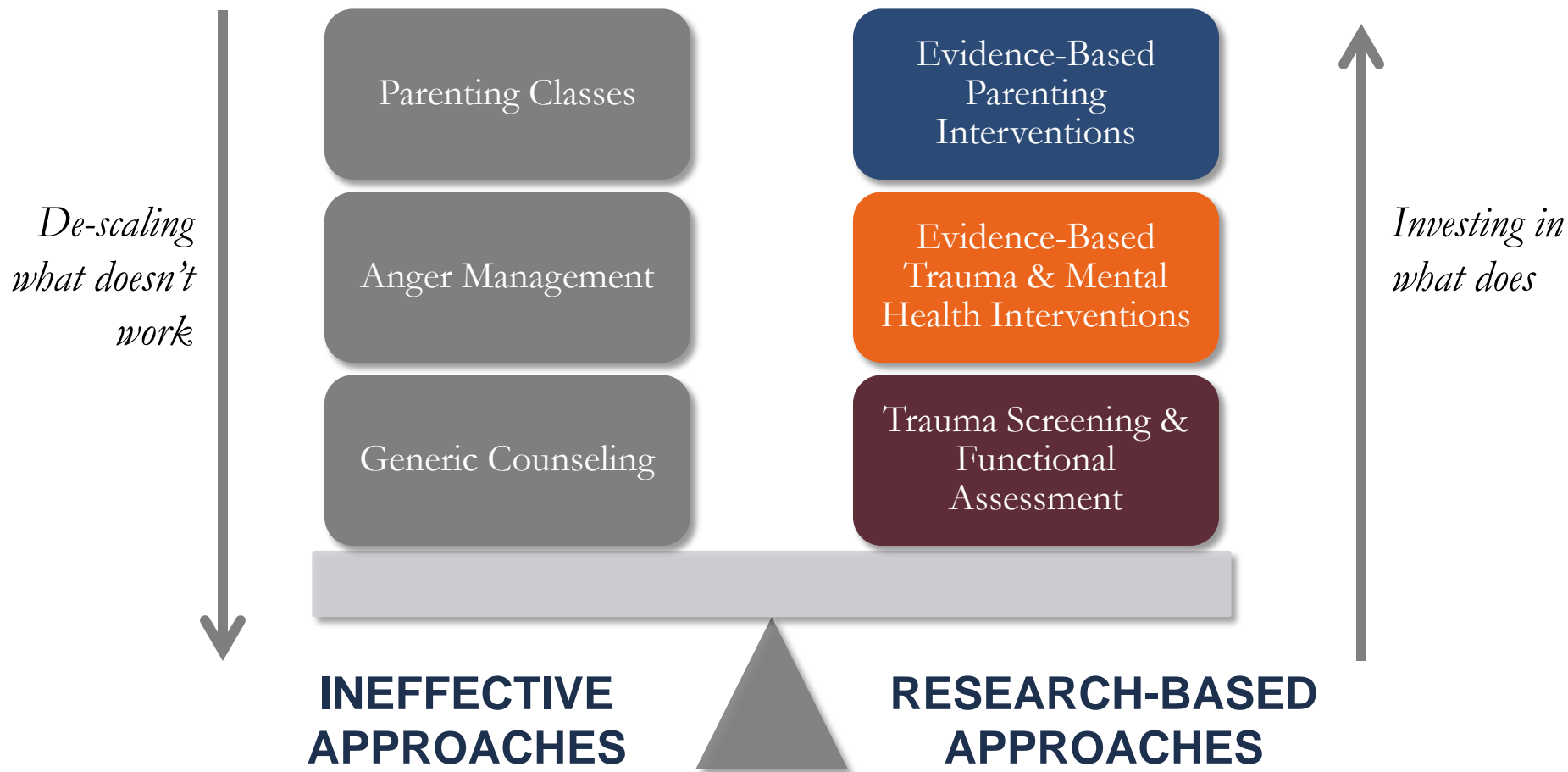
	Child Welfare		Juvenile Justice	
Outcome	Entry into Services	6 Months	Entry into Services	6 Months
Academic problems	50%	45%	72%	53%
Behavior problems at home	66%	58%	82%	60%
Difficulties building relationships	56%	46%	51%	40%
Law enforcement contacts ^a	14%	8%	44%	13%
Substance use problems ^b	11%	10%	46%	21%

^aYouth aged 11 and older. ^bYouth aged 12 and older.

Figure 4. NCTSI: Child and Youth PTSD Symptoms Improve



Establishing the Right Services Array: De-scaling What Doesn't Work, Scaling Up What Does



Changing Policy to Address Trauma in Child Welfare



Child and Family Services Improvement and Innovation Act of 2011 (P.L. 112-34)

Reauthorization of Promoting Safe and Stable Families (PSSF) includes new language addressing trauma and vulnerable populations:

- State plans shall include an outline of “how health needs identified through screenings will be monitored and treated, **including emotional trauma associated with a child’s maltreatment and removal from home.**”
 - Plans must include a description of “the oversight of prescription medicines, **including protocols for the appropriate use and monitoring of psychotropic medications.**”

ACYF Discretionary Funding



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

- Support the implementation of **evidence-based or evidence-informed screening, assessment, case planning, and service array reconfiguration** practices in child welfare systems while simultaneously targeting and de-scaling practices and services that: 1) are not effective; and/or 2) do not meet the assessed needs of the target population

Integrating Trauma-Informed and Trauma-Focused Practice in Child Protective Service (CPS) Delivery

- Promote safety, **well-being**, and permanency for children and families involved in the child welfare system, especially in efforts to provide **trauma-informed services**; provide support for **trauma-informed treatment** models, improve the social and emotional well-being of children who have experienced trauma and trauma-symptoms, and help to evaluate these efforts

Regional Partnerships to Increase the Well-Being of, and to Improve the Permanency Outcomes for, Children Affected by Substance Abuse

- Test targeted approaches designed to increase the **well-being**, improve permanency outcomes, and enhance the safety of children and families effected by substance abuse; Regional Partnerships fund services or practices appropriate for the population, that are shown to be effective in achieving the outcomes, and are evidence-based or evidence-informed and **trauma-informed**

Comprehensive Support Services for Families Affected by Substance Abuse or HIV/AIDS

- Increase **well-being**, improve permanency, and enhance safety of infants and young children who have been exposed to a dangerous drug or have been exposed to HIV/AIDS and/or at risk of being placed in out-of-home care as a result of the parent(s)' substance abuse or HIV status; implement evidence-based, evidenced-informed, and/or **trauma-informed practices** or other effective treatments

Supportive Housing and Child Welfare

- Customize case management services for children and their parents, as well as **trauma informed interventions** and mental health services through partnerships to access additional services through community-based service provider

New Title IV-E Child Welfare Demonstration Projects

- On September 30, HHS approved nine new child welfare demonstration projects for FY 2012
- Prioritized social/emotional **well-being** and addressing **trauma**
- Each demonstration project has identified at least one well-being outcome to target for improvement
- Collaborations with Medicaid and behavioral health authority were prioritized; six of the nine demonstration projects have collaborations in place or will pursue them
- Accepting applications **now** for FY13 demonstration projects
 - Information Memorandum:
<https://www.acf.hhs.gov/sites/default/files/cb/im1205.pdf>

Arkansas

Colorado

Illinois

Massachusetts

Michigan

Pennsylvania

Utah

Washington

Wisconsin

Proposals are posted online:
<https://www.acf.hhs.gov/programs/cb/programs/child-welfare-waivers>

A Commitment to Promoting Well-Being for Children and Families Means:

1. Focus on child & family level outcomes
2. Monitor progress for reduced symptoms and improved child/youth functioning
3. Proactive approach to social and emotional needs
4. Developmentally specific approach
5. Promotion of healthy relationships
6. Build capacity to deliver EBPs