

Texas Children’s Mental Health Forum
MEETING and DISCUSSION NOTES
Tuesday, December 15, 2009

Topic:
Supporting Trauma Informed Care Across State Systems:
Mental Health, Foster Care, Juvenile Justice

PRESENTATION - The Impact of Trauma on Children and Adolescents: Why Must We Be Trauma Informed? Presented by Christine Dobson, PhD, The Child Trauma Academy, www.ChildTrauma.org

Notes from Presentation:

Negative early life experiences often lead to cognitive, social, emotional and behavioral problems.

While trauma informed is good, we truly need to become neuro-developmentally informed.

Trauma impacts the development of the brain.

- The brain develops in a “use-dependent” manner – the more a neural system is “activated”, the more that system changes to reflect that pattern of activation
- The brain organizes in response to the pattern, intensity, and nature of sensory and perceptual experience.

If the lower parts of the brain develop in a less than optimal fashion (following some type of trauma), the development of the other parts of the brain will be impacted.

Fear changes the way we think. Kids that we work with are in constant state of fear, with very reactive and emotional cognition. When children are assessed, it is normally focused on behavior. We rarely focus on why the child is exhibiting the behaviors.

Dr. Dobson presented the functional brain map developed by Dr. Bruce Perry. By asking targeted questions related to specific brain functions (e.g., sensory integration, self-regulation, relationships), the organization of the brain can be mapped. These “maps” (snapshots of a period in time) are then used to determine appropriate interventions.

Neurosequential Model of Therapeutics (NMT) Interventions: Help identify where the child is developmentally -- Develops an array of experiences that will begin to provide age appropriate, but developmentally sensitive, activities to help the child catch up.

Therapeutic Interventions:

- Based on strengths and vulnerabilities of each child
- Primary objective is to ensure that experiences are relevant, rhythmic, relational, repetitive, and rewarding and respectful
- Activities are provided within the context of healthy relationships with safe, predictable and nurturing adults

Therapeutic activities will be most effective if they are provided in the sequence that reflects normal development, from the brainstem up.

Examples of therapeutic interventions:

1. Brainstem: Massage therapy
2. Midbrain: Music, movement, meditation
3. Limbic: Art therapy, dance, play therapy, swimming, running
4. Cortical: Writing, Drama, storytelling

Relationships are Key!!! A great deal of effort is spent on increasing the number of safe, healthy relationships in the child's life.

Online Education and Training Materials: www.ChildTraumaAcademy.com

PRESENTATION: [Reducing the Use of Seclusion and Restraint](#)

Presented by Darcie DeShazo, LCSW, Children Subcommittee Chairperson of the Texas Seclusion and Restraint Reduction Leadership Group; Supervisor/Therapist at The Settlement Home.

Notes from Presentation:

Purpose and Mission of the Hogg Foundation Seclusion and Restraint (S/R) Reduction Effort:

When seclusion and restraint by Texas agencies are used, both the people applying and receiving the interventions are placed at risk of psychological and physical harm.

<http://www.hogg.utexas.edu/programs>

Six Core Strategies (Developed by the National Technical Assistance Center,

<http://www.nasmhpd.org/ntac.cfm>)

1. Leadership Towards Organizational Change – make sure people understand the purpose and are behind it; requires a great deal of oversight; must be a top priority (e.g., at Settlement Home, created a committee to develop goals, identify strengths)
2. Using Data to Inform Practice – helps to recognize patterns, triggers, timing, and analyzing daily incidence reports
3. Workforce Development – have to work through anxiety of staff, obtaining buy-in; with successes, staff became enthusiastic

4. Use of S/R Reduction Tools: sensory integration and relaxation techniques; creating “comfort” rooms; coping skills tools (e.g., squishy balls, music, massage rollers, playdoh, aromatherapy,) – trial and error to find what works best with the individual.
5. Consumer Roles in Inpatient Settings – hearing from the consumers about how it feels to be restrained makes it more human; peer mentoring programs – teaching coping skills; leadership council of youth that provide input to administrators on what things are working and not working
6. Debriefing Techniques – Lessons learned, identifying patterns and triggers; “huddling up” after a particular incident – talk about what could be done differently;

Darcie provided a copy of the debriefing questions:

- A. Environmental Factors
 - Did the child have their medication? What medication are they on and what time was it given?
 - Describe the child’s physical wellbeing peior to the incident. Were they sick, hungry, or tired?
 - What time of day did the incident occur? What was the going on in the cottage’s schedule at the time?
 - Was there a peer interaction involved?
 - What time of year is it? Could the child haven anniversary approaching or just past?
 - Where did the incident occur?
- B. Staff Actions
 - Did a limit that was set trigger the escalation? What was the limit?
 - What role did each staff play in the incident?
 - What calming strategies/interventions did staff use/suggest?
 - Was the child’s safety plan followed? Were they triggered by something on their plan? Did staff intervene according to the plan?
 - Did we have enough tools?
 - What did staff do right?
- C. Child Actions
 - What triggered the escalation? Is that trigger part of their safety plan?
 - What signals of distress did the child display/
 - Did the child use the calming strategies set up in the safety plan? What strategies did they use? What worked and what didn’t?
 - How can the child’s strengths be used to prevent the situation from happening again?
 - What skills does the child need to help them be more successful in the future?
 - What could the staff do differently to help prevent the situation from happening again?

Darcie also shared a colorful questionnaire to solicit input from the child newly placed about how they react to specific incidents (e.g., the incident with pictures for children to indicate how they were feeling (e.g., what they need at such a time as well as what they do not need at that time).

Darcie shared relaxation exercises.

National Child Traumatic Stress Network –

Information shared by Jeffrey N. Wherry, Ph.D., Institute for Child and Family Studies
Human Development and Family Studies, Texas Tech University

- <http://www.nctsn.org/>
- Established by Congress, NCTSN is a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.
- SAMHSA established in 2001 collaboration between Duke and UCLA; training people, institutions, and organizations in evidence-based practices in assessment and treatment.
- Trauma measures have been developed and normed, but are not being widely used.
- Category 2 -- Training Sites
- Category 3 – Implementation Sites (El Paso, Houston) Takes best practices and uses them and collects data that is analyzed
- Many products have been developed, including:
 - Child Welfare Training Toolkit
 - Curriculum for Training Foster Parents – Will be available in January 2010 for purchase
- [Adverse Childhood Experiences \(ACE\)](#) studies have linked traumatic childhood trauma to chronic disease.

Group Discussion: What Needs to be Done to Support Trauma Informed Care in Texas?
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Recommendation: Provide funding for programs that work

Recommendation: Speed up the lag time between research and practice

Recommendation: Address the traumatization of removal and institutional care, which is not generally talked about; people don't intentionally address transitions for kids from one agency to another – we need to recognize the trauma inherent in these transitions

Comment: The current medical model results in a predominate use of psychotropic medications

Recommendation: Address the lack of continuum-of-care; kids in the system are “punished” by being removed from safe, healthy relationships as they get better

Comment: Importance of foster parent training

Comment/Resource: The Casey Foundation has a program to train parents around mental health issues, trauma-informed care, advocacy skills, etc.

Comment: Front end diversion initiatives are underway in Houston, Lubbock, San Antonio, targeting children prior to being adjudicated in the juvenile justice system

Comment: Initiative in Bexar County that allows agencies to exchange medical records can prevent a child from having to tell their story over and over

Recommendation: Work to educate pediatricians and family practitioners, who serve as an entry point, but who don't necessarily know how to refer or have a lack of recognition of the issue; interject trauma informed care into graduate education (Academy on Violence and Abuse is working on this).

- Comment: Would need to address barrier of physicians' curriculum already being overloaded

Recommendation: Include trauma item on juvenile justice system's common application for placement, which is under review.

Comment: The state has recently received a grant on traumatic brain injury screening for all children coming into the juvenile justice system.

Recommendation: Train child care workers, since they are the ones that see young children the most

Recommendation: Training for Primary Care Physicians to feel comfortable in dealing with children with mental health issues.

Recommendation: Address/take into account the trauma of the parents

Recommendation: Place a trained transition specialist in every school with expertise in mental health

Recommendation: Promulgate positive behavior supports in schools throughout Texas

Recommendation: Have agencies collect data on transitions (this may be the way to change the focus.)

Comment: Problem with medicating behaviors when trying to develop functional areas in the brain

Recommendation: Expand efforts to reduce use of psychotropic medications in the foster care system to the Medicaid population.

Comment: Texas has made great strides in reducing the number of children with five or more psychotropic medications in the foster care system as of 2005 and have seen decreases in hospitalizations; there needs to be a balance with providing therapeutic living situations, etc.

Recommendation: Provide continuous support (information and training) to clinicians, not just a one-time training; provide an infrastructure to allow for supervision (particularly with regards to secondary trauma)

Recommendation: Create online learning communities

Recommendation: Come up with standardized tools to determine levels of care, reported to be subjective and not systematic

Comment: CPS is beginning a new initiative to redesign the foster care system –currently are incentivizing negative things for kids – will be a great deal of work to change the system

Recommendation: Increase/expand “front-end diversion” efforts.

Announcements

New Texas Children’s Mental Health Forum Partner! Texans Care For Children is excited to begin working with Susan Griffin with the [Texas Health Institute](#) in the planning and convening future Forum meetings. Susan is the Mental Health Transformation Community Development Specialist for the Texas Health Institute, working with the seven community collaboratives funded through the SAMHSA Mental Health Transformation Grant.

We appreciate the Hogg Foundation for Mental Health’s ongoing support in the Forum by continuing to host the Forum meetings!

Next Meeting:

In lieu of our regular meeting in January, Forum participants are invited to attend the **Texas Mental Health-Juvenile Justice Summit*** to be held on Thursday January 28th, 2010 from 9:00 AM to 3:00PM, in the Capitol Auditorium. National speakers will speak on best practices in diverting youth from the juvenile justice system, in serving youth who are in the system, and assisting youth leaving the system in transitioning into the community. There will also be a youth panel to discuss first hand experiences in the juvenile justice system and a question and answer session.

**Event sponsored by Texans Care For Children, Methodist Healthcare Ministries, and the Texas Mental Health and Juvenile Justice Action Network*