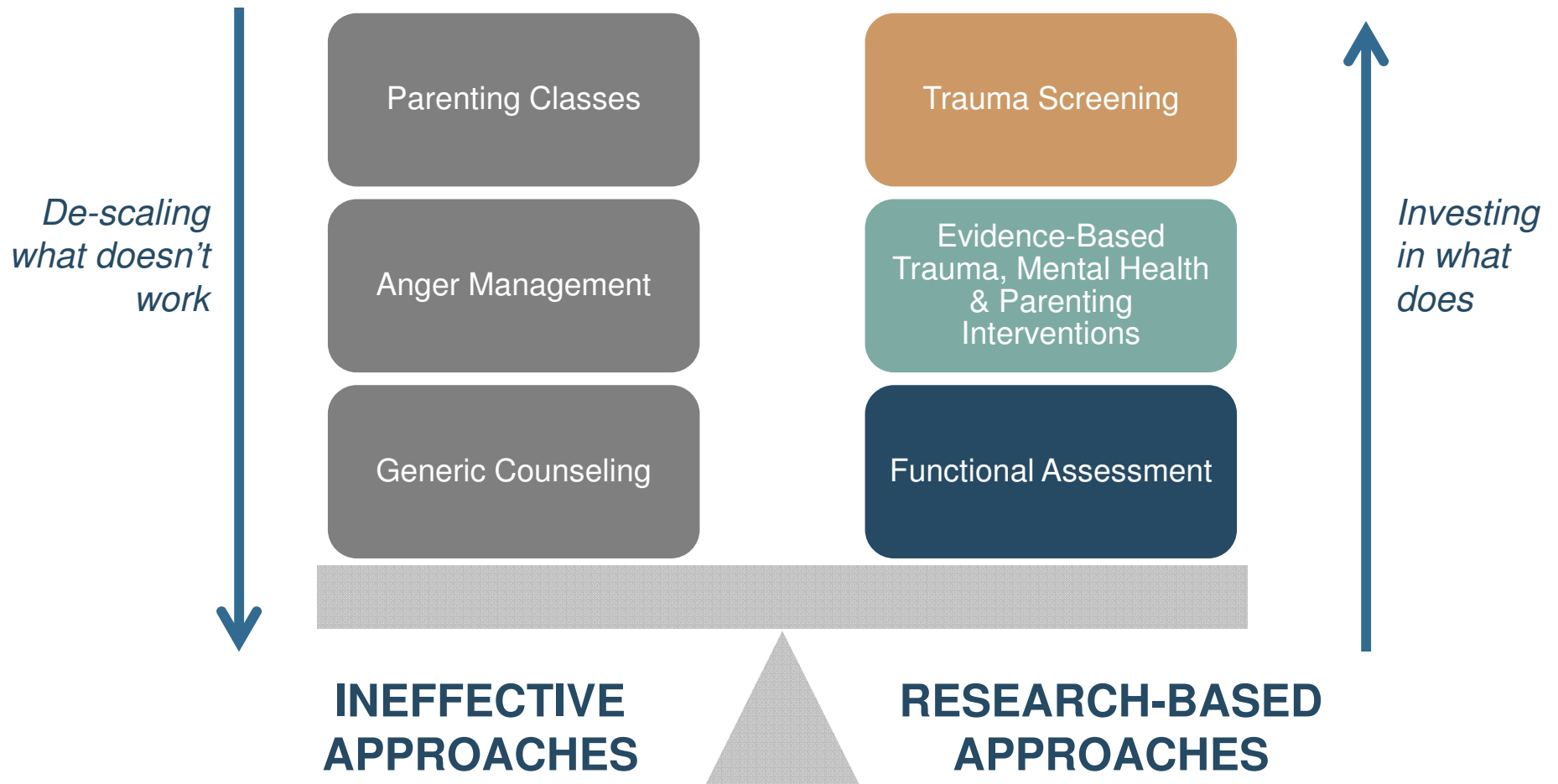# Using a Trauma Lens to Address Maltreatment

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TRANSFORMING SYSTEMS TO ADDRESS TRAUMA

De-scaling what doesn't work

INEFFECTIVE APPROACHES	RESEARCH-BASED APPROACHES
Parenting Classes	Trauma Screening
Anger Management	Evidence-Based Trauma, Mental Health & Parenting Interventions
Generic Counseling	Functional Assessment

Investing in what does

INEFFECTIVE APPROACHES

RESEARCH-BASED APPROACHES

THE COST OF MALTREATMENT

- A new CDC study finds that child maltreatment costs **Medicaid $5.9 billion per year** (Florence et al, 2013).

- Children at-risk of maltreatment incur **$2,600 more** in health expenditures than children from the general population (Florence et al, 2013).

- The total lifetime economic burden resulting from new cases of fatal and nonfatal child maltreatment in the United States in 2008 is approximately **$124 billion**. In sensitivity analysis, the total burden is estimated to be **as large as $585 billion** (Fang et al, 2012).

ACCELERATING AND SUSTAINING TRAUMA-INFORMED APPROACHES

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

FY 2011

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

FY 2012

Promoting Well-Being and Adoption after Trauma

FY 2013

ACES AMONG CHILDREN AND YOUTH KNOWN TO THE CHILD WELFARE SYSTEM

A forthcoming research brief examines the prevalence of adverse childhood experiences among children who had contact with the child welfare system between 2008 and 2009.

- Only **1% had zero adverse experiences** (compared to over a third of the respondents in the ACE study)

- More than half of the child welfare sample **(54%) reported more than four** adverse experiences (compared to 13% of the ACEs sample)

- In the child welfare sample the **number of adverse experiences increased as the age of the children increased**. While 41% of the 0-2 year-olds already had experiences 4 or more adverse experiences, that percentage rose to 71% for 11-17 year-olds

- The high levels of adverse experiences documented point to **the need for early intervention for vulnerable children**, particularly those involved with the child welfare system
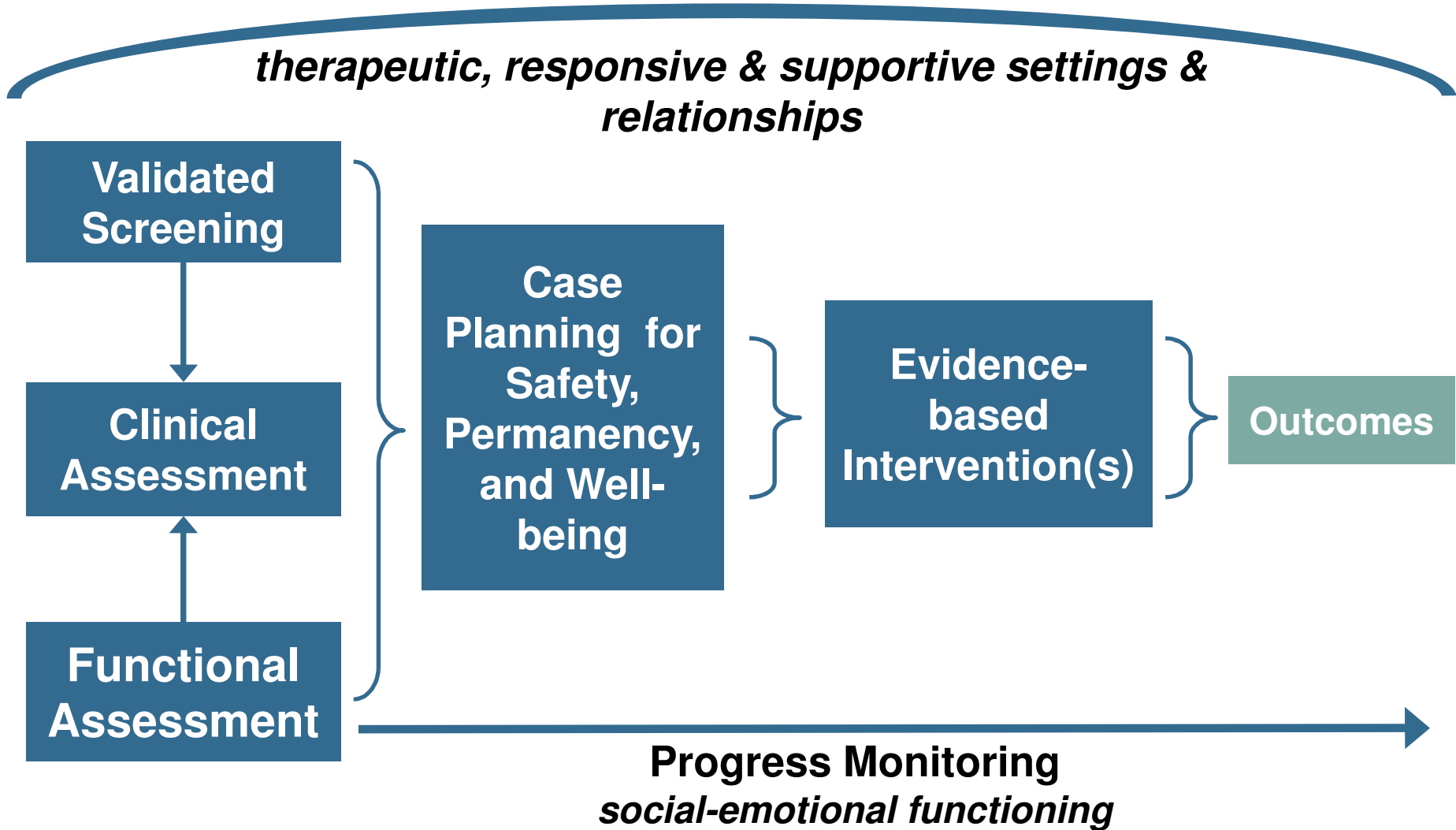
TITLE IV-E CHILD ABUSE AND NEGLECT DEMONSTRATION PROJECTS

TITLE IV-E CHILD WELFARE DEMONSTRATION PROJECTS

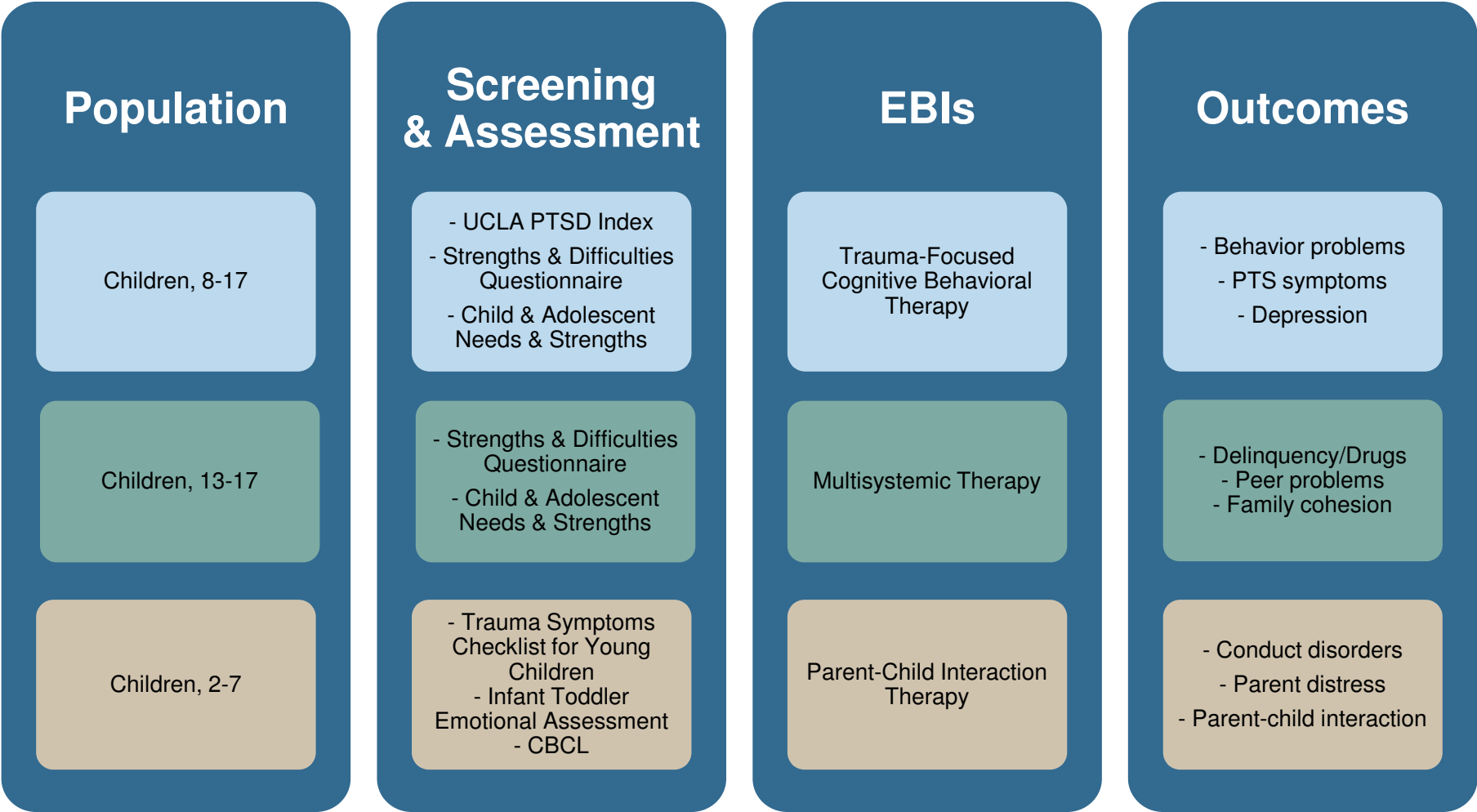- HHS may waive title IV-E requirements for States with approved projects, allowing them to use funds flexibly and reinvest savings

- HHS prioritized well-being and addressing trauma as the focus of the demonstrations

- States are encouraged to align screening, assessment, and evidence-based interventions with the needs and characteristics of the target population in order to achieve improved well-being

ACHIEVING BETTER OUTCOMES

therapeutic, responsive & supportive settings & relationships

Validated Screening → Clinical Assessment ← Functional Assessment

→ Case Planning for Safety, Permanency, and Well-being

→ Evidence-based Intervention(s)

→ Outcomes

Progress Monitoring
social-emotional functioning

MATCHING POPULATIONS, OUTCOMES, AND APPROACHES: IV-E DEMONSTRATION PROJECT EXAMPLES

Population	Screening & Assessment	EBIs	Outcomes
Children, 8-17	- UCLA PTSD Index - Strengths & Difficulties Questionnaire - Child & Adolescent Needs & Strengths	Trauma-Focused Cognitive Behavioral Therapy	- Behavior problems - PTS symptoms - Depression
Children, 13-17	- Strengths & Difficulties Questionnaire - Child & Adolescent Needs & Strengths	Multisystemic Therapy	- Delinquency/Drugs - Peer problems - Family cohesion
Children, 2-7	- Trauma Symptoms Checklist for Young Children - Infant Toddler Emotional Assessment - CBCL	Parent-Child Interaction Therapy	- Conduct disorders - Parent distress - Parent-child interaction

WISCONSIN

- **Target population**: All reunifying children in initial county, reunifying children ages 0-5 in expansion counties

- **Geographic scope**: One county, initially, followed by 71 additional counties upon reduction of re-entry rate

- **Key outcomes**: Decreased exposure to trauma; improved social/emotional/behavioral functioning; improved educational outcomes; improved mental, physical, and dental health; reduced foster care re-entry

- **Evidence-based and promising programs considered**: TF-CBT; PCIT; CPP

SOCIAL AND EMOTIONAL WELL-BEING FOR CHILDREN, YOUTH, AND FAMILIES

Healing and Recovery

Intensive Intervention

Assessment drives individualized treatment plan with evidence-based interventions

Targeted Social and Emotional Supports

Systematic approaches to teaching coping skills and social skills

Stress Reducing and Developmentally Appropriate Environments

Nurturing environments provide security and promote positive outcomes

Safe, Supportive, and Responsive Relationships

Supportive, responsive relationships promote healing and recovery and reinforce growing social and emotional skills

Knowledgeable and Effective Workforce

Systems and policies promote and sustain screening, assessment, the use of evidence-based interventions, progress monitoring, and continuous quality improvement

Adapted from the Technical Assistance Center on Social Emotional Intervention for Children and the Center on the Social and Emotional Foundations for Early Learning