

The Greater Richmond Trauma-Informed Community Network

Highlight on Trauma Screening Regional Collaborative



Greater Richmond
Trauma-Informed Community Network (TICN)

Workshop Overview

- Develop an understanding of how one trauma-informed community network got started
- Highlight how one local social services department has benefited from their involvement with the Greater Richmond Trauma-Informed Community Network
- Learn about the implementation of the Project Broadcast Brief Screening Tool
- Learn how VDSS is working to connect local departments of social services with best practice efforts

The Greater Richmond Trauma Informed Community Network (GRTICN) of Virginia is a diverse group of individuals, convened by Greater Richmond SCAN (Stop Child Abuse Now), who share a commitment towards the creation of a more trauma informed and resilient community within the Greater Richmond region.



How did we get here?

- Think Tank – Fall 2012
- Goal of improving trauma informed / trauma responsive practices throughout the Greater Richmond region to build a more resilient community.
- SCAN identified as backbone organization
- Collective Impact
- Orientation Process
- Communication
- Current Membership





GRTICN COMMITTEES

- Brief Screening Tool
- Community Resilience
- Healthcare, Legal & Courts
- Outcomes
- Policy
- Schools
- Training & Workforce Development

Highlights & Accomplishments



- Trained 10,000+ individuals on Trauma & Resilience across the state
- Screened Resilience Documentary for close to 5000 in the Greater Richmond Region
- Providing training and support to 4 LDSS agencies on the implementation of a Brief Trauma Screening Tool for use in Child Welfare: Henrico, Chesterfield, Hopewell and Richmond.
- Providing consultation on becoming a trauma informed organization / system (organizational assessment, focus groups, recommendations, training etc.): Healthcare, Schools, Child Welfare, Law Enforcement, Juvenile Courts...
- Leading Richmond City Police Department's Road 2 Resilience initiative: Trained over 500 sworn officers in Trauma and Resilience.
- Richmond J&DR Court is on its way to becoming a Trauma Informed Court



Highlights & Accomplishments

- Providing consultation and support to communities across Virginia to develop their own TICNs (currently 18 statewide)
- Led efforts for Resolution in General Assembly recognizing TICNs as a best practice
- Currently convene quarterly meetings of all TICN's across Virginia
- Led efforts for new language in VA State Board of Education regulations requiring trauma informed courses as a requirement for state university K-12 teaching programs
- TICN Policy Committee convenes meetings with representatives from across the state to develop a unified legislative agenda
- Participate in the development of Voices for Virginia's Children's Campaign for a Trauma Informed Virginia.

SPOTLIGHT: Trauma-Informed Brief Screening Tool Committee

- Formed in early 2013
- Henrico DSS & Chesterfield DSS joined at onset
- Hopewell DSS (2016) and Richmond DSS (2017)
- Committee members researched trauma screening tool measures, selected the NC Project Broadcast Brief Trauma Screening Tool and are currently collaborating with local DSS agencies to implement use of this screening tool.

Trauma Screening at a local DSS



- Henrico Social Services was part of the original Think Tank
- SCAN and other community partners with the GRTICN infused our agency with their energy and intentions
 - Administered the trauma-readiness tool to assess preparedness for change
 - Conducted focus groups with staff
 - Made recommendations for strategies that would:
 - Support practice changes for our child welfare services to become trauma-informed with children and families
 - Create a culture of sensitivity and responsiveness to the impacts of trauma on our clients and our staff
 - Work to support a resilient workforce through the encouragement of self-care at work and home



Trauma Screening at a local DSS

- We were selected to participate in the National Child Traumatic Stress Network's Trauma Toolkit Training for Child Welfare Workers, sponsored with DBHDS grant funds and conducted by the NCTSN grant site The Center for Child & Family Health in Durham, North Carolina (April 2014)
 - Attended with Chesterfield County DSS and members of the GRTICN
 - Learned about the impacts of trauma on children of all ages and how to approach the mandates of child welfare, every aspect of our jobs, with a trauma-focused, trauma-sensitive approach
 - Learned about trauma-informed interventions being used at the grant site with children from birth to age 18 and their families, and this is when we learned about the Project Broadcast Brief Screening Tool



Trauma Screening at a local DSS



- Initially, we partnered with Chesterfield County and used IV-e funding to bring training in from NC (November 2014)
- Screening in Henrico initially took place ONLY in CPS investigations with child victims who were interviewed at the Child Advocacy Center
 - Engaged our MDT to ensure that the integrity of the forensic interview would not be compromised & CA's office gave the green light for implementation
 - The 4 questions were asked at the conclusion of the forensic interview
- This practice went on for about 2 years, then we expanded use to all child victims in CPS investigations
- After staff turnover in the other child welfare programs and interest from other local agencies in implementing the BST, we held another iv-e funded training (September 2017) with the NC trainers.
 - A child welfare worker from NC trained with a clinician instrumental in developing the tool
 - We developed implementation plans for all child welfare programs at the training event
 - We created a local implementation team
 - We had follow-up meetings and consultation calls with the NC trainers who helped walk us through questions and barriers we encountered with implementation

Brief Screening Tool – Children Under 6 years old

Brief Trauma Screening Tool Parent/Caregiver Questions for Children (Under 6 yrs old)

SECTION I: QUESTIONS ABOUT POTENTIALLY TRAUMATIC EVENTS

A. Is the CW Worker or caregiver aware of or suspect the child has experienced?

- | | |
|---|--|
| <input type="checkbox"/> Physical maltreatment or assault | <input type="checkbox"/> Incarceration and/or witnessing arrest of primary caregiver |
| <input type="checkbox"/> Sexual maltreatment or assault/rape | <input type="checkbox"/> Traumatic death of a loved one |
| <input type="checkbox"/> Emotional maltreatment | <input type="checkbox"/> Immigration trauma |
| <input type="checkbox"/> Basic physical needs not met | <input type="checkbox"/> Natural disaster/war/terrorism |
| <input type="checkbox"/> <u>Serious</u> accident/illness/medical procedure | <input type="checkbox"/> Multiple separations from/or changes in primary caregiver |
| <input type="checkbox"/> Exposure to school violence and/or severe bullying | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Exposure to domestic violence | <input type="checkbox"/> Exposure to community violence |
| <input type="checkbox"/> Exposure to drug/substance abuse or related activity | <input type="checkbox"/> Human Trafficking Exposure |
| | <input type="checkbox"/> Other: |
| | <input type="checkbox"/> None |

SECTION 2: QUESTIONS FOR CW WORKER/CAREGIVER (check if occurred within the **last six months**)

A. Does the child show any of these behaviors?

- Excessive aggression or violence toward property, animals, or others (including bullying)
- Preoccupied with violent and/or sexual interests
- Explosive behaviors (excessive and prolonged tantrums)
- Disorganized behavioral states (i.e., attention, play)
- Very withdrawn and/or excessively shy
- Bossy and demanding behavior with adults and peers
- Sexual behavior not typical for child's age
- Sleeping problems
- Eating problems
- Regressed behavior (i.e., toileting, play)
- Recurring physical complaints with no apparent cause
- Difficulty with self-soothing
- Other: _____
- None

B. Does the child exhibit the following emotions/moods?

- Very flat affect and/or withdrawn behavior
- Excessive worry
- Quick, explosive anger
- Chronic sadness and/or doesn't seem to enjoy any activities
- Other: _____
- None

C. Does the child have relational and/or attachment difficulties?

- Lack of eye contact
- Sad or empty eyed appearance
- Overly friendly with strangers (lack of appropriate stranger anxiety)
- Alternates between clinginess and disengagement and/or aggression
- Failure to reciprocate (i.e., hugs, smiles, vocalization, play)
- Failure to seek comfort when hurt or frightened
- Other: _____
- None

D. Does the child have problems in childcare/school?

- Difficulty with authority
- Attention problems
- Difficulty with following instructions
- Difficulty interacting with peers
- Frequent calls or notes home about behaviors
- Other childcare/school concerns: _____
- None

Brief Screening Tool – Children 6-18 years old

Brief Trauma Screening Tool Parent/Caregiver Questions for Children (Age 6-18)

SECTION I: QUESTIONS ABOUT POTENTIALLY TRAUMATIC EVENTS

A. Is the CW Worker or caregiver aware of or suspect the child has experienced?

- Physical maltreatment or assault
- Sexual maltreatment or assault/rape
- Emotional maltreatment
- Basic physical needs not met
- Serious accident/illness/medical procedure
- Exposure to school violence and/or severe bullying
- Exposure to domestic violence
- Exposure to drug/substance abuse or related activity
- Incarceration and/or witnessing arrest of primary caregiver
- Traumatic death of a loved one
- Immigration trauma
- Natural disaster/war/terrorism
- Multiple separations from/or changes in primary caregiver
- Homelessness
- Exposure to community violence
- Human Trafficking Exposure
- Other:
- None

SECTION 2: QUESTIONS FOR CW WORKER/CAREGIVER (check if occurred within the **last six months**)

A. Does the child show any of these behaviors?

- Mentioned suicide or acted in a potentially life-threatening way
- Deliberately harms self (cutting, burning, etc.)
- Excessive aggression or violence toward property, animals, or others (including bullying)
- Preoccupied with violent and/or sexual interests
- Explosive behaviors (0-100 out of nowhere)
- Negative, hostile or defiant behavior
- Drug or alcohol use
- Sleeping problems
- Eating problems (refusal, hoarding, stuffing, vomiting, eating non-food)
- Hyperactivity, distractibility, inattention, impulsivity
- Appears to be spacey and/or daydreams
- Withdrawn or excessively shy
- Sexual behavior not typical for child's age
- Recurring physical complaints with no apparent cause
- Other behavioral concerns: _____
- None

B. Does the child exhibit the following emotions/moods?

- Chronic sadness and/or doesn't seem to enjoy any activities
- Excessive mood swings
- Excessive worry
- Flat affect and/or withdrawn behavior
- Tense and/or uptight
- Difficulty expressing feelings
- Quick, explosive anger
- Other: _____
- None

D. Does the child have problems in school?

- Low grades/academic decline
- Difficulty with authority
- Attention problems
- Frequent trips to principal's office and/or suspensions
- Absences from school
- Other school concerns: _____
- None

Brief Trauma Screening Tool – Questions for Children Age 6-18

SECTION I: QUESTIONS ABOUT POTENTIALLY TRAUMATIC EVENTS

B. Typical Script to Child:

“Sometimes, very scary or upsetting things happen to people. These are times where someone was hurt very badly or killed, or could have been.” (if the answer is “yes” to any of these, please click the applicable items in Section I.

“We are asking 4 questions that will help us do our job better”

“We know some things, but some things we don’t know and we don’t want to assume anything”

“We are trying to learn more about things that kids have experienced”

With kids you already know (i.e. implementing with kids who’ve been in care for a bit)

“We’re just starting this thing and we need to do it with all of the kids we work with”

“We want to make sure we don’t miss anything”

(If they argue that you should or do already know, “I want to give you a chance to tell me”)

Yes No

1. Have you ever been hit, punched, and/or kicked very hard at home (exclude ordinary fights between brothers and sisters).

Yes No

2. Have you ever seen a family member being hit, punched and/or kicked very hard?

Yes No

3. Have you ever had an adult or someone bigger or older than you touch, or try to touch, you in areas that a bathing suit covers or want you to touch them in those areas?

4. Tell me about any other scary things that have happened that we haven't already talked about.

did not answer

Event disclosed in the previous three screening questions

None occurred

New Event (traumatic) specify:

Event (not traumatic: does not fall into categories of IV on screener) Specify:

2nd Implementation of the BST

March 2018

- Foster Care Prevention Cases
 - All children in the case, with the initial assessment & every 6 months if case remains open
- CPS- investigations and family assessments
 - All victim children (siblings of victim children at the discretion of the worker)
- CPS ongoing Cases
 - All children in the case, with the initial assessment & every 6 months if case remains open
- , Foster Care and Adoption Cases
 - All children in the case, enter transfer worker's information in the initial service plan and then administered annually
 - Worker are encouraged to administer more frequently, particularly when there are new, sudden, increased or significant behaviors or experiences including truancy, delinquency, suspensions/expulsion, placement disruption, psychiatric hospitalization and adoptive placement.

Positive case examples...

- Teenage boy with concerns of neglect was screened and made a disclosure of sexual abuse that he had never told another adult about.
- Child in foster care with significant history of CPS involvement including multiple previous interviews disclosed new information in response to the four questions that the Department was unaware of.
- Sibling of a victim child in a neglect case disclosed ongoing sexual abuse by a family member who was being considered as a placement option for the children.



When it does not always work...

- Difficulty assessing infants and substance exposed babies due to their age and the behavioral questions in the tool
- Difficulty with international families, refugees and using the tool when an interpreter is required
- Difficulty with children with autism or other developmental diagnoses that may have similar behavioral indicators



Next steps with implementation

- How can information from the tool be used outside of the DSS assessment or service plan?
 - Example of using the information from the tool in custody case
 - Consistent ways to provide the tool to therapists to help inform their assessments and treatment

Takeaways...



For Children

- Asking specific questions following an interview can frequently get more information about other incidents that are traumatic and can improve your overall assessment of a family.

For Parents/Caretakers

- Providing parents/caretakers with a structured way of understanding the roots of their children's behavioral/emotional responses to trauma can build empathy for parents when interacting with their children
- This also applies to workers!

The Virginia Department of Social Services Connection



- Regional offices serve as the conduit between local departments of social services and the Department to provide program technical assistance/support and to share best practice efforts.
- FC Program consultant participated in the child welfare toolkit training. (Spring 2015)
- The Brief Screening tool was highlighted during Virginia's second Learning Collaborative Series in May 2015. The LC was an opportunity to focus on enhanced family engagement principles, trauma informed case management/monitoring the appropriateness of psychotropic medication across the child welfare continuum (Fairfax County's best practice tool), and the integration of resource tools like the screening tool, Virginia's Practice Profiles, and the coaching model to improve outcomes for children and families in Virginia.



VDSS Connection Continues

- The Central regional consultants partnered with GRTICN to develop a one day training after the Learning Collaborative (LC) series ended in November 2015 to share those same resources with 12 agencies that did not participate in the pilot from May 2016 to January 2017.
- Agencies that wanted additional information and training on this evidenced-based tool to implement back home were linked to GRTICN. (Hopewell)
- The Central region also facilitated brown bag events (2017) after quarterly supervisor meetings to discuss trauma informed practice principles, to view the Resilience documentary and explore how stakeholders can begin to tackle trauma in their own community, share how local agencies can apply a trauma lens across the child welfare continuum and prepare for emergency removals, placement disruptions, scheduled visitations, and court testimony.
- This FC regional consultant participated in training involving the Brief Screening Tool and day-to-day practice (September 2017) with the four Central agencies.

VDSS Connection Continues

- The Central region recently partnered with GRTICN to review and discuss how agencies can apply the trauma lens to child fatalities across the child welfare continuum at the November 2018 supervisor's meeting.
- The Central regional office will highlight GRTICN's work around the Brief Screening tool with other agency directors at the June 4, 2019 Central regional director's meeting to share this practice possibility !





Next Steps: Trauma-Informed Brief Screening Tool Committee



- Creating an app that will contain the screening tools
 - Will allow for easier data entry in the field
 - Will allow for data extraction and reports
- Working with NC on the development of formal training on the screening tool
 - Formal training for new staff in the pilot agencies
 - Allow for additional agencies to use the brief screening tool

Thanks for joining us!



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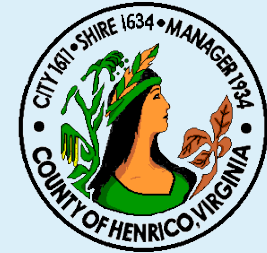
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Henrico County Social Services



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES