

Community Planning Session- Trauma-Informed Care (TIC)

1/7/13

1. How would you rate where our community is now (grade A-F)? Why?

F: No one is doing anything with the kids that are involved in violence or the juvenile justice system.

B-/C+: We are all over the place. There have either been early adopters of TIC or late adopters.

C+: There is starting to be more of an emphasis on TIC, but more training is needed. Kids have seen so much violence and trauma is increasing in the community.

C: Many young people are in alternative systems. There is a lot of involvement in the CRJ and JJ systems. Many youth have been incarcerated. They have been traumatized and that trauma has not been dealt with by formal or informal supports.

C: There is a lot of generational trauma that's not being dealt with.

C+: The community has made some progress, but there is still room to grow. We need more dialogue.

C: Balance between B and D. Promise Zone is involved in the schools and I would call that a success, but there are variable levels of ability and expertise in TIC in the clinics. Therapists aren't innately trained to work with trauma exposure so more training is needed. The community uses the word "trauma" freely, but I think there is a lack of comprehension or realization of what the word really means. It is not understood on levels that allow enough help to be available.

B+: In comparison to other communities we are doing well. Our efforts now have to be in a larger cultural context. There has been increasing cultural permission to see kids as expendable, not to intervene on their behalf and not support kids and families adequately, but we have done good work in this community.

B-: We have a lot of initiatives, but TIC has not been a priority. There are a lot of different training models and people haven't been trained the way they should be. We have to make TIC a priority and have some follow through.

A: A for effort. People are now starting to speak a common language around trauma and the word is getting out.

C: There has been a lot of effort and a lot of initiatives. It is important to have schools and families involved. Trauma is also hard to define. Everyone's trauma is different.

C+: We are doing well with identification, but moving forward has to be a priority.

C/C-: There are a lot of great initiatives. Accessibility is difficult. Kids have seen a lot of violence in the community and there are not a lot of services for those kids. There are no specialized services for trauma. We need more communication about what is available and more training for practitioners.

B: We are a community that is rich with services and we are striving to do better, but there is a lot of work left to do.

B: There are not a lot of trauma informed youth development programs. Are there ways that we can work with agencies to change the environment and perspective of how they look at things? We need some training to be able to add TIC to youth development programs.

C: We are a lot further than we were last year. We need a broader definition of trauma so children are not kicked out of school so easily because of behavioral problems.

B-: It has been hard to get a trauma informed task force together. Not that familiar with the community.

C: There are great services, but families are still struggling accessing those services. There is some trouble identifying what trauma is. Children tend to get the wrong services.

2. What key features would be present if we were where we wanted to be? What would success look like?

- a. A shared definition of trauma. A commitment to what trauma means and how we identify it. We need to redefine our responsibility.
- b. Training for the entire community (professionals, families, schools, etc.), conferences, speakers
- c. People would be able to get help without having to be formally identified as having a mental health problem. A global response to a traumatic situation could suffice. We need to be able to facilitate more services with less red tape.

- d. 1st Responder system for trauma. This could exist within the school or with mental or physical health practitioners. Currently, most respond to the behaviors of children and not what caused the behaviors.
- e. Integrated training in TIC that is sustainable where networks of people work together for a common purpose. We need a whole system of helpers. Trauma is changing all of the time and we need to be prepared for it.
- f. Sharing of information and resources on trauma and TIC
- g. Available financial resources. TIC Models are very expensive so we need to have more resources or be able to pool resources to bring models to the community. We have identified the need, but we haven't made it a priority because of the financial cost.
- h. Quick, easy access to TIC for the whole family. 1 portal of entry that is user friendly.
- i. We can offer education to parents about how the home environment could contribute to long term traumatic experiences.
- j. We should look at the suggestions that were made by the OnCare's Crisis and Emergency Work Group. A lot of the things we are saying here were suggestions that the workgroup made.
- k. Trauma 1st Aid training so people understand their role in trying to help kids deal with trauma. Everyone shouldn't try to be a therapist to the children. We need to teach people (parents, schools, youth workers) how to handle trauma.
- l. Move beyond event-based to an environmental-based definition of trauma. Trauma is much more global than just witnessing violence. Exposure to repeated environmental trauma can have a large impact in youth. We need to have a wider perspective on trauma and what causes it. We should stop looking at events that may cause trauma and begin to see how trauma can happen over time.
- m. Make whatever we are doing realistic so we can actually see the impact. Don't let the work get lost.
- n. Columbia Suicide Severity Rating Scale (CSSRS)- states are training everyone at every level to help assess suicide risk. We could make a similar model for TIC that can be pushed out to mitigate risk and impact at every level (youth, parents, community, schools, etc.)

3. What would be the impact on children and youth with serious emotional/ behavioral challenges if we made these improvements? Impacts on their families? Impacts on different cultural groups?

- a. The disproportionate amount of children of color, especially African American boys, in the JJ system will decrease because we will have the ability to recognize cumulative environmental factors that lead to trauma and be able to open doors to

services beyond JJ. The appropriate door will be opened so that kids that are experiencing trauma can get recognized early on and they won't have to wait until a crisis point.

- b.** Interventions will happen earlier. It is difficult for Family Court or JJ to do anything with these kids after they've entered the system. Earlier interventions for trauma may keep kids out of the system in the 1st place. Appropriate services earlier on will lead to much more successful outcomes
- c.** Families will be more educated about the impact that trauma has. Parents don't easily identify cumulative trauma. There will be a reduction in the negative consequences of trauma because parents will be able to help with healing. This would also benefit foster families because foster parents would be able to provide continuity of care.
- d.** Graduation rates may improve. After we have identified that trauma is the cause of certain behaviors, we will be able to get the appropriate help to kids in school. That may lead to a reduction of suspensions and drop outs. Academic results will be better because youth will spend more time in school.
- e.** We will have one common understanding of trauma.
- f.** We will not let go of behaviors, we will address them in a different, more productive way.
- g.** More bonding with healthy institutions such as family and schools.
- h.** Reduction in the need for higher levels of care.
- i.** A reduction in youth being incorrectly diagnosed just so that they will qualify for services. The realization that higher levels of care are not needed in all cases.
- j.** Curbing or prevention of ongoing generational trauma

4. What are opportunities to make the desired changes? What existing strengths/initiatives/services can we build upon?

- a.** Elmcrest, CCA, Arise, Hillside and Toomey are all doing forms of TIC.
- b.** Center for Community Alternatives (CCA) has been working with JJ involved youth for a long time and has information and resources on what impacts youth that end up in the JJ system.
- c.** The Health Dept.'s Trauma Informed Task Force for youth 0-5 by has been meeting for 8-9 months. The Task Force is looking to connect with OnCare.
- d.** Dr. Bloom developed the Sanctuary Model of TIC that is currently used by Toomey. We may be able to bring her to town to do some community training.
- e.** Sexual Trauma Task Force and Fatality Review Team (though more service providers could get involved)

- f. The Touchpoints Model (lasting change happens in parent/ child relationship) currently used by Health Dept. in collaboration with Catholic Charities, Childcare Solutions, Empire State College, and United Way was developed by Barry Brazelton.
- g. Trauma Resiliency Model- Bill Cross is trainer. People are taught everyday skills they can use when dealing with trauma. This model is more for adults.
- h. There are a lot of different training models currently being used in the community.
- i. School-based Mental Health Clinics (Brownell, Arise, St. Joe's, Syracuse Community Health Center. There is a 10 hr online course, 3 day face to face training and monthly conference calls to further knowledge on trauma informed settings. We have the opportunity for kids to see schools as safe havens. We can create environments at schools where all entities could work with kids around trauma. Kids that don't feel they belong are usually the most vulnerable.
- j. SU Fall College is offering training courses around trauma and models of treatment for youth and adults.

5. Who is important to include in the change process?

- a. Schools (guidance counselors, social workers).
 - i. Guidance counselors and social workers are the positions currently being cut.
 - ii. Schools are being asked to do so much with so little and their focus is mainly on the educational aspect of things.
- b. People from all the child serving systems. Most of the youth and families that we encounter have systemic involvement.
- c. The better question might be who shouldn't be at the table. We need everyone for this effort.
- d. Parents. They may not acknowledge that there is ongoing trauma at home. Some parents make a mess of the maturation process and their kids start to run wild. We need to inform and educate parents.
- e. Mental and physical health professionals. Drexel University is piloting the Sanctuary Model of TIC in hospitals and ERs.
- f. Those at this table
- g. Probation Department
- h. Child Protective Services
- i. Law enforcement. They may be retraumatizing young people.
- j. Youth Emergency Services (YES Team)
- k. ACCESS Team

- l. Funders- OnCare, state and local government, etc. We need resources to do this work.
 - m. Representation from the Crisis and Emergency Services Work Group
 - n. District Attorney's office, specialized courts, Court Clerk and other people in these roles so they can learn to see youth through a trauma lens
 - i. Mental Health Court Model in Oneida or Oswego (not sure which)- look at the way the courts process people with mental health issues
- 6. What would be some initial steps we could take toward the changes we want to see?**
- Are there any possibilities for quick wins to get momentum going?**
- a. Identify all of the models of TIC and look for common elements among them.
 - b. Train the community on TIC models and methods of providing TIC.
 - i. See if someone is able to train for free
 - c. Raise conversational level so the powers that be (funders) realize how important TIC is or we won't get the adequate funding that we need.
 - d. Service providers that use TIC within their agencies can offer training or feedback to the community.
 - i. There is TIC "the business". There is a lot of money to be made in this business. Most trainers can't offer training outside of their contracts so it would be difficult for someone at Elmcrest or Toomey to train groups they are not formally contracted with.
 - e. Identify a model that gives a common language, find the biggest value for the community, and train people within the community to be able to offer training (which is the key to sustainability). Try to keep knowledge and expertise within the community so that we don't lose momentum
 - f. Find available training resources
 - i. The state has training resources available.
 - ii. The Office of Evidence Based Training and Dissemination
 - iii. NY Psychiatric Institute
 - g. Enhance awareness of what trauma is and the effects it can have on youth.
 - h. The county can go to OMH for \$\$ to hire the appropriate vendor to train the entire community. That may take the pressure off of agencies that want to do the work, but can't afford to do so.