VISION

MDHHS Children's Services Agency is dedicated to ensuring that all public and private child welfare staff are equipped to:

1. Identify children who have experienced trauma; understand and engage with families about the impact of childhood trauma on their child's growth, emotions, and behavior.
2. Effectively respond to children impacted by trauma to help them cope, heal, and build resiliency.
3. Prevent re-traumatization for children and families they serve.
4. Build relationships and collaborate with caregivers and community service providers/organizations to support the education of and development of a trauma-informed community.
5. Recognize the impact of secondary trauma on staff and implement a safe, supportive, trauma-informed office culture and climate.

With these goals in mind, child welfare staff will implement the following trauma-focused activities:

ADMINISTRATION OF TRAUMA SCREENING CHECKLIST

Staff must utilize the appropriate Children's Trauma Assessment Center (CTAC) Trauma Screening Checklist based on the age of the child, 0-5 or 6-18 years of age. Administration of the Adult Trauma Screening Checklist is optional, but may be used for case planning purposes as the worker deems appropriate.

All caseworkers are required to administer the CTAC Trauma Screening Checklist to each child victim involved in an open child protective services (CPS) and/or foster care (FC) case according to the *MDHHS Trauma Screening Checklist Instruction Guide*. The screen must be administered to each alleged child victim within 30 days of opening a CPS ongoing or foster care case or, at the latest, prior to the initial Family Team Meeting (FTM). Foster care workers are responsible for administering the screening for Category I cases that transfer to foster care.

Exceptions to the timeframe for administration of the Trauma Screening Checklist may be granted at the discretion of the supervisor, and documented in MiSACWIS. Every effort must be made to complete the screen, when the initial timeframe is missed.

Completed Trauma Screening Checklists should be uploaded into the *Person Overview* section of MiSACWIS. Label *Trauma Screening Checklist*, followed by the date it was administered.

RESCREENING

Rescreening is a crucial activity to help assess 1) how a child's trauma symptoms have changed, 2) if resiliency has been built, and 3) what services have/have not been beneficial. At least one additional screen is required within 180 days of the initial screening, and prior to case closure.

Results must be documented in MiSACWIS, including identified changes from initial screening. Additional screenings are recommended following significant changes within the child's life (placement change, goal change, etc.) and can be completed with supervisory discretion to assist with further assessment or case planning as needed.

RESPONSE TO TRAUMA SCREENING RESULTS

Workers should document the administration and results of each screening in the social work contacts section of MiSACWIS, including:

- Date the interview was conducted with the child AND date the Trauma Screening Checklist was completed,
- Name of person screened,
- Results of the Trauma Screening Checklist (score), and
- Changes from initial/previous Trauma Screening Checklist, if applicable.

Staff should refer to the *MDHHS Trauma Screening Best Practice Guide*, located at the end of this document, for how to incorporate resiliency-based case planning strategies into the child's case service plan.

THRESHOLDS FOR REFERRAL FOLLOWING TRAUMA SCREENING

Referral for Mental Health Assessment/treatment and/or Comprehensive Team or Comprehensive Transdisciplinary Trauma Assessments are not standard practice for every child, and should be based on the following:

TOTAL SCORE (Endorsements)	Recommended Action
0-3	**No referral required** based only on results of the Trauma Screening Checklist. Determine next steps for case planning on an individual basis.
4-5	**Make a referral for the child to be assessed for mental health services.** For children on Medicaid, refer to local Community Mental Health (CMH) or Medicaid Health Plan (MHP) behavioral health providers.
6-10	***Convene team**** to discuss current services the child may be receiving, including mental health services. If the child is not making progress, consider making a referral for a **Mental Health Assessment** from current therapist or local CMH that incorporates trauma exposure and impact.
11+	***Convene team**** to discuss current services the child may be receiving, including mental health services. If the child is not making progress, consider making a referral for an assessment and determine appropriate type of assessment: **Mental Health, Comprehensive Team, or Comprehensive Transdisciplinary**. Section 1 on the Trauma Screening Checklist must have at least one trauma exposure identified to refer for a Comprehensive Team, or Comprehensive Transdisciplinary Trauma Assessment.

NOTIFICATION TO CURRENT PROVIDERS

Regardless of the score on the Trauma Screening Checklist, share results of the screening with current health providers and determine if additional discussion or planning is necessary.

***CONVENING A TEAM/TEAM DISCUSSION**

When indicated, convene a Family Team Meeting (FTM) or Wrap Around meeting. Team members should include MDHHS/Private Agency worker, parents, family member(s), caregiver(s), CMH or current mental health provider (if involved), other providers and support persons identified by the parents (school, faith-based, etc.). Ensure that the appropriate release of information has been completed for all participating team members. Discuss and consider the child's needs, including progress in services, if and how current behaviors and trauma history are being addressed, current placement stability and functioning at home, school, with peers, and in the community. Incorporate the recommendations of the team into the treatment plan and make referrals if needed.

BUILDING RESILIENCY

Regardless of score on the Trauma Screening Checklist, implement strategies for building resilience (refer to *Trauma Screening Best Practices Guide* at the end of this document); determine what local resources may be beneficial and assist with connecting the child and his/her family to services.

EXCEPTION PROCESS FOR ASSESSMENTS

If a completed Trauma Screening Checklist does not reach a score that the worker believes is indicative of an appropriate intervention as outlined above, the worker should consult with their supervisor, and the child's team if necessary, to determine if an escalation of intervention is appropriate. Supervisory approval is required if a referral for an assessment that is not consistent with the thresholds outlined above is being made.

PRIORITY POPULATION

When residential placement is being considered due to disrupted community placements, behavioral concerns, or unsuccessful interventions, immediately screen for trauma and consult with supervisor to determine if a referral for a Comprehensive Team or Transdisciplinary Trauma Assessment is needed. Recommendations from the Assessment should be implemented to build a treatment plan that focuses on keeping the child within the community. If the child cannot be placed within the community and is placed in a residential facility, the recommendations from the trauma assessment must be shared with the facility for implementation.

CONSIDERATIONS AND REFERRALS FOR CHILDREN LESS THAN 3 YEARS OLD

Prior to out-of-home placement of a child less than three years of age, workers should obtain commitment of the prospective foster parent(s) or relative(s) to be involved in Early On, required medical appointments/immunizations, and/or Infant Mental Health services.

Prior to referral for a Comprehensive Team or Comprehensive Transdisciplinary Assessment, any child **less than three years of age** must have been referred to ALL of the following:

- Medical Professional/Pediatrician
- Early On
- CMH for Infant Mental Health treatment services

A decision to refer for a Comprehensive Team or Comprehensive Transdisciplinary Assessment should be made with consensus of the team of professionals representing the services listed above. Documentation of the decision, including applicable reports, must be attached to the *Trauma Assessment Referral* (MDHHS-5594). If there is not consensus among the team regarding referral, the final determination for referral must be made by the caseworker, with the approval of the supervisor.

A referral for a Comprehensive Team or Comprehensive Transdisciplinary Trauma Assessment for a child **less than one year of age** must be sent to Behavioral Health Analyst, Liz Evans, EvansE3@michigan.gov, for review and approval.

ASSESSMENTS

Mental Health Assessments: If a Mental Health Assessment is recommended, inquire if the child's current provider can complete the assessment. If not, proceed with a referral to the local CMH. Mental Health Assessments are not covered under a contract. A Mental Health Assessment consists of a comprehensive biopsychosocial assessment, including the exposure to and impact of trauma(s) experienced by the child. A trauma specific assessment may be included (i.e., UCLA, TSCYC), as well as other assessment tools appropriate for the child that describe the symptoms/difficulties experienced by the child, identifies strengths and needs, and determines a mental health diagnosis.

Once the Mental Health Assessment is completed, review the recommendations.

- If there are no recommendations for mental health treatment:
    - Notify primary care physician for further follow-up,
    - Follow the ongoing service plan, and
    - Rescreen as required or if new information indicates a need.

- If there are recommendations for mental health treatment to address emotional or behavioral concerns, whether or not these are related to trauma exposure:
    - Begin treatment
        - Continue service plan if child responds to treatment.
        - If the child does not participate in treatment or is not responding to treatment:
            - Consult with the therapist, and
            - Schedule a Family Team Meeting to determine the next steps.

Comprehensive Team and Comprehensive Transdisciplinary Trauma Assessments: The Comprehensive Team Trauma Assessment and Comprehensive Transdisciplinary Trauma Assessment are more extensive than a Mental Health Assessment and are specifically for children who suffer significant trauma that is having a dramatic adverse impact on behavior, judgement, educational performance and the ability to connect with caregivers. These assessments are available for children receiving foster care, juvenile justice or children's protective services, but should not be used for children who are currently involved in services and showing improvement in mental health or behaviors. Referrals may only be made to the contractors that are in a county's service area. **Referrals for these assessments MUST be made to a contracted provider.**

Comprehensive Team Trauma Assessments are primarily used for youth who present with behavioral concerns, but do not present with other cognitive or developmental delays; Comprehensive Transdisciplinary Trauma Assessments are used for youth who present with cognitive or developmental delays. Use the table below to help determine which type assessment is most appropriate. Seek supervisory discretion if additional assistance is needed in determining which assessment is most appropriate.

Comprehensive Team Trauma Assessment	Comprehensive Transdisciplinary Trauma Assessment
Academic frustration in at least one area – history of **some** discipline in the school setting	Academic failure in at least one area and/or difficulty functioning in school setting – **frequent** discipline issues
Concerning mood or behavior in **one environment**	Concerning and/or major mood and behavior present in **more than one** environment – Stability in school or home placement may be at risk
Treatment for disorders appears under effective – includes medication and/or therapy	Treatment for disorders appears under or ineffective – Stability in school or home placement may be at risk
No concerns related to speech/language, motor or sensory – OR has had assessments and treatment in these areas in the last 6 to 12 months	Concerns related to speech/language, motor, sensory or developmental milestones (i.e. are they acting similar to other children their age)

REFERRAL PROCESS

To make a referral for a Comprehensive Team or Comprehensive Transdisciplinary trauma assessment, the worker must:

1. Complete the **Trauma Assessment Referral** (MDHHS-5594), including signature approval by the county director/district manager, or designee.

2. Submit the completed referral form with the completed Trauma Screening Checklist to the contractor indicated by the county director/district manager, or designee. Do not contact the contractor prior to their receipt of the approved referral.
3. Ensure that all current health and mental health records (with appropriate releases) are sent to the contractor, and work with the provider to ensure that the appropriate parties (i.e., birth/legal parents, foster parents, foster care worker, and any other individuals with knowledge of the child's trauma and/or behaviors) are involved in the assessment.
4. Upload completed Trauma Screening Checklist and approved MDHHS-5594 into MiSACWIS.

Counties that have more than one contractor for their area will assign to area contractors on a rotation basis. The county director/district manager/designee is responsible for tracking the rotation and referring to the appropriate provider. Any exceptions to the rotation must be documented in detail on the MDHHS-5594 by the county director. Reasons for exceptions include, but are not limited to:

- Child and other participants live outside the county and would be best served by a contractor closer to their home.
- Contractor provided an assessment for a sibling and is not next in rotation.
- Contractor next in rotation refuses the referral because of capacity or for some other reason.

Following the assessment, the contractor provides an assessment report that includes:

- Recommendations for creating individual plans for children with next steps,
- Short and long-term goals and
- Beneficial interventions.

Assessment results/recommendations must be incorporated into the child's case service plan.

Payments for Contracted Assessments: Established rates for the two types of assessments are:

- Comprehensive Transdisciplinary Trauma Assessment - $1,370.00
- Comprehensive Team Trauma Assessment - $1,080.00.

Payments will need to be entered into MiSACWIS and the MDHHS-5594 will need to be uploaded into the documents section of the service authorization. Contractors may be reimbursed for ancillary services as outlined on the MDHHS-5594. Once the service is approved by the county director/designee, the MDHHS-5594 will be sent to the service provider. Once the assessment is completed, the contractor must complete the appropriate section of the MDHHS-5594 and send it, along with the report, to the caseworker. Following the receipt of the report, the caseworker must issue the payment in MiSACWIS. Please see the

appropriate Case Service Creation and Payment Job Aid for further instruction on entering these payments.

TRAUMA TREATMENT FOR CHILD AND PARENT/CAREGIVER

Based on results of the trauma screening and any subsequent assessment, appropriate trauma-specific treatment or trauma-informed services for the child and family must be included in the case plan, as well as activities designed to help the child heal and build resiliency. Caseworkers should refer to the *Trauma Screening Best Practices Guide* at the end of this document for strategies to help build resiliency for the child and his/her family. Caseworkers must also partner with available community service providers and utilize local available resources to ensure these services are provided. Additionally, appropriate referral(s) for the parent/caregiver should also be made, which may include Resource Parent Training. Treatment interventions, including services and strategies used to help build resilience, should be documented in MiSACWIS.

SECONDARY TRAUMA

Each county office shall adopt and outline approaches that help prevent and address secondary traumatic stress for all child welfare staff, including, but not limited to:

- Creation of a value statement that recognizes staff and their well-being as paramount.
- Development of a written/formal protocol on the process for accessing help and support for staff who are experiencing secondary traumatic stress.
- Creation of a trauma-specific debriefing process for difficult cases or incidents.
- Discussion during supervision on the impact of the work on staff.
- Utilization of evidence based management practices to promote a supportive office culture/climate, including ensuring the physical and psychological safety of staff and establishing ground rules to prevent workplace bullying.
- Training to help supervisors/managers recognize signs of secondary traumatic stress among staff.
- Mechanisms for sharing self-care and coping strategies.
- Other organizational support available (employee assistance program, secondary traumatic stress teams, etc.).

Please direct any questions regarding contracted assessments to the Behavioral Health Analyst, Liz Evans at EvansE3@michigan.gov.

PURPOSE:

The purpose of the information below is to provide examples of non-clinical strategies that can be implemented by workers to assist children and their families with building resiliency and healing from trauma. The worker is encouraged to use these strategies regardless of the score obtained on the Trauma Screening Checklist.

ENGAGING PROVIDERS/BUILDING RESILIENCY:

Always share the results of the Trauma Screening Checklist with the appropriate people, including the child's parent(s), caregiver(s), teacher(s), and other service providers, as long as an appropriate release of information is completed. Engage these individuals to discuss the child's treatment plan and progress; implement strategies for building resilience; determine what local resources may be beneficial and assist by making referrals to connect the child and his/her family to services, if necessary.

RESILIENCY-BASED CASE PLANNING:

Resiliency-based case planning is a critical part of helping children and families successfully heal from trauma. There are four key components of resiliency-based case planning: 1) Relatedness, 2) Mastery/Efficacy, 3) Affect Regulation, and 4) Self-esteem. Specific strategies, identified below, can be implemented by the worker and other providers or support people to help build resiliency.

Relatedness: How to promote the person's ability to develop and build relationships.

- Discover who the important people are in the person's life.
- Include important people in the plan by making contact with them.
- Seek out family members.
- Seek out mentors/support people.
- Model genuine interest in and care for the child or adult.
- Communicate new information as honestly and truthfully as possible (build relational safety).
- Educate the caregiver at the child's placement to help them understand that the precursor for developing a relationship is making the child feel safe.
- Recognize and appreciate the impact of a parent's own history of trauma and how it may affect the relationships with the children.
- Engage the caregiver's participation in decision-making during periods of change or crises, but also in common child caring responsibilities such as medical and academic planning.
- Reframe the need for "attention" from caregivers as seeking relational connections.

- Appreciate and respect the child's inability to trust. For example, "I know it is really hard, or maybe even impossible, to trust me and that's OK. Trust takes time. The first thing I want to do is try to help you feel safe, both in your body and in your head."
- Tell the child you want to understand their perspective by saying something like, "please teach me about you," "tell me what you see" or "tell me how you feel." Children need to be understood before they can build relationships.

Mastery/Efficacy: How to promote the person's mastery/competency

- Identify areas of strengths.
- Create opportunities for the child or adult to use his/her strengths to experience success.
- Teach that frustration and/or failure is a component of developing competency.
- Support the child or adult in accessing opportunities to develop and utilize strengths.
- Support the child or adult's participation in activities that build efficacy even when the person is struggling with emotional and/or behavioral control.
- Recognize and validate successes.
- Do not threaten or take away experiences where the child is successful as a motivator to change their behavior. Motivation comes from success.

Affect Regulation: How to improve the person's ability to regulate emotion and behavior

- Help parents/caregivers model emotional identification and expression.
- Educate parents/caregivers on brain-based behavior that is survival-driven. Help them understand that children are 'doing the best they can' and communicate it effectively. Avoid triggering language such as, "You just need to try harder."
- Teach parents/caregivers how to help the child identify and label emotions.
- Model and encourage the practice of calming strategies for the child to learn to manage emotions.
- Do not react to the child's behavior/emotion, but rather embrace emotional expression as progress toward regulation and recovery.
- Implement safety plans that recognize how traumatic experiences have affected a child's reactions to people, places and experiences. Pay particular attention to times that the child struggles to self-regulate, according to the environment and context they are in. This will help identify the child's primary triggers.
- Use caution when interpreting a child's reaction before, during and after parenting time. Develop a safety plan that engages parents/caregivers, providing structure and safety during transitions and periods of separation.
- Model physical activities, such as controlled breathing, and practice with the child to help them experience calming.

Self-esteem: How to improve the way in which a person perceives themselves

- Practice giving specific praise; encourage and model for caregivers/parents to practice it as well.
- Catch the child doing something good.
- Remind the child of their positive qualities.
- Utilize a non-judgmental focus. Remind self and parents/caregivers that undesirable behavior may reflect survival strategies and does not define the child's character.
- Honor the child's relationships with biological family. Discuss their parents' need for help in an age-appropriate, non-judgmental and honest manner.
- Create opportunities to be successful.

TIPS FOR PARENTS, CAREGIVERS and SERVICE PROVIDERS:

When working with parents, caregivers, teachers and other providers, educate them and share tips/strategies for addressing trauma, which may include:

- **Provide safety** by making sure the child feels safe and has a sense of control within their environment. For example, let children who have experienced trauma sit in the back of the classroom (allowing them to see everyone and be aware of their environment).
- **Remain calm** when a child presents with acting out behaviors. Do not shame or blame.
- Use positive reinforcement. For example, reward a child for doing well; do not take away something that provides a sense of security or mastery.
- **Maintain items, relationships and activities** that are important to the child and his/her sense of self.
- **CONNECTION before CORRECTION.** Engage with the child so he/she knows you care about him/her before attempting to correct behavior.
- When a child is anxious: **Stay calm, be quiet, slow down, be observant.**

TRAUMA RESOURCES:

The following links provide additional information and resources regarding trauma, including: the types and impact of trauma, tools to address trauma, building trauma-informed systems and communities and resources for parents/caregivers and providers:

- **MDHHS Trauma and Toxic Stress:** http://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_69588---,00.html
- **National Child Traumatic Stress Network (NCTSN):** http://nctsnet.org/