



*Trauma Informed Care
in
Child & Adolescent Health Centers*

June 2017

Introduction

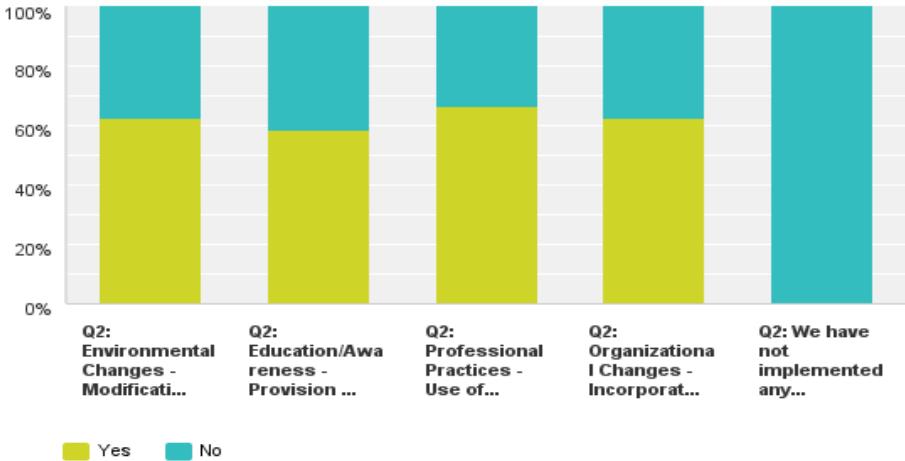
Trauma informed care seeks to recognize the prevalence and impact of trauma in the lives of youth and to respond in ways that support healing and resilience. This emerging set of practices incorporates a variety of interventions and organizational changes that seek to mitigate the impact of past trauma and build resilience to face future challenges. Child and Adolescent Health Centers across Michigan are working to incorporate trauma informed care practices in their health centers and host schools.

This report provides an update on the variety of trauma-informed activities in CAHCs around the state. It is based on a survey of CAHCs conducted in May 2017. Fifty-six individuals responded to the survey. Forty-one identified the center or fiduciary they represented and revealed an unduplicated count of 32 different centers/fiduciaries. The results therefore represent at least one-third and as many as one-half of the CAHCs in Michigan.

Respondents were asked if they had attended the June 2016 clinical training on trauma-informed care. Half of the respondents attended the training. Respondents were also asked which types of trauma-informed practices had been implemented at their center. Those centers that attended the training were more likely (62.5% vs 37.5%) to have implemented at least one type of trauma-informed practice.

Q1 Did your health center attend the June 2016 clinical training on trauma-informed care?

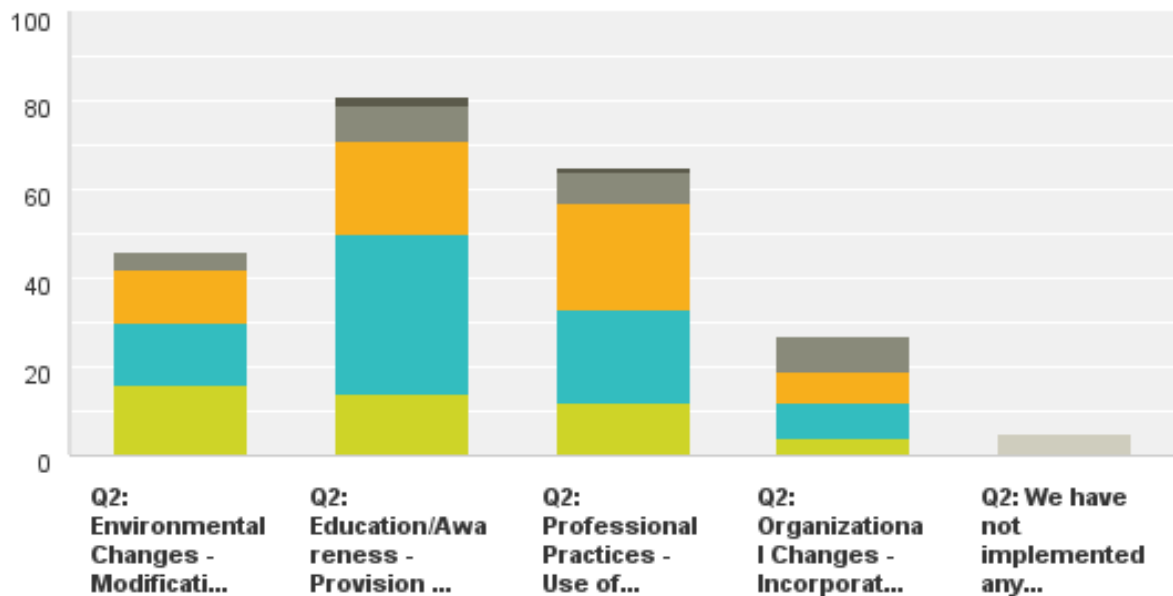
Answered: 46 Skipped: 0



Forty sites indicated that they had implemented at least one type of trauma-informed practice since December 2016. The most commonly implemented practice is education/awareness followed by professional practice changes, environmental changes and organizational changes. The chart below shows the combinations of strategies implemented by the centers.

Q2 What types of trauma-informed practices or strategies has your center implemented? (Check all that apply)

Answered: 46 Skipped: 0



- Environmental Changes - Modifications in the physical environment that reduce trauma triggers
- Education/Awareness - Provision of information to increase awareness & knowledge
- Professional Practices - Use of specific tools and interventions (e.g. trauma screener) or...
- Organizational Changes - Incorporation of trauma informed policies, procedures and practices
- We have not made any changes since December 2016.
- We have not implemented any trauma-informed practices at our center.
- Other (please specify)

Respondents were also asked to describe the specific changes/activities implemented for each category of trauma-informed practice. Changes that are new since the previous report are listed below.

Environmental Changes



In general these are modifications in the physical environment of the health center that aim to reduce potential trauma triggers and/or to enhance a sense of safety and well-being. Some environmental activities also provide education about trauma and its impact. Examples of environmental activities include:

- Painting the walls with soothing colors
- Adding a bulletin board and learning shelf in the waiting room
- Reading materials in exam rooms
- Adding cell phone charging system
- Enhanced nurturing atmosphere with food, seating and lighting
- Creating a space for a student to calm down (a “chill area” or “recovery room” or “calming corner”)
- Water feature in the waiting room
- Sensory toys in waiting room and/or calming/recovery room
- Making staff offices adolescent friendly and safe zones

Education/Awareness



Education/awareness activities were the most commonly identified type of trauma-informed practice implemented by CAHCs. 62% of the respondents indicated they had implemented activities in this area. The charts below list the audiences and topics addressed through this activity.

Audiences
Center staff
Mental health providers
School staff
Students
Parent groups
Health department staff
Juvenile detention/day treatment staff
First responders
Community groups

Topics
Trauma, it's impact and trauma informed practices
Trauma-focused Cognitive Behavioral Therapy (several CAHC mental health providers are pursuing certification)
Suicide prevention
Mandated reporter and child abuse/neglect prevention
Mindfulness training
Viewing of Paper Tigers

Professional Practices



This is a broad area that includes the ways health center staff perform their work. In some instances, the practices involve the use of evidence-based tools or interventions. These practices can be further divided into screening/assessment and intervention activities. In other instances, the practices involve a general approach or attitude when interacting with students. Some practices are implemented by specific members of the health center or school team. Others are more broadly used by all members of the team. The table below provides examples of practice changes that were not identified in the previous report.

Professional Practices	Team Member
<p>Trauma Screening/Assessment</p> <ul style="list-style-type: none"> • PTSD-RI • ACEs questionnaire • Impact of Life Events Scale • GAD-7 • PHQ-A 	<p>Clinical provider MH provider</p>
<p>Trauma Interventions</p> <ul style="list-style-type: none"> • The primary intervention identified in this survey was Trauma-focused CBT • CBT/DBT • Play Therapy 	<p>Mental Health Provider</p>
<p>General Approaches</p> <ul style="list-style-type: none"> • Team communication was highlighted by some centers, including increasing communication between clinicians and mental health providers. For example, “more frequent referrals to BH based on more frequent recognition of trauma related symptoms” and “warm handoffs”. • Implementation of multidisciplinary team meetings (physical/mental health) that includes the patient to ensure integration to address physical and mental health needs. • Providing greater physical distance between patient and clinician • Helping the client understand how trauma affects the brain and behaviors • Directly addressing trauma with students when it is known • Trigger screening tool • Anti-anxiety box • “Using the poster with the tree in most of my interventions. It has become one of the most powerful tools in my practice” • Stress management for patients • Calming chair – progressive relaxation 	<p>Various staff</p>

Organizational Changes



Some health centers have developed broader organizational approaches to incorporate trauma informed practices in their center, the school and/or the larger community. Many of these activities were described in the last report but bear mentioning again.

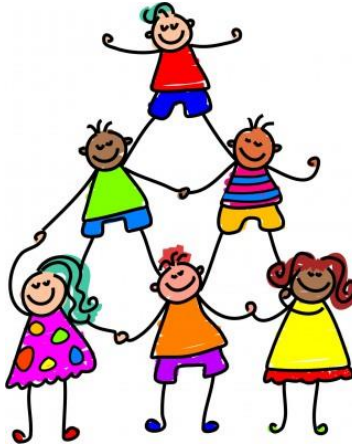
- Implementation of self-care activities for staff including yoga/aerobics, secondary trauma training, and unspecified self-care activities.
- Adding more to the professional policies, trauma care has become one of the foundational blocks
- Adding the “recovery room” to IEPs
- Used trauma for our GAS BH objective
- QI project – become a trauma-informed center
- Participating in the local trauma focus group which is showing Paper Tigers in the community.

Barriers and Challenges



Respondents were also asked to identify barriers or challenges that they encountered while implementing trauma informed practices. The most frequently cited barriers were lack of funding and lack of time. Another source of challenge was poor participation/involvement on the part of students and/or parents. Some respondents identified a need to learn more about trauma focused practices and/or develop strategies for educating new staff. One or two identified the following challenges: lack of available community resources (e.g. trauma care center, transportation), space, lack of a crisis response team and school staff’s lack of recognition of trauma as a key indicator of problem behavior.

Additional Supports



Finally respondents were asked what additional supports they needed to continue or begin the process of becoming more trauma-informed (TI). The most frequently requested support was more training specifically about trauma informed practices and strategies. Another training issue that was identified was to vary the training locations and provide opportunities for recorded trainings. Closely aligned with training was a request for opportunities to learn about successful practices in other schools. More time and funding were also frequently identified as needed supports. One or two respondents indicated a desire for tools that measure the success of TI practices, school support/investment, and handouts to use with students.

Conclusions and Next Steps

In June 2016, the CAHC program provided training about trauma and trauma informed care for health centers across the state. Each center was asked to develop an action plan for implementing trauma informed practices. Since that time, knowledge about trauma and its impact has been embraced by many health centers and a wide range of trauma informed practices have been implemented. This report summarizes the trauma informed practices implemented by CAHCs across the state, including centers that did not attend the original training program.

In order to provide additional supports to health centers, CAHC program staff are developing a foundational trauma/trauma informed care presentation that should be ready for distribution in the next few months and will also be available as an online training module. In addition, grant funding is pending to provide training and technical assistance to fully integrate trauma informed practices in pilot CAHCs and their partnering schools. The grant will allow the program to develop and evaluate a process to educate staff and enhance health center/school collaborations to address trauma and resilience in schools. A list of resources is also attached to this report that provide guidance for trauma informed practices in school-based health centers and schools.

For further information, contact Mary Mueller, Project Coordinator, Trauma-Informed Systems at muellerm1@michigan.gov.

Resources

1. Michigan Trauma/Toxic Stress Website – a soon to be enhanced website with links to a wide range of information about trauma and trauma-informed practices. www.michigan.gov/traumatoxicstress
2. *Paper Tigers-One High School's Unlikely Success Story* – This documentary follows a year in the life of an alternative high school that has radically changed its approach to disciplining and working with students. 102 minutes. This DVD is available for loan for group presentations, contact Mary Mueller muellerm1@michigan.gov.
3. *Resilience* – A one hour documentary that delves into the science of ACEs and the birth of a new movement to treat and prevent toxic stress. This DVD is available for loan for group presentations, contact Mary Mueller, muellerm1@michigan.gov.
4. Three websites specific to trauma-sensitive schools:
 - a. *Helping Traumatized Children Learn*, Trauma and Learning Policy Initiative, <https://traumasensitiveschools.org/>
 - b. *Resources for School Personnel*, National Child Traumatic Stress Network, <http://www.nctsn.org/resources/audiences/school-personnel>
 - c. *Resilience, Hope, and Wellness in Schools*, Treatment and Services Adaptation Center, <https://traumaawareschools.org/>
5. Two websites specific to primary care and trauma:
 - a. *The Resilience Project*, American Academy of Pediatrics, <https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/default.aspx>
 - b. *How Childhood Trauma Affect Health Across a Lifetime*, TED Talk by Nadine Burke Harris, https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime