The Institute for Child & Family Well-Being

- A community-university partnership between Children’s Hospital of Wisconsin and UWM’s Helen Bader School of Social Welfare
- Our mission is to improve the lives of children and families by:
  - Designing and implementing effective programs
  - Conducting cutting-edge research and evaluation
  - Promoting change through policy and advocacy
Defining Trauma

According to SAMHSA, trauma refers to "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."
Type I and Type II Trauma

- **Type I trauma** (i.e., Simple)
  - Single incidents
  - Often sudden or unexpected
  - Examples: Car Accidents; Natural Disasters

- **Type II trauma** (i.e., Complex)
  - Often repeated, prolonged experiences
  - Often occur in an interpersonal context
  - Examples: Child Abuse & Neglect; Partner Violence
Adverse Childhood Experiences

Child Abuse & Neglect (5):
(1) Physical Abuse; (2) Sexual Abuse; (3) Emotional Abuse; (4) Physical Neglect; (5) Emotional Neglect

Household Dysfunction (5):
(6) Substance Abuse; (7) Mental Illness; (8) Domestic Violence; (9) Incarceration/Jail; (10) Divorce/Separation
Over the last two decades, hundreds of studies have shown that ACEs are common and consequential
Supports and coordinates evidence-based home visiting services for low-income families

https://dcf.wisconsin.gov/cwportal/homevisiting

Since 2013, the FFHV program has collected ACE data using the Childhood Experiences Survey
Childhood Experiences Survey

- Assesses 10 conventional ACEs along with other adverse events and conditions:
  - Extreme Poverty & Homelessness
  - Parent/sibling death & Prolonged parental absence
  - Bullying & Violent crime

- Asks about client discomfort with ACE questions

<table>
<thead>
<tr>
<th>ACEs</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>39.8</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>26.4</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>28.2</td>
</tr>
<tr>
<td>Physical neglect</td>
<td>12.2</td>
</tr>
<tr>
<td>Emotional neglect</td>
<td>18.0</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>50.4</td>
</tr>
<tr>
<td>Mental illness</td>
<td>43.7</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>36.6</td>
</tr>
<tr>
<td>Incarceration/Jail</td>
<td>37.9</td>
</tr>
<tr>
<td>Divorce/Separation</td>
<td>43.8</td>
</tr>
</tbody>
</table>

*84% reported at least 1 ACE
*69% reported 2 or more ACEs
Trauma Is Not Equally Distributed

<table>
<thead>
<tr>
<th>4 or more ACEs</th>
<th>Prevalence, Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>FFHV Program</td>
<td>42.9%</td>
</tr>
<tr>
<td>ACE Study</td>
<td>16.3%</td>
</tr>
</tbody>
</table>
Other Potential ACEs

<table>
<thead>
<tr>
<th>Adverse Childhood Experience</th>
<th>FFHV Program (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prolonged Absence of Parent</td>
<td>57.5</td>
</tr>
<tr>
<td>Bullied Frequently</td>
<td>26.1</td>
</tr>
<tr>
<td>Death of Parent/Sibling</td>
<td>24.4</td>
</tr>
<tr>
<td>Homelessness</td>
<td>22.5</td>
</tr>
<tr>
<td>Food Insecurity</td>
<td>18.0</td>
</tr>
<tr>
<td>Victim of Violent Crime</td>
<td>15.9</td>
</tr>
</tbody>
</table>
Trauma Does Not End in Childhood

• The Adult Experiences Survey is an assessment of adverse grownup experiences (AGEs), including:
  • Domestic violence
  • Partner MH/AODA problems
  • Partner incarceration/jail
  • Poverty
  • Violent crime
  • Discrimination

### Adverse Grownup Experiences

(N = 1,345 women)

<table>
<thead>
<tr>
<th>Spouse/Partner</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical abuse</td>
<td>42.6</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>58.9</td>
</tr>
<tr>
<td>Alcohol misuse/drug use</td>
<td>40.9</td>
</tr>
<tr>
<td>Mental health problem</td>
<td>31.3</td>
</tr>
<tr>
<td>Incarceration/jail</td>
<td>47.6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forced sexual activity</td>
<td>20.4</td>
</tr>
<tr>
<td>Crime victimization</td>
<td>30.8</td>
</tr>
<tr>
<td>Homelessness</td>
<td>36.6</td>
</tr>
<tr>
<td>Chronic poverty</td>
<td>23.8</td>
</tr>
<tr>
<td>Frequent discrimination</td>
<td>30.3</td>
</tr>
</tbody>
</table>

Average age of respondents = 27
ACEs Lead to AGEs

% with 4 or more AGEs

- 0 ACEs: 23.3%
- 1 ACE: 26%
- 2 ACEs: 34%
- 3 ACEs: 51.6%
- 4 or more ACEs: 68.1%

Number of ACEs
Intergenerational & Historical Trauma

**Intergenerational trauma** refers to the transmission of trauma and its effects from one generation to the next
- Trauma at the individual & family level

**Historical trauma** refers to cumulative emotional and psychological wounding across generations due to massive group trauma
- Trauma at the collective level
In light of its widespread prevalence and impact, trauma should count as one of the most urgent human rights issues of our time. Trauma is also a matter of social justice because its burden is borne disproportionately by disadvantaged and vulnerable populations.
Trauma-Responsive Frameworks

• Trauma-Specific (i.e., Trauma-Focused)
• Trauma-Informed
• Trauma-Sensitive

Trauma-Specific Treatment

• Some effective treatments address trauma symptoms and trauma history
  • Example: Trauma-Focused Cognitive Behavioral Therapy

• Some effective treatments address trauma symptoms but not trauma history
  • Example: Parent-Child Interaction Therapy
The Trauma & Recovery Project

- ICFW partnership with the Dept. of Children & Families, Office of Children’s Mental Health, & Child Welfare Professional Development System
  - Funded by SAMHSA and supported by the National Child Traumatic Stress Network

- Establishes a Community Treatment Service Center in Southeast Wisconsin
  - Helps children and families in the child welfare system access evidence-based, trauma-focused services (TF-CBT; PCIT; CPP)

https://uwm.edu/icfw/the-trauma-and-recovery-project/
Family First Prevention Services Act

• Amends Title IV-E foster care program
• Allocates more $ to prevention (e.g., in-home parenting programs; substance abuse and mental health services)
• Models must be manualized and supported by evidence

http://www.cebc4cw.org/
Trauma-Informed Care (TIC)

According to SAMHSA, a trauma-informed organization or system:

- **Realizes** the widespread impact of trauma;
- **Recognizes** the signs and symptoms of trauma;
- **Responds** by integrating knowledge about trauma into policies, procedures, and practices;
- Seeks to actively resist **re-traumatization**

https://www.samhsa.gov/nctic/trauma-interventions
Trauma-Responsive Practices

• We need to operationalize how trauma-informed care manifests in trauma-responsive practices:
  1. Screening and assessment
  2. Psychoeducation
  3. Cognitive and emotion regulation
  4. Motivation enhancement techniques
  5. Referral to treatment and other services

ICFW Issue Brief
https://uwm.edu/icfw/translation-trauma-informed-principles-into-trauma-responsive-practices/
Asking Sensitive Questions

• Most research participants can respond to sensitive questions without major distress

• Many also report positive feelings of relief and gratitude
Why We Should Ask

• **Good:** Assessment provides useful data
  • Program Evaluation; Policy Advocacy

• **Better:** Assessment informs practice
  • Case histories are indispensable

• **Best:** Assessment *is* practice
  • Pivot to focus on coping and resilience

ICFW Issue Brief
https://uwm.edu/icfw/
what-happens-if-i-ask/
Why Home Visiting?

1. Early childhood interventions are often effective & cost-effective

2. Two-generation models hold the promise of interrupting the intergenerational cycle of trauma
   - Parent = Intervention
   - Child = Prevention

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EARLY CHILDHOOD DEVELOPMENT IS A SMART INVESTMENT

The earlier the investment, the greater the return

Source: James Heckman, Nobel Laureate in Economics
Family Connects

- Designed as a child abuse & neglect prevention model
- Low-cost, universal model → services triaged according to family needs
- Assessment during initial home visit → more visits and referrals as needed
- Significant impact & ROI

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Family Connects Racine County

- In 2017, the Central Racine County Health Department began to implement Family Connects alongside its long-term home visiting services
  - Provided home visits to 600 families last year
- Integrated the Trauma Screening Brief Intervention & Referral to Treatment (T-SBIRT) model
T-SBIRT: Key Elements

1. Seek permission to discuss stress and trauma
2. Screen for trauma exposure and symptoms
3. Provide information and education
4. Ask open-ended questions about coping
5. Reflect, summarize, and reinforce statements
6. Refer to treatment or other services
T-SBIRT Feasibility Study

• 112 adults served in a community primary care clinic:
  • 53.7% African American
  • 41.4 years old average age
  • 40.6% female

• 92.0% exposed to at least one PTE
• 55.4% positive PTSD Screening
• 62.5% referral acceptance
T-SBIRT Acceptability

• 9-item patient survey measuring:
  - Effectiveness
  - Convenience
  - Severity
  - Convenience

• Range 0-4

• Mean: 3.00 (Very Acceptable)

• 0% required grounding exercise

Trauma Sensitive

- Providers know signs and symptoms of trauma
- Providers remove unnecessary trauma triggers
- Providers act as emotion regulators for clients
- Providers value relational networks
Trauma Sensitive School Practices

• Trauma awareness: manifestations & scope
• Safety: structure and predictability
• Skill mastery: practicing regulatory skills
• Relationship: with all staff
• Coordination: within and outside school
• Tiered
Trauma Sensitive Schools: Resources

• Massachusetts:
  • [https://traumasensitivesschools.org/](https://traumasensitivesschools.org/) or Trauma Learning & Policy Initiative

• Washington:
  • [https://acesstoohigh.com/category/washington-state/](https://acesstoohigh.com/category/washington-state/)

• Wisconsin:
Questions?
Thank you!

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