BARRON COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

Barron County Trauma Project Newsletter

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The Impact of Trauma

It is estimated that 26% of children will experience a trauma before the age of 4 years. Childhood trauma can have a serious impact on a child's functioning. It can impact the development of the brain; interfere with a child's ability to regulate emotions and handle stress and it can contribute to learning and memory problems.

The effects of early trauma are long lasting. It increases a child's risk for depression, behavioral problems, self destructive behaviors, relational problems, eating disorders, and drug and alcohol abuse.

The effects of child maltreatment are expensive. A 2007 economic impact study estimates that untreated child abuse and neglect costs the nation $103 billion annually.

WI Trauma Project

In January 2012, Barron Co. Dept. of Health and Human Services, Burnett Co. Dept. of Health and Human Services and the St. Croix Tribe participated in a project put forth by the State Department of Children and Families designed to:

Introduce an evidence-based trauma screening, assessment and intervention into the CPS service array

Train resource and biological parents on childhood trauma

Take steps necessary to create a more trauma-informed Child Welfare System

To meet these 3 objectives the project was comprised of the following tiers:

Tier 1: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Learning Collaborative

Clinicians learned how to administer, score, and interpret the Northshore UCLA PTSD Reaction Index, an instrument designed to screen and assess for trauma symptoms in children; and also learned how to treat trauma symptoms in children ages 5-18 with TF-CBT. Six local agencies participated for a total of 19 clinicians.

Tier 2: Trauma Informed Parenting training

A workshop for resource and biological parents and child welfare staff participants learned about childhood trauma and how to recognize and respond to trauma triggers to maximize child safety, stability and well-being. During this 16 hour curriculum the combination of resource parents, biological parents and child welfare staff ensured that staff and caregivers would use the same language and view child behaviors through a trauma lens. Additionally, staff would be better prepared to support caregivers in using a trauma-informed parenting approach. 28 caregivers and 13 staff from Barron County participated in this training.

Tier 3: Trauma-informed child welfare system of care

The third tier involved ongoing, system-wide training and collaboration to enhance the system's ability to respond sensitively and effectively to its consumers who have been affected by trauma. A short presentation was provided to law enforcement officers during a mental health training. A second training was offered for educators on October 11, 2012. Megan Miller, a school social worker provided information on how trauma affects children and how to better work with the in the school setting. 35 individuals participated in this training.

Celebration & Goal Development

On December 5, 2012, individuals who participated in all Tiers of the Trauma Project were invited to attend the Wisconsin Project Celebration held at Turtleback in Rice Lake. The event was held to celebrate the accomplishments of the past year and plan the future path of the initiative in our communities. The day included an overview of the work performed in each tier, a discussion of the accomplishments and challenges and a planning session to sustain and build this practice in our community. Out of this event three primary goals were established for Barron County. These included:

1. Develop a plan to gather data regarding the impact that the project is having on our children and families
2. Collaboration between tier participants and continuing to get the word out to educate community partners
3. Improve access to therapy for children.

We are happy to report that progress is being made on all three goals.

Data collection: Kelly Knutson has been working with therapists to collect data from individuals who have participated in the TF-CBT. See results on page 4.

Collaboration and Training: A successful Trauma Event was held on May 7, 2013 in the Barron County Auditorium. Individuals from the three different tiers were invited to the one day Trauma Informed Practice training by Chris Foreman. About 65 individuals participated, including many school staff, local clinicians, law enforcement as well as county social workers. Overall 94 percent of the participants believed their overall knowledge of trauma informed care improved. Fifty percent of the participants indicated that they would like additional training on trauma informed practices and how to implement the strategies with children and families.

Improve access to therapy for children: Youth mental health CHAT committee is working on increasing access to youth mental health services by carefully considering school based mental health services and how it would work.

Inside Story of Success

Interview with Caitlyn Weaver and her parents, along with TF-CBT Therapist, Deb Severson:

How was TF-CBT different than other therapy you participated in?

It was a type of therapy in which Caitlyn actually opened up and began talking with Deb. The therapy was very youth orientated.

We really appreciated that the lay out of the therapy was described to us first, and we enjoyed knowing what to expect. The educational component was helpful in preparing us for the therapy. We really appreciated that there was a beginning, middle, and end, and that it wasn't going to drag out for two or three years!

What did you find the most helpful about TF-CBT?

Caitlyn said, "The therapy really helped me understand myself, my feelings, and how to control myself."

Deb Severson (therapist) asked Caitlyn how she was able to figure this out from the therapy.

Caitlyn replied that it was the "Stinkin Thinkin" or the PRAC (Psycho education, Relaxation, Affect Regulation, and Cognitions) skills that were taught to her and that she could practice and utilize when she experienced stressful situations and/or specific trauma triggers that upset her.

Caitlyn also said, "I really like that we played games during therapy."

(Deb reports that therapeutic games are used in this type of therapy to lessen the child's anxiety. As the child's internal alarm systems become deactivated it allows the child to learn the therapy skills).

Caitlyn's mom also stated that these skills were very helpful and that this therapy also provided her with the tools of the Cognitive Triangle. She said, "I can cue and prompt Caitlyn with when needed." Both Caitlyn's parents reported that the family engagement piece was very helpful.

The family indicated and Caitlyn herself said, "I have never talked about anything before!" The therapist and this process opened Caitlyn up.

Caitlyn's father indicated that this therapy was helpful in deceasing Caitlyn's oppositional behaviors. He said, "she accepts "no" so much better, and before it would be an all out war."

Deb, the therapist, indicated that the family being willing to go through the process was so important and helpful. She indicated that at the beginning the family was very exhausted, and everyone was walking on "eggshells". She said that this is so much better now.

Deb indicated that Caitlyn's parents were able to learn with her and both Caitlyn and her family have a lot more skills. Caitlyn's parents also agreed with this.

Deb and the family also reported that listening to the trauma story/narrative that Caitlyn and other children write was also very helpful.

How has therapy made a difference in school, home, and community?

Caitlyn replied, "It has helped me with being more organized in school and asking for help."

Caitlyn's parents noted that for Caitlyn to be assertive and ask for help has been very important.

They also reported that she passed all of her classes which was a big improvement in school. Her parents stated, "she now brings her homework home and does her work."

Deb noted it is very beneficial to have school staff involved and utilizing some of the TF-CBT tools in the school setting. The school psychologist whom provided Caitlyn with additional support made her teachers aware of one of the tools used in TF-CBT (feelings thermometer) to help them better understand and work with Caitlyn when she was overwhelmed or upset.

Everyone agreed that things at home were much better. They said, "there is less fighting, and much less crabbiness!"

Caitlyn's father indicated that he and Caitlyn get along much better and the two of them hang out more. He said, "I can really see the improvement in her."

Caitlyn's parents also reported that her relationships with her siblings have also improved.

In addition to this, Caitlyn also participated in a TF-CBT girls group. She liked the group and Deb noted that she was a leader in the group. She and her family report that overall, this process has made her much more confident.

When wrapping up the interview we talked about where the family was one year ago and they replied, "We felt hopeless, emotionally drained, and angry, and now we feel hopeful, excited for the future, and happy."

Caitlyn Weaver and Therapist Deb Severson Holding the "Iceberg" which depicts the problematic behaviors we see as the "tip" of the iceberg, which are a direct result from the underlying trauma that is well beneath the surface of the iceberg behaviors.

What we know so far:

100% of the children that have received TF-CBT in Barron County have had a substantial reduction in their trauma symptoms from the start of their treatment to completion of treatment.

86% of the children that have reached the midway point of TF-CBT therapy but have not yet completed treatment have shown a significant reduction in trauma symptoms.

Some of these reduced trauma symptoms include:

- Less arguments
- Less physical fights
- Improved concentration
- Improved sleep
- Improved positive feelings
- Decreased feelings of sadness and aloneness
- Decreased feelings of anger
- Decreased physical symptoms associated with trauma such as rapid heart rate, headaches, and stomach aches.

Those children and families involved with TF-CBT had an overall reduction in referrals into the Child Protection and Juvenile Justice System(s) in Barron County during a one year reporting period.

	TF-CBT Families	Non TF-CBT Families with a known history of trauma
Children placed out of the home	42%	63%
Percent of children where a placement change occurred	0	50% with an average number of 2 placement changes
Average number of months out of the home	6 months	9 months
Percent of children in which reunification or other permanence occurred after being placed out of the home	100%	10%

What families are saying:

- Relationships within the family are improving
- Communication is getting much better
- Children are learning to appropriately express and talk about their anger instead of expressing it inappropriately through their behaviors.

Our family was fortunate enough to participate in TF-CBT as recommended through Barron County. Deb Severson from Crystal Lake Counseling facilitated the treatment. The three foster children in our care were extremely damaged and as foster parents we were stretched very thin. Although Nathan had a degree in Marriage and Family Therapy, there is little that can prepare you for living with individuals who had experienced the level of trauma that our then 5,7,and 9 year old children had experienced. Escalated behavior, angry outbursts, sibling perpetrating, and the beginnings of self harm had pushed us to the point that we seriously questioned if adoption or long term care of this group was something that we could emotionally and physically manage. Through our family experience in the TF-CBT program, we have been able to work through and find tools to manage the triggers and traumas of our children's young lives. We will be highlighting three aspects that we took away from our experience.

ADDRESS RATHER THAN SUPPRESS

Like many physical and sexual abuse victims, our children were threatened and afraid to speak about what had happened to them. During TF-CBT, our oldest boy began to open up with his counselor in regards to his abuse. He would often hide when the counselor would arrive at our home. He told her that he liked her as a person but didn't like talking about what had happened. As the parents, we found ourselves sometimes dreading therapy day as well. TF-CBT is WORK and can be emotionally draining for all involved. Sometimes it is easier to ignore or pretend that things didn't happen. The problem with suppressing or covering is that issue always resurfaces in a different place. By regularly facing the reality that our children were a part of (sometimes like it or not), we were able to process and understand the hurt from which our children operated.

RECLAIMING POWER

Through the TF-CBT process, each child was given the opportunity to write their own story. This allowed each child to express and have their own voice. As the child revealed hurtful and abusive situations, the counselor validated the child and let them know that what was done to them was not okay. During the process, the counselor also brain stormed with the child in regards to what could be done in the future if someone tried to hurt them again. The counselor also processed the secondary trauma that we experienced as care providers for these children that had experienced so much. We began to recognize triggers and increased in our ability to sooth and comfort our children. During the final session, our children read their stories to us. Our oldest titled his story: A TERRIBLE THING HAPPENED. As he read to us and saw that the people sitting around the table loved and supported him unconditionally, we saw the shame that he initially came in with give way to relief that he was not alone in this world. He had told and was heard.

SKILLS GAINED

The time that we spent in TF-CBT gave us tools that we use to this day. During their first day of school this year, we "took their temperature" gauging if they were experiencing a green, yellow, or red level of anxiety. This simple language to express their fear level helps to avoid meltdowns. As caregivers, understanding the many components both past and present that contribute to their anxiety has given me an increased compassion and helped to offset frustration. Upon completion of the process, we saw a significant decline in night terrors. Bed wetting which had been a nightly event in the beginning of their placement dropped to once or twice a month.

TEST RESULTS

5 year old: On the initial meeting with Deb Severson of Crystal Lake Counseling Services, the North Shore Trauma History Checklist and UCLA PTSD Reaction Index test was administered. Kayla's initial score was a 57. Midway through the process the reassessed score was a 28. The assessment given on 3.31.14 registered a score of 17. To breakdown the scoring...the initial score of 57 registered 17 on re-experiencing, 20 on avoidance, and 20 on Hyper-arousal. Midway the score of 28 brokedown as Re-experiencing-9, Avoidance 6, and Hyper-arousal 13. The ending score of 17 brokedown as Re-experiencing 0, Avoidance 3, and Hyper-arousal 14.

7 year old: On the initial meeting with Deb Severson of Crystal Lake Counseling Services, the North Shore Trauma History Checklist and UCLA PTSD Reaction Index test was administered. Lizzy's initial score was a 59. Midway through the process the reassessed score was a 27 with an ending score on 3.31.14 of 16. Breaking down the scores...Initially the 59 was assessed with a 19 for Re-experiencing (ie nightmares), 20 for Avoidance, and 20 for Hyper-arousal. Midway through the 27 was broken down with 12 for re-experiencing, 4 for avoidance, and 11 for Hyper-arousal. The final assessment on 3.31.14 tested at a score of 16. 8 for re-experiencing, 3 for avoidance, and 5 for hyper-arousal.

9 year old: On the initial meeting with Deb Severson of Crystal Lake Counseling Services, the North Shore Trauma History Checklist and UCLA PTSD Reaction Index test was administered. Jacob's initial score was a 53. Midway through the process the reassessed score was a 30 with an ending score on 3.31.14 of 4. Breaking down the scores...Initially the 53 was assessed with a 16 for Re-experiencing (ie nightmares), 17 for Avoidance, and 20 for Hyper-arousal. Midway through the 30 was broken down with 8 for re-experiencing, 7 for avoidance, and 15 for Hyper-arousal. The final assessment on 3.31.14 tested at a score of 4. 1 for re-experiencing, 2 for avoidance, and 1 for hyper-arousal.

We adopted our three beautiful children on June 5th of this year. We had increased confidence moving forward and as a family, we are determined to continue the work necessary to bring healing. We are incredibly thankful for TF-CBT and the impact it made on our recovery!

Christy and Nathan Hough

Building a Healing Home

Nathan Hough & Christy Hough

Almost two years ago a sibling group of three entered our home with broken spirits, significant developmental delays, and many intense fears. Over the next eighteen months we were challenged to create a home that would offer support and give tools to these children helping them move forward. During this process, we developed a new understanding of how our home needs to be a place of healing.

To begin the healing process, we became part student while learning all we could from our children about their lives and part detective as we uncovered the pain that was driving their behaviors. Early on, we would discipline behaviors without taking into consideration the hurt and pain our children were trying to express. Over time, we learned our children needed space to react in negative ways so they could express their pain the only way they knew how, while at the same time coming up with safety strategies and seeking to sooth the emotional pain.

After rages, many times we would play soothing music and rock our children while they resisted us by kicking and pushing us away. After the initial resistance, we found the kids would melt in and accept the comfort we were offering. Our children worked hard to create an environment that was full of chaos and destruction because this is what was comfortable. Some of these negative behaviors included: putting feces on toothbrushes, dumping perfumes and makeup, and even spray-painting a vehicle. Once we learned to not react with intensity but seek to understand why they were so destructive, we saw a significant decrease in those negative behaviors. We started spending the majority of our time focusing on the positive things our children do to the point where our middle daughter often asks to talk about our "good stuff" from the day at supper.

Before entering our home, our son was nicknamed "terror monster" because he was very destructive. We worked to create a new identity focusing on his helpfulness around the house and his compassionate heart. As we began reinforcing this new identity, we began seeing less destructive behaviors. We then introduced a new family pet that became his companion and responsibility. Georgia, an Irish Setter, was adopted into our home and brought with her a sense of safety and purpose. After setting up her kennel in our son's room, we have seen his compassion continue to grow as he tends to her needs. We introduced our youngest child to a baby doll she named "Ms. Rosie." Ms. Rosie was initially hit, slapped, choked, dragged across the floor, and even thrown at people. We began asking about Ms. Rosie's well-being. Over time she began to recognize Ms. Rosie had needs that needed attending to, too. Gradually, we saw Ms. Rosie wrapped in blankets to be kept warm, offered other stuffed animals so she was not afraid or alone, and on occasion snuck into the bathtub for a good cleaning. Our middle child has developed affection for our other dog, Paddington, despite losing her first dog in a violent way. Over the course of time she slowly began to draw close to Paddy after initially wanting no connection. She now is connected with him and you can see compassion in the tender way in which she pets him and the kind words she speaks toward him. We have seen a significant softening in the hard exterior she feels she needs to maintain.

To begin the healing process, we became part student while learning all we could from our children about their lives and part detective as we uncovered the pain that was driving their behaviors.

Another part of being a healing home is in understanding we alone cannot meet all

the needs of our children, and recognizing the support needed can come from many different places. Our mail lady would bring candy for the kids and would leave letters of encouragement. A local karate instructor and his wife who would often walk their dog around our neighborhood struck up a relationship with our children and eventually became our son's sensei. Our church family saw the worst our kids had to offer, but still chose to embrace them with kindness. Our children have come to admire their Sunday school teachers, the young adults, and many other members of our church as role models they aspire to be like. We were also very selective in the respite providers we utilized, choosing families that modeled different home styles but have the common thread of respect, love, and acceptance.

As a whole, we strive to accept our children where they are in the moment and allow mistakes to happen, seeking teaching moments instead of swift correction. We seek to create support networks our children can rely on outside our home without fear. But most of all, we cultivate compassion through utilizing family, friends, pets, and our belief in God.

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Working With Healing Parents: Providing Foster Care Through an Integrative Healing Lens

Erin Wall, MSW, APSW, LGSW

What is a Healing Parent? How does that differ from a Foster Parent? What does that mean for me as the social worker? These are the questions that my team and I have struggled with at Anu Family Services during this past year.

I am the case manager of the three children at the Hough Healing Home. After the children were placed, our team quickly discovered that, despite their young ages, these children were the most traumatized children with whom the team members had ever worked.

As we learned the extent of the children's abuse, we could understand why they displayed the behaviors and outbursts that the foster parents were seeing. The key to the Houghs' parenting was that they'd pull the children in, instead of pushing them away, when they would express these behaviors. This allowed the children to feel safe, loved, and heard.

My role for the Houghs was as their support and sounding board. Our conversations were focused on possible triggers and re-enactments of the children's past trauma. My role was to be the foster parents' support, because they were emotionally exhausted from caring for these highly traumatized children.

During this process we had reached into our standard treatment modality toolbox and placed the children in individual therapy. When very little progress was observed, the team decided to try more integrative healing practices. The decision was made to place the children in Equine-Assisted Psychotherapy as this was an extremely effective trauma-focused therapy. The children made gains in just three months and addressed things that they hadn't even touched on in their previous therapy.

As the social worker supporting healing parents, it's my responsibility to validate the foster parents, supporting them through regularly scheduled visits and helping them to secure ongoing respite. We say this often about foster care, but healing parenting is emotionally taxing, and workers must recognize when the parents need to heal themselves. If we want parents to help the kids heal, we have to allow the parents time to process through and heal from the secondary trauma they're experiencing. Healing foster parenting is exhaustive, but it allows the youth to work through their trauma in a way that will make a lifelong difference and achieve overall well-being.

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