T/WB
Trauma & Post-Trauma Well-Being Assessment Scale

Trauma-Informed Practice

National Family Preservation Network
Safe children. Strong families.

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National Family Preservation Network
Priscilla Martens, Executive Director
(888) 498-9047
director@nfpn.org
http://www.nfpn.org

The Trauma and Post-Trauma Well-Being (T/WB) Scale and Definitions were developed in cooperation with Raymond S. Kirk, Ph.D.

Trauma-Informed Practice

What is trauma?

All workers need to have at least basic training on trauma-informed practice prior to using the Trauma and Post-Trauma Well-Being (T/WB) domains. There are many training resources available nationwide while others are still in developmental stages. NFPN is providing initial training information and links to free resources. Agencies should establish both initial and ongoing training requirements for trauma-informed practice.

Let's begin with some general information about assessing for trauma and its relationship to well-being. We will focus on the child welfare system because trauma is most prevalent in that system. New research on trauma and its potential for precipitating lifelong problems compels child welfare professionals to assess for trauma. Traditional child well-being has focused primarily on safety and permanence. However, trauma is now known to affect psycho-social, emotional, cognitive, and even physical development. The research is clear that trauma affects well-being in increasingly predictable ways.

The *Trauma* domain and *Post-Trauma Well-Being* domain provide a framework for identifying symptoms, conditions, and behaviors associated with histories of and recurring trauma and relates them to indicators of well-being of children and families following trauma, if caregivers are proactive and services are effective.

All children in the child welfare system are at risk of trauma and many experience stress, sometimes traumatic stress. Traumatic stress is characterized as different from normal stress in that the traumatic events were neither expected nor preventable (by the victim), and the victim was unprepared for them or their aftermath. Even some well-intentioned features of the child welfare system (e.g., emergency child removal and placement) can be traumatic.

Children's reactions to trauma, and the symptoms of trauma, to some degree, vary with the age of the child. The following are common symptoms of trauma as described by Pinna and Gerwitz (2013):

- Infants frequently exhibit poor bonding with parent/caregiver; excessive crying; non-responsiveness to stimulation or attempts to comfort; poor or disrupted sleep patterns.
- Pre-school age children frequently exhibit hyperactivity/arousal; developmental delays; onset of apparent disabilities (cognitive/

emotional/psychological); nightmares; issues with emotional regulation (tantrums, aggression); developmental regression (behavioral, bowel and bladder functioning).

- School age children frequently exhibit hyperactivity, depression/anxiety; developmental delays and disabilities; nightmares; altered sleep/wake patterns; school problems, social problems; behavior problems (impulse control problems).
- Adolescents frequently exhibit school problems (academic and behavioral); disability; depression/anxiety; risky, early sexual activity (pregnancy, STDs); substance use/abuse; criminal activities; suicidal behaviors; self-injurious behaviors (cutting, tattooing, piercing); family violence in which the child is a participant/aggressor; may become sexually aggressive.

If traumatic symptoms/behaviors are evident, special efforts beyond safety and permanence must be brought to bear to help children heal, families progress, and promote child well-being following trauma. Assessments should seek to detect trauma symptoms, and service plans should strive to enhance protective factors, to enhance families' abilities to recover following trauma, and to improve child and family functioning, and well-being.

Federal Mandate to Address Trauma and Social/Emotional Well-Being

In a memorandum issued in 2012 by the Administration for Children, Youth, and Families (ACYF), the federal government's policy on trauma and social/emotional well-being is set forth:

> "ACYF is organizing many of its activities around the promotion of meaningful and measurable changes in social and emotional well-being for children who have experienced maltreatment, trauma, and/or exposure to violence. There is a growing body of evidence indicating that while ensuring safety and achieving permanency are necessary to well-being, they are not sufficient. Research that has emerged in recent years has suggested that most of the adverse effects of maltreatment are concentrated in behavioral, social, and emotional domains. The problems that children develop in these areas have negative impacts that ripple across the lifespan, limiting children's chances to succeed in school, work, and relationships. Integrating these findings into policies, programs, and practices is the logical next step for child welfare systems to increase the sophistication of their approach to improving outcomes for children and their families."

ACYF strongly recommends assessment because "functional assessment is a central component of promoting social and emotional well-being." Essential elements of functional assessments include identifying how trauma may impair healthy functioning, using assessment to inform decisions about the appropriateness of services, track progress towards social/emotional well-being outcomes, measure developmental progress, and provide a pre/post comparison to determine if services are making a positive difference. All of these elements are included in the family functioning T/WB domains.

All federally funded programs now mandate addressing trauma and child well-being.

The full memorandum is available online at: http://www.acf.hhs.gov/sites/default/files/cb/im1204.pdf.

What does T/WB Look Like in Practice?

The initial research on the T/WB domains produced many helpful findings for agency administrators and practitioners. The study showed that the domains have high reliability and convergent validity.

The following is a chart with pre/post ratings of the high-risk families with involvement in child abuse and neglect who were in the study:

Trauma & Post-Trauma Well-Being Research Findings

Intake/Pre-Service Assessment

Assessment Results	% of Families
At least one *Trauma* subscale in the problem range	81%
At or above Baseline/Adequate on all subscales	19%

Subscale	Families with Mild Problem Rating	Families with Moderate or Serious Problem Ratings
Traumatic Sexual Abuse of Children	7%	6%
Traumatic Physical Abuse of Children	9%	11%
Traumatic Neglect of Children	23%	21%
Emotional/Psychological Abuse of Children	27%	21%
Parent/Caregiver Trauma	20%	37%

Closure/Post-Service Assessment

Subscale	Families with Mild Problem Rating	Families with Moderate or Serious Problem Ratings
Post-Trauma Cognitive/Physical Well-Being of Children	—	10% (Mild/Moderate)
Post-Trauma Emotional/Psychological Well-Being of Children	8%	4%
Post-Trauma Parent/Caregiver Well-Being	13%	12%

View the complete research report online at: http://www.nfpn.org/trauma-research-report

Implementing Trauma-Informed Practice

Implementation Guide

Where does an agency begin when the decision is made to implement trauma-informed practice? A good starting place is with a basic, reader-friendly document produced by the State Policy Advocacy and Reform Center (Sparc), First Focus, and the American Bar Association:

> "Trauma-informed practices include educating all stakeholders engaged with children and families, systematically screening children entering care, and dedicating resources to the provision of trauma-specific interventions."

The document includes the benefits of trauma-informed practice, models of trauma-informed practices, five trauma-informed practice recommendations, and federal funding resources.

Implementing Trauma-Informed Practices in Child Welfare is available online at: http://childwelfaresparc.org/wp-content/uploads/2013/11/Implementing-Trauma-Informed-Practices.pdf.

Training for Workers

When an agency commits to trauma-informed practice, a key component is providing training for workers. Here are three resources to train workers:

1. Introductory training on trauma produced by the New Jersey Child Welfare Training Academy. The training includes the effect of trauma on the brain and a child's development. A trainer's guide and participant's workbook are available online at: http://www.nfpn.org/articles/trauma-training.

2. The National Child Traumatic Stress Network offers the *Child Welfare Trauma Training Toolkit* with the following components:
   - Introduction to the Toolkit (PDF)
   - Trainer's Guide (PDF)
   - Appendices (PDF)
   - Slide Kit (PPT)
   - Participant Manual (PDF)
   - Supplemental Handouts (PDF)
   - LISA 9-1-1 Call (Audio File)
   - Recommended Reading and Resources (PDF)
   - Comprehensive Guide (PDF)

- Child Welfare Trauma Training Toolkit, Version 2: Suggestions for Trainers (Mediasite) – in development
- Child Welfare Trauma Training Toolkit Companion CD-ROM

Information on obtaining the toolkit is available online at: http://www.nctsn.org/products/child-welfare-trauma-training-toolkit-2008 (registration required).

3. Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) online training is available for Master's degree-level counselors and therapists: http://tfcbt.musc.edu/

Focus On Young Children

Because of the effect of trauma on the brain, especially in infancy, and because the largest age cohort in the child welfare system is children under the age of six, it is critical to address trauma and well-being in young children. Here are three resources:

1. The National Center for Infants, Toddlers, and Families addresses ages 0–3. Free resources for parents are available online at: http://www.zerotothree.org/about-us/areas-of-expertise/free-parent-brochures-and-guides/.

2. The National Child Traumatic Stress Network has a resource aimed at those working with children ages 0–6 who have been exposed to trauma. It includes:
   - How Is Early Childhood Trauma Unique?
   - Scope of the Problem
   - Symptoms and Behaviors Associated with Exposure to Trauma
   - Protective Factors: Enhancing Resilience in Young Children and Families
   - Identifying and Providing Services to Young Children Who Have Been Exposed to Trauma: For Professionals
   - Helping Young Children Who Have Been Exposed to Trauma: For Families and Caregivers
   - Treatments for Children and Families
   - Reference and Links

The resource can be accessed online at: http://nctsn.org/trauma-types/early-childhood-trauma.

3. A promising program to address trauma in children ages 3–5 is being tested with Head Start. Information about the *Head Start-Trauma Smart* program is available online at: http://www.saintlukeshealthsystem.org/head-start-trauma-smart.

Wellness

The Robert Wood Johnson Foundation has a policy brief on wellness that includes a model and recommendations for promoting the mental wellness of the nation's young people.

Are the Children Well? is available online at: http://www.rwjf.org/en/research-publications/find-rwjf-research/2014/07/are-the-children-well-.html

Review

The following are some True/False statements to use for discussion and review of workers' understanding of trauma-informed practice. All of the answers are found in the information contained in this document and the direct-access links to free resources.

True / False Trauma affects children's social and emotional development but has little effect on physical development.

True / False All children in the child welfare system are at risk of trauma.

True / False Ensuring safety and achieving permanency are the only ingredients necessary to achieve well-being of children in the child welfare system.

True / False Screening instruments are sufficient for identifying the need for trauma treatment.

True / False Infants are the fastest growing category of children entering foster care in the United States.

True / False Professional intervention alone will help a child heal from trauma and develop resilience.

True / False Children under the age of 6 cannot manage self-regulation.

True / False Wellness is the absence of illness.

True / False Consistent, predictable, and sustained habits for families and individuals have little effect on wellness.