

BUILDING RESILIENCY AFTER TRAUMA

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University of Texas at Austin
Center for Social Work Research
Volume 2, Issue 9 November 2010

A Newsletter from the Texas Mental Health Transformation Initiative

Are Our Child Systems Trauma-Informed?

Although there is a growing recognition that many children have experienced significant traumas in their life and that trauma-specific treatments may be beneficial, are the systems that children interact with regularly really trauma-informed? According to the National Center for Trauma-Informed Care, becoming “trauma-informed” occurs when every part of a human services organization, management, and service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of an individual interacting with that system. Trauma-informed programs understand the vulnerabilities or triggers of trauma survivors that traditional approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization.



Each child-service agency has different goals and priorities when it comes to creating a trauma-informed system. In school systems, teachers, staff and administrators should be aware of the potential effects of trauma on education (e.g., attendance, learning, classroom behavior), should identify and respond to students who need help, and should understand the impact of policy decisions on children. In health care systems, providers should be aware of children’s potential traumatic stress reactions to serious illness, pain, injury, and frightening medical procedures. They should minimize the potential for trauma during medical care and identify

children and families at risk for distress. Most youth in the juvenile justice system have significant histories of trauma, and the experience of detention can also be traumatizing. Therefore, juvenile justice staff should assess posttraumatic stress and psychological trauma in a systematic manner, provide trauma-focused interventions for detained youth, and protect youth from further victimization. Law-enforcement agents are often the first-responders to a domestic violence call. Police officers should be aware of the individualized effects of domestic violence on children, recognize the complicated feelings children in domestic violence situations have about their parents, and modify their police practices in the presence of children.

Creating a trauma-informed system calls for increasing the knowledge and skills of front-line staff as well as organizational leaders, examining policies and procedures with a “trauma-informed” lens, and seeking input and feedback from youth and families to understand their experience of the system.

Check out these resources:

[The National Center for Trauma-Informed Care](#)

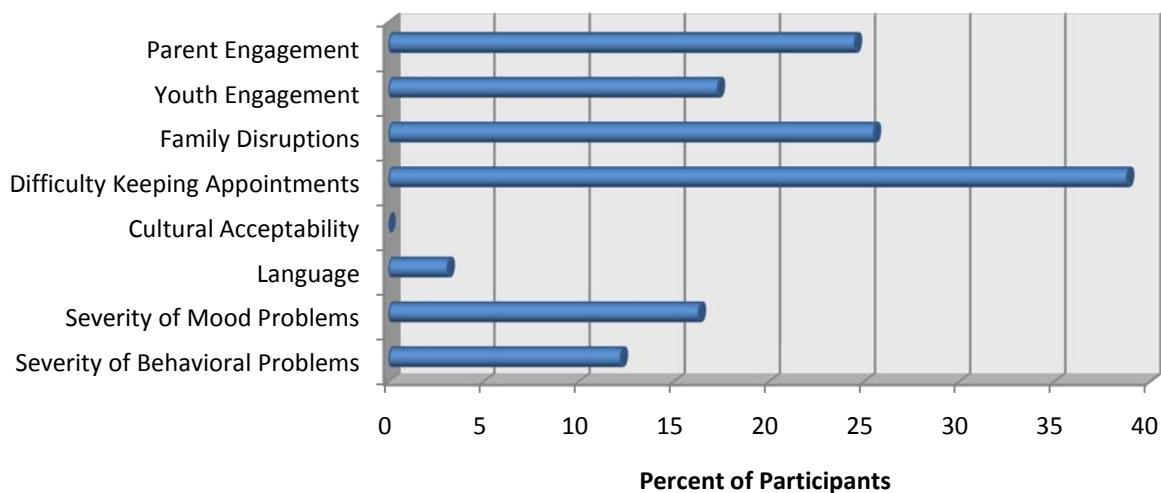
[Creating Trauma-Informed Child Serving Systems](#): a NCTSN briefing paper.

EYE ON EVALUATION

(This section will provide information about the project's evaluation. Data will change throughout the program, and findings to date should be considered tentative.)

The majority of TF-CBT participants have been discharged from treatment and information is available regarding their therapist's perceptions of the effectiveness of TF-CBT. Ninety percent (90%) of therapists reported they felt TF-CBT was appropriate treatment choice for the child and family. Sixty nine percent (69%) indicated that the family's treatment goals were met at discharge. However, this suggests that TF-CBT was not fully successful for some families and therapists were asked to indicate what barriers existed to treatment success. As can be seen in the chart below, difficulty keeping appointments and disruptions in the family were the primary barriers to

Therapist-Reported Barriers to TF-CBT Effectiveness



effective treatment. Issues related to symptom severity were felt to be barriers for a smaller number of families and linguistic and cultural acceptability were seldom reported as problems. These findings suggest that strategies to assist families with attending appointments (e.g. transportation assistance, home visits) and minimize the impact of disruptions on treatment attendance are critical to consider in implementing this treatment.

UPCOMING EVENTS

- **Bridging the Gap Conference**
November 8th and 9th, 2010 in Ft. Worth, Texas
Register at [Mental Health Connection](#)
- **Secondary Traumatic Stress in Professionals Treating Child Sexual Abuse**
Tuesday, November 16, 2010 at 3:30 pm
Register online at [National Child Traumatic Stress Network](#)

Funding for this project was made possible in part by the Substance Abuse and Mental Health Services Administration, SAMHSA grant number 5U79SM057485-04. The views expressed in this publication do not necessarily reflect the official policies of the U.S. Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.