New Training Manual for Florida's Supervised Visitation Programs

CHAPTER

Connecting Theory to Practice: Trauma-Informed Care

Introduction

The Clearinghouse often disseminates trainings and research to programs to assist in staff development and to constantly improve services. While these topics can range from theories of practice to new statistics on child abuse, the next step in practice is to bridge the gap between research and how it can be used to improve client services. It can be difficult for monitors to understand how to link relevant scholarly information and theoretical definitions to everyday practice. This chapter will provide information about valuable theories and research as well as the steps to translate these theories into supervised visitation practice.

What will I learn in this chapter?

Upon completion of this chapter, a visit monitor will be able to:

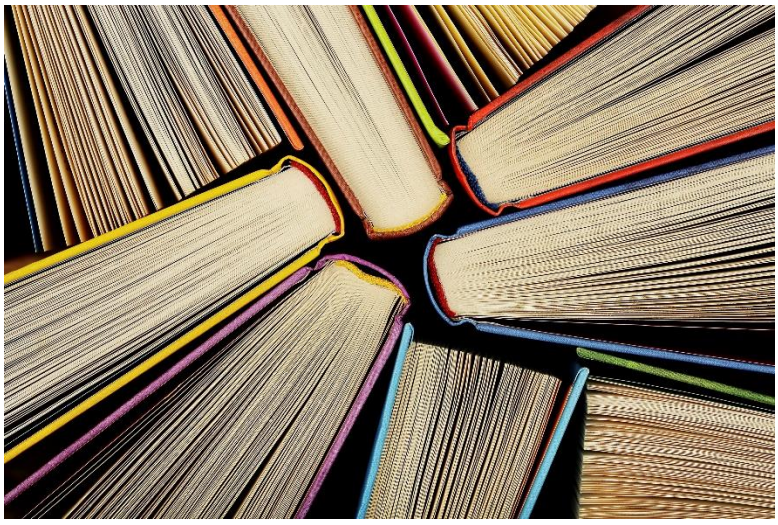
- Define theories relevant to supervised visitation;
- Understand the importance of learning theories and research;
- Describe the strength-based approach of human services;
- Teach clients how to identify their own strengths;
- Understand the impact of childhood trauma on adult behaviors;
- Create an environment and skill set that is trauma-informed;
- Identify barriers to implementing theories into practice;
- Define the importance of continuing education and skill development;

- Understand how to provide services successfully based on research and theoretical frameworks.

Understanding Theory and Research

For the purposes of supervised visitation, theories provide a framework for understanding clients and the goals of visitation. Theories can help us shape practice, predict what may happen in the future, and understand what has happened in the past.

Why We Need Theory



In simple terms, theory helps explain why people do what they do. This is helpful in a practice like supervised visitation because clients will often come from very different backgrounds and communities than the monitors and other staff.

Explains client situations and predicts behaviors. Theory provides an explanation for what is happening in each situation between families, monitors, and children. With supervised visitation as a specialized practice, it is valuable to use theory to better serve families and to prepare for visits.

Provides a starting point for monitors. When first beginning work with children and families, some monitors may have had a great deal of education, but may lack extensive experience. Understanding theory and research behind specific issues can help monitors have a starting point for which to engage in practice with clients.

Helps monitors develop an organized plan for their work. When monitors and staff understand what they are looking for and what to expect, it becomes much easier to develop a service plan for visitation. For example, the reasons behind developing a plan to distribute resources to parents will be easier to understand when using theories to support such actions.

Offers a clear framework in some chaotic situations. Sometimes information can be chaotic and overwhelming to staff, but using a theoretical framework can

help bring meaning to observations. Theories can also make organization and the processing of information clearer.

Identifies knowledge gaps. When using a theory or framework for practice, monitors and staff can identify unique cases and work to increase their knowledge and research on new topics.

Theories Relevant to Supervised Visitation

There are several theories that are relevant to supervised visitation; monitors should become familiar with them and their implications.

Adverse Childhood Experiences – This theory states that childhood experiences have a tremendous impact on an individual's future adult experiences. It is important for monitors to understand the impact of adverse childhood experiences and how they may play a role in family functioning.

Trauma-Informed Care –This theory advances the idea that social service providers will not always be able to identify trauma but should assume that all clients have experienced some traumatic event(s). With this theory, providers are expected to work through service delivery without re-traumatizing a client.

Protective Factors – Research shows that children in families that have certain protective factors are at a far reduced risk for child abuse and maltreatment. The protective factors include nurturing and attachment, knowledge of developmental stages, parental resilience, supportive social connections, concrete community supports, and social and emotional competence of children. It is important for monitors to know how to build the protective factors into supervised visitation practices to help support family health.

Strengths-Based Approach – This theory, a core of social work practice, is useful for supervised visitation because it allows monitors and staff to focus on all clients' abilities, talents, and resources rather than only on clients' deficits or problems. Considering that all cases are different and some problems may be difficult to overcome, it is important for staff to help rebuild parent-child relationships by

focusing on strengths. Such a focus helps create a positive experience for all involved.

Systems Theory – This theory is rooted in the idea that clients come from multiple systems in which an individual functions. Parents and families are often working with many different community organizations or programs. The systems theory allows monitors to think about systems outside of the visitation center and how all systems affect the client. Rather than thinking about the client's environment in a cause-and-effect manner, systems theory places the person and situation in an interrelated whole.

Adverse Childhood Experiences

There have been numerous studies and research conducted that seek to define the impact of childhood experiences on adult outcomes. The Adverse Childhood Experiences (ACE) theory explains and continues to expand on this impact and can be applied to social services and supervised visitation.

The Study

This study was originally started by Dr. Felitti, who discovered that many of the adult participants dropping out of his first study had experienced sexual abuse during their childhoods. This discovery inspired a new study that explored the relationship between adverse childhood experiences and the adult development of mental health problems and physical illnesses.

The study included more than 17,000 participants from 1995-1997; they were asked questions about traumatic or stressful events they might have encountered as children. Participants were also asked about their current health status. The

traumatic events are known as adverse childhood experiences or (ACEs) and participants' ACE scores were determined by their answers to the questions.

The study included questions regarding:

- Abuse – Emotional, physical, and sexual;
- Neglect – Emotional, physical;
- Household Dysfunction – Mother treated violently, household substance abuse, household mental illness, parental separation or divorce, incarcerated household family member.

The ACE Score

- The ACE score is the total count of the number of ACEs reported by individuals, with each category of experience counting as one (1) ACE.
- The score is used to determine the amount of stress that an individual experienced during childhood.

The Findings

As seen in the charts below, when over 9,000 women were asked about emotional neglect experienced as children, 16.7% answered that they had experienced such neglect. 12.4% of the men who participated answered that they had experienced emotional neglect. Of all of the participants, over 28% had experienced physical abuse as children. At the conclusion of the study, it was found that more than half of participants reported at least one ACE. In addition, at least 1 out of 5 participants had three or more ACEs. As an individual's ACE score increased, their risk for developing mental and physical health problems increased as well.

Abuse	Women (N= 9,367)	Men (N= 7,970)	Total (N=17,377)
Emotional	13.1	7.6	10.6
Physical	27.0	29.9	28.3
Sexual	24.7	16.0	20.7

Neglect	Women (N= 9,367)	Men (N= 7,970)	Total (N=17,377)
Emotional	16.7	12.4	14.8
Physical	9.2	10.7	9.9

Household Dysfunction	Women (N= 9,367)	Men (N= 7,970)	Total (N=17,377)
Mother Treated Violently	13.7	11.5	12.7
Household Substance Abuse	29.5	23.8	26.9
Household Mental Illness	23.3	14.8	19.4
Parental Separation or Divorce	24.5	21.8	23.3
Incarcerated Household Member	5.2	4.1	4.7

Number of Adverse Childhood Experiences (ACE Score)	Women	Men	Total
0	34.5	38.0	36.1
1	24.5	27.9	26.0
2	15.5	16.4	15.9
3	10.3	8.6	9.5
4 or more	15.2	9.2	12.5

The Link Between ACE and Health Problems

The Centers for Disease Control has identified a correlation between an individual's ACE score and health problems.

As a person's ACE score increases so does the risk for several health problems, including:

- Alcoholism
- Depression
- Illicit drug use
- Injection of drugs
- Ischemic heart disease (IHD)
- Multiple sexual partners
- Sexually transmitted diseases (STDs)
- Smoking
- Obesity
- Suicide Attempts

Children

When children experience traumatic events, the stress from such events can have lasting effects on the child's developing brain. The toxic stress of experiencing something traumatic can make it possible to lose the ability to process events (good or bad) properly. This can lead to the development of unhealthy coping skills such as substance abuse.

The Effects of ACEs

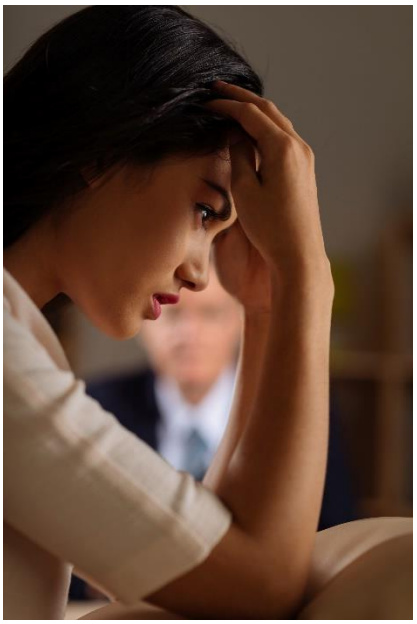
Adverse childhood experiences produce toxic stress. Persistent stress can create neuron damage in a child's brain. Children who have suffered from exposure to trauma have a harder time concentrating, following directions, or even learning because their prefrontal cortex (the area responsible for self-regulation and executive functioning) has been affected by early stress.

Poor executive functioning has several consequences such as:

- The inability to control impulses
- Difficulty regulating emotions
- Difficulty handling challenges

Disease and Illness

The stress response affects our immune system, which is what our bodies need in order to fight off disease and illnesses. Our immune system also serves to control the levels of inflammation in our bodies, therefore, when our stress response keeps our inflammation levels from being regulated, illnesses like heart disease and type 2 diabetes can develop.



Trauma-Informed Care

After discussing the impact of adverse childhood experiences, it is easy to segue into trauma and the lasting effects that trauma can have on clients. Rather than focusing on childhood experiences, trauma-informed care suggests that most people have experienced trauma and it is the job of social service providers to learn about the effects of trauma to deliver the most effective services.

The Basics of Trauma

The word "trauma" describes experiences or situations that are emotionally painful and distressing, and can be often pervasive and disabling to an individual's everyday functioning. Trauma overwhelms the individual's ability to cope with difficult situations, leaving him or her feeling powerless.

There are different forms of trauma; some forms include violence, rape, and assault. This can also include an overseas soldier's experience in war or an individual witnessing violent acts in the community. Trauma also results from the effects of neglect, abject poverty, discrimination, and oppression.

The impact of trauma can be radically life-altering. Trauma can lead to depression, substance abuse, Post Traumatic Stress Disorder, and/or anxiety disorders.

Supervised visitation professionals who interact with clients who have experienced trauma should be understanding and sensitive to those experiences. Visitation providers should be knowledgeable about the individual's history in order to know how to properly empathize and respond.

The Short and Long Term Effects of Trauma

Trauma's effect on an individual depends on many things: his or her life experiences before the trauma, his or her natural ability to cope with stress, the severity of the trauma, and the level of support offered by friends, family, and professionals (promptly after the trauma occurs).

Short-term

Individuals experiencing the short-term effects of trauma may:

- Turn away from loved ones initially because their support systems don't seem to understand their situations.
- Have trouble falling or staying asleep.
- Feel agitated and constantly be on the lookout for danger.
- Be startled by loud noises or something/someone behind them when they don't expect it.

Long-term

Individuals experiencing the long-term effects of trauma may:

- Re-experience the trauma though memories.
- Self-medicate with drugs or alcohol to numb the pain.
- Become upset or anxious when reminded about the trauma (by something the person sees, hears, feels, smells, or tastes).
- Feel anxious or fearful of being in danger again.
- Become angry, aggressive, and/or defensive.
- Have trouble managing emotions because reminders may lead to anger and/or anxiety.
- Have difficulty concentrating, focusing, or thinking clearly.
- Have a lasting effect on mental and emotional health.

For Trauma Survivors

In order to provide trauma-informed care to adults and children, service providers need to understand the following:

- Trauma experiences can be dehumanizing, brutal experiences that rob someone of any human emotion or experience.
- Trauma-informed care should exist in all human services.
- Trauma-informed care shifts the perception from "what's wrong with you?" to "what has happened to you?" This shows a move away from victim-blaming.
- There is a correlation between trauma and mental health issues and chronic conditions.

For adult clients, it is important to look at any past trauma and determine how to provide treatment that addresses both past trauma experiences and present issues, like substance abuse or chronic illness.

Adults may experience trauma due to:

- Serving overseas in the military and developing PTSD.
- Physical, sexual, verbal abuse (either in child- or adulthood).
- Being a victim of domestic violence.
- Being a victim of rape or assault.
- The lasting effects of a natural disaster (fire, hurricane, etc.).
- Loss of a significant other, parent, or child.
- Prolonged experience of poverty, oppression, or discrimination.

Children may experience trauma due to:

- The loss of a parent, friend, or pet.
- Physical, sexual, or verbal abuse.
- Neglect or maltreatment.
- An unstable or unsafe environment.
- Bullying.
- Surviving a natural disaster (fire, hurricane, etc.)
- Separation from a parent.
- Witnessing domestic violence.

Common Responses to Trauma

After experiencing trauma, a child's response is affected by multiple factors and situations. While trauma is unique to the individual, there are still some common age-related patterns of response to trauma.

Age of Child	Child's Response	
Toddlers and Preschool – *18 months to Age 5*	• Crying, whimpering, screaming • Moving aimlessly • Trembling • Speech difficulties	• Irritability • Repetitive reenactment of trauma themes in play • Fearful avoidance and phobic reactions
School Age – *Ages Six to Twelve Years of Age*	• Sadness or crying • Poor concentration • Irritability • Fear of personal harm, or other anxieties • Nightmares and/or sleep disruption	• Bedwetting • Eating difficulties • Attention-seeking behaviors • Trauma themes in play/art/conversation
Adolescence – *Ages Thirteen to Eighteen Years of Age*	• Feelings of extreme guilt • Reluctance to discuss feelings about traumatic event • Flashbacks • Nightmares • Emotional numbing • Depression • Suicidal thoughts • Difficulties in peer relationships	• Delinquent or self-destructive behaviors • Changes in school performance • Detachment and denial • Shame about feeling afraid and vulnerable • Abrupt changes in or abandonment of former friendships

Background Information on Trauma-Informed Approaches

Trauma-informed care is a strengths-based service delivery approach that is grounded in an understanding of, and responsiveness to, the impact of trauma. It emphasizes physical, psychological, and emotional safety for both providers and survivors, and creates opportunities for survivors to rebuild a sense of control and empowerment in their lives. A trauma-informed approach to the delivery of services includes an understanding of trauma and an awareness of the impact it can have across settings, services, and populations. It involves viewing trauma through an ecological and cultural lens and recognizing that context plays a significant role in how individuals perceive and process traumatic events. It involves four key elements of a trauma-informed approach:

1. **Realizing** the prevalence of trauma;
2. **Recognizing** how trauma affects all individuals involved with the program, organization, or system, including its own workforce;
3. **Responding** by putting this knowledge into practice; and
4. **Resisting** re-traumatization.

Key Principles of a Trauma-Informed Approach

Trauma is experienced in a different way for all clients and monitors should be aware that it is better to adhere to principles in responding to traumatized clients rather than adhere to strict actions. The six principles include:

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment, voice, and choice
6. Cultural, historical, and gender issues

These principles are generalizable across multiple settings and can be used as specifically or broad as monitors see fit.

Trauma-Informed Approaches in Supervised Visitation

Parents experiencing trauma may seem distracted, frustrated, angry, depressed, or anxious. Children experiencing trauma may seem distant, scared, or depressed. It is important to recognize that trauma can happen to competent, healthy, and strong, people and that no one can completely protect him- or herself from a traumatic event. Visitation monitors should be sensitive to the issues that the child may be facing, as well as to the issues a visiting parent may be experiencing. Visitation monitors should look for ways that they can improve the interaction and bonding between parent and child positively. While looking for ways to establish a safe place for the child, supervised visitation staff should watch for behaviors that may signal anxiety or re-traumatization.

Keys to Trauma-Informed Care

1. Many of the clients in social services have suffered trauma.
2. Survivors need to be respected, informed, connected, and hopeful regarding their own recovery.
3. Trauma and traumatic reactions are often inter-related (e.g., substance abuse, disordered eating and sleeping, depression, anxiety).
4. Social service providers need to work collaboratively with survivors, family and friends of the survivor, and other human services agencies in a manner that will empower survivors.

Provider Competence

"Trauma-informed approaches" involve the provision of care that, borrowing from the field of cultural competence, is "trauma-competent." Individuals and services providing trauma-informed approaches should cater to the individual needs of each child to best promote empowerment and effective treatment. These can include ethnic or cultural differences, mental or physical disabilities, or language barriers.