Childhood Trauma and Its Impact On Community Wellness

An Assessment Conducted by the Barre District of the Vermont Department of Health

Update: February 2014

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An examination of national, state and local data led the Barre District Office of the Vermont Department of Health to recognize childhood trauma as a determinant of health with profound impacts upon community well-being. In order to obtain a comprehensive understanding of this issue in our region, a team in our office conducted 20 structured interviews and a community forum with a multi-disciplinary group of community stakeholders.

The data collected from stakeholders reinforced our initial findings, giving voice to the significance of childhood trauma as an important public health issue and illuminating the readiness that exists in our community to address this issue. Stakeholders also revealed strengths that we might build upon and gaps that we might seek to overcome as we begin to examine potential strategies. The following domains, themes, and representative quotes emerged from our data analysis.

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Data
Strength
Theme: Some data exist.
Quote: "There is some [data] from DCF, there is some from CIS."

Gaps
Themes: Awareness of data sources is low. Data that exist are not readily available and do not meet our needs.
Quote: "I don't really know who is collecting data specifically about childhood trauma… [F]or grants and funding, everyone has to keep track of that, but I'm not sure if anyone is compiling it for the whole community."

Education and Training
Strengths
Themes: More educational opportunities are now available to providers. Training is on-going in some provider systems.
Quote: "I feel like there has been more education around [childhood trauma] in the last 10 years or so."

Gaps
Themes: Awareness in the community at large about trauma and the services available is low. More widespread education is needed. There is a need for more trauma-informed providers and more ongoing education across all disciplines.
Quote: "Because of a lack of comprehension of what an impact of a trauma might be, people have … misinterpreted a problematic behavior that is being exhibited by a child."

Programs and Services
Strengths
Theme: There are many programs and services in place, ranging from enrichment opportunities for youth to specialized treatment for trauma survivors.
Quote: "…[There's] a lot being done around intervention; there's a crisis and people get involved."

Gaps

<u>Themes:</u> More preventive services and programs that enhance protective factors are needed.
We are not doing enough to identify affected individuals early and assess their needs thoroughly. There are many barriers to obtaining services. There is a need for more comprehensive treatment and more treatment options for people who have experienced trauma. Some agencies do not meet the needs of people in their system with a trauma history.

<u>Quote:</u> "If the pebble goes into the pond and that is the point at which the child is traumatized, then there is a whole ripple effect. What are we spending dealing with these ripples way out there, when we could be corralling money to address the pebble going into the pond."

Policy and Law

Strength

<u>Themes:</u> Policies and laws exist to protect children and survivors of trauma.   There are some policies and laws that require providers to be educated about trauma.

<u>Quote:</u>   "There are...laws about bullying, there are laws about stalking, a lot of laws about [domestic violence] that we're aware of that involve families, not children in particular. But there's a legal age of consent, and other things like that."

Gaps

<u>Theme:</u>   Interviewees differed in their opinion about the value of policy and law in preventing and mitigating childhood trauma.

<u>Quote 1:</u> "Sometimes I think we need a lot less policy, and more or less just do the right thing."

<u>Quote 2:</u> "There aren't enough policies and laws and things in place."

Capacity

Strengths

<u>Themes:</u> The professional community has training, experience and dedication to work with survivors of childhood trauma. The general public's attitudes regarding treatment of children have shifted. Multidisciplinary teams are forming to address trauma in a comprehensive way.   Several innovative programs have been awarded grants.

<u>Quote:</u>   "There [are] a lot of intertwined agencies working together to address this issue."

Gaps

<u>Themes:</u> There are more people who need services than there are services available. Funding is decreasing and effective programs are being cut. Coordination of services could be improved. There are contributing factors that get in the way of addressing childhood trauma adequately.

<u>Quote:</u>   "[T]he demand is increasing but the funding to provide what they need has gone away, so it doesn't make sense at all."

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Using this information as a guide, it is now time for our community to act. Engagement of key stakeholders will be essential to the success of any strategy.   A focus upon childhood trauma has the potential to unite diverse partners toward reaching a common goal: improving the well-being of our community.

Two distinct processes were used to generate the qualitative data presented in this report. Initial data were obtained from key stakeholder interviews. These data were supplemented based upon feedback obtained at a community forum.

Key Stakeholder Interviews

Participants

Twenty structured interviews were conducted with a group of 22 key stakeholders in Central Vermont. Participants were selected in two phases. For the first phase, our internal team of seven employees from the Barre District Office of the Vermont Department of Health (hereafter referred to as the "Health Promotion Team") assembled a list of potential interviewees from the following sectors: mental health, human services, faith, primary care, school, judicial, corrections, and law enforcement. The criteria used to identify potential interviewees were that they: a) Have a significant degree of involvement, interest, and knowledge with respect to the issue of adverse childhood experiences; b) Have a great deal of interconnectedness with other service providers who are involved with this issue in our community. We determined the first group of 12 prospective interviewees using consensus decision-making. At least one prospective interviewee and one alternate were chosen per sector.

Ten of the 12 prospective interviewees agreed to participate in the interview process. Two prospective interviewees declined but suggested alternative interviewees who they felt would be better equipped to participate. Both of the suggested interviewees agreed to participate in the interview process. Scheduling conflicts with one interviewee led the team to complete an interview with the alternate. The alternate invited a co-worker into the interview to provide another perspective. Scheduling conflicts were eventually resolved and the originally chosen participant was interviewed as well. A member of the Health Promotion Team was also interviewed to help interviewers become comfortable with the instrument. Responses from this interview are included in the compiled data.

The second phase of participant selection occurred after the first 14 interviews were completed. As part of the interview process, participants were asked "Who else should we talk to about this issue?" The team compiled a list of the most frequently mentioned individuals and their associated disciplines. We used consensus decision-making to select an additional nine prospective interviewees.

Six of the nine prospective interviewees agreed to participate in the interview process. Three prospective interviewees did not respond to outreach efforts. One interview participant invited a co-worker into the interview to provide another perspective. See Appendix B for the list of interviewees, titles and organizations.

Data Collection

In accordance with the Vermont Prevention Model (see Appendix A), the Health Promotion Team was interested in exploring multiple levels of interventions that may impact childhood

trauma. We wanted to know what strategies might work at the individual level, but also how this issue might be addressed within families, schools, communities and policies. A discussion guide and set of 38 structured interview questions (see Appendices C & D) was created based upon *The Community Readiness Model* (Plested, Edwards & Jumper-Therman, 2006). Questions were divided into six dimensions: Community Efforts (programs, activities, policies, etc.), Community Knowledge of Efforts, Leadership, Community Climate, Knowledge about the Issue and Resources for Prevention Efforts.

Prospective interviewees were contacted to introduce the project, gain consent to be interviewed and determine a date, time and location for the interview that was most convenient for them. After the initial conversation, the interviewee was sent a copy of the Health Promotion Team's initial data analysis (see Appendix E).

Interviews were conducted from August 2012 through February 2013. Two members of the Health Promotion Team were present at each interview; one person served as the interviewer and the other as a note taker. With the permission of the interviewee, the interviews were recorded. None of the interviewees declined to be recorded.

Data Analysis

All 20 interviews were transcribed. The team initially followed the data analysis protocol recommended by *The Community Readiness Model* (Plested et al., 2006), which entailed scoring the interview for each dimension using a set of anchored rating scales. This approach was discontinued due to poor inter-rater reliability; scores assigned to the same interview by different members of the team varied significantly and consensus could not be reached.

An alternative system was developed. Team members read the transcripts and summarized them according to the following categories: Resources/Existing Efforts/Leaders, Gaps/Potential Strategies, Data, Contributing Factors and Other (see Appendix F for detailed category descriptions). All team members conducted this process with the same interview and the results were consistent. For the remaining transcripts, the following procedure was used: 1) each member of the pair who had conducted an interview summarized it independently; 2) the pair met to compare their summaries, add information and resolve any inconsistencies; 3) a final summary was produced.

Two Health Promotion Team members compiled the summaries by category - Strengths (including existing efforts, resources and data); Gaps (including potential strategies and data limitations); Contributing Factors; and Leaders - to a set of Excel documents. These documents listed: 1) themes that emerged across interviews; 2) which interviewees had touched upon the theme; and 3) representative quotes for each theme. The Health Promotion Team read the documents and independently determined overarching headings (domains) for the themes. Final domains were chosen using consensus decision-making.

Themes from the original Excel documents were consolidated and organized under the chosen domains. One team member drafted the consolidated strengths by domain; another team member followed the same process for the gaps. Contributing factors were included in strengths and gaps where appropriate; leaders were maintained as a separate list (see Appendices G & H). The team met to review and revise the drafted themes. Final themes were determined using consensus decision-making.

Community Forum
Participants
A community forum entitled "Childhood Trauma and Its Impact on Community Wellness" was held on September 11, 2013. Invitations for the event were sent to 140 individuals, including interviewees, individuals on the potential interviewee list who were not interviewed, individuals identified in the interview process as "champions" and key leaders from the Agency of Human Services. Notice of the event was also posted on community list-servs and blogs.

Forty-one people participated in the forum, including representatives from education, medical and human services sectors.

Data Collection
Objectives of the forum included sharing what the Health Promotion Team learned from the 20 key stakeholder interviews and providing the opportunity for participants to supplement this information. These objectives were accomplished with two different tasks. In the first task, a PowerPoint presentation (see Appendix I) was used to present the themes, categorized by domain, to the participants. After each set of themes was presented, participants were given time to review a one to three page handout (Appendix J) listing the themes in that domain, examples and selected quotes. They were provided post-it notes to write any information that they felt was missing, additional resources of which they were aware, or other comments that they wanted to share. At the end of the presentation, participants added their post-it notes to a sheet of butcher block paper provided for each domain.

The second task, designed using the principles of Appreciative Inquiry (see Appendix K) asked participants to respond to the following questions:

> *What's working well?*
> *What's good about what you are currently doing?*
> *What's good about what you are seeing going on within the community/state as a whole?*
> *What should we be doing even more of?*

The activity was conducted using the World Café method (see Appendix L). Participants were asked to gather at a table with 6-8 individuals. A facilitator was assigned to each table. The facilitator read the question to the group. Participants were encouraged to discuss their answers and record them in words or pictures on the butcher block paper provided at each table. The facilitator used the prompts provided in order to keep the discussion vibrant and focused upon strengths. Participants were asked to move to a different table after 15 minutes,

with the goal of creating a completely new discussion cohort. Facilitators stayed at their assigned table to engage the new group in another 15 minute round of discussion on the same question. At the end of the activity, participants reconvened for a large group discussion of key points.

Data Analysis

Notes from the two activities were transcribed and compiled after the forum. One member of the Health Promotion Team supplemented the initial report with additional information gathered at the forum. Another member of the team read through the supplemented report to ensure that examples and quotes were categorized appropriately. Final decisions were made by consensus.

Why Focus Upon Childhood Trauma?

A core value in public health is that we cannot make meaningful change unless we have buy in from the community. Stakeholder interviews were designed to determine whether: 1) our community partners viewed childhood trauma as an important issue; and 2) the community had the collective will to work on this issue. It was clear from our interviews that the answer to both questions was "Yes." Service providers in our area recognize the profound impacts of childhood trauma and the need for a coordinated response in order to address this issue.

Examples of how childhood trauma impacts our community:

❖ Childhood trauma affects a large percentage of our community, either directly or indirectly
❖ Trauma experienced in childhood has a profound, lifelong impact upon individuals. A child who experiences trauma faces a greater likelihood of problems with learning, behavior, risk taking, health and productivity.
❖ Trauma is generational; traumatized children are more likely to become abusive to others

QUOTES
"[There is an] overload of abuse and the sad part is… [w]e're not even scratching the surface [with what is reported]."
"I think the biggest strength is that [this trauma focus] is getting closer to root cause. Closer to treating condition rather than symptom."
"We're seeing kids who are presenting with more challenges and troubling symptoms."
"We are all learning all of the stuff on brain development. There is science to pin this on now. There is no choice but to move forward."
"It seems to be the core of just about whatever reason primarily gets you into treatment … in the background is some connection to a traumatic event."
"[W]e know the child has experienced trauma, the parent has their issues; who else is being impacted by this? You can make that stretch and go on for miles. You're looking at school resources. This child is getting older and hasn't developed, really, pro-social skills because that trauma was never addressed. Now that is impacting the economy. This person can't get a job because they can't function. That inner circle starting with the child spreads out, spreads out generationally."
"[I]f a community can embrace and address the impacts of trauma and if we could literally get to some headway of breaking some cycles, you'll see all these indicators [improve], not just the significant health ones, but employment… [We might see that affected individuals can now] pay taxes, they can show up to parent teacher conferences for their own child, they can engage in their community, be successful partners in relationships. There [are] huge impacts."
"[Childhood trauma] is a systemic issue, not just a school problem, or a DCF problem, or a corrections problem."
"What happens to kids in early childhood or just in early development has a huge impact on everything in their life from then on. So that's a huge concern."

"[A]ny time that you're looking to address the challenges that these kids are facing in the context of their families, there's a community impact."

"[W]hat I have seen from children [who have] experienced severe trauma … it seems very difficult for them to become… productive, well-adjusted adults."

"I think simply because of the monumental effects of trauma later on for most of our clients, the more information or knowledge people can get concerning it would be important."

"It's getting to people to have them understand how monumental an effect [trauma] has down the road. Once you come to that understanding or realization it just makes absolutely no sense to NOT take a greater interest in how this issue can be addressed."

"A lot of times [affected individuals] are trying to detach from it, or they're using substances to not have to deal with it, they get into unhealthy relationships, it all spins off of it."

"[I]n the early childhood and maternal child health community you see evidence every day of the effects of trauma on children and their families."

"[Their own past] [t]rauma impacts parents' ability to keep children safe."

"A lot of times it's not possible for parents to be a leader for their child if they have … previous trauma."

"[F]or the population we serve, this is generational to them. [They say things like], 'I grew up in poverty. I grew up getting beaten. I watched my mom get beaten. I beat my wife and my kids.' So they don't see it as an issue."

"We hold an understanding of the generational effects of all this stuff."

"[P]eople culturally are part of families that struggle with abuse and trauma. It's hard to break those cycles."

"If a child has experienced trauma, how do they turn around and not inflict it on a younger sibling, younger cousin. We need those layers and layers."

"What happens to kids in early childhood or just in early development has a huge impact on everything in their life from them on. So that's a huge concern"

"Kids are impacted on a daily basis, like not getting breakfast before school. The little stuff sets them up not to be able to function in the classroom."

*See also Capacity/Strengths

Strengths

THEME: *Some data exist.*

Examples of data sources:
- ❖ Adverse Childhood Experiences (ACE) data
- ❖ School data related to the signs and symptoms of trauma:
  - o Behavioral indicators
  - o Attendance rates
  - o Percentage of children with yearly physical and dental check ups
  - o Meal participation rates
- ❖ Data held at individual organizations, including evaluation of grant activities, and monitoring of program participation
- ❖ Youth Risk Behavior Survey (YRBS)
- ❖ Youth Assessment and Screening Instrument (YASI) conducted with families involved in the family and criminal justice system
- ❖ Annual report disseminated by the Department for Children and Families – Family Services Division (DCF/FSD) about child abuse and neglect
- ❖ Children's Integrated Services
- ❖ Child Advocacy Centers
- ❖ Statewide data on children in shelter and children accessing services held by the Vermont Network Against Domestic and Sexual Violence
- ❖ Potential opportunities with Results-Based Accountability

QUOTES

"The ACE study. There is evidence out there that it is money saving, to really be in the trenches preventing childhood trauma, in terms of long term health care costs."

"We have all kinds of behavioral data that shows us how kids are doing. It comes from every time a kid has a significant issue."

"I know [Our House] kept statistics on the number of calls coming in, number of people in counseling, types of calls, number of calls that went from just a call to prosecution."

"I would guess that a lot of these grants are evidence based; you need to show some type of results to qualify"

"[We're] really looking at the services that are offered and the means of not only tracking but getting credit for the work we are doing."

"We are learning to be better evaluators. As money gets tight you need to prove that where it goes, results follow. We don't want to be doing things that aren't effective."

"I'd guess that NFI through Dave Melnick's work is probably doing some sort of follow up ...If in fact DCF has a contract now, most of those contracts...have some kind of component as to

how you're going to measure the results or the success of the project down the road."

"A lot of knowledge is...institutional memory carried in people."

"There's some [data] from DCF, there is some from CIS, but it's not very good. Limited."

"Results-based accountability conversations are occurring at the state level. They are looking for tracking of health indicators and wellbeing."

"[The YRBS] is helpful to sort out what is going on with our kids today."

Gaps

THEME: *Awareness of data sources is low.*

QUOTES

"If there is any [data], and I'm sure there is, I would think it would be maintained at Our House."

"I doubt if anyone knows statistics. I don't know what's available for the community."

"We haven't measured this stuff [impact of community efforts] to my knowledge, or if we have, I'm not aware of the results, so it's measuring and then publicizing."

"I don't really know who is collecting data specifically about childhood trauma to be honest."

"DCF and the Health Department do keep statistics. It's not obvious or hanging up in the ER. It should be. It should be in police stations, in schools, in all those public institutions. We should have the data. It is eye opening to see how many kids are sexually abused in VT, and if you know the number and you're looking at your field of kids in your school, and you know that there are hundreds of kids and knowing that percentage, it will increase your sensitivity to it. Getting those numbers out there."

"There needs to be more education on the cost benefits of prevention. There is evidence that money [is] saved."

THEME: *Data that exist are not readily available and do not meet our needs.*

Unmet needs include:
- ❖ Systematic, consistent and coordinated data collection across agencies
- ❖ A plan for disseminating data
- ❖ Longitudinal data
- ❖ Leadership, commitment and resources to construct robust systems

Data

QUOTES

"[D]ata [are] collected but there are gaps, inconsistencies. [We are] lacking a plan to share and evaluate. How can the data best help us to move forward?"

"Data seems sporadic. [There is] little consistency and communication between agencies."

"Data is tracked differently among stakeholders. There isn't one place to find links to the studies."

"Data must be available across systems. Data is only as helpful as the quality of the questions that generates it. It is critical to be very mindful in the creation."

"I don't think we do any kind of long term studies."

"We haven't measured this stuff [impact of community efforts] to my knowledge, or if we have, I'm not aware of the results, so it's measuring and then publicizing."

"[I]t is hugely important that you're asking the right questions [with respect to data]."

"I'm not seeing data that's specific to childhood trauma other than from sort of larger, the ACE study, it's like [are we] breaking it down by community? I just don't know that we're collecting that."

"[I]f we could highlight [the data], it would be easier for us to get funding ... [W]e can use that data when applying for grants."

"There needs to be more education about the cost benefits of prevention. There is evidence that [money is] saved."

"[S]ometimes we don't evaluate enough...As money gets tight you need to prove that where it goes, results follow. We don't want to be doing things that aren't effective."

"[P]robably, for grants and funding, everyone has to keep track of [some data], but I'm not sure if anyone is compiling it for the whole community."

"There's some [data] from DCF, there is some from CIS, but it's not very good. Limited."

"[We] need better systems to capture the co-occurrence of trauma, sexual abuse, and witnessing domestic violence."

"[Data are] not consistent. Not enough people are keeping it. It's limited to certain places like DCF. Clearly we're not getting it from large segments of the population. It's only kept on the people who emerge. We only have a broad survey. We don't have a survey tool. It's coming out on people who are emerging as troubled. Categories are squishy...not well defined."

"The limitations are keeping [the data], reporting it, getting staff to routinely gather it and making sure training to use the data base is available."

"Sometimes you collect data and you don't know what happened to it. How are we going to apply it."

"Many people don't know what data to keep, for what purpose, or how to analyze data."

"[Data] is silo-ed. Wouldn't that be interesting if we pooled our ideas about that?"

Strengths

THEME: *More educational opportunities are now available to providers.*

Examples of training opportunities:
- ❖ Annual Our House Summit
  - o Tracks for law enforcement, social work, medical professionals, and lawyers
  - o Networking across disciplines
- ❖ National Child Advocacy Center in Alabama – Forensic investigations and case reviews, trainings offered in Vermont
- ❖ National Association of School Nurses website - Training and resources to address trauma and mental health needs in schools
- ❖ DCF/FSD offerings
- ❖ Agency of Human Services (AHS) online domestic violence training
- ❖ Building Effective Support for Teaching Students with Behavioral Challenges (BEST) Institute
- ❖ Northeastern Family Institute (NFI) provides some trauma training in schools
- ❖ Kids and Cops – This is a training and protocol developed in Vermont for police officers to help them understand how to respond in a domestic violence situation when children are involved. This system has been accepted statewide and has received national attention as best practice.
- ❖ Washington County Mental Health trainings
  - o Trauma 101 for all staff
  - o Specialized training and supervision for clinicians, including Attachment, Self-Regulation and Competency (ARC) model
- ❖ Mental Health First Aid – teaching individuals how to help persons developing a mental illness or in a crisis
- ❖ New England Juvenile Defender Center – training topics and tools related to trauma
- ❖ Public Defenders trained to use North American Family Institute (NAFI/NFI) trauma assessments
- ❖ "Improving Clinical Outcomes for Complex Patients" conference in October 2013
- ❖ Various trainings provided for Probation and Parole, particularly probation officers who work with women offenders
- ❖ Vicarious trauma trainings for service providers
- ❖ Dartmouth Psychiatric Research Center – Community-friendly trainings on trauma, post-traumatic stress disorder (PTSD) and evidence-based treatments

QUOTES

"We're on a learning curve."

"We're on the beginning edges of this work in this state."

"We are all learning all of the stuff on brain development. There is science to pin this on now. There is no choice but to move forward."

"What's exciting is that we also have police officers and States' Attorneys and other people who wouldn't have necessarily focused on children who will be educated about the effects. That's a good thing."

"I think a lot of people have a lot of good information, and I think we share it. So we get smarter."

"At this point in time at least, there is developing knowledge, more so in Washington County, than there was in the past."

"[W]e've had a fair amount of training on adolescent brain development...that, early childhood trauma plays into or is connected to adolescent brain development."

"[T]he permanent effects clients have and changes in the brain were quite an education."

"I feel like there's been more education around [childhood trauma] in the last 10 years or so."

"I just know there was an … awareness that trauma is a significant part of kids' mental health struggles. There was an effort to have a more concerted approach to trauma treatment with kids."

"I think the staff in this office ha[s] enough education about [client's] issues that they know to seek help, and where to seek it, and that wasn't always like that."

"It's becoming more of a prominent issue that is being addressed. People are being educated on it more and more."

"[T]here are trainings…that address these but not on a systemic or annual basis or anything like that."

THEME: *Training is on-going in some provider systems.**

QUOTES

"I want to differentiate between training and education. It's one thing to have an eight hour or six hour experience in a room with 300 people being presented information. It's another thing to have an intentional learning opportunity to apply that information. What I see happening that's hopeful to me is that … some teams are experiencing a learning experience trying to apply this information."

"I think...there's a wide spectrum of knowledge.   In [some] areas, because of the nature of how business is conducted … people have a much greater knowledge. In areas where that type of programming is not in the forefront or current, the degree of knowledge or the knowledge is much less."

"[Therapists] are constantly updating their training."

***See also: Policy/Strength/Provider System Education

Gaps

***THEME**: Awareness in the community at large about trauma and the services available is low. More widespread education is needed.*

Examples of the types of information that the public needs:
* ❖ Definition and prevalence of Adverse Childhood Experiences (ACEs)
* ❖ The impact of ACEs upon brain development and health
* ❖ The return on investment of prevention efforts
* ❖ Mental Health First Aid
* ❖ The Department for Children and Families/Family Services Division system for managing reports and new procedures for intervening with at risk families

Examples of target groups:
* ❖ Parents and expectant parents
* ❖ Family members
* ❖ Caregivers
* ❖ College students (peer support)

Examples of methods for informing the public:
* ❖ Mass media campaigns
* ❖ Pamphlets available in waiting rooms of service organizations

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QUOTES

"How trauma affects everyday life, a child's ability to learn and their behavior. That is where we need more awareness."

"Trauma, or rather what constitutes trauma, is a continuum – not a discrete definition. Public awareness is there, perhaps, for the extreme of the continuum, but a large portion of ACE might not be perceived as [trauma] by the public."

"A greater focus on educating families about trauma's signs and symptoms and long term permanent brain changes would help parents to recognize trauma and encourage them to seek treatment earlier."

"Your kid is wetting the bed and throwing tantrums at school, or it's a behavioral issue, they aren't looking as deep as they could. We could do a lot more with education. These are the top 10 things you will see in a child who is suffering from ongoing traumatic events. To give people some sort of idea of what to keep their eye out for."

"Because of a lack of comprehension of what an impact of a trauma might be, people have from my perspective … misinterpreted a problematic behavior that was being exhibited by a child. It's very easy to do, to see a kid acting out, and to label that behavior as manipulative, or willful and, to not look at or comprehend that we've got a 15 year old sitting in front of you who has just been taken back to age 2. Something triggered, and he's got the body, the mouth,

(or she) , and the presence in terms of space in the room, of a 15 year old. And right now, he's two. Don't be expecting 15 year old maturity from him or her."

"The ACE study is looking at outcomes in adulthood, often. Or perhaps onset of types of risky behaviors, which perhaps happens at the age range of the kids I'm looking at. So it's very important from a public health model. However, I think that this information around developmental trauma could help inform a lot of work at the prevention level and the community level."

"I think simply because of the monumental effects of trauma later on for most of our clients, the more information or knowledge people can get concerning it would be important."

"[Trauma] doesn't necessarily get on people's radar the way it should."

"I think there needs to be more widespread information about the effects of trauma. There needs to be a campaign."

"[A]ll people that work with kids as well as kids themselves need to be educated around sexual violence and sexual abuse. So that's going into health classes and talking to teens about dating violence. It's also educating educators about what that is, educating janitorial staff, all of the people that are involved. That's a new initiative. That's education."

"I think it starts by expanding awareness of childhood trauma. It starts by awareness of the issue, how big the issue is and brain development and what it is, and then comes the policies and practices."

"There needs to be widespread information about the effects of trauma before people become pregnant. People don't realize the impact of how what is happening to them is affecting their babies."

"A lot of it will have to do with educated families and parenting skills. You need a license to drive a car, but not to have a kid! … I don't think we get the message out there though that there's proper ways to raise children."

"It would be wonderful if awareness, capacities and resources were woven into the fabric of our culture … interwoven into our informal structures across community, but [they aren't]."

"Professionals are more informed about resources than the larger community"

"People get caught up in the tragedy of a child trauma, but the community isn't looking down the road at the high impact."

"[People think], 'Gosh if I call because I see this happening to my kid, they might take my kid away.' These are real fears people have because they might just not have the education, or they might because it's just not getting through to them...[We should be] trying to break down the barriers and erase the stigma so people can open the portal themselves without having to have the state start that process."

"I don't think we get the message out there though that ...if you see something happen to a kid, or to your kid, report it. Don't protect your new boyfriend because you're afraid of losing that income. It's your child you need to protect."

"There's so much fear in making a report. People are afraid it means kids are going to be taken out of the household."

"There are probably some people in the community that feel, 'What's the problem?' because they don't have any reason to be connected to it, or maybe they live in it and that's just life for them."

"I don't think [people] know the services are there."

"[Some people] don't understand that watching you beat the daylights out of their mother and grind her into the ground is an effect, it's abuse on the kids of a different type."

"[T]his whole stranger danger campaign came out. All of a sudden this whole generation of school aged kids … was afraid of people they didn't know. That was the community's way to keep kids safe from sexual predators. Only to find out 10 years later that 90% of all children who are sexually abused are not abused by a stranger in the bushes, it's someone in their own family. So we put our prevention in such a wrong place."

"There's not a lot of community awareness of what [services are] available."

"There's a desire to do something good that's going to have an impact. And there's not adequate comprehension of the depth and complexity of the problem. So that what I think winds up being offered is often relatively simplistic in relationship to the need."

"[T]here still will be families who are fighting and feel assaulting someone in front of the kids has no effect. There still needs to be education on it."

"[We are] always finding people who need our services who aren't aware."

"We have this thing where the state thinks, 'This is the average healthy child' and the child has so many problems it is overwhelming."

"I think a lot of the people who are leaders in this community have very little awareness of [trauma], or what effect it has, what behavior it triggers. Mostly what's come back to me is the judgment."

"[There is an attitude of] 'Suck it up and move on.' I think that just talking to those people and letting them know that, yes, some people can do that, but most people need a lot of help and have to work very hard."

"An understanding of [the] behaviors [associated with] trauma, for some employers, would be helpful."

"[T]here's a lot of misinformation around DCF."

"I think DCF is really changing and I think the view of DCF is lagging behind."

"[P]eople are afraid of talking about trauma because it stirs up the darkness inside of them or in others and we need to learn to support each other. People will say, 'I don't know how to deal with people with mental health issues, I wasn't trained to deal with people with mental health issues'. I say that every human being is capable of listening and supporting another human being, and just by listening you can provide a therapeutic presence… Just be there for another human being and then gently… send them to the next best possible human being you know. That's all it takes. People are so scared to do that. People are so scared to trigger each other."

"[If a child experiences trauma s/he would] [h]ope that somebody notices. Because a lot of times kids don't have the language.… That's why it's so crucial that adults get a clue about what this looks like."

"I think there's always a need to expand and a need to outreach services to find out who in the community we aren't hearing from."

"There isn't enough public education or outreach for the community to say, 'These services are here. Please, if you're having these issues, if you recognize these signs, please bring it to someone's attention.'"

"There are obviously people who don't know about us. We try to put ourselves out there as much as we can."

"[G]etting [people] to go to the right place with questions [and] hav[ing] someone available [is important]."

"[T]here's no brochures. If you go in our mailing room, you'll find brochures on domestic violence, victims services and how to access them, budgeting classes. I don't think I've seen anything on childhood trauma. You might see a poster on the way to the elevator, but there is no mass media campaign."

"Once you become aware of the work that's been done around developmental trauma, it's pretty hard to step back from being an advocate for more awareness."

"Greater publicizing of the ACEs study. When I've talked about ACEs to my colleagues, most people aren't that familiar with it."

"DCF and the Health Department do keep statistics. It's not obvious or hanging up in the ER, it should be. It should be in police stations, in schools, in all those public institutions. We should have the data. It is eye opening to see how many kids are sexually abused in VT, and if you know the number and you're looking at your field of kids in your school, and you know that there are hundreds of kids and knowing that percentage, it will increase your sensitivity to it. Getting those numbers out there."

"It would be nice to see some of that literature [about childhood trauma] sitting around. Someone browsing it while they're bored waiting for an appointment and realize there's a whole area they know nothing about. Sometimes that's enough for some people."

"You have to tell people things. I don't know how many times, at least three or four different meetings for them to understand what's out there and what's available. Some of it is a PR kind of thing."

"There needs to be more education on the cost benefits of prevention. There is evidence that money [is] saved."

"There's very little awareness of the connection between brain development and childhood trauma."

"I think simply because of the monumental effects of trauma later on for most of our clients, the more information or knowledge people can get concerning it would be important."

"It's getting to people to have them understand how monumental an effect [trauma] has down the road. Once you come to that understanding or realization it just makes absolutely no sense to NOT take a greater interest in how this issue can be addressed."

"I think it would be helpful if parents had more of an understanding of the long term consequences of trauma. [We need to say to them], 'You're with a partner who is abusing you. Do you realize this is going to have a profound effect on the relationships your children have down the road?'"

THEME: *There is a need for more trauma-informed providers and more ongoing education across all disciplines.*

Specific providers that were mentioned as needing more training included:
- ❖ Attorneys and judges, especially in Family Court
- ❖ Faith communities

- ❖ Community volunteers, especially mentors
- ❖ Law enforcement
- ❖ All staff in the Department of Corrections, including line staff
- ❖ Department for Children and Families/Family Services case reviewers
- ❖ Home visitors
- ❖ Childcare providers
- ❖ Legislators, especially those on key committees like Human Services and Judiciary
- ❖ Medical personnel across the lifespan
- ❖ Housing entities
- ❖ Residential treatment programs
- ❖ School personnel
- ❖ Mandated reporters

Types of training opportunities needed:
- ❖ Hands-on/interactive learning experiences with ongoing case consultation outside the classroom
- ❖ A sequential curriculum with core courses
- ❖ Motivational interviewing
- ❖ Stages of change
- ❖ Self-care for providers, managing one's own triggers

QUOTES

"[We] need more training for judges and courts on childhood trauma as it pertains to custody and visitation."

"Teachers need a lot more information about trauma and its impact on learning and behavior. In some ways teachers are on the front line."

"Teachers, nurses, therapists, physicians, educate us so we can take care of the individual better."

"So I think some training and sensitivity for all of us, more ability to recognize when the referral needs to be made for more in-depth or intensive services that might be out of one agencies purview."

"Trauma training is an ongoing thing. It needs to be sustainable, and to have sustainability you need to have leadership, funding and commitment to stay on top of the data."

"Clinicians need more training on trauma/Post-Traumatic Stress Disorder treatment interventions. [There is] often fear [about] bringing it up – [fear that it] 'opens a Pandora's Box.' [We] need more educational tools/resources to build confidence and competence to treat."

"Education and training doesn't equal comprehension. How can education and training be made relevant to whoever the learner is? It has to engage the learner's in cognitive, affective and psychomotor domains. Addressing affect with a learner on this topic is both crucial and difficult."

"Any training needs resources for ongoing case consultation (3 month, 6 month follow-up). [We have to learn] how to implement training content in our work."

"[I]f you get buy-in, sort of at the top levels of agencies or departments ...that filters down to work in the trenches. I think it can be quite successful as long as people continue to talk about its importance, and how it needs to continually develop...I think without really explaining to people that do the work at the base level, why things are changing or why they want them to do things differently, there's some sort of innate resistance to accepting change."

"I think there is a need to expand [services], but I think … it needs to be done in a thoughtful manner where you first … develop some sort of educational program for the providers, and for the people who are going to receive the services, that this is a good idea and this is why we're doing it. As opposed to simply saying, we are going to start doing it, and leaving people clueless as to why it is being done."

"Professionals need supports to know when their own trauma issues/behaviors are being triggered … or they will be part of creating more trauma vis-à-vis the ways in which they respond to the trauma to which they are exposed as professionals."

"[H]ow are you going to keep yourself [as a service provider] regulated and calm in the face of this behavior that you may not understand…We can talk about it from a systems perspective till we're blue in the face, but if I'm carrying my systems perspective to the table in my professional suit and demeanor, and a kid pulls out across the table from me, at some point at some level, the intensity of that emotion, experience, whatever, is going to hit me as a human being. And what do I do with that, where do I put it, how do I explain it. That's some of the biggest challenges with this work."

"Trauma [is] easily mislabeled and misunderstood. [It] needs a systems approach. [The] underpinnings of trauma must be incorporated into other treatment modalities."

"You can't just go to one trauma training and think you're trauma informed. It has to be an ongoing thing."

"We have slide presentations. Those are for awareness. I'm not convinced that's training. I'm not sure that we have training yet."

"[Trauma] is something we're dealing with all the time. And I think we should get more training on it, and then when you work with people more questions come up, and it just keeps cycling. So an ongoing [opportunity for training]."

"I don't think even mandated reporters fully understand the need to report."

"I want to differentiate between training and education. It's one thing to have an eight hour or six hour experience in a room with 300 people being presented information. It's another thing to have an intentional learning opportunity to apply that information."

"[N]umber one, if it's been awhile since you've had that subject as part of a training, it sort of drifts out of people's minds or they don't really know right now what is available ... The second thing is the people that do this work; you have new [people] coming into the field all the time, and if they just happen to hit a time where the training relating to trauma and trauma related issues was last year, and something like that isn't done for another 3-4 years, then they don't have the knowledge base that the people who were around for the training do."

"[T]here are trainings...that address [trauma] but not on a systemic or annual basis or anything like that."

"Sexual abuse victims deserve quality professionals specially trained to work with them."

"The information on brain development got out there, but I don't see us paying attention to it or continuing to talk about it."

Strengths

THEME: There are many programs and services in place, ranging from enrichment opportunities for youth to specialized treatment for trauma survivors.

Examples of programs and services:
- ❖ Enrichment opportunities for children, including afterschool, vacation, summer and mentoring programs. The "Everybody Wins!" mentoring program for literacy, Girl/Boy Scouts and Twinfield Union School's community-based mentoring programs were mentioned specifically.
- ❖ *The Vermont Parents' Home Companion & Resource Directory* provides a great deal of information to parents
- ❖ The Arts Bus - used effectively for art therapy after Tropical Storm Irene and available to bring services to the doors of childcare providers, schools, afterschool programs and recreation areas
- ❖ School-based programs to reduce risk and enhance protective factors such as Positive Behavior Interventions and Support (PBiS), Multi-Tiered Systems of Support (MTSS), Educational Support Teams (ESTs), Safe Hands/Helping Hands curriculum and the Cyberbullying Project (collaboration between Circle and Spaulding High School)
- ❖ Healthy relationships classes
- ❖ Evidence-based family skills training programs including Nurturing Parent and Strengthening Families
- ❖ Central Vermont Community Action Council/Headstart's Teen Parent and Family Literacy Programs won a 2013 Regional Award for Effective Family Engagement. Headstart also provides gateway mental health services to families.
- ❖ The Vermont Family-Based Approach & Easter Seals Child and Family Support Programs– family-based models that have been implemented elsewhere in Vermont
- ❖ Parenting with Respect (a collaboration between CIRCLE, DCF/FSD, DOC and two justice centers designed to educate men who have committed domestic violence about its impact upon children)
- ❖ Shaken Baby Video, an evidence-based intervention for all individuals who deliver at Central Vermont Medical Center
- ❖ All parents at Associates in Pediatrics are taught "The 5 S's System" (swaddle, side, shush, swing, suck) to calm a fussy baby
- ❖ Summer camps that provide counseling services: Camp Knock Knock, for adults and children who have experienced the death of a loved one and Camp Agape, for children who have experienced the incarceration of a parent
- ❖ Growth of Children's Advocacy Centers
- ❖ Screenings conducted for at risk pregnant women and children under the age of 3

❖ Home visiting programs for pregnant women, children, victims of domestic violence (see Rural grant in the Capacity section).
❖ The evidence-based Nurse Family Partnership home visitation program has recently begun in our area and has a long history of producing impressive outcomes.
❖ Vermont Works for Women provides job training and building self-efficacy
❖ Case management and case coordination are effective in improving communication among providers and securing comprehensive services
❖ Specialized therapy is available, including some alternatives like meditation and group, art, and animal therapies
❖ DCF/FSD and Northeastern Family Institute (NFI) have developed a statewide contract to conduct trauma assessments (neurosequential model of therapeutics/brain map). The results of an assessment are debriefed to a whole team, including the individual, family members, case workers and other providers involved in the case. Assessment results are used in developing appropriate case plans for children with their families.
❖ Court programs are developing in Washington County which take a more comprehensive approach. Some assessments and brain mapping (see above) are occurring with youth involved in the legal system.
❖ Corrections has some systems to support offenders who have experienced trauma, including a team approach, assessment, treatment, and a menu of referral options
❖ Justice for Children Taskforce – A group headed by the Chief Justice that is working with DCF/FSD involved families to determine progress toward reunification
❖ Pilot project between CIRCLE and law enforcement: Police responding to domestic violence or assault calls ask nationally validated questions and make referrals based upon answers. The program is designed to reduce lethality in domestic violence situations.
❖ Washington County Mental Health's Attachment, Self-Regulation and Competency (ARC) model
❖ Woodside Juvenile Facility has recently added onsite psychiatric services for its residents.

See also – Appendices G & H (Organizational and Individual Leaders)

QUOTES
"[Efforts are] growing."
"I think we have a lot in place that we didn't have a decade ago…There's a lot there and I have people I can direct [affected individuals] to and get [trauma] assessed."
"In the broader community there is an effort to provide enriching things for kids. Refurbishing playgrounds, City Scape After school programs."
"More kids in socioeconomic areas that need services are getting them."
"I feel like anything that supports children and children's activities and physical, mental and emotional health…any of those kind of mentoring or afterschool programs…All these other things that help us support kids. I'm aware of some grants that have been gotten and were raised around those issues."

"There are a number of services available to parents of children ages 0-3 years. There is some awareness and basic screening that does happen with those agencies."

"[Schools are] much more involved and active now in recognizing that kids are coming to school with trauma issues...there is more wrap around in the school, some kids are getting one on one interaction within the classroom."

"[The] Vermont Works for Women program… It's not about getting a job, although a lot of [participants] have gotten jobs by the end of it. [I]t's such a comprehensive approach to [women's lives]. Some have made female friends for the first time in that group … They become centered and come out of there with goals. It's the first time they've done something like that. They feel proud, that's one of the best things we've gotten in this area."

"There are more community support groups trying to work on the preventative side, like healthy relationships. They are trying to help people recognize and take steps when they realize they are in an abusive situation."

"[T]here are more services available to victims so they are more apt to report where before they wouldn't report."

"So there's a lot being done around intervention, there's a crisis and people get involved."

"Washington County Mental Health (WCMH) [has] multiple treatment models that support parents' understanding of [a] child's [behavioral] expressions of [a] traumatic experience."

"The number of incidents I've run in to without being able to get insurance is small … I think there is access if they know about it."

Gaps

Theme: More preventive services and programs that enhance protective factors are needed.

Examples of needs:
- ❖ Evidence-based programs that prevent childhood trauma
- ❖ More school-based events to engage parents in a positive way
- ❖ More efforts to work with at risk individuals and families
- ❖ Financial support for low income children to participate in organized activities, sports, art
- ❖ Programs to help children develop coping mechanisms and self-regulation
- ❖ More resources to strengthen families
- ❖ More mentoring and afterschool programs
- ❖ More strategies to foster community cohesiveness
- ❖ Enhanced opportunities to secure a livable wage

QUOTES

"We don't want to put forward the idea that we are all victims … but instead you're building healthy layers of a safety net, of acculturation, healthy layers of resiliency so that if a child has experienced a few negative things, they have some more resources…to move forward in a more positive manner and not fall into these really bad cycles."

"If the pebble goes into the pond and that's the point at which this child is traumatized, then there is a whole ripple effect. What are we spending dealing with these ripples way out here, when we should be corralling that money to address the pebble going into the pond. So I think that we're spending a lot of money on trauma, [but] I don't think we're allocating it in the most effective way. "

"There is a need to expand prevention focus to the lifespan."

"[T]here isn't enough thought about prevention. So much of what we do is reactive. So I think we are missing the boat on prevention."

"It's frustrating … to know that … but by the time you see the … victim, it's too late."

"[I]t's not just about what is trauma, but what is a nurturing culture?...We may want to give out a message of what a nurturing culture is, for a developing brain, and what are the experiences you can expose your child to that are creative and good and that are just as important. If that's part of the whole picture, we're going to be addressing childhood trauma."

"I feel like [we need] anything that supports children and children's activities and physical, mental and emotional health…any of those kind of mentoring or afterschool programs…all these other things that help us support kids."

"[We need to] realize the importance of getting in as early as possible…of providing care to kids who have a number of risk factors."

"I think of it as fiscal insanity. All the research is great, but we don't apply it to funding. We don't put it into prevention and that's a frustration and the biggest weakness."

"[S]ome people really need handholding the entire time they're parenting children."

"[A]s men are parenting more [due to job loss and being at home], [we should be] making sure they have the skills [and that] they're not feeling they should be ashamed. Hopefully making sure they can get back to work and take off the economic pressures and to make the parenting a shared experience. I don't want to stereotype men as the sole perpetrators of child abuse, [but] child physical abuse is more often a man than a woman and anyone who feels ashamed, pressured and in the wrong role, is more apt to lose their cool."

Theme: *We are not doing enough to identify affected individuals early and assess their needs thoroughly.*

Examples of needs and ideas for improvement:
- ❖ Expansion of comprehensive trauma assessments (see Programs & Services Strengths – DCF/FSD and NFI contract)
- ❖ Screening adults and children for trauma in primary care settings, substance abuse treatment programs, schoolsand other human/social service organizations
- ❖ Increased reporting from all community members, including mandated reporters

QUOTES

"We have kids who have experienced trauma who are hiding, living with whatever they're living with. It's probably coming out in ways that we don't see."

"[W]e don't do screening at this point, certainly not across the board."

"Quite honestly I think sometimes being middle and upper middle class you can be functional enough, you can still be living in a chaotic or traumatic environment and if you're not needing help from any agencies, then that can be disguised, and that's too bad."

"It would be wonderful if families didn't have to wind up with DCF involvement in order to have some comprehension … around what is happening to them as a result of strains and stressors in their world."

"[R]ight now in order to get … people in the door [for trauma services], they have to be identified through the system."

"Programs and services need to be more integrated into the day-to-day function of our families and communities and not seen as just a place you go or a program to which you've been mandated … or to which only certain segments (the "other") are mandated. We create separations and categories in our population, too often, rather than build natural supports."

"[If a child experiences trauma s/he would] [h]ope that somebody notices. Because a lot of times kids don't have the language. And I think part of what we carry around, inside ourselves, is perhaps a sense that something's not right.… That's why it's so crucial that adults get a clue about what this looks like."

"I think it would be helpful...if there could be some sort of instrument that almost would be like an intake instrument when a family is first becoming involved in the system. That could sort of be just a really brief assessment to determine whether or not trauma is an issue that should be explored further, or addressed."

"Mandated reporters manage a trauma and don't report."

"There are a lot of people who don't report any victimization of any kind."

"[People think], '[I]f I call because I see this happening to my kid, they might take my kid away.' These are real fears people have because they might just not have the education, or they might because it's just not getting through to them...[We should be] trying to break down the barriers and erase the stigma so people can open the portal themselves without having to have the state start that process."

"I don't think we get the message out there though that ...if you see something happen to a kid, or to your kid, report it. Don't protect your new boyfriend because you're afraid of losing that income. It's your child you need to protect."

"There's so much fear in making a report. People are afraid it means kids are going to be taken out of the household."

"If it isn't being reported there is so much that we don't know about. There's so much going on out there that we can't deal with it because we don't know it's happening."

"I don't think even mandated reporters fully understand the need to report."

"The ACE stud[y] - that was the tip of the iceberg because there are a lot of people who don't show up for healthcare or services."

"Sometimes those who really need [services] don't reach out well. A lot of carrots and support are needed."

"There is scary stuff going on that we just do not know about."

Theme: *There are many barriers to obtaining services.*

Examples of barriers:
- ❖ Jobs that make it unable to take time off for programs/services
- ❖ Physical disabilities
- ❖ Sexual orientation or transgender status
- ❖ Substance use/abuse
- ❖ Poverty
- ❖ Transportation
- ❖ Illiteracy, low reading ability and developmental delays
- ❖ Eligibility criteria that do not cover all those at risk
- ❖ Language and cultural differences
- ❖ Difficulty navigating systems and filling out (lengthy/multiple) forms
- ❖ Readiness to accept services, including having basic needs met, managing chaotic lives as well as overcoming mistrust, shame, fear, and denial

Examples of potential solutions:
- ❖ School-based mental health clinics
- ❖ More social workers to help individuals navigate systems
- ❖ Streamlined application processes
- ❖ Better use of technology and improved computer access for populations at-risk

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QUOTES

"There is a big socio-demographic impact because [many children] have no access to therapy. If you could get that into the schools as health clinics [and provide] school based mental health, that would be huge."

"Washington County Mental Health is so huge that it is hard sometimes for families to figure out how they could actually help them. Families need a social worker to work with them. Sometimes there are literacy issues, help to fill out forms, trust issues on whom the information is shared with."

"[T]here are often times issues of accessibility due to poverty, transportation primarily, waiting lists…[T]ransportation is one of the manifestations of the poverty. It could also be as basic as people being unable to read."

"Transportation is a system complication…People don't have cars…lack of transportation."

"Access to services and supports are impacted by a person's ability to get [himself] there."

"We have huge transportation issues."

"We need to attract more mental health practitioners to small communities around Barre and Montpelier [in order to improve access]."

"Transportation can be an issue for some [people]. Not all [are] eligible for bussing and that sort of thing."

"I think people really are shut out because we have people in this community who don't seem to have basic problem solving skills."

"[To participate in some of the programs that offer job training] they have to be able to support themselves. These people don't have the ability, mentally. The trauma is a big piece of that. To work enough to support an apartment and go to school full time. That is hard on healthy people. To expect them to do that is setting them up to fail both. There's no kind of scholarships for them."

"For the refugee population, I think there is sometimes a cultural barrier that makes services less accessible."

"The problem is … if [adults with a history of trauma are] out of control with drug use … you have to deal with those issues first before you can get them to a place [for treatment]."

"[W]e know there are lots of women out there who are not accessing [domestic violence] services because they're so afraid...because the threats the men are making are so significant."

"If daddy [is abusing you and he] is still in the family, you're not going to tell someone. It's like a code. You can talk about someone out of the family but not someone in the family."

"Each of the organizations … have certain criteria they establish [that have to be met]. In Washington County mainly – we have that limitation."

"The rural nature of Vermont is a barrier to services."

"The demand for services exceeds our capacity, so we have not been able to meet the need for services to those who are not from our county."

"[T]he gay, lesbian, transitioning, queer, questioning group. We need to be more informed and outreaching more to that group."

"Gay, lesbian and transgender populations are underserved. There aren't enough avenues for sexual violence survivors. They don't feel they are treated on the same level."

"[H]alf the reason people stay in the rut they're in [is] because they don't want to admit there is an issue."

"I think [participation] can to a limited degree be due to people's willingness to participate in certain programs….there can be this kind of pushback where people will say, 'I don't have that kind of problem,' or, 'I don't need this service.'"

"Programs and services need to be more integrated into the day-to-day function of our families and communities and not seen as just a place you go or a program to which you've been mandated … or to which only certain segments (the "other") are mandated. We create separations and categories in our population, too often, rather than build natural supports."

"Some [people] are in a better place to begin to deal with [their trauma by accessing] the things we do have available. [For] [s]ome it takes a lot of time and work to even get to that point."

" [One person] was in denial that she would have some mental health issues…She just didn't want to admit she could have something wrong. Tells me that she's a long ways, if ever, from acknowledging any kind of abuse or trauma in there."

"Victims of trauma do not always recognize that themselves without education."

"Not everyone is eligible. They just don't have the money to pay, even on a sliding scale...They may not have the appropriate insurance."

"I think people are afraid of being questioned about abuse in their families. It's too raw."

"It's frightening when people want to stay off the grid, will not open their door or accept help."

"People who have childhood trauma that affects their psychology have difficulty getting services to work, because they don't identify it as an issue."

"Shame [and] embarrassment prevent some victims from reporting, especially [those] from small communities."

*See also Capacity/Gaps

Theme: *There is a need for more comprehensive treatment and more treatment options for people who have experienced trauma.*

Examples of services that are needed:
- ❖ Yoga, meditation, therapeutic equine programs or art therapy as treatment options that are available and paid through insurance
- ❖ More services for children and adolescents who have experienced trauma, including therapists, attorney services and pediatric Sexual Assault Nurse Examiners (SANE)
- ❖ Clinicians who have the skills and reduced caseloads that allow them to provide therapy as well as case management and concrete assistance
- ❖ More specialized trauma providers and treatment options like dialectical behavioral therapy (DBT), Child Family Traumatic Stress Intervention (CFTSI) and Trauma-focused Cognitive-Behavioral Therapy (TFCBT)
- ❖ Support groups or peer support programs for trauma survivors
- ❖ Parent/child psychotherapy model for young children exposed to violence. See Boston Medical Center's Child Witness to Violence Project
- ❖ Programs for both men and women

QUOTES

"We know trauma is often held in the body and alternative therapies may be more effective. We don't have access to a lot of that."

"Alternate therapies, such as art therapy, are underutilized in the system."

"[There are] [t]oo few services [for] adolescents suffering [from] trauma."

"[W]e have a huge lack of the appropriate type of therapists."

"Kids are one of the forgotten populations in many ways."

"Sexual abuse victims deserve quality professionals specially trained to work with them."

"This is not something that an hour a week is going to fix. There are life changes that need to happen. The parents need to understand it, the primary care needs to understand it."

"It's multiple years of support, sometimes more. The problems are too deeply embedded."

Theme*: Some agencies do not meet the needs of people in their system with a trauma history.*

Examples of improvements that could be made:
- ❖ Law enforcement, court systems and corrections finding a balance between punishing an individual for an offense and helping the individual to overcome their own trauma
- ❖ A greater focus upon prevention and earlier intervention in DCF
- ❖ A reexamination of the benefits and drawbacks of family reunification

QUOTE
"[E]ven though we acknowledge that all this trauma exists…and there are certain behaviors that come along with it, I feel there is a lack of support … in the way they…set up systems."

Strengths

***Theme**: Policies and laws exist to protect children and survivors of trauma.*

Examples of policies and laws:
- ❖ The Washington County Multidisciplinary Team created a protocol for responding to severe cases of child abuse in a coordinated way
- ❖ The Coordinated Community Response Team (see Capacity/Multidisciplinary Teams) is developing a common protocol for home visitors to use in order to screen and refer for domestic violence concerns
- ❖ The Child Trauma Workgroup is moving toward developing standards of care for those who have experienced trauma
- ❖ Act 1 requires schools to provide education for children so they know how to deal with issues like sexual abuse and potential sexual abuse
- ❖ Act 264 requires that human services and public education work together, involve parents and coordinate services for better outcomes for children and families
- ❖ Kids and Cops protocol and training (see also Education & Training) has been implemented statewide
- ❖ Act 192 established the Special Investigations Units (SIUs)
- ❖ Mandated reporting and background check requirements for service providers
- ❖ Courts have protected witness arrangements in place to decrease the potential for re-traumatization

QUOTES
"[T]here are ...laws about bullying, there [are] laws about stalking, a lot of laws about [domestic violence] that we're aware of that involve families, not children in particular. But there's a legal age for consent and other things like that. There's a lot of legal steps around getting prevention/relief from abuse or restraint orders, those aren't specific to children but children are often on those."
"There is a law that states sexual conduct with a person (teen) over the age of consent by a person in a position of authority is illegal."
"I think there has been … an understanding for a need to report around child abuse."
"We screen folks and have a background check. If someone doesn't pass this test, they are not allowed to work with children."

Theme: *There are some policies and laws that require providers to be educated about trauma.*

Examples of policies and laws related to education about trauma and abuse:
- ❖ Washington County Mental Health recently changed its mission to state that all staff must be trauma-informed
- ❖ The Core Curriculum for any Agency of Human Services contractor includes trauma
- ❖ Act 1 requires school officials to be educated annually in the identification, prevention and reporting of child sexual abuse

Gaps

Theme: *Interviewees differed in their opinion about the value of policy and law in preventing and mitigating childhood trauma.*

Examples of potential policy changes:
- ❖ Expanded mandated reporter laws to include coaches, members of the faith community and domestic/sexual violence advocates. Potentially create exemptions for teens to protect confidentiality in dating violence situations.
- ❖ Law enforcement, judicial and corrections policies that exhibit an understanding of the value of addressing offenders' trauma history
- ❖ More protection for survivors of trauma and their families
- ❖ More involvement of law enforcement in removing children from abusive situations
- ❖ A change in the way that neglect is addressed in our state
- ❖ A law allowing children to testify via closed-circuit television
- ❖ Mandated training of service providers, including school personnel
- ❖ Require Agency of Human Services (AHS) contractors to be trauma-informed
- ❖ Trauma investigations/assessments as standard procedure in Family Court
- ❖ A law that makes it a crime to abuse a sibling or parent in front of a child
- ❖ Strengthening Family Medical Leave or labor laws to improve families' access to programs and interventions
- ❖ Enhanced enforcement of existing laws

Examples of reservations about a focus upon policy:

- ❖ Confidentiality policies present a barrier to collaboration
- ❖ Attention to practice and education rather than policy would be more beneficial
- ❖ Policies are perceived as unfair and punitive
- ❖ Unfunded mandates are not effective

QUOTES

"The policies don't support what they should as far as trauma."

"The accused have more protection than the victim and the family."

"There aren't enough policies and laws and things in place."

"[It would be helpful to] [e]stablish a system where] law enforcement [is] backed up and involved and good at … doing investigations to protect children … There has to be a place where we say enough is enough."

"[P]erhaps you [could] pass a rule that says, 'As part of any CHINS [Children in Need of Care or Supervision] case, there will be a trauma investigation.'"

"We can't mandate that everyone that receives WIC goes and takes the Nurturing Parents course, although I think it would be fantastic."

"In VT, witnessing a parent or sibling being abused is not crime...There are questions about what that will mean in terms of caseload and enforcement but I feel strongly, and it has been shown that it deeply effects children who witness those things...I do think those laws should perhaps change. I know in other states it is different."

"Our way of looking at neglect in this state is challenging. We have to have a medical provider who is willing to say this particular thing has compromised the child's development. It's challenging to get mental health or medical providers to do that."

"There should be more mandated training of hospital, courts and police about trauma."

"Policy and laws that promote humanization and compassion <u>rather</u> than punishment could model the end result of what is hoped for – a healthier community that is inclusive and compassionate."

"Sometimes I think we need a lot less policy, and more or less just do the right thing. For example, let's quit hiding behind our confidentiality. Let's quit hiding behind our releases, or let's quit with the 'I can't tell you that' even when I know I should. Let's figure out a way we can do what needs to happen, share information."

"Promoting the protective factors … Teachers, nurses, therapists, physicians, educate us so we can take care of the individual better. But don't focus on policy."

"There is a huge thrust within the context of the prevention world to rely upon policies and practices in the sense of a formal arrangement. While I think there is some benefit to that, there's less attention paid to practice. It's easier to feel like, well we have the policy written, and the laws in place, so check it off the list."

"I think for [some] folks there's a more mixed relationship to the policies, procedures, regulations and laws about it. I think they can seem … not only unwieldy but impersonal and unfair."

Strengths

Theme: *The professional community has training, experience and dedication to work with survivors of childhood trauma*.*

QUOTES
"To some level, concerns and trying to plan, or make a treatment plan for trauma has always been present to one degree or another. It hasn't always been consistent."
"[E]ven [in the 1980s] people were beginning to see how this was all connecting. We've gotten more organized in addressing it over the years."
"[Efforts are] growing."
"I think we have a lot in place that we didn't have a decade ago…There's a lot there and I have people I can direct [affected individuals] to [in order to] get [trauma] assessed."
"I think that our community partners have taken appropriate steps to address it, to look for the causes and to look for ways to mitigate the impact. I have no doubt about that"
"I think we have to have a good grip on what childhood trauma is and the impacts of it."
"[N]ot just leadership, but everyone takes [trauma] seriously and realizes this has a huge impact."
"[Commitment to working on childhood trauma is] high within our community."
"I think Central Vermont does well … I think we're much more aware, we're more committed [than other places]."
"I think there's a huge commitment [to working on trauma]."
"Within my community, [the overall commitment to addressing trauma] is fairly high."
"[There are] [v]ery devoted case workers who are rooting for capacity building for getting the word out on the importance of the earliest intervention. I think that they are idealistic in the best sense that they want to get to the root cause of the issue as early as possible and I think they are, as much as possible, trying to connect to address the problem."
"[The legal system has begun to] move beyond identifying the abuse to investigating what … [it] mean[s] for the child to what … the cause of the abuse [is] from the parent history. [There has been] a change in attitudes and language."
"There is an increased awareness of the impact [of trauma] on the ability to learn."
"We are all very aware of whom to point in which direction to receive trauma assistance."
"[W]e're more skilled at developing a treatment process to address the issue."
"We're becoming more skilled in … help[ing] trauma victims go from the lens of … 'I'm a victim' to 'I'm a survivor of trauma' not a victim."
"[Schools are] much more involved and active now in recognizing that kids are coming to school with trauma issues."
"[My colleagues] are aware of what the community has."
"I believe that if [a woman] said to [Community Action] 'I don't want an apartment there because I wouldn't feel safe' I can't imagine there would be a worker that wouldn't accept

that."

"[There is a] pretty substantial private practice of clinicians that are working with trauma issues."

"[Therapists] are constantly updating their training."

"Our strength is we really care about the children. We always feel like we could be doing more."

"Our model is that we treat [clients] with respect. We will support them in whatever way we can."

"We're becoming more skilled in identifying the symptoms of trauma."

"I see a lot of people recognizing the problem and everyone has a hand."

"I'm comfortable that there is good leadership and enough eyes on this problem that it's not just getting swept under the carpet."

"I think CV does well … I think we're much more aware, we're more committed [than other places]."

"There are people in the community who have been trained to do trainings."

"I think leadership has [trauma as part of] their mindset now."

*See also: Education & Training, Programs & Services

Theme: The general public's attitudes regarding treatment of children have shifted.

QUOTES

" Kids and kid safety is paramount in the community."

"People have watched enough television and have enough education to know that beating your child is not acceptable and doesn't lead to good outcomes. There definitely has been a cultural shift even just in my lifetime."

Theme: Multidisciplinary teams are forming to address trauma in a comprehensive way.

Examples of multidisciplinary teams:

- ❖ Coordinated Community Response (CCR) Team
- ❖ Community Response Team (CRT)
- ❖ Multidisciplinary Team (MDT)
- ❖ Child Trauma Workgroup
- ❖ Children's Integrated Services (CIS)

- ❖ Act 264 Coordinated Services meetings
- ❖ Vermont Youth Suicide Prevention Coalition (VYSPC)
- ❖ Vermont Network Against Domestic and Sexual Violence (VNADSV)

QUOTES
"The community knows there is a network of organizations working on issues of childhood trauma and working toward solutions on it."
"I think there is an intention to be collaborative about a lot of the work, but it could always be better"
"I think we're lucky we have a good community to work with."
"There's a lot of intertwined agencies working together to address the issue."
"[W]e are no longer siloed to the point where [we say], '[T]his is our turf, we won't ask for information and help.' When we realize we are over our heads, we will bring in the teams that have the expertise, and I think the other agencies are getting better at it. It's not perfect."
"[We] participate in a lot of community based programs that are not necessarily our particular focus, but we recognize the community partners that we have and we're serving the same population."
"The multidisciplinary team approach has proven to be successful.... We've got people who just walked off the street, we have law enforcement officers, we've got therapists, victim advocates, volunteers, the board of directors at Our House. It's got so many different types of people, not just those that work in this specific field. I think it's very broad."
"[The] MDT (multidisciplinary team) ... [has a] common goal and it's just getting the right people with the right power to make things happen to the table."
"That's the whole reason for having the MDT, so we are all working at it together from the beginning…which hopefully eases the process for the victim and family."
"I think that's one of the best ways for spreading the word, by being involved in collaborations with other community agencies."
" [T]here's a group that meets once a month that is pushing this agenda forward. And we want to do it right."

Theme: *Several innovative programs have been awarded grants*.*

Examples of programs that have been funded:
- ❖ Washington County Mental Health:
    - o Expansion of trauma treatment programs made possible through enhancement funds from the closing of the State Hospital
    - o Development of standards of care made possible through Substance Abuse and Mental Health Services Administration (SAMHSA) grant
    - o Training of all staff in the ARC model made possible by a grant administered through the Vermont Department of Mental Health

- ❖ Rural Domestic Violence and Child Victimization Grant – A collaboration between DCF/FSD and CIRCLE, the program involves structured home visits with individuals who have experienced domestic violence. Helping parents to understand the impact of domestic violence upon children is part of the curriculum. This is a 10 week program and with an evaluation plan to determine its effectiveness.
- ❖ Special Investigations Units (SIUs) funded to allow more consistent access across the state

QUOTE
"I feel like anything that supports children and children's activities and physical, mental and emotional health…any of those kind of mentoring or afterschool programs… all these other things that help us support kids. I'm aware of some grants that have been gotten and were raised around those issues."

* See also: Programs & Services

Gaps

Theme: *There are more people who need services than there are services available.*

QUOTES
"Our ability to make a difference is compromised by our caseloads and capacity."
"There are not enough providers, often there is a waitlist."
"[W]e have a huge lack of the appropriate type of therapists."
"The demand for services exceeds our capacity."
"We don't want to drum up business because we don't want people sitting on a waiting list with no ability to serve them."
"DCF caseloads are too high. We've reduced the number of residential beds without increasing money and the capacity in the community."
"[T]here are so many children who need services and …we are trying to figure out who has room on their caseload and everyone is full up."
"I'd like to see the waiting list reduced."
"[A challenge is] finding the time and staff to get all the work done."
"I think we do a lot of innovative stuff and we're really maxed out at capacity."
"[Some programs don't] have the capacity to keep up with the need."

Theme: *Funding is decreasing and effective programs are being cut.*

Examples of programs and services that are being cut:
- ❖ Domestic violence prosecutors
- ❖ Victim's advocacy efforts
- ❖ Prevention efforts
- ❖ Drug Education, Treatment, Enforcement and Rehabilitation (DETER) Team – Helping to provide wrap around services for recently released female prisoners

QUOTES

"Another obstacle is dwindling funding."

"[I]t's really hard for people to get funding for programs that are proven to be effective...[W]e know [what] best practice is, but the money is shrinking at the same point. We're just looking at the tip of the iceberg. So, the iceberg gets bigger and the money gets smaller."

"The more we get it out there to expand, the more we get out there to educate, the more people we're going to have come forward, which means the more resources we're going to need...So the demand is increasing, but the funding to provide what they need has gone away, so it doesn't make sense at all."

"The majority of these efforts are grant funded. Every year these get less and less... Year to year, you [have] no clue [whether funding will be available]."

"[D]efinitely funding [is a challenge]. It all comes down to money, with having more resources to do what we do."

"Funding is down...So that's a huge challenge for us, to keep funding sustainable... [I]t is getting harder and harder."

"Budget cuts in schools and mental health agencies first impact prevention and creative efforts that are critical."

"There's a need for more funding for early childhood efforts and early intervention. [There is] a disconnect between the people making the funding priorities for the state, the legislators, and the people on the ground doing the work and who know where the problems are."

"You see what the lifelong effects of trauma for these children mean; you would think there would be a lot more funding for the pregnancy through age 5...but I'm not seeing it."

"[Challenges include] [r]eduction in funding, dismantling programs that target this population. There is a need out there that isn't being met."

"I think of it as fiscal insanity. All the research is great, but we don't apply it to funding. We don't put it into prevention and that's a frustration and the biggest weakness."

Theme: *Coordination of services could be improved.*

Examples of partnerships that could be strengthened:
- ❖ Schools and other service providers
- ❖ Primary care and other service providers
- ❖ Law enforcement and domestic violence organizations
- ❖ Health department and organizations involved with trauma efforts
- ❖ Corrections and social service providers

- ❖ Service providers and trauma survivors (to provide input in the creation of materials and services)
- ❖ Service providers and families of the individuals served

QUOTES

"I think there is an intention to be collaborative about a lot of the work, but it could always be better"

"There's plenty of folks doing good work with kids, but it's not coordinated."

"The collaboration and communication is a complicated part of it and could always be better."

"I don't have a particular reason to be drawn into a conversation about this issue with much frequency. Sometimes when it happens it happens because I make it happen, just because it is something I have an interest in."

"While we are getting better at ...talking to one another, but we're not where we should be."

"[B]ecause of our siloed approach to funding and definitions of work, [we] have not developed a strong enough interdisciplinary cross disciplinary system to really be doing a good job of globally addressing these issues."

"There have been studies done where, if victims feel that two or more agencies are supporting them, they are more likely to go forward and get help."

"As you get into each program, people tend to get more isolated and aren't aware of the efforts made in other programs."

"I think there's too much isolation where everyone is so busy providing direct service and sometimes they don't get the bigger picture of how much we're all working with trauma in our own way."

"In the early childhood community people look at substance abuse, mental health, poverty, physical disabilities, all conditions in a holistic manner. It's not as separated as it seems to get when you're an adult."

"A group effort could be strengthened across the community."

"It's hard to keep a lot of organizations and mission straight."

"[There's] not enough information about what the Health Department does. There's a lot of either misinformation or not understanding of how we're all connected and how we overlap services."

"[Agencies] are territorial, especially if they are competing for the same funding."

"[W]e do referrals out, but to be honest...we're not always sure who is an appropriate person to refer to."

"I'm not sure that people know what one another does."

"A lot of materials get created that [do not give] clients the tools to help themselves. Nothing should be created without survivor input."

"The community at large needs that cultural shift. A child is not going to be able to manage their own trauma no matter how good a therapist you are. They need to have the family involved [and] the schools need to understand."

"The only one that we struggle with regarding how to get them to the table is schools ... Not that they're unwilling, but there are so many, how do we get the word out?"

"We don't have a school representative. It's hard for them to meet during the day. We can't

expect people to take more time out from their day."

"This is not something that an hour a week is going to fix. There are life changes that need to happen. The parents need to understand it, the primary care needs to understand it."

Theme: *There are contributing factors that get in the way of addressing childhood trauma adequately.*

- ❖ Poverty/Joblessness
- ❖ Generational trauma and abuse
- ❖ Lack of stability/Chronic chaos in the home
- ❖ Public stigma
- ❖ Service providers', community members' or parents' own trauma history
- ❖ Violence as a cultural norm

QUOTES

"Child sexual abuse is just something people don't want to think about, and until it happens to them they don't think about it. Or it happens to one of their children."

"We need to address the stigma that we historically attach to trauma – [the] unwillingness to talk out loud [about it]."

"There are degrees [to which] we tolerate abuse and neglect … because we don't want to be too judgmental on different styles of parenting. If it's normative for a segment of the community…it may not be harmful."

"It's hard stuff to look at…I don't know anyone who can do it and not find themselves saying, 'Holy shit, what did I experience?'"

"Professionals need supports to know when their own trauma issues/behaviors are being triggered … or they will be part of creating more trauma vis-à-vis the ways in which they respond to the trauma which they are exposed to as professionals."

"[I]t's important to normalize the experience. To say, 'So many people in our community have experienced trauma, and we have evidence. There is support, and that is not a secret.'"

"Shame [and] embarrassment prevent some victims from reporting, especially from small communities."

"[The] community at large is definitely missing the big picture. I don't think it's because people don't know it happens, but that they don't want to think about it."

"Some parent's think they own the kids, and that's what we need to change. To some degree it's like a responsibility where we have to say 'You don't own your child, that human being has rights'…if you see a child being abused, you do have the right to step in and speak up...We have to say, 'You can't abuse that child.'

"I don't think anyone is going to tolerate trauma, except that we do. We just turn the other way. We do because we don't pay attention to it, but not intentionally I guess. "

"[P]eople are afraid of talking about trauma because it stirs up the darkness inside of them or in others and we need to learn to support each other. People will say, 'I don't know how to deal with people with mental health issues, I wasn't trained to deal with people with mental health

issues'. I say that every human being is capable of listening and supporting another human being, and just by listening you can provide a therapeutic presence. … Just be there for another human being and then gently … send them to the next best possible human being you know. That's all it takes. People are so scared to do that. People are so scared to trigger each other."

"[There is] often fear [among clinicians about] bringing [trauma] up – [fear that it] 'opens a Pandora's Box.' "

"[People think], 'Gosh if I call because I see this happening to my kid, they might take my kid away.' ...[We should be] trying to break down the barriers and erase the stigma so people can open the portal themselves without having to have the state start that process."

"…people culturally are part of families that struggle with abuse and trauma. It's hard to break those cycles."

"…There are probably some people in the community that feel, 'what's the problem?' because they don't have any reason to be connected to the problem, or maybe they live in the problem and that's just life for them."

"[F]or the population we serve, this is generational to them. [They think]… 'I grew up in poverty, I grew up getting beaten, I watched my mom get beaten, I beat my wife and my kids.' So they don't see it as an issue."

"It's frightening when people want to stay off the grid, will not open their door or accept help. There is scary stuff going on that we just do not know about."

"…men lose their jobs and end up as reluctant stay at home parents. And anyone who feels ashamed, pressured and in the wrong role, is more apt to lose their cool."
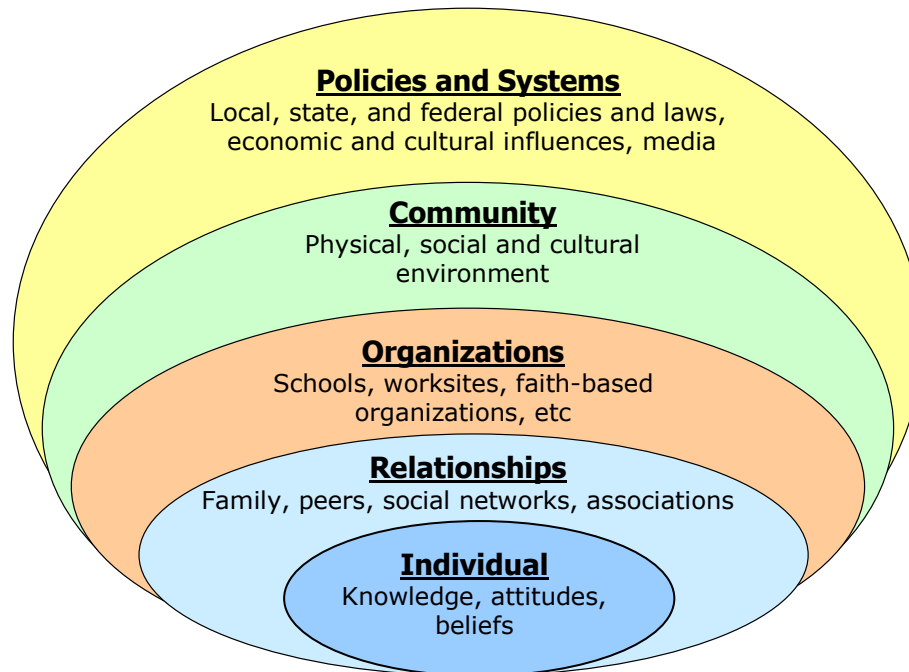
"One of the things that I see as being a global issue related to developmental trauma has to do with economics and poverty. We can't keep looking at these issues and see them as being entirely separate from the life conditions that families are trying to function inside of."

"We hear about kids living in households that are violent, complicated places to live."

"As a culture we accept violence as a norm."

"It seems to be the core of just about whatever reason primarily gets you into treatment, that in the background is some connection to a traumatic event. [W]e know the child has experienced trauma, the parent has their issues, who else is being impacted by this? You can make that stretch and go on for miles. You're looking at school resources. This child is getting older and hasn't developed… pro-social skills because that trauma was never addressed. Now that is impacting the economy. This person can't get a job because they can't function. That inner circle starting with the child spreads out, spreads out generationally."

Vermont Prevention Model

Policies and Systems
Local, state, and federal policies and laws, economic and cultural influences, media

Community
Physical, social and cultural environment

Organizations
Schools, worksites, faith-based organizations, etc

Relationships
Family, peers, social networks, associations

Individual
Knowledge, attitudes, beliefs

Adapted from: McElroy KR, Bibeau D, Steckler A, Glanz K. An ecological perspective on health promotion programs. Health Education Quarterly 15:351-377, 1988.

The Prevention Model illustrates that there are many factors in play that influence individual and population health.

Health promotion efforts are most likely to be effective if they are:
- consistent with the needs and resources of the community
- developed with an understanding of the factors contributing to the problem
- designed to specifically address those factors
- inclusive of strategies addressing multiple levels of the model simultaneously
- sustainable over time
- age, gender and culturally appropriate
- evidence based or based on best and promising practices

Levels of influence
Individual: Factors that influence behavior such as knowledge, attitudes and beliefs

Strategies addressing this level of influence are designed to affect an individual's behavior. Examples of individual level strategies include:
- One-on-one counseling using skills such as motivational interviewing and behavior modification techniques
- Health education curricula
- Media literacy education
- Counseling on the health risks of tobacco use, unhealthy eating, lack of activity or other unhealthy behaviors

Relationships: Influence of personal relationships and interactions

Strategies addressing this level of influence promote social support through interactions with others including family members, peers, and friends. Examples of relationship level strategies include:
- Youth empowerment and peer education groups (e.g. Our Voices Xposed, youth led movement against tobacco)
- Parent education and family strengthening programs
- Self-management workshops (e.g. Blueprint Healthier Living workshops)
- Group walking programs
- Mentoring programs

Organizations: Norms, standards and policies in institutions or establishments where people interact such as schools, worksites, faith-based organizations, social clubs and organizations for youth and adults

Strategies addressing this level of influence are designed to affect multiple people through an organizational setting. Examples of organizational-level strategies include:
- School and worksite policies prohibiting tobacco use
- After school programs offering physical activity programs
- Worksites offering tobacco cessation programs
- Worksite policies allowing flex time for physical activity or other wellness activities
- Health insurance premium reductions for those with fewer risk factors (e.g., non-smokers)

Community: The physical, social, and cultural environments where people live, work, and play

Strategies addressing this level of influence are designed to affect behavioral norms through interventions aimed at the physical environment, community groups, social service networks and the activities of community coalitions and partnerships. Examples of community-level strategies include:
- New Directions coalitions implementing evidence based alcohol and drug abuse prevention strategies
- Community wide events such as a community tobacco coalition throwing a smoke free barbeque event
- Converting unused railways into recreation paths
- Developing bike paths

Policies and Systems: Local, state and federal policies; laws; economic influences; media messages and national trends that regulate or influence behavior

Strategies at this level are designed to have wide-reaching impact through actions affecting entire populations. Examples of policy and systems-level strategies include:
- Media campaigns and marketing to promote public awareness and advocacy for change.
- Public advocacy to ban the use of items that target the branding of alcohol companies to youth (e.g. free t-shirts)
- Legislation to prohibit smoking in public places
- State or federal legislation limiting the sale of "unhealthy" foods in schools

Karen Brooks, former Maternal Child Health Coordinator, Barre Department of Health

Alice Day, School Nurse, Twinfield Union School

Maria D'Haene, Clinical Coordinator, Washington County Mental Health Services

Bobbi Gagne, Executive Director, Sexual Assault Crisis Team

Barb Gassner, Paralegal, Office of the Defender General/Juvenile Division

Deb Gattone, Behavior Support Coordinator, Barre City Elementary School

Catherine Harris, District Director, Barre Department of Children and Families/Family Services Division

Carl Hilton Van Osdall, Pastor, First Presbyterian Church

Margaret Joyal, Director, Washington County Mental Health Services/Counseling and Psychological Services

Claire Kendall, Associate Director of Early Childhood Services, Family Center of Washington County

Megan Kuhner, Co-Director, CIRCLE

Aimee Nolan, formerly Detective Trooper, State Police/Special Investigations Unit

Lynda Oliver, Corrections Services Specialist II, Barre Probation and Parole

Mindy Parisi, Maternal Child Care Coordinator, Central Vermont Medical Center

Will Roberts, Executive Director, Our House of Central Vermont

Bob Sheil, Juvenile Defender, Office of the Defender General

Gwen Shelton, Pediatrician, Associates in Pediatrics

Mike Sweeney, Corrections Program Supervisor, Barre Probation and Parole

James Taffel, Principal, Barre City Elementary School

Kerrie Taylor, Program Director, Central Vermont Substance Abuse Services

Leslie Walz, Nurse Consultant, Central Vermont Head Start

Susan Wells, Corrections Services Specialist II, Barre Probation and Parole

Directions for Interviewer (NOT PART OF SCRIPT):
The questions are organized into sections. It is estimated that the interview will take around 30-60 minutes.

The questions contain probes that may be used, if necessary, to stimulate discussion or to ask for additional information. Begin by asking only the question and then use probes as necessary.

Scripted Introduction:
Thank you so much for taking the time to meet with us today. In an effort to maintain consistency in our process, we are using a script and a set of 38 structured questions for this interview. We may ask you to provide more detail or clarify your response, but we will do our best to stick to the questions as they are written. We estimate that this interview will take 30-60 minutes.

Hello, my name is _____. I will be conducting the interview and _____ (notetaker) will be taking notes. In order to obtain the most accurate account of this interview, we would also like to record it and transcribe your answers. The digital recording will be destroyed when we have finished with our assessment and you can request to turn the recorder off at any time. Do we have your permission to record this interview?

       If yes: Turn the recorder on after the introduction.
       If no: *We understand your position. We still want to make sure we get the best information possible. I* (the interviewer) *will be jotting down notes during the interview also to provide some back up for the notetaker.*

As we mentioned on the phone, we work for the Vermont Department of Health and we are conducting this research in an effort to get a better understanding of your views related to adverse childhood experiences (childhood trauma) and the impact of those experiences on chronic disease later in life. Have you had a chance to look at the document we emailed you? It provides a summary of our research up to this point. We will be interviewing a number of key stakeholders like you and compiling the data. We plan to share the results with you and other community members, using this information as a foundation for determining the best course of action.

Before we get started, there are a few things that I want to tell you. (**NOTE: practice and put into your own words, adapting as necessary to fit the situation):**
- *We are interviewing you as a professional with significant knowledge of this issue in our community. We ask that you use that lens to answer the questions. You will not be asked any questions about your personal experiences although we understand that talking about this subject matter may be difficult.*
- *If you need a break at any time or would like to shut off the recording, please let us know.*
- *Your comments will be used to help us assess the community's readiness to address childhood trauma and determine next steps. We will be sharing your comments with*

members of our team. We may report our results to additional stakeholders. We will include your name in a list of interviewees, but comments will be de-identified. If there is any information you would like to share off record, please let us know and we will honor your request.

- *Throughout this interview, we will be referring to "the community" and "the issue".*
The <u>community</u> is defined as your network of colleagues and the population you serve.
The <u>issue</u> is defined as childhood trauma as a determinant of health with profound impacts upon community-well being. We are interested in this issue from a broad perspective, including its effects, risk factors and protective factors.
We have provided these definitions on this paper (put it on the table in front of them) *for you to reference during the interview.*

Do you have any questions before we begin?

Begin the recording (if applicable). Remember to include your name, the name of the person being interviewed and the date.

Community Readiness Assessment Interview Questions
   A. Community Efforts (Programs, activities, policies, etc.)
   B. Community Knowledge of Efforts

1) Using a scale from 1-10, how much of a concern are the effects of childhood trauma in your community (with 1 being "not at all" and 10 being "a very great concern")? Please explain.

2) Please describe the efforts that are available in your community to address the effects of childhood trauma. (A)

3) How long have these efforts been going on in your community? (A)

4) Using a scale from 1-10, how aware are people in your community of these efforts (with 1 being "no awareness" and 10 being "very aware")? Please explain. (NOTE: this figure between one and ten is NOT figured into your scoring of this dimension in any way – it is only to provide a reference point.) (B)

5) What does the community know about these efforts or activities? (B)

6) What are the strengths of these efforts? (B)

7) What are the weaknesses of these efforts? (B)

8) Who do these programs serve? (Prompt: For example, individuals of a certain age group, ethnicity, etc.) (A)

9) Are there any segments of the community for which these efforts or services appear inaccessible? (Prompt: For example, individuals of a certain age group, ethnicity, income level, geographic region, etc.) If yes, which ones? (A)

10) Is there a need to expand these efforts or services? If not, why not? (A)

11) Is there any planning for efforts or services going on in your community surrounding childhood trauma? (A)

12) What formal or informal policies, practices and laws related to childhood trauma are in place in your community, and for how long? (Prompt: an example of formal would be established policies of schools, police, or courts. An example of informal would be similar to the police not responding to calls from a particular part of town, etc.) (A)

13) Are there segments of the community for which these policies, practices and laws may not apply? If yes, which ones? (A)

14) Is there a need to expand awareness and support for policies, practices or laws that mitigate against the effects of childhood trauma in your community (i.e. the network of colleagues that you work with?) Please explain. (A)

15) How does your community (i.e. the network of colleagues that you work with) view the policies, practices or laws that mitigate against the effects of childhood trauma? (A)

C. Leadership

16) Who are the "leaders" specific to addressing the effects of childhood trauma in your community (among your colleagues)?

17) Using a scale from 1-10, how much of a concern is addressing the effects of childhood trauma to the leadership in your community (among your colleagues)?

18) How are these leaders involved in efforts regarding addressing the effects of childhood trauma? Please explain. (For example: Are they involved in a committee, task force, etc. How often do they meet?)

19) Would the leadership support additional efforts? Please explain.

D. Community Climate

20) Please describe the network of colleagues you work with as it relates to this issue. (May need to help them define what their community is for the purpose of this survey; perhaps ask them to think of the network of colleagues they work with).

21) Are there ever any circumstances in which members of your community might think that this issue should be tolerated? Please explain.

22) What is your community currently doing to support efforts to address the effects of childhood trauma?

23) What are the primary obstacles, if any, to addressing this issue in your community?

24) Based on what you've told me so far, what do you think is the overall commitment within your community regarding working on childhood trauma?

E. Knowledge About the Issue

25) How knowledgeable are community members about childhood trauma? Please explain. (Prompt: for example, signs, symptoms, local statistics, effects on family and friends, etc.)

26) What type of information is available in your community regarding this issue?

27) What local data are available on childhood trauma in your community?

28) What are the strengths and limitations of the data regarding childhood trauma that are currently available?

29) Who else should we talk to about this issue?

F. <u>Resources For Prevention Efforts</u>

30) To whom would an individual affected by childhood trauma turn to first for help in your community? Why?

31) On a scale of 1-10, what is the level of expertise and training among those working on childhood trauma? (with 1 being "very low" and 10 being "very high")? Please explain.

32) Do efforts that address childhood trauma have a broad base of volunteers? Explain.

33) What is the community's and or local business' attitude about supporting efforts to address childhood trauma, with people volunteering time, making financial donations and or providing space?

34) How are current efforts funded? Please explain.

35) Are you aware of any proposals, grants or action plans that have been submitted for funding that address childhood trauma? If yes, please explain.

36) Do you know if there is any evaluation of efforts that are in place to address childhood trauma? If yes, on a scale of 1-10, how sophisticated is the evaluation effort (with 1 being "not at all" and 10 being "very sophisticated")?

37) Are the evaluation results being used to make changes in programs, activities or policies or to start new ones?

38) What questions do you have for us? What additional information do you think we need that may not have been covered in this interview?

Thank you so much for your time. We look forward to continuing to partner with you in this process and will share our findings once they have been compiled.

Adverse Childhood Experiences: A Public Health Concern for our Community

An examination of national, state and local data has led the Barre District Office of the Vermont Department of Health to recognize childhood trauma as a determinant of health with profound impacts upon community well-being. We want to engage you and other key stakeholders to examine our capacity to address this issue and determine a course of action.

Research Basis
Multiple, large scale, peer-reviewed studies indicate that:
- Adverse Childhood Experiences [ACE – which in the original Centers for Disease Control and Prevention (CDC) study include abuse and neglect as well as household exposure to substance abuse, domestic violence, incarceration, and mental illness] are not rare. A study conducted with 17,000 middle-class men and women showed that 2/3 had experienced at least one type of ACE and more than 10% had experienced five or more types of ACE (Felitti VJ et al., 1998.)
- Traumatic experiences which occur early in life can have a broad-based, lifelong, harmful influence upon health. Mental health is impacted, but there are also profound effects on early brain development, risk behaviors and chronic disease.
- The more types of ACE a child experiences, the greater the risk of poor health in the future. Individuals with four or more types of ACE are particularly vulnerable.
- Early intervention and prevention can make a difference. The Centers for Disease Control predicted that reducing the number of types of ACE in a family from 3 to 1 would cut future alcohol dependence in half and suicide risk by 84%. (The CDC Adverse Childhood Experiences Study: The relationship between untreated early adversity and lifetime health,)

State/Local Data
Available data indicate that childhood trauma is an issue that deserves our attention.
- The National Child Abuse and Neglect Data System (NCANDS, 2010)*
  - The overall prevalence of child maltreatment in Vermont based upon substantiated reports for unique victims was 5.2 per 1000. Although Vermont is considered among the healthiest states on many indicators, this rate places our state 12th out of 52 states (including District of Columbia and Puerto Rico).

- Behavioral Risk Factor Surveillance Survey (BRFSS, 2010)*
  - Although no significant differences were found between the Barre Health Service Area and the state, data indicate that a sizeable number of adults in our region experienced adverse events in childhood.
  - Eleven percent of adults in the Barre HSA reported an ACE score of 4 or more. Prevalence varied for different types of ACE from 2% (household exposure to incarceration) to 25% (household exposure to a problem drinker).

- Department of Children and Families (2010)
  - This report indicates a disproportionate number of substantiated cases of abuse and neglect in the Barre District as compared with other districts.

- 44 cases of sexual abuse were substantiated in Barre District as compared with 42 cases in the much larger Burlington district and 23 cases in Rutland. Physical abuse cases were the third highest in the state and neglect cases were tied for the second highest in the state.

- Department of Mental Health's Performance Improvement Project (2003-2011)
  - Examining an average over an eight year time period and comparing with other designated agencies in the state, Washington County Mental Health (WCMH) has the second highest number of children's services clients per capita who have experienced trauma. Percentages at WCMH range from 21-31% as compared with state averages ranging from 17-21%.

Gaps in Available Data

Gaps in available data make it difficult to measure the scope of trauma in our community.

- 2010 BRFSS is the only source of quantifiable, systematically collected data on all the categories of adverse childhood experiences reported in the CDC study. The module is expensive and there is no guarantee that it will be included in future surveys.
- Definitions of adverse childhood experiences and how they are categorized are not consistent across data collection systems.
- ACE data do not include other categories of data which might be important risk factors in our community, especially among underserved populations. These may include attachment problems, cognitive delay in the home, and children with disabilities.
- Available data are limited to substantiated reports of maltreatment, retrospective surveys of adults or assessment of clients who have entered a designated agency for care.

Community Readiness

Our initial efforts to engage the community in a discussion about the effects of childhood trauma indicate that there is a strong interest in addressing this issue at state and local levels.

- We have assembled a group of external partners who are motivated to examine the interconnectedness between childhood trauma and chronic disease. The group includes representation from a cross-section of state and local organizations, including the Central Office of the Vermont Department of Health, Department of Children and Families, and Washington County Mental Health as well as schools, a local pediatric practice, family center and domestic violence organization.
- The Building Bright Futures Council scheduled a presentation in March 2012 entitled "Lifelong Effects of Early Childhood Trauma." Attendance at this event doubled the usual number of participants and attracted a diverse range of community partners, including representatives from early education, supervisory unions, corrections, mental health, public health and the medical community. One of the presenters has been invited to multiple other venues in different areas of the state to address this topic.

<u>Next Steps</u>

Engagement of key stakeholders like you is essential to the success of any strategy. We value your input in examining our resources, delving deeper into contributing factors and determining a course of action that is appropriate for our community.

 As community organizations are asked to do more with less, effective collaboration is increasingly beneficial. A focus upon childhood trauma has the potential to unite diverse partners toward reaching a common goal: improving the well-being of our community.

* More recent data is now available.

Appendix F: Interview Categorization Method

<u>Resources / Existing Efforts / Leaders</u>: Anything that the interviewee identified as being in place that addresses childhood trauma, its effects, risk factors or protective factors. This could include:
- Our community's strengths with respect to this issue; what we are doing well now
- Initiatives or programs currently in place
- Champions and leaders (individuals, organizations)
- Available data sources for childhood trauma, risk factors or protective factors; community awareness of said data

<u>Gaps / Potential strategies:</u> Anything that the interviewee identified as being needed to more effectively address childhood trauma, its effects, risk factors and protective factors. This could include:
- Our community's weaknesses or challenges with respect to this issue
- Initiatives or programs that are absent, lacking or limited in some way
- Barriers that stand in the way of progress or success
- Individuals or organizations that are not as engaged as they should be
- Gaps in knowledge, skills or readiness to address the issue
- Gaps or limitations in available data; lack of community awareness of available data

<u>Contributing factors</u>: Anything that the interviewee identified as a "root cause" of childhood trauma or something that increases the potential for trauma to occur. Contributing factors generally entertain the question of why trauma is occurring in general, and specifically why it is occurring in our community.

<u>Other:</u> Any other information provided by the interviewee that seems important to capture.

Appendix G: Organizational Leaders

The following organizations, types of organizations and service provider disciplines were noted by interviewees as important partners to engage in our efforts to prevent, mitigate and treat childhood trauma. Entities marked with a (*) were specifically identified as leaders in the field of childhood trauma.

Agency of Education

Alcohol and Drug Abuse Prevention Division, Vermont Department of Health

Alcoholics Anonymous

Another Way

Associates in Pediatrics

BAART Behavioral Health Services

Barre Technical Center

Brook Street School

Casey Family Services / Annie E. Casey Foundation

Central Vermont Community Action Council

Central Vermont Community Land Trust

Central Vermont Home Health & Hospice

Central Vermont Medical Center

Central Vermont Substance Abuse Services

Children's Integrated Services

Children's Hour Program at Central Vermont Community Action

Choice Academy

Churches

CIRCLE*

Community National Bank

Community Response Team

Coordinated Community Response Team

Copy World

Department of Children and Families*

Department of Corrections*

Department of Health*

Drug Education, Treatment, Enforcement and Rehabilitation (DETER) Team

Early childhood programs*

Family Center of Washington County*

Foster parents*

Good Beginnings of Central Vermont

Good Samaritan Haven

Governor's Commission on Psychological Trauma

Green Mountain Transit Authority

Green Mountain United Way

Guardians ad litem

Head Start

Home visitors*

Intensive Domestic Abuse Program

Intensive Family Based Program

Intensive Substance Abuse Program

Interventionists

Jones Brothers Granite

Judicial system (including judges and attorneys)

Justice centers*

Law enforcement

Legislators

Lighthouse

LINCS (Linking Community Support) Program of Washington County Mental Health Services

Medical providers

Mental health providers*

Mentorship programs

New England Juvenile Defender Center

Northeastern Family Institute*

Obstetricians

Our House*

Partners in Service Program

Pathways to Housing

Pediatricians

Peoples Health and Wellness Clinic

Playgroup facilitators

Prevent Child Abuse Vermont*

Reach Up

Rocking Horse

Schools* (including all personnel)

Sexual Abuse Crisis Team

Spruce Mountain Inn

Stepping Stones

Substance abuse treatment providers

Treatment Associates

Turning Point Center of Central Vermont

Vermont Association of Business Industry and Rehabilitation (VABIR)

Vermont Center for Crime Victim Services

Vermont Network Against Domestic and Sexual Violence

Vermont Works for Women

Vermont Youth Service

Victims' advocates

Vocational Rehabilitation

Voices for Vermont's Children

Washington County Mental Health / Howard Center

Washington County Youth Services Bureau

Women and Children's First

Worksite employee assistance programs
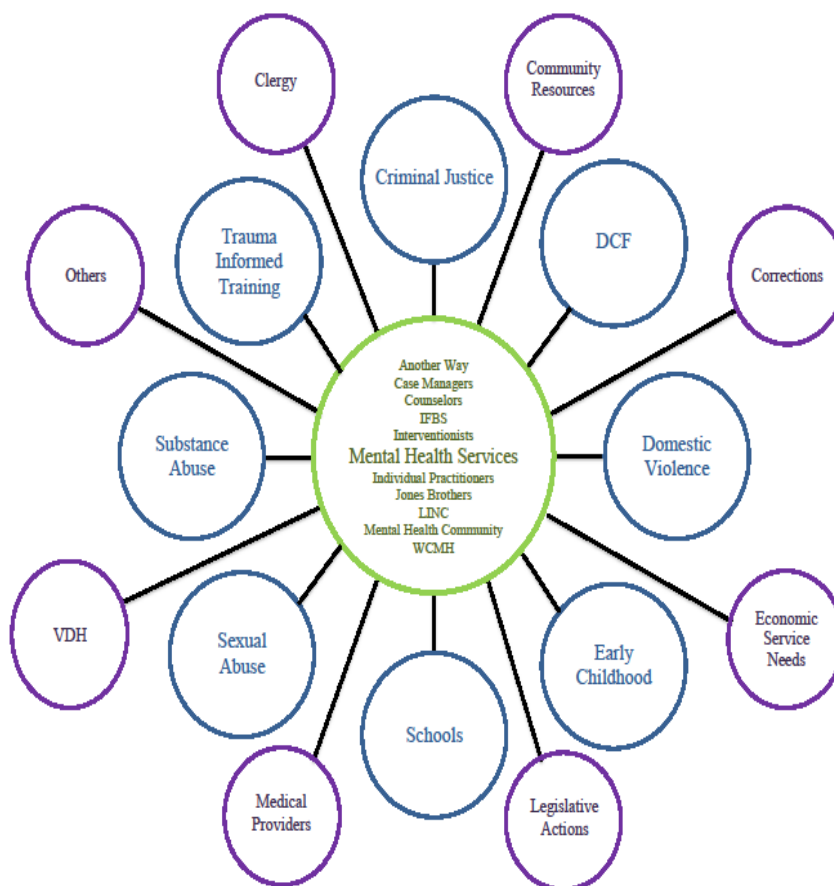
Most Frequently Identified Local Champion Organizations

Appendix H: Individual Leaders

Local Champions

William Fagginger Auer - Washington County Mental Health
Carolyn Baker - CIRCLE
Pat Barberry - Department of Labor
Tim Bombadier - Barre City Police Department
Karen Brooks – Maternal Child Health Nurse, (formerly) Barre District Office, VT Dept. of Health
Michelle Cote – C0-Principal, Barre City Elementary and Middle School
Marcy Couillard - Washington County Mental Health
Lee Crider - Barre
Michael Curtis - Washington County Mental Health
Maria D'Haine - Washington County Mental Health
Dawn Donahue – Family Center of Washington County
Walter Duda - Children's Hour
Rose Ehret - Psychiatrist, Central Vermont Medical Center
Jill Evans - Department of Corrections
William Fink - Plainfield Health Center
Jason Fleury - Barre City Police, Barre City School Resource Officer
Leslie Weed Fonner - Washington County Mental Health, LINKS program
Bobbie Gagne - Sexual Abuse Crisis Team
Gary Gordon - Washington County Mental Health
Catherine Harris - District Director, Department of Children and Family Services
Amy Holloway - Department of Corrections
Deb Jerard – Physician, Associates in Pediatrics
Margaret Joyal - Director, Washington County Mental Health
Lee Lauber - Executive Director, Family Center of Washington County
Steve MacArthur - Circle
Emma Moreau – Barre City Police Department
Aimee Nolan - Detective, Vermont State Police
Amy Paris - Central Vermont Community Action
Mindy Parisi - Central Vermont Medical Center
Joanne Pereira - District Director, Department of Corrections
Lori Pompriom - Washington County Mental Health
Bob Purvis - Turning Point, Barre
Will Roberts - Executive Director, Our House
Evelyn Sawyer - Department of Children and Families
Samm Stockwell - Children's Integrative Services, Family Center of Washington County
Jim Taffel – Co-Principal, Barre City Elementary and Middle School
Amy Torchia - Network Against Domestic and Sexual Violence
Lyn Turcotte - Counselor, Twinfield Union School
David Warman - Washington County Mental Health
Ulrike Wasmus - Mental Health Counselor, Barre
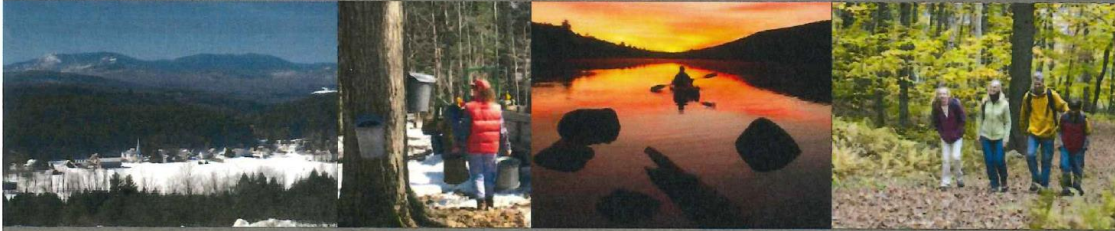Phil Wells - Washington County Mental Health

Appendix H: Individual Leaders

State Champions

Richard Boltax - Best Project, University of Vermont

Laurie Brown – Vermont Child Trauma Collaborative

Ray Chin - Deer Creek Psychological Associates , Thetford

Barbara Cimaglio - Deputy Commissioner, Alcohol and Drug Abuse Programs

Dottie Donovan - Woodside Correctional Facility

Paul Dupre - Commissioner, Department of Mental Health

Barb Gassner - Juvenile Defender Advocate

Nita Lescher - Previous Director, Casey Family Services

David Melnick - Northeastern Family Institute

Charles Myers - Executive Director, Northeastern Family Institute

Karyn Patno - Fletcher Allen Health Care

Paul Reiber - Chief Justice, Vermont Supreme Court

Susan Robinson - New England Counseling and Trauma Associates, Williston

Anna Saxman - Defender General

Bob Sheil - Juvenile Defender

Joelle Van Lent - Northeastern Family Institute

Priscilla White - Department of Children and Families

Sara Winters - VABIR (Vermont Association of Business, Industry and Rehabilitation)

Cindy Wolcott - Deputy Commissioner, Department of Children and Family Services

National Champions

Abigail Baird - Psychology Department, Vassar College

Lundy Bancroft - author, advocate for mothers and children

Jacqueline Campbell - Johns Hopkins School of Nursing

Judith Cohen - Center for Traumatic Stress in Children and Adolescents, Pennsylvania

Vince Felitti - California Institutes of Preventive Medicine, Principal Investigator, the ACEs study

Mary Kay Jankowski - Geisel School of Medicine, Dartmouth

Alice Lieberman - University of Kansas

Marsha Linahan - Psychiatry and Behavioral Sciences, University of Washington

Andrea Meier - Dartmouth Psychiatric Research Center

Bruce Perry - The ChildTrauma Academy, Houston

David Sargeant - Maryland Network Against Domestic Violence

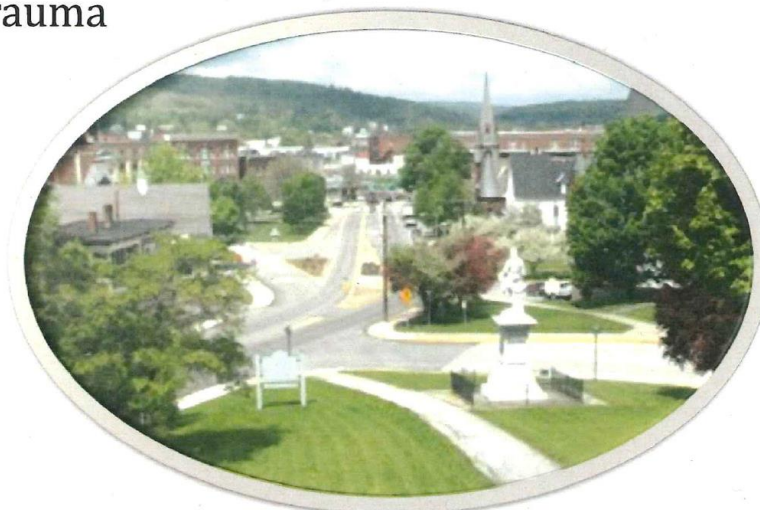Michael Trout - Director, The Infant-Parent Institute, Michigan

Childhood Trauma: Health & Community Considerations

VERMONT DEPARTMENT OF HEALTH

Adverse Childhood Experiences and Chronic Disease
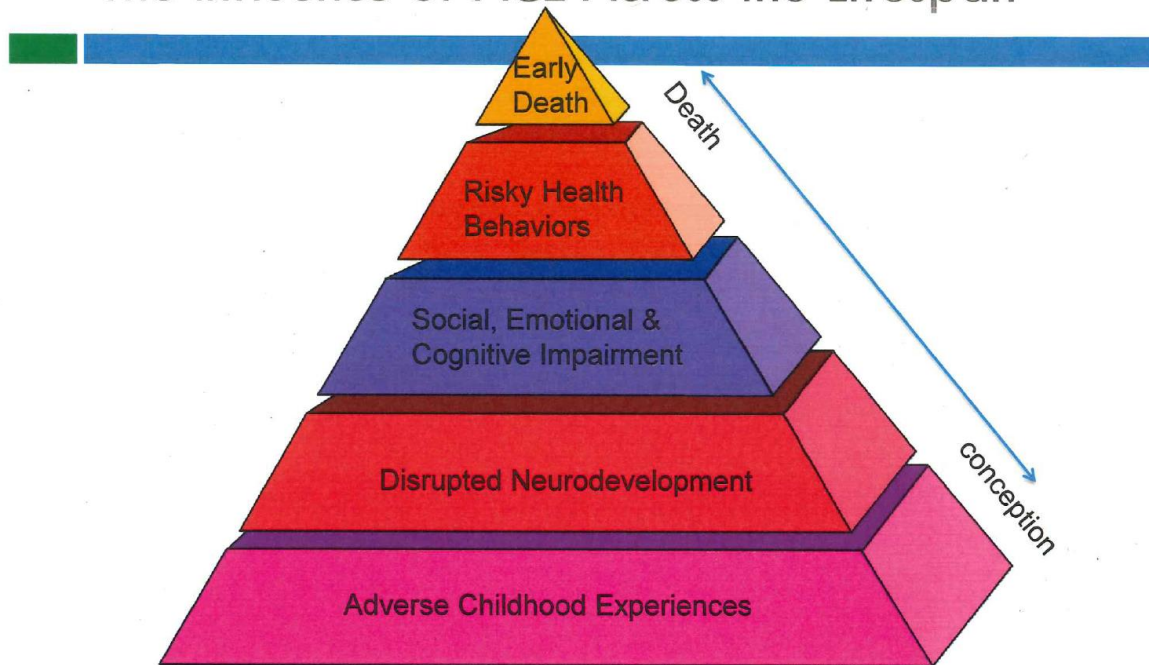
How We Got Here:

☐ The intersection of Public Health and Childhood Trauma

Vermont Department of Health

The Influence of ACE Across the Lifespan

Early Death

Risky Health Behaviors

Social, Emotional & Cognitive Impairment

Disrupted Neurodevelopment

Adverse Childhood Experiences

Death

conception

http://www.cdc.gov/ace/

The Adverse Childhood Experiences Study

- ☐ Largest study of its kind – more than 17,000 participants
- ☐ Mostly white, middle to upper-middle class
- ☐ Joint project, Kaiser-Permanente and CDC
- ☐ Published in 1998, on-going
- ☐ Demonstrated strong and graded relationship between ACE & chronic disease (including addiction)
- ☐ http://www.cdc.gov/ace/

Vermont Department of Health

What is an Adverse Childhood Experience? (ACE)

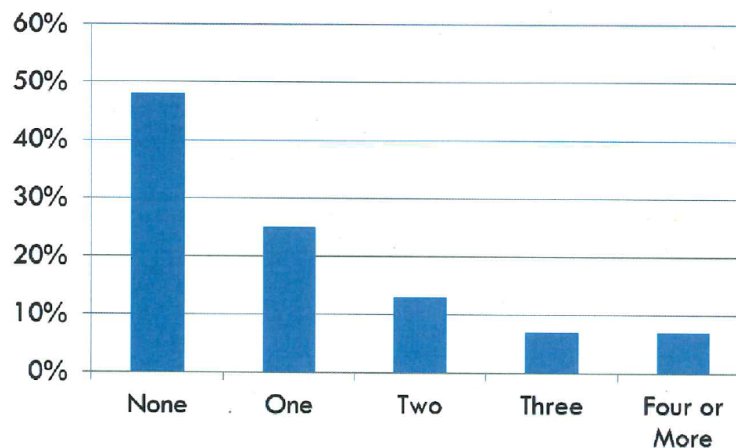| Personal	Family Context
☐ Abuse 　■ Physical 　■ Emotional 　■ Sexual ☐ Neglect 　■ Physical 　■ Emotional	☐ Alcoholic parent ☐ Family member w/mental illness ☐ Loss of parent ☐ Domestic violence ☐ Incarcerated family member

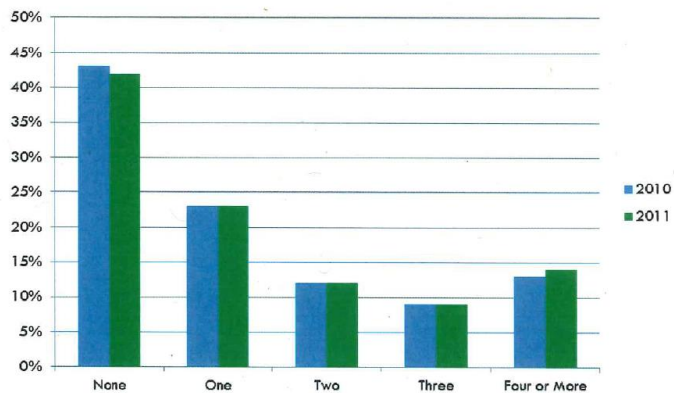Vermont Department of Health

Original Findings CDC-Kaiser Permanente ACE Study

ACE Prevalence

Vermont Department of Health

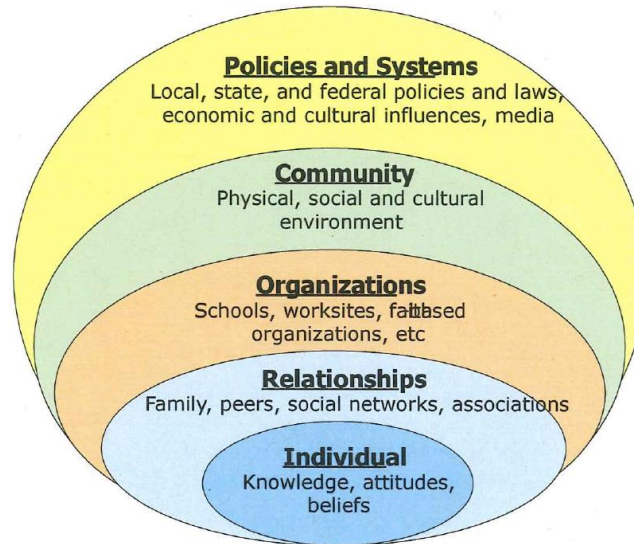## Vermont Data: Adverse Childhood Experiences

http://healthvermont.gov/research/brfss/documents/summary_brfss_2011_4.13_000.pdf

20 Key Community Stakeholders

Vermont Department of Health

Vermont Prevention Model

Policies and Systems
Local, state, and federal policies and laws, economic and cultural influences, media

Community
Physical, social and cultural environment

Organizations
Schools, worksites, faith-based organizations, etc

Relationships
Family, peers, social networks, associations

Individual
Knowledge, attitudes, beliefs

Adapted from: McElroy BR a D, Steckle A, Glanz K. An ecological perspective on health promotion programs. Educational Quarterly 15:35877, 1988.

Vermont Department of Health

Thanks to our Interviewees!

- Karen Brooks
- Alice Day
- Maria D'Haene
- Bobbi Gagne
- Barb Gassner
- Deb Gattone
- Catherine Harris
- Carl Hilton Van Osdall
- Margaret Joyal
- Claire Kendall
- Megan Kuhner
- Aimee Nolan
- Lynda Oliver
- Mindy Parisi
- Will Roberts
- Bob Sheil
- Gwen Shelton
- Mike Sweeney
- James Taffel
- Kerrie Taylor
- Leslie Walz
- Susan Wells

Vermont Department of Health

The Domains of Trauma in Central Vermont

- ☐ Data
- ☐ Education & Training
- ☐ Programs & Services
- ☐ Policy & Law
- ☐ Capacity

Vermont Department of Health

Domain - DATA

Theme: Some Data Exist

Strengths	Gaps
"There is some [data] from [the Department for Children & Families,] there is some from [Children's Integrated Services."	"There's some [data]…but it's not very good…it's not consistent. [And] not enough people are keeping it."

Vermont Department of Health

Domain – EDUCATION & TRAINING

Strengths

"We're becoming more skilled in identifying the symptoms of childhood trauma."

Gaps

"…A lot of the…leaders in this community have very little awareness of [trauma]…what effect it has, what behavior it triggers."

Vermont Department of Health

Domain – PROGRAMS & SERVICES

Strengths

"[There's] a lot being done around intervention; there's a crisis and people get involved."

"…More community groups [are] trying to work on the preventative side."

Gaps

"We don't do [universal] screening at this point."

Vermont Department of Health

Domain – POLICY & LAW

Strengths	Gaps
"There are…laws about bullying, …about stalking, [and]…DV that we're aware of that involve families, not children in particular.	"Sometimes I think we need a lot less policy, and more or less just do the right thing." "There aren't enough policies and laws and things in place."

Vermont Department of Health

Domain - CAPACITY

Strengths	Gaps
"I think we have a lot in place that we didn't have a decade ago." "I think there is an intention to be collaborative about…the work, but it could always be better."	"…Demand is increasing, but…funding to provide what they need has gone away…." "Everyone is so busy providing direct service, …sometimes they don't get…how we're all working with trauma…."

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Posting the Post-its

Vermont Department of Health

Childhood Trauma and Its Impact on Community Well-Being
Stakeholder Forum
September 11, 2013

DATA

Strengths

THEME: Some data exist.

Examples of data sources:

- ❖ Adverse Childhood Experiences (ACE) data
- ❖ Behavioral data in schools
- ❖ Data held at individual organizations, including evaluation of grant activities, monitoring of program participation.
- ❖ Youth Risk Behavior Survey (YRBS)
- ❖ Department of Children and Families
- ❖ Children's Integrated Services
- ❖ Potential opportunities with Results-Based Accountability

QUOTES

"There is evidence out there that it is money saving, to really be in the trenches preventing childhood trauma, in terms of long term health care costs."

"We have all kinds of behavioral data that shows us how kids are doing. It comes from every time a kid has a significant issue."

"I know [Our House] kept statistics on the number of calls coming in, number of people in counseling, types of calls, numbers of calls that went from just a call to prosecution."

"[We're] really looking at the services that are offered and the means of not only tracking but getting credit for the work we are doing."

"We are learning to be better evaluators. As money gets tight you need to prove that where it goes, results follow. We don't want to be doing things that aren't effective."

"A lot of knowledge is...institutional memory carried in people."

"There's some [data] from DCF, there is some from CIS, but it's not very good. Limited."

"Results-based accountability conversations are occurring at the state level. They are looking for tracking of health indicators and wellbeing."

"[The YRBS] is helpful to sort out what is going on with our kids today."

Childhood Trauma and Its Impact on Community Well-Being
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DATA, Continued

Gaps

THEME: *Awareness of data sources is low.*

QUOTES

"I doubt if anyone knows statistics. I don't know what's available for the community."

"We haven't measured this stuff [impact of community efforts] to my knowledge, or if we have, I'm not aware of the results, so it's measuring and then publicizing."

"I don't really know who is collecting data specifically about childhood trauma to be honest."

THEME: *Data that exist are not readily available and do not meet our needs.*

"I don't think we do any kind of long term studies"

"We haven't measured this stuff [impact of community efforts] to my knowledge, or if we have, I'm not aware of the results, so it's measuring and then publicizing."

"[I]t is hugely important that you're asking the right questions [with respect to data]."

"I'm not seeing data that's specific to childhood trauma other than from sort of larger, the ACE study, it's like [are we] breaking it down by community? I just don't know that we're collecting that."

"[I]f we could highlight [the data], it would be easier for us to get funding...[W]e can use that data when applying for grants."

"[S]ometimes we don't evaluate enough...As money gets tight you need to prove that where it goes, results follow. We don't want to be doing things that aren't effective."

"[P]robably, for grants and funding, everyone has to keep track of [some data], but I'm not sure if anyone is compiling it for the whole community."

"There's some [data] from DCF, there is some from CIS, but it's not very good. Limited."

Childhood Trauma and Its Impact on Community Well-Being
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Education & Training

Strengths

THEME: More educational opportunities are now available to providers.

Examples of training opportunities:
- ❖ Annual Our House Summit
  - o Tracks for law enforcement, social work, medical professionals, and lawyers
  - o Networking across disciplines
- ❖ National Child Advocacy Center in Alabama – Forensic investigations and case reviews
- ❖ Department of Children and Families offerings
- ❖ Kids and Cops – This is a training and protocol developed in Vermont for police officers to help them understand how to respond in a domestic violence situation when children are involved. This system has been accepted statewide and has received national attention as best practice.
- ❖ Washington County Mental Health trainings
  - o Trauma 101 for all staff
  - o Specialized training and supervision for clinicians
- ❖ New England Juvenile Defender Center – training topics and tools related to trauma
- ❖ Various trainings provided for Probation and Parole, particularly probation officers who work with women offenders
- ❖ Vicarious trauma trainings for service providers

QUOTES
"We're on the beginning edges of this work in this state."
"We are all learning all of the stuff on brain development. There is science to pin this on now. There is no choice but to move forward."
"What's exciting is that we also have police officers and States' Attorneys and other people who wouldn't have necessarily focused on children who will be educated about the effects."
"I think a lot of people have a lot of good information, and I think we share it. So we get smarter."
"At this point in time at least, there is developing knowledge, more so in Washington County, than there was in the past."
"I just know there was an … awareness that trauma is a significant part of kids' mental health struggles. There was an effort to have a more concerted approach to trauma treatment with kids."
"I think the staff in this office have enough education about [client's] issues that they know to seek help, and where to seek it, and that wasn't always like that."

Childhood Trauma and Its Impact on Community Well-Being
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Education & Training

Gaps

THEME: *Awareness in the community at large about trauma and the services available is low. More widespread education is needed.*

QUOTES
"How trauma affects everyday life, a child's ability to learn and their behavior. That is where we need more awareness."
"We could do a lot more with education. These are the top 0 things you will see in a child who is suffering from ongoing traumatic events. To give people some sort of idea of what to keep their eye out for."
"[T]he long term effects...we don't know that."
"I think simply because of the monumental effects of trauma later on for most of our clients, the more information or knowledge people can get concerning it would be important."
" I think there needs to be more widespread information about the effects of trauma. There needs to be a campaign."
"I think it starts by expanding awareness of childhood trauma. It starts by awareness of the issue, how big the issue is and brain development and what it is, and then comes the policies and practices."
"There needs to be widespread information about the effects of trauma before people become pregnant. People don't realize the impact of how what is happening to them is affecting their babies."
"A lot of it will have to do with educated families and parenting skills. You need a license to drive a car, but not to have a kid! ... I don't think we get the message out there though that there [are] proper ways to raise children."

Childhood Trauma and Its Impact on Community Well-Being
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Education & Training

THEME: There is a need for more trauma-informed providers and more ongoing education across all disciplines.

Specific providers that were mentioned as needing more training included:
- ❖ Attorneys and judges, especially in Family Court
- ❖ Faith communities
- ❖ Community volunteers, especially mentors
- ❖ Law enforcement
- ❖ All staff in the Department of Corrections, including line staff
- ❖ Department of Children and Families case reviewers
- ❖ Legislators, especially those on key committees like Human Services and Judiciary
- ❖ Medical personnel across the lifespan
- ❖ Housing entities
- ❖ Residential treatment programs
- ❖ School personnel

QUOTES
"So I think some training and sensitivity for all of us, more ability to recognize when the referral needs to be made for more in-depth or intensive services that might be out of one agencies purview."
"Trauma training is an ongoing thing. It needs to be sustainable, and to have sustainability you need to have leadership, funding and commitment to stay on top of the data."
"Teachers, nurses, therapists, physicians, educate us so we can take care of the individual better."
"Trauma is easily mislabeled and misunderstood. [It] needs a systems approach.   [The] underpinnings of trauma must be incorporated into other treatment modalities."
"You can't just go to one trauma training and think your trauma informed. It has to be an ongoing thing."
"We have slide presentations. Those are for awareness. I'm not convinced that's training. I'm not sure that we have training yet."

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Programs & Services

Strengths

THEME: There are many programs and services in place, ranging from enrichment opportunities for youth to specialized treatment for trauma survivors.

Examples of programs and services:

- ❖ Enrichment opportunities for children, including afterschool, vacation, summer and mentoring programs
- ❖ School-based programs to reduce risk and enhance protective factors such as Positive Behavior Interventions and Support (PBIS) and the Cyberbullying Project (collaboration between Circle and Spaulding High School)
- ❖ Parenting programs including Nurturing Parent and Parenting with Respect (a collaboration between CIRCLE, DCF, DOC and two justice centers designed to educate men who have committed domestic violence about its impact upon children)
- ❖ Shaken Baby Video, an evidence-based intervention for all individuals who deliver at Central Vermont Medical Center
- ❖ All parents at Associates in Pediatrics are taught "The 5 S's System" (swaddle, side, shush, swing, suck) to calm a fussy baby

See also – Appendix D (Champions), References & Resources

QUOTES
"I think we have a lot in place that we didn't have a decade ago…There's a lot there and I have people I can direct [affected individuals] to and get [trauma] assessed."
"In the broader community there is an effort to provide enriching things for kids. Refurbishing playgrounds, City Scape After school programs."
"There are a number of services available to parents of children ages 0-3 years. There is some awareness and basic screening that does happen with those agencies."
"[Schools are] much more involved and active now in recognizing that kids are coming to school with trauma issues…there is more wrap around in the school, some kids are getting one on one interaction within the classroom."
"Vermont Works for Women program… They become centered and come out of there with goals. It's the first time they've done something like that."
"There are more community support groups trying to work on the preventative side, like healthy relationships. "
"[T]here are more services available to victims so they are more apt to report where before they wouldn't report."
The number of incidents I've run in to without being able to get insurance is small … I think there is access if they know about it."

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Programs & Services

Gaps

Theme: There are many barriers to obtaining services.

Examples of barriers:

- ❖ Jobs that make it unable to take time off for treatment
- ❖ Developmental delays, physical disabilities and substance abuse
- ❖ Poverty
- ❖ Transportation
- ❖ Literacy
- ❖ Language and cultural differences
- ❖ Difficulty navigating systems and filling out forms
- ❖ Readiness to accept services, including having basic needs met, managing chaotic lives as well as overcoming mistrust, stigma, fear, and denial

QUOTES
"There is a big sociodemographic impact because [many children] have no access to therapy. If you could get that into the schools as health clinics, school based mental health, that would be huge.
"Families need a social worker to work with them. Sometimes there are literacy issues, help to fill out forms, trust issues on whom the information is shared with."
"[T]here are often times issues of accessibility due to poverty, transportation primarily, waiting lists...[T]transportation is one of the manifestations of the poverty. It could also be as basic as people being unable to read."
"I think people really are shut out because we have people in this community who don't seem to have basic problems solving skills."
"For the refugee population, I think there is sometimes a cultural barrier that makes services less accessible."
"The problem is ... if [adults with a history of trauma are] out of control with drug use, ... you have to deal with those issues first before you can get them to a place [for treatment]."

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Programs & Services

Theme: There is a need for more comprehensive treatment and more treatment options for people who have experienced trauma.

Examples of services that are needed:
- ❖ Yoga or meditation as a treatment option
- ❖ More services for adolescents who have experienced trauma
- ❖ Clinicians who can provide therapy as well as case management and concrete assistance

QUOTES

CH: "We know trauma is often held in the body and alternative therapies may be more effective. We don't have access to a lot of that."

BG: "[There are] [t]oo few services [for] adolescents suffering [from] trauma."

Theme: Some agencies do not meet the needs of people in their system with a trauma history.

Examples of improvements that could be made:
- ❖ Law enforcement, court systems and corrections finding a balance between punishing an individual for an offense and helping the individual to overcome their own trauma.
- ❖ A greater focus upon prevention and earlier intervention in DCF
- ❖ A reexamination of the benefits and drawbacks of family reunification

QUOTES

"[E]ven though we acknowledge that all this trauma exists...and there are certain behaviors that come along with it, I feel there is a lack of support ... in the way they...set up systems."

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Policy & Law

Strengths

Theme: Policies and laws exist to protect children and survivors of trauma.

Examples of policies and laws:

❖ The Washington County Multidisciplinary Team (see Capacity/Multidisciplinary Teams) created a protocol for responding to severe cases of child abuse in a coordinated way
❖ The Child Trauma Workgroup is moving toward developing standards of care for those who have experienced trauma
❖ Act requires schools to provide education for children so they know how to deal with issues like sexual abuse and potential sexual abuse
❖ Kids and Cops protocol and training (see also Education & Training) has been implemented statewide
❖ Act 5 established the Sexual Investigations Units (SIUs)
❖ Mandated reporting
❖ Washington County Mental Health recently changed its mission to state that all staff will be trauma-informed

Courts have protected witness arrangements in place to decrease the potential for re-traumatization

QUOTES
"[T]here are ...laws about bullying, there [are] laws about stalking, a lot of laws about [domestic violence] that we're aware of that involve families, not children in particular. But there's a legal age for consent and other things like that. There's a lot of legal step around getting prevention/relief from abuse or restraint orders, those aren't specific to children but children are often on those." "
"I think there has been ... an understanding for a need to report around child abuse"

Theme: There are some policies and laws that require providers to be educated about trauma.

QUOTES
"We screen folks and have a background check. If someone doesn't pass this test, they are not allowed to work with children."

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Policy & Law

Theme: The professional community has training, experience and dedication to work with survivors of childhood trauma.

QUOTES

"[Efforts are] growing."

"I think we have a lot in place that we didn't have a decade ago...There's a lot there and I have people I can direct [affected individuals] to [in order to] get [trauma] assessed."

"[Commitment to working on childhood trauma is] high within our community."

"I think Central Vermont does well ... I think we're much more aware, we're more committed [than other places]."

"We've gotten more organized in addressing it over the years."

"To some level, concerns and trying to plan, or make a treatment plan for trauma has always been present to one degree or another. It hasn't always been consistent."

"We're becoming more skilled in ... help[ing] trauma victims go from the lens of ... 'I'm a victim' to 'I'm a survivor of trauma' not a victim."

"I believe that if [a woman] said to [Community Action] 'I don't want an apartment there because I wouldn't feel safe' I can't imagine there would be a worker that wouldn't accept that."

Gaps

Theme: Interviewees differed in their opinion about the value of policy and law changes.

Examples of potential policy changes:

❖ Law enforcement, judicial and corrections policies that exhibit an understanding of the value of addressing offenders' trauma history

QUOTES

"The policies don't support what they should as far as trauma."

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Capacity

Strengths

Theme: The professional community has training, experience and dedication to work with survivors of childhood trauma.

QUOTES
"[Efforts are] growing."
"I think we have a lot in place that we didn't have a decade ago…There's a lot there and I have people I can direct [affected individuals] to [in order to] get [trauma] assessed."
"I think that our community partners have taken appropriate steps to address it, to look for the causes and to look for ways to mitigate the impact. I have no doubt about that"
"I think we have to have a good grip on what childhood trauma is and the impacts of it."
"[N]ot just leadership, but everyone takes [trauma] seriously and realizes this has a huge impact."
"[Commitment to working on childhood trauma is] high within our community."
"I think Central Vermont does well … I think we're much more aware, we're more committed [than other places]."
"I think there's a huge commitment [to working on trauma]."
"Within my community, [the overall commitment to addressing trauma] is fairly high."
"[There are] [v]ery devoted case workers who are rooting for capacity building for getting the word out on the importance of the earliest intervention. I think that they are idealistic in the best sense that they want to get to the root cause of the issue as early as possible and I think they are, as much as possible, trying to connect to address the problem."
" [E]ven [in the 1980s] people were beginning to see how this was all connecting. We've gotten more organized in addressing it over the years."
"To some level, concerns and trying to plan, or make a treatment plan for trauma has always been present to one degree or another. It hasn't always been consistent."
"We are all very aware of whom to point in which direction to receive trauma assistance"
"[W]e're more skilled at developing a treatment process to address the issue."
"We're becoming more skilled in … help[ing] trauma victims go from the lens of … 'I'm a victim' to 'I'm a survivor of trauma' not a victim."
"[Schools are] much more involved and active now in recognizing that kids are coming to school with trauma issues."
"[My colleagues] are aware of what the community has."
"I believe that if [a woman] said to [Community Action] 'I don't want an apartment there because I wouldn't feel safe' I can't imagine there would be a worker that wouldn't accept that."

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Capacity

Gaps

Theme: There are more people who need services than there are services available.

QUOTES
"Our ability to make a difference is compromised by our caseloads and capacity."
"There are not enough providers, often there is a waitlist."
"[W]e have a huge lack of the appropriate type of therapists."
"The demand for services exceeds our capacity."
"We don't want to drum up business because we don't want people sitting on a waiting list with no ability to serve them."
"[T]here are so many children who need services and ...we are trying to figure out who has room on their caseload and everyone is full up."
"I'd like to see the waiting list reduced."
"[A challenge is] finding the time and staff to get all the work done."
"I think we do a lot of innovative stuff and we're really maxed out at capacity."
"[Some programs don't] have the capacity to keep up with the need."

Theme: Funding is decreasing and effective programs are being cut.

Examples of programs and services that are being cut:
- ❖ Domestic violence prosecutors
- ❖ Victim's advocacy efforts
- ❖ DETER – Helping to provide wrap around services for recently released female prisoners

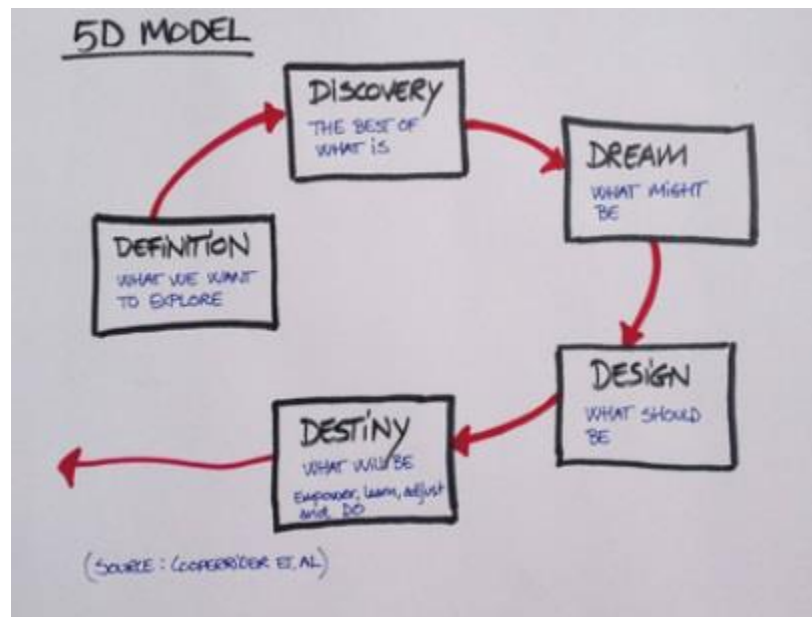| QUOTES |
| --- |
| "[I]t's really hard for people to get funding for programs that are proven to be effective...[W]e know whether best practice is, but the money is shrinking at the same point. We're just looking at the tip of the iceberg. So, the iceberg gets bigger and the money gets smaller." |
| "The more we get it out there to expand, the more we get out there to educate, the more people we're going to have come forward, which means the more resources we're going to need...So the demand is increasing, but the funding to provide what they need has gone away, so it doesn't make sense at all." |
| "The majority of these efforts are grant funded. Every year these get less and less... Year to year, you [have] no clue [whether funding will be available]." |
| "[D]efinitely funding [is a challenge]. It all comes down to money, with having more resources to do what we do." |
| "Funding is down...So that's a huge challenge for us, to keep funding sustainable... [I]t is getting harder and harder." |

The appreciative inquiry method 5D is useful for change processes. The method is powerful because it creates energy and hope among the participants by looking at what is good in the organization, what works, and what is successful - rather than looking at the organization as a place with a series of problems that need fixing.

The AI method avoids "blame-games" which can be a negative side effect of the traditional problem solving methods. Since people are encouraged to come together to share best experiences and identify collective strengths, there is no blaming of past failures. This is important because it releases more positive energy and innovation from the participants and creates greater commitment to the plans for the future.

In the following we will take you through the model step by step. And we will suggest some questions that can be used during the different steps as well as useful considerations.

1. Step - Definition - "What do we want to explore"
The first step is about choosing a relevant theme for further investigation. Definition of the theme is important because what we put our magnifying glass on will grow even bigger (see Pygmalion effect). If we focus on a problem, e.g., discrimination of women, what we will experience is more discrimination. Our language creates our reality. In other words, if we focus on discrimination the reality is that discrimination is a serious problem. If however we focus on "Equality" or "Diversity" and start identifying our strengths, and search for success stories about this theme, we will start creating a different reality. Just the decision to look at the positives will move any organization in a positive direction. Defining your topic positively will help you look at its positive aspects.

Definition of a theme is often done by top executives and important stakeholders together. But other approaches can be chosen depending on the specific organization.

Useful questions -	Facilitator's considerations -
- What do we want to gain? - What is the desired outcome? - What is our wish for the future? - How can this be formulated positively? - Is our theme attractive enough? - can we commit ourselves to it?	Encourage all participants to formulate the desired outcome in positive, motivational language. "Equal opportunities for everyone" rather than "No discrimination of women" or "Ways to reach top 10 of most attractive workplaces" rather than "Ways to fix high staff turnover"

2. Step - Discovery - "The best of what is"

The second step is to discover "the best of what is". Questions are asked about where and when people had a really good experience with the selected theme. Questions are asked in order to deeper explore the factors that made the positive experience possible, e.g., management, colleagues, customers, technology, process, organization, values, learning processes, planning method, etc.. It is important to generate as many appreciative stories - success stories - from everyday life in the organization as possible.

Useful questions -	Facilitator's considerations -
- What strengths do we have in regards to this "theme"? - What examples do you have of best practice in regards to this "theme"? - Please elaborate - What happened? Who was involved? What made it possible? - Tell me a story about a time when you felt very enthusiastic about your work and our organization. - What has made you most proud in the time you have been in this organization?	Often this step is carried out in smaller (2-4) groups or 1:1. The idea is to get everyone in the organization to play an active role in both investigating success stories and sharing their own stories. Often Discovery is carried out as interviews - and the findings are written down. After the interviews, the findings are shared in larger groups. Pay attention to the way the 1:1/smaller groups and the larger groups are put together. It is important that the participants feel safe. Consider which groups front line managers and executives should be part of.

3. Step - Dream - "What might be"

Based on the success stories, participants now share their "wildest" dreams about the chosen theme. This step is about making the participants think about how the organization can

take the positives they identified in the Discovery phase, and reinforce them to build real strengths.

Everyone must share their passion and hope for the future. How will the future look if it should really live up to the participants' deepest desires and hopes?

Useful questions -

- What 3 wishes do you have for the future?
- Try to imagine that your wishes come true ...
- What does a typical day look like? - What is happening?
- How are the relations between employees - and between staff and managers?
- What behavior is seen? Which behavior is rewarded? How?
- Describe communication.
- What processes/technology/ learning/programs/managers support etc. are seen?
- Please elaborate ...

Facilitator's considerations -

Often this step is carried out in groups. The size of the groups is to be considered. It is important that the group is small enough to ensure that everyone is heard, however it can be quite time-consuming if the groups are too small.

Often some of this step is done in smaller groups and later all the "dreams" are shared in plenum, where all the common characteristics are identified and a common "picture" of the desired future is "drawn".

Brainstorm techniques are useful during this step.

The output of this stage is some form of "picture" of the desired future that everyone can agree on. The "picture" may be divided into sub-themes at this step; e.g., communication, work processes, technology, cooperation etc.

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4. Step - Design - "What should be"

This step builds on previous steps - both Dream and Discovery. The participants will look into the practicalities needed to support the Dream or vision of the participants. The focus is on processes, strategies, systems, etc., that will enable the Dream to be realized. To determine the right processes, strategies, systems, etc., participants will build on their knowledge from the

Discovery step. They will look to the success stories and the identified factors that made the positive experiences possible. This knowledge is used when designing what should be in the future.

Useful questions -

- What are the most important things that we need to do to achieve the dream?
- What can we learn from the past successes?
- What are the most important success factors we have identified?
- Are we prepared for the future? - Do we have the training needed? The mindset? etc. How big is the gap?
- Are the organizations prepared? - are our processes, systems etc. ready for the future? How big is the gap?
- How can we ensure that we learn from our experiences as we go along?

Facilitator's considerations -

There are many ways to facilitate this. For some it makes sense to use a structured and planned approach - and to have pre-organized groups. However, a spontaneous and self-organized approach can be more effective.

At this step there may be a list of factors that will enable the dream - e.g. communication, work processes, technology, cooperation etc. Often it is useful to let the participants have the free choice on which group to join as this liberates power and commitment. People simply perform better when they are free to choose how and what they want to contribute. Often they will choose to join the group where they feel they have some expertise.

5. Step - Destiny/Deliver - "What will be"

The last step is Destiny or Deliver and it is about delivery of the dream and new design. Many AI practitioners prefer the term "Destiny" because it signals a more future-oriented ending whereas "deliver" has implications of closure. Whatever term is used, this step is the implementation phase and it requires a great deal of planning and preparation. The key to successful delivery is ensuring that the Dream or vision is a strong focal point for everyone in the organization. The Dream must be visible, e.g., on posters) and frequently referred to by managers at all levels to ensure ongoing commitment. Like all other change management, the managers at all levels play important roles and they have to walk the talk for the dream to become reality.

Useful questions -	Facilitator's considerations -
- What small changes could we make right now? - Which changes are most important? Please, prioritize. - How would you personally like to contribute? - Where do we need to start? When do we start? Who? - How do we ensure long-term commitment? - How do we communicate our plan? Who needs to know? - How do we follow up?	One of the most important things as a facilitator throughout all steps in the 5D model is to ensure buy-in from decision makers and potential change agents. At this step it is important to test for buy-in once again - before the game plan is put together. The most important output is the game plan and it needs to be SMART. Another important output could be a communication plan - who needs information? When? How often ?

(NOTE: This document was obtained from the Appreciative Inquiry Commons)

Appendix L: World Café Principles

The following seven World Café design principles are an integrated set of ideas and practices that form the basis of the pattern embodied in the World Café process.

1) Set the Context
Pay attention to the reason you are bringing people together, and what you want to achieve. Knowing the purpose and parameters of your meeting enables you to consider and choose the most important elements to realize your goals: e.g. who should be part of the conversation, what themes or questions will be most pertinent, what sorts of harvest will be more useful, etc..

2) Create Hospitable Space
Café hosts around the world emphasize the power and importance of creating a hospitable space—one that feels safe and inviting. When people feel comfortable to be themselves, they do their most creative thinking, speaking, and listening. In particular, consider how your invitation and your physical set-up contribute to creating a welcoming atmosphere.

3) Explore Questions that Matter
Knowledge emerges in response to compelling questions. Find questions that are relevant to the real-life concerns of the group. Powerful questions that "travel well" help attract collective energy, insight, and action as they move throughout a system. Depending on the timeframe available and your objectives, your Café may explore a single question or use a progressively deeper line of inquiry through several conversational rounds.

4) Encourage Everyone's Contribution
As leaders we are increasingly aware of the importance of participation, but most people don't only want to participate, they want to actively contribute to making a difference. It is important to encourage everyone in your meeting to contribute their ideas and perspectives, while also allowing anyone who wants to participate by simply listening to do so.

5) Connect Diverse Perspectives
The opportunity to move between tables, meet new people, actively contribute your thinking, and link the essence of your discoveries to ever-widening circles of thought is one of the distinguishing characteristics of the Café. As participants carry key ideas or themes to new tables, they exchange perspectives, greatly enriching the possibility for surprising new insights.

6) Listen together for Patterns and Insights
Listening is a gift we give to one another. The quality of our listening is perhaps the most important factor determining the success of a Café. Through practicing shared listening and paying attention to themes, patterns and insights, we begin to sense a connection to the larger whole. Encourage people to listen for what is not being spoken along with what is being shared.

7) Share Collective Discoveries

Conversations held at one table reflect a pattern of wholeness that connects with the conversations at the other tables. The last phase of the Café, often called the "harvest", involves making this pattern of wholeness visible to everyone in a large group conversation. Invite a few minutes of silent reflection on the patterns, themes and deeper questions experienced in the small group conversations and call them out to share with the larger group. Make sure you have a way to capture the harvest - working with a **graphic recorder** is recommended.

(NOTE: This document was obtained from worldcafe.com)

Appendix M: Resources

This is the beginning of our efforts to build a Resource List for your reference. Please let us know of other resources not listed here that you would like to share.

<u>Trauma Resources:</u>

Books:

Adams, C., & Fay, J. (1995). *Helping Your Child Recover from Sexual Abuse*. Seattle: University of Washington Press.

Alexander, D. (1999). *Children Changed by Trauma: A Healing Guide.* California: New Harbinger Publications.

Brooks, B., & Siegel, P. (1996). *The Scared Child: Helping Kids Overcome Trauma*. New York: John Wiley & Sons, Inc.

Freeman, L. (1982). *It's My Body*. Seattle, WA: Parenting Press, Inc.

Girard, L. W., & Pate, R. (2010). *My Body Is Private*. Morton Grove, Ill: Prairie Paperbacks, Albert Whitman and Company.

Holmes, M. M., (2000). *A Terrible Thing Happened: A Story for Children Who Have Witnessed Violence or Trauma*. Washington, DC: Magination Press Children's Books.

Hughes, D., & Balin, J. (2012). *Brain Based Parenting: The Neuroscience of Caregiving for Healthy Attachment.* New York: W. W. Norton & Company.

Ogden, P.,Minton, K., & Pain, C. (2006). *Trauma and the Body: A Sensorimotor Approach to Psychotherapy*. New York: W.W. Norton & Company.

Perry, B.D., & Rosenfelt, J. (August 2013). *A Child's Loss: Helping Children Exposed to Traumatic Death. The Child Trauma Academy Press Caregiver Series*. Houston, TX: The Child Trauma Academy Press.

Perry, B. D., & Szalavitz, M. (2010). *Born for Love-Why Empathy is Essential and Endangered*.   New York, NY: Harper Collins.

Perry, B. D., & Szalavitz, M. (2007). *The Boy who was Raised as a Dog: And other stories from a Child Psychiatrist's Notebook*. Philadelphia, PA: Perseus Book.

Siegel, D. (1999). *The Developing Mind: How Relationships and the Brain Interact to Shape Who We Are*. New York: The Guildford Press.

Van der Kolk, B. A., & McFarlane, A. C. (1996). *Traumatic Stress. The Effects of Overwhelming Experience on Mind, Body, and Society*. New York: The Guilford Press.

Website Resources:

ACE's Too High – http://acestoohigh.com – go-to-website for background news and information about the Adverse Childhood Experiences Study including developmental neurobiology and epigenetics.

ACES Connection – http://acesconnection.com – "This is a community-of-practice network. We use trauma-informed practices to prevent ACEs & further trauma, and to increase resilience."

Act 264 and the Interagency Agreement – http://mentalhealth.vermont.gov/cafu/act264

Appreciative Inquiry Commons – http://appreciativeinquiry.case.edu

Building Adult Capabilities to Improve Child Outcomes: A Theory of Change, http://developingchild.harvard.edu

Center for the Study of Social Policy –Strengthening Families, http://www.cssp.org/reform/strengthening-families Using the Strengthening Families approach, more and more people and programs are building protective factors in families.

Center for the Study of Social Policy-Strengthening Families, http://www.nasn.org/ToolsResources/Mental Health

Child Maltreatment 2011, http://www.acf.hhs.gov/programs/cb/research/child-maltreatment-2011

Child Trauma Academy, http://www.childtraumaacademy.com/

Child Trauma Institute, http://www.childtrauma.com CTA is a not-for-profit organization based in Houston, Texas working to improve the lives of high-risk children through direct service, research and education. We recognize the crucial importance of childhood experience in shaping the health of the individual, and ultimately, society.   Training and educational materials are available for purchase.

Child Witness to Violence Project, www.childwitnesstoviolence.org

Children's Bureau Express, http://cbexpress.acf.hhs.gov

Collective Impact, www.fsg.org/OurApproach/CollectiveImpact

Data Resource Center for Child & Adolescent Health, http://www.childhealthdata.org/browse/survey/results

Essentials for Childhood- Steps to Create Safe, Stable, and Nurturing Relationships, http://www.cdc.gov/violenceprevention/childmaltreatment/essentials

Felitti VJ et al. Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the Adverse Childhood Experiences (ACE) study. *American Journal of Preventive Medicine*, 1998, 14:245–258.

Futures without Violence, http://www.futureswithoutviolence.org

Healing Neen, http://healingneen.com/about-2

Takes viewers on a journey to places and subjects that most find too difficult or uncomfortable to fathom. But it is Tonier "Neen" Cain's joyous spirit and astonishing inner-strength that leaps through the screen directly into viewers hearts, inspiring renewed hope and compassion for those still living on the fringes.

Health Research Data and Records

      PRAMS – Vermont Pregnancy Risk Assessment Monitoring System

      YRBS – Youth Risk Behavior Survey

      BRFSS – Behavioral Risk Factor Surveillance System Survey

      http://healthvermont.gov

Maine Children's Growth Council - http://mainecgc.org/cmt_health.html

Massachusetts Advocates for Children, Helping the Traumatized Child Learn: A Report and Policy Agenda, www.massadvocates.org

National Action Plan for Child Injury Prevention-Protect the Ones you Love, http://www.cdc.gov/safechild/NAP

National Association of School Nurses, http://www.nasn.org/ToolsResources/MentalHealth

National Child Traumatic Stress Network, www.nctsn.org The NCTSN was established to improve access to care, treatment, and services for traumatized children and adolescents exposed to traumatic events.

National Institute of Mental Health, www.nimh.nih.gov

Plested, B.A., Edwards, R.W., & Jumper-Thurman, P. (2006). *Community Readiness: A Handbook for Successful Change.* Fort Collins, CO: Tri-Ethnic Center for Prevention Research. http://www.nami.org/Content/NavigationMenu/NAMI_Center_for_Excellence/Tools for_Excellence/CommunityReadinessHandbook.pdf

Prevent Child Abuse Vermont, http://www.pcavt.org

Robert Wood Johnson Foundation Infographic – The Truth About ACES, http://www.rwjf.org/en/about-rwjf/newsroom/newsroom-content/2013/05/Infographic-The-Truth-About-ACES.html

S. 13., No.1: An Act Relating to Improving Vermont's Sexual Abuse Response System, http://www.leg.state.vt.us/docs/2010/Acts/Act001.pdf

State of Vermont: Special Investigation Unit for the Establishment and Sustainability of Vermont's Special Investigations Units - http://www.leg.state.vt.us/reports/2013ExternalReports/284947.pdf

Talking About Child Abuse and Neglect Prevention & Talking About Children's Mental Health, http://frameworkinstitute.org/toolkits.canp

The Happiest Baby on the Block by Dr. Harvey Karp, http://www.happiestbaby.com/5-SS-System-may-help-colic-symptoms

The Institute for Safe Families, http://www.instituteforsafefamilies.org

The Vermont Parents' Home Companion & Resource Directory, (24th edition). Prevent Child Abuse Vermont, Springfield Printing, http://www.pcavt.org

Trauma Information Pages, www.trauma-pages.org

Trauma, Brain & Relationship: Helping Children Heal. (March 12, 2013).   Powerful documentary featuring Bryan Post, Bruce Perry, Daniel Siegel, Marti Glenn and other renowned experts in the field of childhood trauma, attachment, and bonding. http://www.youtube.com/watch

 The Truth about ACES, http://www.rwjf.org/en/about-rwjf/newsroom/newsroom-content/2013/05/Inforgraphic-The-Truth-About-ACEs.html

Vermont Department of Children and Families, *2011 Report on Child Protection in Vermont,* http://dcf.vermont.gov/sites/dcf/files/pdf/reports/2011%20Child%20Protection%20Report.pdf

Vermont Department of Children and Families, *2010 Report on Child Protection in Vermont,* http://dcf.vermont.gov/sites/dcf/files/pdf/fsd/2010_Child_Protection_Report.pdf

Vermont Department of Mental Health, Vermont Mental Health Performance Indicator Project, Children's Services Clients with an Indication of Trauma (FY2003-FY 2011), data query.

World Café: www.theworldcafe.com/method
www.youtube.com/watch

Zero to Three, www.zerotothree.org