



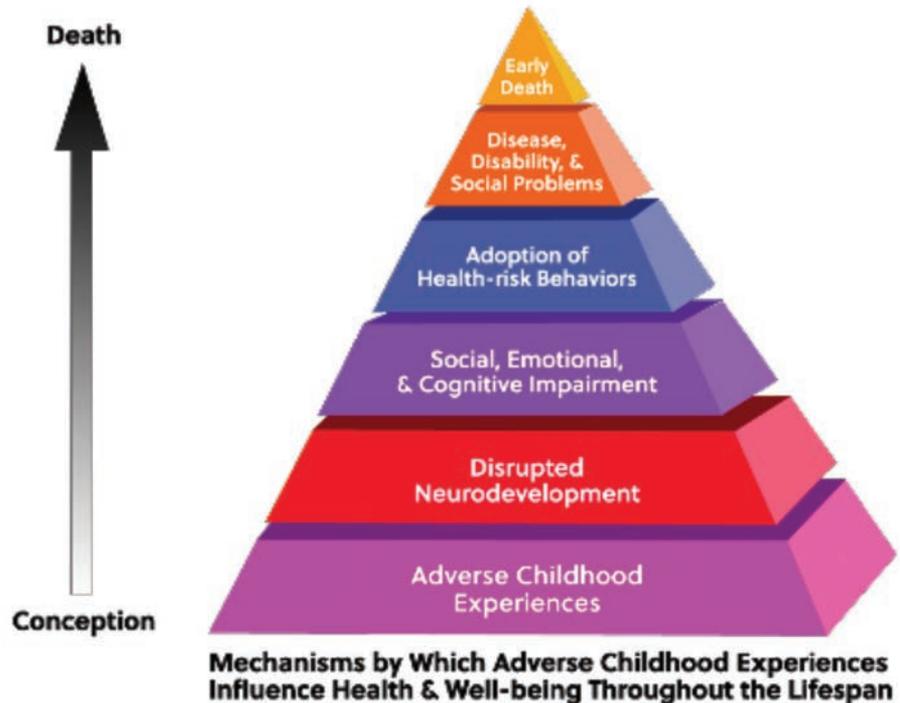
Keeping Up with Neuroscience: Trauma-Informed Training for Child Welfare Staff

A mental health therapist calls in a report to Child Protective Services (CPS). During a counseling session, a boy who has been placed in a safety home alleges that his “emergency safety plan parents” are physically fighting. While concerned, the CPS worker only responds, “the child was not hit, he just says he saw the caregivers fighting. What do you want me to do?” The CPS worker says she is following her training. Despite the opinion of the therapist, the CPS worker decides the boy will remain in the home. Was this the correct decision? Has her training kept up with current neuroscience?

Emotional Trauma

The Substance Abuse and Mental Health Services Administration (“SAMHSA”) describes individual trauma as resulting from “an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.” This kind of trauma is very personal and is different from one person to the next. Emotional trauma can be divided into two categories. Primary trauma occurs when a person witnesses the experience firsthand. Secondary or vicarious trauma occurs just by hearing about the experience. Its symptoms mimic those of Post-Traumatic Stress Disorder (PTSD).

These types of traumas are having an impact at home, schools, in



Source. ACEs study pyramid, Centers for Disease Control and Prevention

communities, and even in courts. Maryland Circuit Court Judge Brett Wilson notes, “My impression is that the challenges to the physical and mental health of children have grown drastically.” He adds: “Anyone who works closely with youth will recognize that there is a fine line between delinquency and a Child in Need of Assistance (CINA). Many, if not most of our delinquent children, are also CINA.”

Adverse Childhood Experiences

A good starting point to talk about emotional trauma is the landmark study by Vincent Filetti and Robert

Anda, known as the Adverse Childhood Experiences (ACEs) study. The 1995–1997 study looked at the backgrounds of more than 17,000 participants in Kaiser Permanente health care. The participants were asked questions about traumatic experiences prior to their 18th birthday. A top-10 list of abuse, neglect, and traumatic experiences was developed. The findings indicated that as the number of ACEs increased, so did a person’s chances of negative health care outcomes and risky behaviors.

See *Neuroscience* on page 31

Limbic System of the Brain

How does emotional trauma impact a child? The limbic system of the brain is known as a person's emotional brain. It processes emotional experiences and is the epicenter of the creation of trauma such as PTSD. When a person experiences fear, the amygdala is activated, sending a message to the hypothalamus (which controls the sympathetic nervous system) telling the body to get ready for a threat. The heart rate increases, blood pressure rises, and a person becomes tense. The pituitary gland receives messages of the increased body tension and then excretes the stress hormone cortisol. This process provides energy to respond to danger. For example, when a speeding car is coming toward someone, they get the energy to attempt to run out of harm's way. The brain and body are designed to quickly activate and then return to a normal state. In cases of emotional trauma, this process is activated over and over, resulting in an abundance of cortisol being released. Not surprisingly, the limbic system is damaged when cortisol is secreted day after day, week after week, year after year. This damage results in hypervigilance and constant feelings of stress and alarm. As a result, parts of the brain "shrink" in size due to the abundance of cortisol secretion. This is emotional trauma. When children are exposed to violence, their amygdala is activated and the process of being stressed and cortisol being secreted occurs. Over time, the cortisol will "eat away" at parts of their brain impacting learning, memory, emotional regulation, impulsivity, judgment, and executive functioning.

Child Welfare Training and Emotional Safety

Child welfare agency training is designed to assess the safety of a child. But what are the training mandates regarding emotional trauma? Not all agencies are on the same page. The Child Welfare Information Gateway notes that, "With the shift in attention

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toward well-being and healing, the child welfare professional's role changes." As roles change, so must a shift in goals. "The focus of child welfare services is often on substantiating a defined occurrence of child maltreatment and ensuring children's physical safety. In a trauma-informed system, the focus broadens to include healing the impact of trauma and improving children's social and emotional well-being, along with the more traditional goals of safety and permanency. Goals need to be shifted in child welfare."

In addition to physical safety, training should focus on the effects of emotional trauma. Child welfare workers need to know the importance of emotional trauma, how it can leave devastating effects on children, and how to identify when it is happening. An understanding that witnessing abuse is damaging is absent from some child welfare training. Simply being exposed to violence activates the limbic system. Even if a child is not physically being harmed, the brain is still responding to a threat and secreting cortisol. The ACEs study shows the long-term consequences to the health of a child just by being around violence. It also supports the need for nurturing parental figures in a child's life. Simply stated, CPS workers need to learn how to assess emotional safety as well as physical safety.

Christina Bethell, and colleagues from the Johns Hopkins Bloomberg School of Public Health, have studied the impact of Positive Childhood Experiences (PCEs) and their impact on children's health. Her study asked adult participants how often they felt the following feelings when growing up:

- Felt like you were able to talk about feelings with family
- Felt supported by family during difficult times

- Found enjoyment in community traditions
- Felt like you belonged in high school
- Felt support from a peer group
- Had at least two adults (not related to) that took a genuine interest in you
- Felt safe and protected by an adult in the home

The results indicated that "PCEs may have a greater influence in promoting positive health, such as getting needed social and emotional support or flourishing as an adult. In turn, these positive health attributes may reduce the burden of illness even if the illness is not eliminated."

Moving Forward

Child welfare workers need basic training regarding the neurology of trauma and the factors that will promote brain resilience. Absent this training, children may continue to be placed in inappropriate homes that are not conducive to their well-being and healing. By definition, for children in the child welfare system, traumatic experiences are common and their effects can be severe. Trauma-informed training for child welfare staff can boost their clients' sense of safety through strengths-based interventions. ■

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