



Letting the Light SHINE THROUGH



*Shining the Light on
Childhood Trauma in Ohio*



*Sponsored by the Ohio Department of Mental Health
and the Childhood Trauma Task Force in partnership with
the Ohio Family and Children First Cabinet Council*

Ohio Family and Children First Cabinet Council

Ohio Department of Alcohol and Drug Addiction Services

Ohio Department of Education

Ohio Department of Job and Family Services

Ohio Department of Health

Ohio Department of Mental Health

Ohio Department of Mental Retardation and Developmental Disabilities

Ohio Department of Youth Services

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*Artwork in this publication has been provided by consumers
from The Buckeye Ranch and the Rosemont Center in Columbus, Ohio.*



Michael F. Hogan, PhD
Director
Ohio Department of Mental Health

"Violence exposure is significantly related to trauma symptoms (e.g., depression, anxiety, disassociation and post-traumatic stress disorder.

There is a need for screening and treating violence-exposed youth within schools and community settings and considering approaches to violence prevention."²²



Letter from the Director

As we go about our everyday lives, sometimes -- as parents or professionals -- we may not see what is right in front of us. We may not know what our children are experiencing because we are too busy to see or may not recognize the signs of trouble in their eyes. For example, we are aware from research that violence and trauma affect many children, and can have a dramatic effect on their health and development. Therefore, we must shine the light on childhood trauma in Ohio, even if it is uncomfortable and potentially controversial.

The Ohio Department of Mental Health convened the Childhood Trauma Task Force including professionals, survivors/consumers, and family members. This group has thoughtfully examined the complex issues related to traumatic events experienced by children. I thank the Task Force members for their commitment and hard work. They have developed the Childhood Trauma Strategic Plan which charts a new course for us to explore.

Children experience trauma in different ways. Events such as family losses, divorce, serious illness, neglect, community violence, and child abuse can affect children dramatically. This report includes Kyle's story which illustrates how trauma affected him even though the events took place many years ago. Kyle's courageous story provides a poignant example of why Ohio must take a stand in addressing childhood trauma head on.

Fortunately, support and treatment can make a difference and Ohio has "oases of excellence" in defeating the effects of trauma.

Let's shine a new light on childhood trauma in Ohio. The need and opportunity are before us. Our children are counting on us!

Sincerely,

Michael F. Hogan, Ph.D., Director
Ohio Department of Mental Health



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"The prevention and reduction of trauma requires communities, families and policymakers to recognize its importance in public policy and to work toward making it a priority in this country," remarked David L. Shern, Ph.D., President and CEO, Mental Health America. "The trauma associated with chronic and acute exposure to violence in homes and communities across the country continues unabated, and often overlooked. Research is still emerging, but it is clear that these traumatic events have drastic implications —particularly for the emotional and mental development of children."



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JUST ONCE

by:

Kyle

The doorbell chimes a short jingle. The front door swings open. My grandmother rushes into the darkened living room. I am thinking about running to her and escaping but my limbs seem paralyzed. It feels like forever since I've opened my eyes. I try to disappear but I can still hear. As I sit in my hiding place I listen to the loud and violent screaming, the banging, and even choking gasps exchanged between my mother and father. I can't bear to hear the moans, the cries and the intense screams of rage.

This is how it's been lately. The only time I hear silence is when my parents aren't together. During these times, I can come out of my hiding places.

My grandmother sees me out of the corner of her eye. She whispers faintly for me to get my jacket. As I walk over to her safety, I see my dad holding my mom by the throat against the pale colored wall. My soul starts to scream in fright. My grandmother comes close and grabs me. As we are fleeing this terror, she yells in alarm, "I've called the police!"

I was told there was a court hearing over the safety and protection of my little six-month old, ugly but precious brother and me. I was also told that I testified against my parents saying that they were never at home watching their children.

Today nine years later, I am 14 years old. I have been recently diagnosed with what is called "seasonal depression" and have been prescribed a drug called Prozac. The depression started to occur the winter after I lost my connection with my parents. It did not take long for my friends and family to notice this winter season pattern. My birthday happens this time of year. Even with the drug that dulls my thinking, I see them, my mom and dad, in my mind and I am sad. This prompts me to beat myself physically and mentally.

When I was five, I didn't understand why my parents fought all of the time. Now it is clear. The cause of the problem was their drug addiction. This also explained why I was left alone much of the time. Years ago, my parents would leave me alone or with teenagers from the neighborhood so they could go on their cursed drug runs. These drug runs could last from a day to a week at a time.

I still have nightmarish flashbacks which leave me very depressed. I get extremely down emotionally every time thoughts about my mother and father run through my head. Why? They have not written, phoned, visited or tried to communicate with me in any way during all of these years.

I still love them with a great passion. They taught me so many things. Most importantly, they taught me the meaning of love. I would give anything to see them again, just once.



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A Call to Action

The ABC's of Childhood Trauma

Repeated traumatic experiences change the physiology of the brain and can result in increase in risk of anxiety, depression, and difficulties forming healthy attachments to others²¹.

Trauma victims and survivors include many children and adults relying on Ohio's health and human service systems. They are not a new population, but often they have not been served well. We are learning through research how the long-term symptoms of trauma can mimic other problems or appear as seemingly unrelated health concerns. This research shows that undiagnosed and untreated trauma can impact how children and adults function in everyday living, including academic learning, family stability and interpersonal relationships, as well as maintaining employment, housing, and healthy lifestyles. Undiagnosed and untreated early childhood trauma events can affect people across the lifespan, increase demands on all human service systems and cost billions of dollars annually in both health care and social services. But, if recognized early, effective treatments and supports now exist.

Having effective "trauma-informed" services in place can help people who have not responded to other treatments, often over a prolonged period of time and often at high personal and financial cost. An effective trauma-informed system can work not only with victims of child abuse and neglect or family/domestic violence, but also with survivors of traumatic bereavement, natural disasters, war and terrorism. Addressing trauma effectively can be a key to building recovery and resiliency-oriented systems. These systems can also facilitate building partnerships between consumers and providers to better support consumers.

Visionary leadership is essential to transform Ohio's mental health system to better align policies and practices to support trauma-informed care. This requires an ongoing commitment to change the culture of organizations and systems, both state and local. We must integrate an understanding of child (and adult) traumatic stress into the policies and practices of Ohio's service systems, including child welfare, behavioral health, juvenile justice, education, health and law enforcement. To advance this transformation, we must increase public awareness to provide information on trauma impact, screening and assessment tools, and promising and evidence-based practices.

Several successful Ohio community initiatives already have demonstrated that investing in trauma-informed care yields promising results. Through enhanced knowledge and expanded cross-system partnerships, we can align trauma-informed policy with proven practices. We can use lessons learned to diminish the impact of trauma and assure practitioners and communities are better equipped to recognize and respond to the needs of Ohio's citizens.

Ohio's Childhood Trauma Task Force's Strategic Plan recommendations offer concrete and practical solutions to address this pervasive issue, moving Ohio to a national leadership position in this arena. We encourage you to help change the lives of children and the future of our communities by working together to address child traumatic stress as an urgent and collective public health concern.



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Task Force on Childhood Trauma

In May, 2005, ODMH Director Michael F. Hogan, Ph.D., convened the Childhood Trauma Task Force, bringing together state and local representatives of Ohio's child-serving systems, as well as trauma survivors/consumers and family members. The charge to the Task Force was to develop a strategic plan to:

- *Create a shared vision of effective prevention and treatment of childhood trauma*
- *Identify what is needed to improve service system competence*
- *Lay the groundwork for implementation of needed system improvements*

The Task Force members listed below have met for over a year to develop the Strategic Plan outlined in this publication. Their dedication and commitment to this effort is to be commended. The Strategic Plan recommendations provide state and local policy-makers specific strategies to address childhood trauma in Ohio communities.

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The Continuum of Trauma

Every day, across Ohio and our nation, thousands of children experience child abuse, neglect, violence, frightening accidents, serious injuries and illnesses, loss of loved ones and friends, and other types of potentially traumatic events. What makes these experiences potentially traumatic is that they are situations that threaten the life, safety, and well-being of children or of those around them. Traumatic experiences can cause serious, immediate emotional and physical harm to the children and their families. We now understand that trauma can cause a multitude of long-term problems that can alter the entire course of their lives. However, with support, protection, and early and effective interventions, children can overcome these obstacles and rebuild successful and positive lives. The Ohio Department of Mental Health and its partners are inviting you to join us in our efforts to change the lives of children, and the future of all of our communities by working together to address the poisonous impact of child trauma.

SCOPE OF THE ISSUE

National

- Between 25% - 43% of the population of youth who live in the United States may experience at least one traumatic event in their lifetime^{4,8,24}.
- Approximately four million adolescents have been victims of a serious physical assault, and nine million have witnessed serious violence during their lifetimes¹⁰.
- Over one million children are assaulted, robbed, or raped each year²⁵ and approximately 872,000 children were neglected or abused in 2004²⁶.
- Every year three to ten million children in the United States are exposed to domestic violence between their parents^{3,23}.
- Over 300,000 children in the United States are injured in motor vehicle accidents each year¹⁴.
- Fires injure about 40,000 children each year (http://www.musckids.com/health_library/safety/firestat.htm).

Ohio

- For the years 2003-2005, on average there were 45,486 indicated and substantiated reports of child abuse and neglect¹⁵.
- Of Ohio's 44,353 victims in 2005: 10,257 (23%) were physically abused; 22,811 (51%) were neglected; and 8,171 (18%) were sexually abused¹⁵.
- There were 61 Ohio child fatalities as a result of child abuse and neglect in 2004 (2.19 per 100,000 children)²⁶.
- Ohio estimated \$3.7 billion total cost for 2001 (\$1,002,733,391 in direct costs & \$2,730,529,258 in indirect costs)⁶.
- This far exceeds the \$809 million federal, state, and local dollars spent on Ohio's child protection system¹⁹.



**The ABC's of
Childhood Trauma**

Histories of childhood trauma were significantly associated with increased risk for a range of serious medical problems including cardiac disease, diabetes and auto-immune disorders⁷.



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IMPACT OF TRAUMA ON EVERYDAY LIFE

Brain Development Implications

Repeated exposure to threatening and traumatic situations such as child abuse, domestic violence, and other forms of violence has been shown to decrease the size of a child's developing brain⁵. Trauma has been shown to inhibit the development of parts of the brain that are responsible for learning, managing behavior and emotional reactions, social reasoning and social skill development, all key areas for success in school, employment, relationships, etc...^{11,16,21}. Repeated traumatic experiences change the physiology of the brain and can result in increased risk of anxiety, depression, and difficulties forming healthy attachments to others²¹.

Behavioral Health Issues

The National Comorbidity Survey, based on face-to-face DSM diagnostic interviews with a representative sample of 5,877 respondents 18 years and older, has found strong relationships between childhood trauma and subsequent mental disorders. For individuals with a history of childhood maltreatment, risk for suicide was two to four times higher in women and four to eleven times higher in men⁹. A history of childhood sexual abuse was significantly associated with onset of 14 mood, anxiety and substance abuse disorders in women and five such disorders in men⁷. A childhood history of trauma significantly predicted visual, auditory, and tactile hallucinations and positive psychotic symptoms²⁰. In addition, histories of childhood trauma were significantly associated with increased risk for a range of serious medical problems including cardiac disease, diabetes and auto-immune disorders⁷.

In a random sample of 776 adolescents and young adults, those with a history of child maltreatment were three times more likely to become depressed or suicidal as compared to individuals without such a history². Witnessing or experiencing violence leaves children at significant risk for conduct disorder, posttraumatic stress disorder, anxiety, and depression^{12,17,18}. Infants and children who witness violence in their homes or in their community show excessive irritability, immature behavior, sleep disturbances, emotional distress, fears of being alone, and regression in toileting and language¹³. Being abused or neglected as a child increases the likelihood of arrest as a juvenile by 59% and as an adult by 28%^{27,28}.

Physical Health and Well-Being Implications

The Adverse Childhood Experiences (ACE) Study is a large-scale epidemiologic study examining the childhood determinants of the health and well-being in over 17,000 middle-class adults. The ACE Study investigated the contribution of ten common types of traumatic or violent childhood experiences to adult health status approximately a half-century later. The ACE study found strong graded relationships between the number of different types of adverse childhood experiences and later health problems, mental illness, health risk behaviors and utilization of health care services. This study demonstrates the powerful connection between childhood trauma and adult illness and psychopathology. The implications for mental health prevention and treatment are profound and provide a compelling argument for prevention and early identification of childhood trauma. Among the findings of the ACE study, compared to individuals with no Adverse Childhood Experiences, individuals with four or more of the ten Adverse Childhood Experiences are:

- Nearly two times more likely to smoke cigarettes
- Four and a half times more likely to engage in drug abuse
- Seven times more likely to suffer from chronic alcoholism



SHINING THE LIGHT ON TRAUMA *continued*

- Eleven times more likely to abuse drugs via injection
- Nineteen more times likely to have attempted suicide
- More likely to suffer from health problems that put them at risk of early mortality¹

OHIO MODEL CHILDHOOD TRAUMA PROGRAMS

Ohio has a wealth of expertise and experience in addressing the pervasive problems associated with childhood trauma. Three Ohio programs have participated with the National Child Traumatic Stress Network (NCTSN) funded through the United States Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA). These programs demonstrate different approaches for addressing the issues of childhood trauma. Other excellent models are developing in communities across Ohio. We highlight the National Childhood Trauma Stress Network (NCTSN) examples here.

Mayerson Center for Safe & Healthy Children

The Mayerson Center for Safe and Healthy Children is dedicated to the evaluation, treatment, and prevention of child maltreatment and child trauma. The Center is located in a state-of-the-art facility at Cincinnati Children's Hospital Medical Center and staffed by physicians, nurses, social workers, a child psychiatrist and child psychologist as well as Hamilton County Job and Family Services child protection workers and local law enforcement officers. Working as a multi-disciplinary team, the staff evaluates approximately 2,000 children a year for allegations of abuse or neglect. Taking advantage of advanced telemedicine and internet conferencing capacities, the Center shares its expertise with professionals across Ohio and the United States. The Center coordinates a statewide Pediatric Sexual Assault Nurse Examiner (PSANE) program that permits rural emergency rooms to conduct forensic medical examinations with video-supervision from a Mayerson physician. The Center also conducts a monthly internet-based child abuse peer review with the participation of hundreds of professionals in Ohio and across the nation.

The Mayerson Center has an extensive training program, the Trauma Treatment Training Center (TTTC), which specializes in the transfer of evidence-based treatments for traumatized children to community mental health providers. The TTTC provides in-depth training with extensive follow-up consultation to trainees when they return to their agencies. Trainees can participate in on-going research evaluating issues and testing strategies for improving the adoption of evidence-based treatments by community mental health providers. The Mayerson Center is also testing new interventions for the prevention and treatment of child trauma. In addition, the Center is developing internet-based tools to facilitate the evaluation, treatment, training and resource allocation for agencies, and organizations serving traumatized children. In collaboration with Every Child Succeeds, the Mayerson Center serves high-risk families across seven counties with an intensive, in-home child abuse prevention program, which has significantly reduced infant mortality, maternal depression and other negative outcomes in thousands of families since it began in 1999.

Cuyahoga County Children Who Witness Violence Project

The Children Who Witness Violence (CWWV) is a program to help children who are living in families dominated by domestic violence or who have lost a family member to homicide or suicide. CWWV focuses on the emotional well-being and safety of children and their families;

The ABC's of Childhood Trauma

Infants and children who witness violence in their homes or in their community show excessive irritability, immature behavior, sleep disturbances, emotional distress, fears of being alone, and regression in toileting and language¹³.



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SHINING THE LIGHT ON TRAUMA *continued*

the program seeks to help them identify, reduce, and manage trauma distress symptoms. CWWV was created to assist police in their response to domestic violence. Police, as first responders to a crisis call around domestic violence, are able to talk with families about the service and leave literature about the program. They then call and make a referral to the program. The program works with police from three districts in Cleveland and five suburban municipalities.

Participation in the program is voluntary. CWWV helps parents formulate an accurate understanding of the child's trauma symptoms and resulting service needs. The program's goal is to promote trauma awareness within families, schools and the community-at-large, in order to prevent the development of long-term psycho-social, academic, and psychological problems that often accompany ignored or untreated trauma distress. CWWV also assists families in developing a crisis plan of action to respond to the possibility of future traumatic incidents. The Children Who Witness Violence program is funded by the Board of Cuyahoga County Commissioners.

The ABC's of Childhood Trauma

In a random sample of 776 adolescents and young adults, those with a history of child maltreatment were three times more likely to become depressed or suicidal as compared to individuals without such a history².

Cullen Center of Toledo Children's Hospital

Established through SAMHSA's National Child Traumatic Stress Initiative in February of 2002, the Cullen Center's vision is for youth who have experienced traumatic events and their families to heal and reclaim their lives in communities that have the knowledge, commitment, and resources to support them. The Center's mission is to develop mutually respectful and equal partnerships among consumers, trauma survivors, families, and professionals in order to provide evidence-based and best practice trauma-focused counseling, support, education, and outreach services.

The Cullen Center has provided evidence-based and field-tested trauma focused treatment to over 600 children and their adult caregivers since opening its doors to families in April of 2002. The primary treatment modalities used at the Center include Trauma-Focused Cognitive Behavioral Therapy, TARGET-A group treatment, Cognitive Behavioral Treatment for Trauma in Schools and Child Parent Psychotherapy for Domestic Violence. The Cullen Center is committed to developing youth, families' and communities' capacities to respond to the problem of child traumatic stress.

The Cullen Center has trained over 3,200 professionals, families, and concerned citizens on evidence-based trauma-focused treatment, and practical ways people can help children to cope and heal from traumatic event. The Cullen Center also works with other community partners to increase public awareness and trauma-informed care as it works on local, state, and national committees and coalitions. The Center is also working on increasing the participation of youth and families who have experienced trauma in developing, implementing, and evaluating Cullen Center programs. Through these partnerships, the Center better understands the experiences and needs of child trauma survivors, and can set up a continuum of services and supports that are truly consumer-driven.



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SHINING THE LIGHT ON TRAUMA *continued*

The following local trauma initiatives are also making a difference in Ohio communities.

The ABC's of Childhood Trauma

Trauma has been shown to inhibit the development of parts of the brain that are responsible for learning, managing behavior and emotional reactions, social reasoning and social skill development, all key areas for success in school, employment, relationships, etc...^{11,16,21}

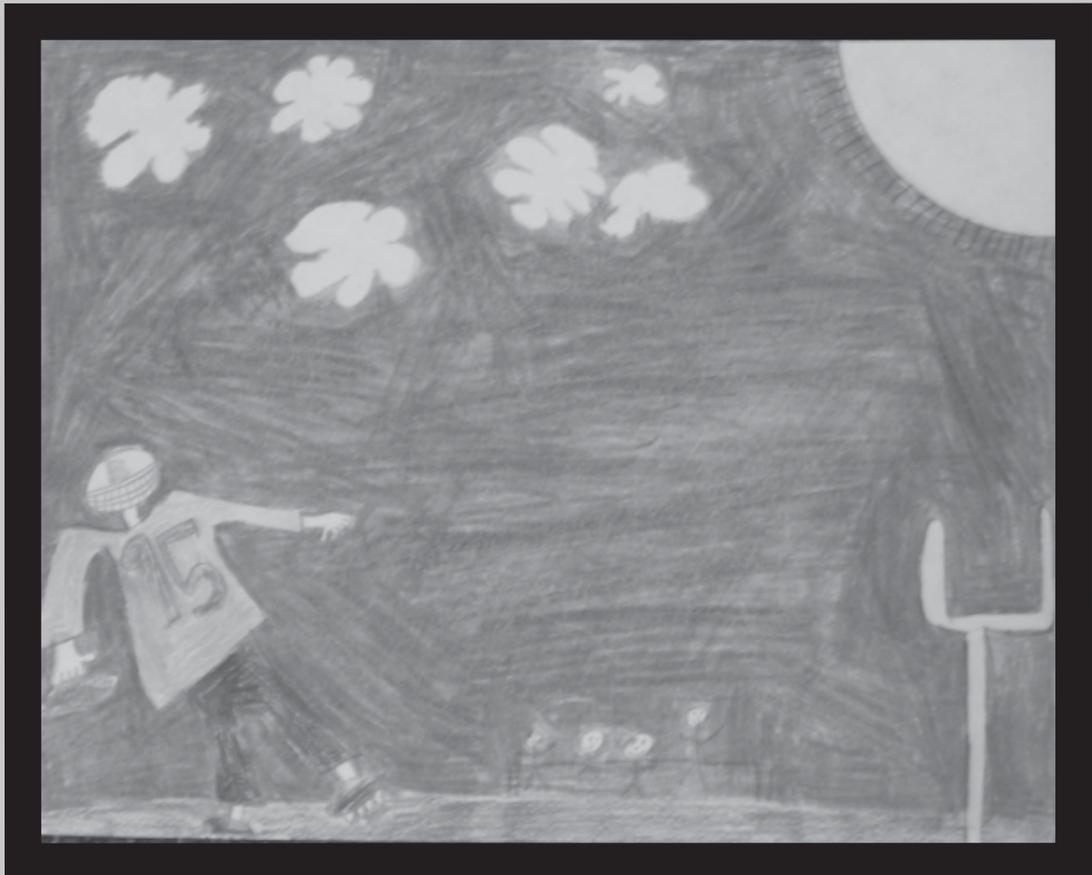
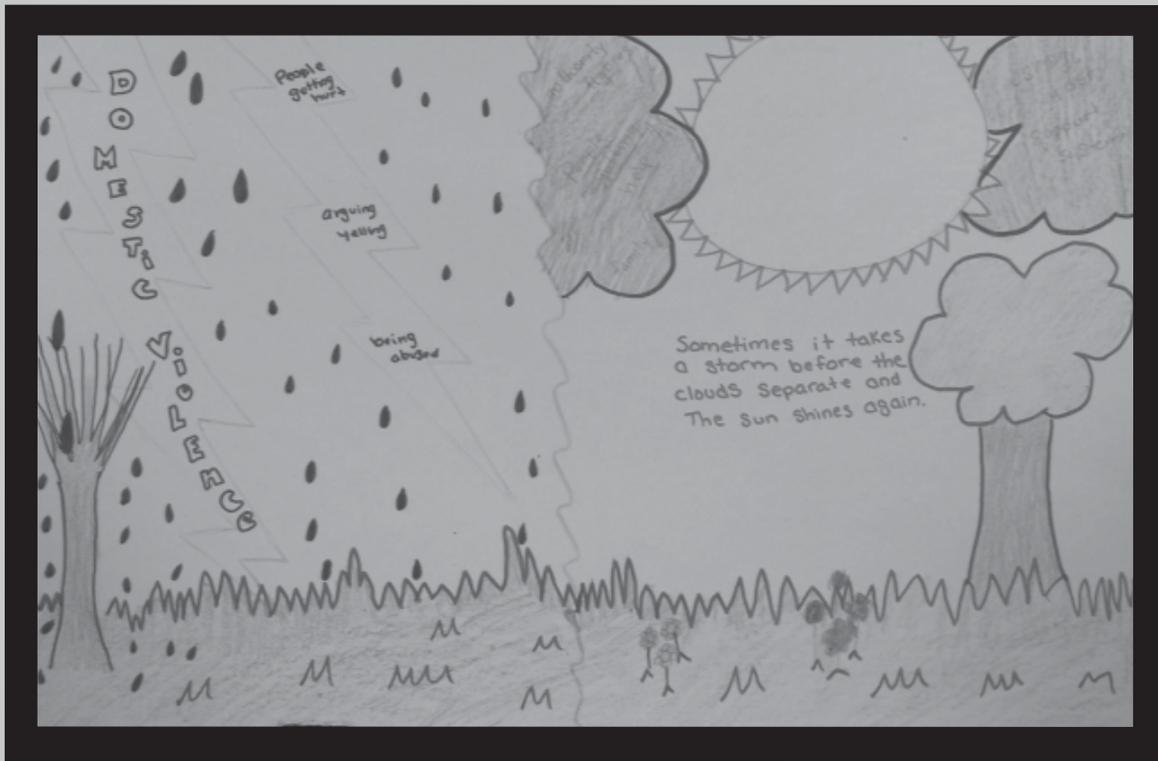


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Stark County Traumatized Child Task Force - During 2001, Stark County community members had the opportunity to hear Barb Oehlberg's presentation on early childhood brain development and the devastating effects that trauma and loss can have on children. Led by Judge Mike Howard of the Stark County Family Court, a steering committee and a task force were formed to discuss the issue and develop a working plan for the future. The initial group included representatives from mental health, education, juvenile justice, children services, a local foundation, a religious leader, and long time child advocates from the community. The Task Force has provided public awareness and professional education about the impact of exposure to trauma and evidence-based and trauma-informed interventions, and sponsored community workshops with national and local experts in childhood trauma. In cooperation with PBS channels 45/49, they produced a video training series about children, trauma and brain development for educators, children and the community. Trauma awareness training materials have also been developed for the local child protection agency and foster parents. The Task Force has also identified and integrated trauma-focused treatment models into local practice and supported the development of a local trauma treatment learning collaborative for clinicians.

Lorain County Child Trauma Learning Collaborative - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) pilot implementation in the Lorain County Board of Mental Health network began as part of the ABC Transformation Plan Process in Fall 2005. At that time, a team assessed data regarding services currently being provided, as well as service needs within the network. It was determined that TF-CBT met current service needs and TF-CBT training for network therapists as well as training for community partners began in February 2006. Pilot implementation guidelines for referrals, mental health assessments, Internet Service Provider Development; and TF-CBT Programing were developed along with other assessment and outcome measurement tools. Currently, 15 therapists from three of the network agencies are involved in the pilot implementation of TF-CBT and the Collaborative is working with the Cullen Center to develop train-the-trainer capacity.

Harbor Behavioral Health Care Trauma-Focused CBT Learning Workgroup - In December 2005, Harbor Behavioral Healthcare began a collaboration with the Cullen Center of Toledo Children's Hospital as part of an effort to implement the Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for children and adolescents ages 6-18. About 25 clinicians from three clinical child and adolescent sites at Harbor participated in an eight-hour CEU training on TF-CBT. Subsequently, five clinical managers began monthly meetings with the Cullen Center consultant to address clinical supervision, treatment and implementation issues, and adherence to the protocol as well as assessment, parent involvement, engagement techniques and diagnostic issues. A number of resources have been identified and a list of about 50 books, tapes, workbooks, and texts generated. This information has been distributed to the Harbor sites and managers have the option of applying for funds to purchase trauma related materials. Goals for the coming year include training additional clinicians in TF/CBT; developing a referral system that channels clients to appropriate clinicians quickly; and providing a professional support system for clinicians to help manage the stress of trauma focused work.



Artwork in this publication has been provided by consumers from The Buckeye Ranch and the Rosemont Center in Columbus, Ohio.

Ohio Childhood Trauma Strategic Plan

developed by the Childhood Trauma Task Force

November 2006





*The ABC's of
Childhood Trauma*

*Between 25% - 43% of
the population of youth
who live in the United
States may experience
at least one traumatic
event in their lifetime^{4,8,24}.*



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Goal One: Articulating the Message

The understanding and awareness of the broad range of impacts of childhood trauma on individuals, families and communities will increase statewide.

Objective One: Develop clear and accurate information tailored to select audiences

1. Create a subgroup to define the message
 - a. Identify members of the subgroup, including members of the Childhood Trauma Task Force, consumers/survivors, and others.
 - b. Develop a work plan/implementation process
2. Identify key people/groups who need current and accurate information
 - a. Professional audiences
 - b. Survivor groups
 - c. Consumer groups
 - d. Cross-system partners
 - e. Family members
 - f. Diverse communities
 - g. Policymakers and funders
3. Identify, refine and produce educational information and messages
 - a. Summarize research
 - b. Develop resource inventory
 - c. Incorporate consumer stories
 - d. Include "Trauma impacts across generations and across lifespan"
 - e. Review National Child Traumatic Stress Network products
4. Develop a communications plan
 - a. Develop and implement market research strategies for each audience
 - b. Identify medium to disseminate to the various audiences
 - c. Develop materials
 - d. Get the word out



*The ABC's of
Childhood Trauma*

*For the years 2003-2005,
on average there were
45,486 indicated and
substantiated reports of
child abuse and neglect
in Ohio¹⁵.*



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CHILDHOOD TRAUMA STRATEGIC PLAN - GOAL ONE *continued*

5. Develop messages tailored to the audience
 - a. Incorporate resiliency and recovery in the message
 - b. Incorporate research/data on cost and size of problem, and identify effective interventions
 - c. Identify a shared understanding of trauma-informed care for all relevant stakeholders
 - d. Address cultural diversity/competency
 - e. Evaluate the effectiveness of the message
 - f. Create, promote and foster consumer demand for trauma-focused services

Objective Two: Establish mechanisms to educate local communities and child-serving professionals on the need for prevention, intervention and trauma-focused treatment.

1. Create regional networks/learning communities to provide training, mentoring/coaching, convene inclusive regional meetings, and assist with cross-systems community strategic planning on trauma
2. Convene town hall meetings/ regional forums to include survivor/consumer focus groups
3. Sponsor a statewide conference
4. Convene state plan implementation workgroups
5. Sponsor legislative reception



*The ABC's of
Childhood Trauma*

Of Ohio's 44,353 victims in 2005: 10,257 (23%) were physically abused; 22,811 (51%) were neglected; and 8,171 (18%) were sexually abused¹⁵.

Goal Two: Screening and Assessment

All child-serving systems will conduct trauma-focused screening and assessment to identify the need for informed interventions.

Objective One: Identify developmentally appropriate screening tools and methods that are reliable/valid and will identify youth at risk of trauma exposure and/or already impacted by trauma.

1. Create a workgroup to identify appropriate screening and assessment tools
 - a. Review/adapt National Child Traumatic Stress Network products
 - b. Review professional literature
 - c. Explore existing measures
 - d. Develop criteria for selection of screening and assessment tools
 - e. Recommend specific tools
2. Develop tool kits for various systems, including:
 - a. Screening
 - b. Assessment
3. Identify populations to be screened

Objective Two: Promote and disseminate appropriate screening tools/tool kits to various systems for adoption and utilization

1. Provide training on screening/assessment
2. Develop resources to inform and support the utilization of the trauma screening
3. Explore incorporation of trauma screening into the ODMH adult & youth Consumers Outcomes Scales
4. Explore incorporation of trauma screening/assessment into other child-serving systems' screening and/or assessment mechanisms



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*The ABC's of
Childhood Trauma*

Repeated exposure to threatening and traumatic situations such as child abuse, domestic violence, and other forms of violence has been shown to decrease the size of a child's developing brain⁵.



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Goal Three: Training/Practice

All child/family-serving systems will understand and have a unified response to the impact of trauma on children and their families, and will advance trauma-informed intervention for those in need

Objective One: Create equal partnerships among consumers, survivors, families, and child-serving systems in all aspects of training development and implementation activities

1. Involve consumers, survivors and families in training development
2. Involve consumers, survivors and families in implementation of trauma-informed practice
3. Utilize family-friendly methods of engagement/involvement
4. Develop professional respect among all parties through cross-systems training

Objective Two: Create a receptive training environment to change the organizational culture

1. Create a workgroup that includes members of various child-serving systems training programs
 - a. Create awareness in the public child-serving systems on the issue of childhood trauma, including the effects and impact of trauma
 - b. Create cross-system, multi-level awareness models – professional/paraprofessional
2. Provide a continuum of training components, considering length, subject matter and audience
3. Establish web-based training modalities



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There were 61 Ohio child fatalities as a result of child abuse and neglect in 2004 (2.19 per 100,000 children)²⁶.

Objective Three: Identify appropriate trauma-relevant evidence-based practices and emerging best practices and adapt/develop available training resources

1. Identify states with model trauma training programs
2. Review National Child Traumatic Stress Network Information
3. Review/develop various system-specific curricula

Objective Four: Implement trauma-relevant evidence-based practices and emerging best practices

1. Provide training and technical assistance across systems
2. Evaluate impact of advanced trauma-informed intervention for continuous performance improvement
3. Provide financial support to implement trauma relevant practices
4. Provide agencies technical assistance to assess for readiness to implement trauma-informed practices



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In a random sample of 776 adolescents and young adults, those with a history of child maltreatment were three times more likely to become depressed or suicidal as compared to individuals without such a history².

Goal Four: Intersystem Data

Data will be collected and shared within and between agencies to identify and serve children and families who have been traumatized to improve resource allocation and quality of services

Objective One: Develop a plan to collect and analyze relevant data to be used to inform policy, practice and funding decisions to adequately address the needs of traumatized children and families.

1. Identify existing/establish a cross-systems data workgroup
2. Collect and use acquired screening and assessment data to clarify the prevalence and incidence of traumatized youth to help in overall systems planning and financial/resource prioritization/allocation
3. Work with various child-serving systems to determine the best way to collect data from each system
 - a. Identify existing data sets (national and Ohio)
 - b. Incorporate Ohio Scales for Youth
 - c. Incorporate appropriate privacy parameters

Objective Two: Resolve barriers to sharing data across systems in collaboration with Ohio's child-serving state and local systems

1. Affirm Governor and Ohio Family and Children First (OFCF) Cabinet Council commitment to collect and share data across systems
 - a. Research other states' systems
 - b. Support OFCF/ABC's administrative oversight of data integration and dissemination
2. Develop consistent cross-systems data definitions
3. Explore feasibility and appropriateness of data information following the child through different child-serving Management Information Systems





Childhood Trauma Resources

Mental health professionals are encouraged to consult the following professional articles and resources to gain an understanding of childhood traumatic grief.

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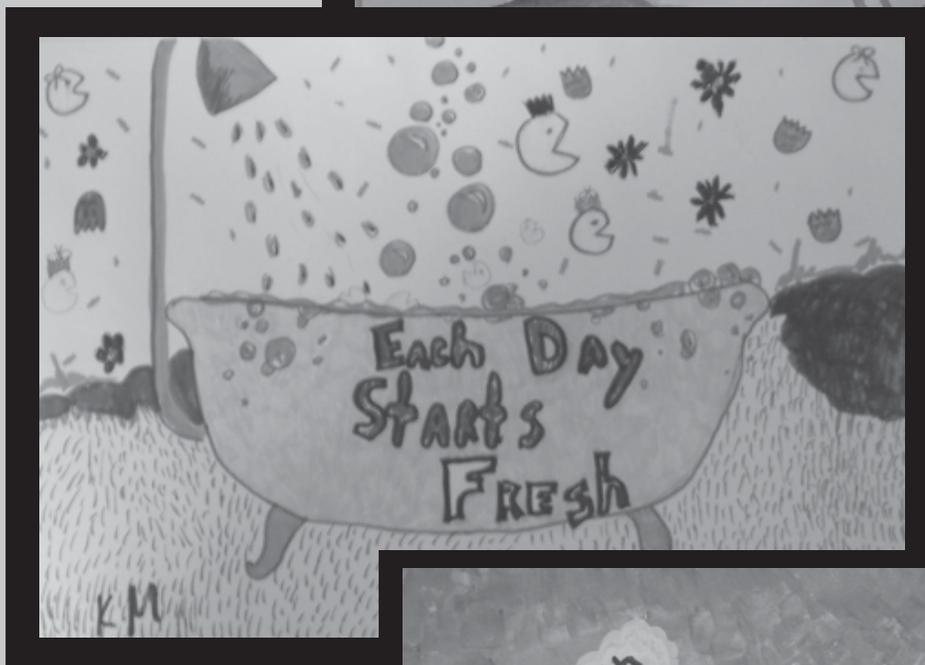
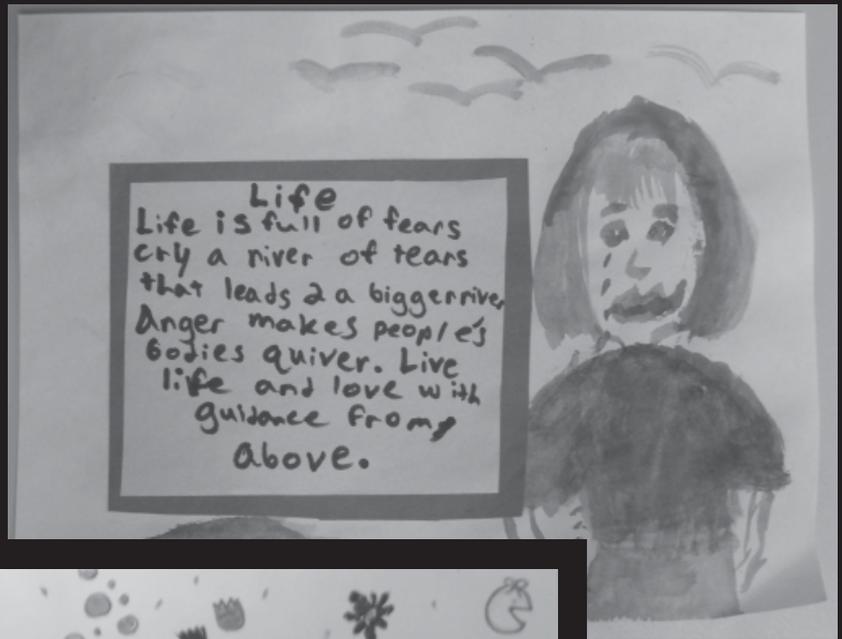
Saxe G, Geary M, Bedard K, Bosquet M, Miller A, Koenen K, Stoddard F, Moulton S. "Separation Anxiety as a Mediator Between Acute Morphine Administration and PTSD Symptoms in Injured Children." *Annals of the New York Academy of Sciences*. 2006 Jul;1071:41-5



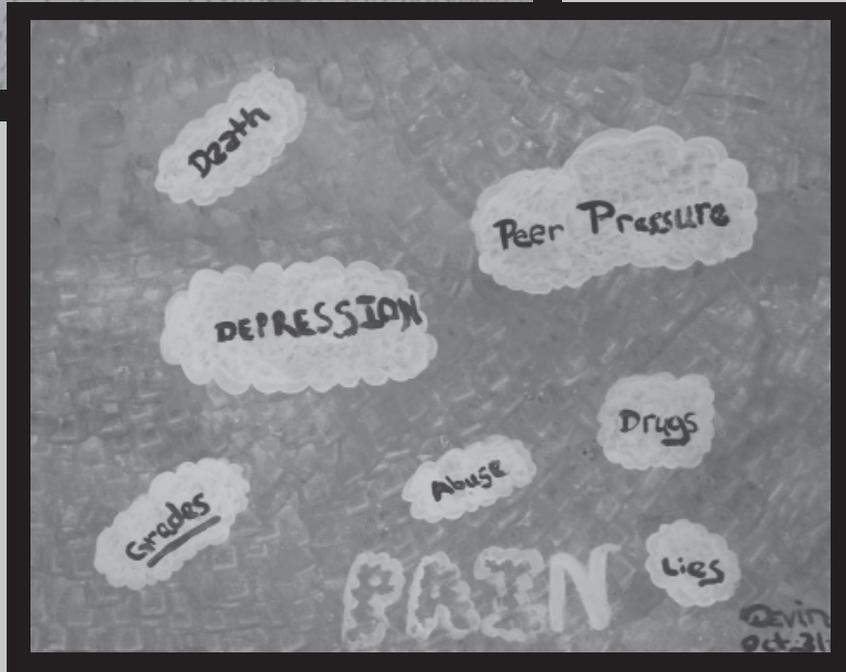
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