Becoming a Trauma Informed Early Interventionist During Troubling Times – A Chicago Story

Carol R. Muhammad, MEd
Alanda Lockhart, MS
Our Trauma-Informed Journey

- Charting our experiences
- Collaboration and partnerships with other systems
- Safe location project
- Courage
- Reflective Consultation & trainings
- Committed EI providers and service coordinators

Daily work of providing EI services
Our Journey

• Home visiting 101, Stay safe! Our first reality check
• Media Frenzy on community violence. Fact or Fiction?
• The threat of Provider flight and increasing service delays.
• Food, clothing, shelter or EI? (a parent’s struggle). Understanding the needs of hard to reach families.
• Recording our experiences via the trauma informed care reporting tool.
• Creation of safe locations program
Early Intervention Mission
Illinois

• Assure that families who have infants and toddlers, birth to three with diagnosed disabilities, developmental delays or substantial risk of significant delays receive resources and supports that assist them in maximizing their child’s development, while respecting the diversity of families and communities.
Birth to Three

• All the key ingredients of emotional intelligence—confidence, curiosity, intentionality, self-control, relatedness, capacity to communicate and cooperativeness—that determine how a child learns and relates in school and in life in general, depend on the kind of early care he or she receives from parents, preschool teachers and caregivers. (unicef.org)
Our communities

President Obama’s Kenwood home

Englewood
Our communities

Museum of Science and Industry

University of Chicago
Our communities

Back of the yards

South Chicago
Snapshot of our Early Intervention Program

- One of 25 Part C service centers in Illinois.
- Serve over 1200 children between birth and three per year
- Located on Chicago’s Southside which includes diverse communities.
- Increasing enrollment of DCFS involved families, intact and foster care.
- Over 85% Medicaid enrolled participants
- Increasing incidents of violence have made it difficult for SCs and providers to feel safe while home visiting.
Definition of Trauma

Extreme stress that overwhelms a person’s ability to cope. The threat can be life, body integrity or sanity.

Flight            Fight           Freeze

Reference: Pearlman & Saakvitne
Unleashing the dragon when storytelling
## Trauma-reactive system

<table>
<thead>
<tr>
<th>Flight</th>
<th>Fight</th>
<th>Freeze</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chaos</td>
<td>RIGID</td>
<td></td>
</tr>
<tr>
<td>- High levels of agitation</td>
<td>- Low levels of arousal</td>
<td>- Punitive discipline,</td>
</tr>
<tr>
<td>- Agitated</td>
<td>- Low levels of arousal</td>
<td>- Dis-engaged from team,</td>
</tr>
<tr>
<td>- Aggressive or hostile</td>
<td>- Low levels of arousal</td>
<td>- Unmotivated,</td>
</tr>
<tr>
<td>- Erratic, unpredictable behaviors</td>
<td>- Low levels of arousal</td>
<td>- Connected,</td>
</tr>
<tr>
<td>- Harsh interactions</td>
<td>- Low levels of arousal</td>
<td>- Dissociative,</td>
</tr>
</tbody>
</table>

**Chaos**
- High levels of agitation
- Agitated
- Aggressive or hostile
- Erratic, unpredictable behaviors
- Harsh interactions

**RIGID**
- Low levels of arousal
- Punitive discipline,
- Dis-engaged from team
- Unmotivated,
- Dissociative
# Trauma-informed system

<table>
<thead>
<tr>
<th>Flight</th>
<th>Fight</th>
<th>Freeze</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulated and attentive trauma-informed program</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Trauma events and reactions are validated and normalized

Providers experience safety, relaxed but alert

Providers experience competency.

Team are collaborative

Providers remain curious and available to learn

Programs sustain staff and are innovative.

Good decision making skills
Reflecting on the cost of bearing witness

• Vicarious Trauma & its wide spread impact on service coordinators, CFC team members and providers.
• Trending themes and risk of violence while home visiting.
• Lack of self care and compassion fatigue.
• Sustainability of the EI workforce.
• Increasing provider concerns and difficult to engage families.
“Come in,” she said
“I’ll give you shelter from the storm”

BOB DYLAN
A Call to Action

- Creation of the trauma informed care reporting tool
- Improving access to EI services in Underserved communities’ workgroup.
- Creation of the safe location project
- Continued systems collaborations
Creation of the incident reporting form

**Why a incident reporting form?**

- Support team safety
- Increase EI team support & validate field experiences
- More fully engage families
- Better understand barriers
- Support lines of communication
- Expand trauma screening
- Ask important questions about the families we serve
- Gather information (data)
Integration of trauma-informed and reflective supervision principles

• Utilization of social emotional consultation to attend to vicarious trauma

• Sustains workforce connections

• The burden shared is less a burden
Our form name and process focused on collecting information.

CHILD & FAMILY CONNECTION 10 INCIDENT REPORTING FORM

Purpose: This form reports on incidents that impact family engagement and services for CFC clients. This form is completed by CFC staff.

I. CONTACT INFORMATION

Today's date: ____________________________

Form completed by: ____________________

CFC/El role: [ ] Intake Coordinator [ ] Parent Liaison [ ] Service Coordinator [ ] Other

Who reported the incident: ____________________

Telephone: ____________________________

II. INCIDENT REPORTING

Date of incident: ____________________

Who is involved? [ ] El client [ ] Sibling(s) [ ] Parent(s)/caregiver(s) [ ] El staff [ ] Other

DOB: ____________________________

Client name (last, first):

Client ID:

Incident occurrence:

[ ] Home of client [ ] Neighborhood (in the field)

[ ] Clinic/hospital [ ] CFC office

[ ] Daycare/preschool [ ] Other

Type of Incident Checklist:

Client traumatic event

[ ] Death of child

[ ] Death of parent/caregiver

[ ] Death of family member

[ ] Child's caregiver changed

[ ] Abuse or neglect incident

[ ] Fire/natural disaster child's home

[ ] Serious injury of child

[ ] Serious illness or medical procedure

[ ] Serious illness or medical procedure

[ ] DCFS report or investigation

[ ] Serious illness of parent/caregiver/family member

We included a category to capture the impact of trauma exposure on the EI team and providers.

We recognize the impact of caregiver loss and the serious negative trajectory of preschool expulsion.

We recognize the impact of trauma on the EI team and providers.

Other El staff/provider event

[ ] Assault to El team member [ ] El staff witnessed community violence

[ ] Injury to El staff/provider [ ] Threat to EI staff/provider

Type of Incident Checklist:

Client traumatic event

[ ] Death of child

[ ] Death of parent/caregiver

[ ] Death of family member

[ ] Child's caregiver changed

[ ] Abuse or neglect incident

[ ] Fire/natural disaster child's home

[ ] Serious injury of child

[ ] Serious illness or medical procedure

[ ] Serious illness or medical procedure

[ ] DCFS report or investigation

[ ] Serious illness of parent/caregiver/family member

Narrative on Incident

III. ACTION TAKEN

Narrative on Incident

Pausing to write the story can help the reporter to self-regulate. The space also serve to frame the content and contain overwhelming emotions.
• Integration of trauma-informed and reflective supervision principles
• Utilization of social emotional consultation to attend to vicarious trauma
• Sustains workforce connections
• The burden shared is less a burden
Collaboration is Key!

"
The Improving Access to Early Intervention Services in Underserved Communities workgroup’s mission, was to bring together Child and Family Connections who were experiencing increasing service delays in their catchment areas. The goal was to collaborate and explore the root cause of the service delays and develop strategies that would increase access to early intervention services.
Things we discovered by coming together:

Regardless of zip code or county, many CFC managers experienced similar challenges as it relates to access to EI service in underserved communities. There was a recurring theme of “pulling away” from certain neighborhoods, towns, etc. Provider and service coordination turnover was becoming impactful. We learned that our home visiting and early childhood partner organizations were also wrestling with the increasing incidence of community violence, overwhelming trauma exposure, and the babies who were often left behind.

Our commitment was not to leave a child behind and with that goal, we all rolled up our sleeves and begun the work.
The challenge:

- Where you live makes a difference.

- Rise in service delays.

- Increase in Provider and service coordinator incidents.

- Increasing referrals of children exposed to trauma and/or DCFS involved. Understanding the impact of vicarious trauma on the workforce.
**Strategies implemented:**

- Provider survey
- LYFT and Safe Locations project
- Activities to increase staff morale and positively impact child outcome.
- Staff and Provider safety trainings
- Trauma Informed Care Reporting Tool
Alyssa is an 18-month-old girl with a diagnosis of hearing loss. She lives with her family in the Parkway Gardens housing complex at 63rd and King Drive, where there is a very high level of gang violence. Alyssa was referred to CFC/Early Intervention in September 2017, and was approved to receive developmental hearing therapy and speech therapy. Her mother, who has an older daughter who received Early Intervention Services during her younger years, knew it would be difficult to receive consistent therapy for Alyssa in their home at Parkway Gardens. Alyssa’s mother is very in-tune to what is happening in the housing complex, and would often times call La Rabida’s CFC office to warn her child’s therapists if there was an increase in gang activity ahead of scheduled appointments. Alyssa’s CFC Coordinator said Alyssa’s mom’s first concern is always for her children but that she also shows great concern for the safety of her child’s therapists. Alyssa’s mom is now “thrilled” that Alyssa receives her therapy at Project HOOD, a safe location just a block away from her home. She said Alyssa’s therapy sessions have been very consistent and Safe Locations has provided “the most therapy a child of mine has ever received.”
Reactions!

**EI Providers & Service Coordinators**

- Safe havens provide a safe and stimulating environment that have allowed more families within the program to receive the needed and recommended therapy services”

- EI families are able to socialize with other families and children in an environment where they can engage with their typically developing peers”

- “The Safe havens have increased my families with being more consistent in keeping weekly scheduled sessions”

- “I noticed that my children smile more and the parents tend to engage more with their children”

**EI Families**

- “It was finally a great chance to get out of the house and meet and socialize with other families enrolled in the EI program”

- “It is nice coming to a place where my child will not be judged based on his or her disability”

- “It is a nice benefit to know that there are community resources for the families outside of Early Intervention”
Lessons learned:

- Share your story, you never know who’s listening
- If you build it they will come
- Be respectful of other’s priorities but don’t give up
- Your boots on the ground are where your answers are maximize the skills on your team
- Collaborate, collaborate, collaborate!
- Engage your leadership along the way!
- Safe location sites became a wonderful instrument in introducing families to wonderful resources within their communities.
Effective Systems Collaborations

Department of Children and Family Services
Judicial System
  Guardian Ad Litems Office
  Court Appointed Special Advocate (CASA)
  Early Childhood Court ("Baby Court")
Community Early Head Start and Child Care Centers
EI Providers and community stakeholders
Our partners in this work

~ Our Early Intervention families
~ CFC Devoted staff and providers
~ Ann Frieburg, Early Intervention Bureau Chief, Illinois Department of Human Services
~ Chelsea Guillian, Illinois Early Intervention Ombudsman
~ Peter Byrne, Program Manager Child and Family Connections #12
~ Marlene Stroube, Program Manager, Child and Family Connections #8
~ Monica Patrick, Program Manager Child and Family Connections #9
~ Linda Gilkerson, Phd. Erikson Institute & The Making Futures Bright Trauma Informed Project
~ Early Intervention safe location centers and the LYFT ride share program (sponsored by the Baum and Prince Foundation)
Questions/Comments

Gracias!