

Washington County Citizen Review Panel 2014 Annual Report:

Mission Statement: Citizens partnering with child protection services, advocating to keep children safe.

Members of Panel:

Aine Bebeau (retired)	LaJuan McIntyre
Deborah Eckberg	Guy Sederski
Martha Gerkey	Michael Laughton
Margaret Hart	Julia Welter
Dawn Hyland	Nancy Zupfer
Gina Kuchenmeister	

Meetings

With the exception of July, the monthly meetings were held on the third Tuesday of the month from 5:00 pm to 6:30 pm at the Washington County Service Center in Woodbury. Several panel members attended additional meetings to represent the panel.

Overview

2014 was a year of membership turnover for the panel. It said farewell to three staff representatives (county and state), who served on the panel since its inception, and one citizen member, who served on the panel for three terms. The panel welcomed three new citizen members and three new staff representatives.

Activities

Reconsiderations

The panel conducted four reconsiderations for the county in 2014.

Panel Focus: Trauma Informed Services

As a result of attending a joint training session of the Minnesota Citizen Review Panels, Children's Justice Act Task Force and the Child Mortality Review Panel on June 4th, 2013, our panel decided to focus work on the effects of trauma on the development of children and the impact of trauma on children and families. In particular, the panel was interested in Washington County's ability to provide trauma informed services to children and families served by the child protection system.

The panel used the Chadwick Center for Children and Families Trauma Informed Systems Project materials and the National Child Traumatic Stress Network's materials to guide the work.

The panel decided to focus attention on the National Child Traumatic Stress Network's Bench Card for Trauma Informed Judges. (See attachment: http://www.nctsn.org/sites/default/files/assests/ddf/judge_bench_cards_final.pdf)

The panel determined that this Bench Card was very comprehensive, but it might be better utilized if the panel could draft an abbreviated version of this bench card modeled after the Minnesota Children's Justice Initiative "Babies Can't Wait Courtroom Checklist". The panel developed two draft versions of the bench card, the shorter version could be recommended for Judges and the longer version could serve as a guide to child protection workers. (Attachment 1 and 2)

Using materials from the National Child Traumatic Stress Network, the panel drafted and the county staff produced a brochure for families on the topic of trauma. (Attachment 3)

In addition, a member contacted Canvas Health to learn about their capacity to provide trauma informed mental health services to children and families. Another member contacted a Washington County Judge to discuss the use of Bench Cards in Juvenile Courts in general and the idea of a bench card related to the impact of trauma on children and families. The information gathered from these contacts was shared with the full panel.

Several panel members attended a statewide presentation "Trauma Ripple Effect and Diversity Informed Practice" on July 15, 2014.

On September 16th our panel had a presentation on Infant Mental Health and the impact of Trauma by three Washington County Social Workers and Dr. Carol Segal of University of Minnesota.

Additional Meetings/ Trainings

Panel members participated in a joint meeting of the Children's Justice Act Task Force, Parent Leadership Group, the Child Mortality Review Panel, and the Citizens Review Panels of the State of Minnesota October 30th, 2014. The topic was "Walking Through the Early Part of the Child Protection Process".

Panel members also attended and presented at the Governor's Child Protection Task Force. Four of the five Citizen Review Panels (CRPs) in Minnesota presented for approximately ten minutes each in front of the Task Force. Washington County CRP Chair Guy Sederski presented and sent the notes that were put together from our year's plan as well as items that were important to Washington County staff. Several questions were asked of Panel chairs and there was a television clip of this group on evening news. Panel members were given a summary of this presentation and the comments at our panel meeting.

Marty Gerkey, panel member, attended and presented at DHS Child Safety and Permanency Division all staff meeting on November 17, 2014. The staff meeting

focused on the role and activities of Citizen Review Panels and the work of Parent Leaders with the Minnesota Communities Caring for Children (the Minnesota Chapter of Prevent Child Abuse America and Circle of Parents National) and how DHS and these groups could best support the work of each of these groups to increase the well being of children and families.

Public Awareness Activities/ Efforts

Over the course of several meetings, the panel engaged in lively discussions pertaining to several high profile child abuse situations in Minnesota. These discussions helped us to recognize the importance of our involvement and the work that is being done and still needs to be done to ensure the safety of Minnesota children and the adequacy of the system to respond to the needs of children. The panel is very interested to follow the work of the Governor's Task Force for the Protection of Children and the recommendations coming from this task force.

Commentary/ Letters Activity

The panel produced one public service essay written by Aine Bibeau. The letter was published in April (Child Abuse Prevention Month) by several local newspapers. (Attachment 4)

Two panel members individually responded to articles published in the Star Tribune. These responses were published in the Star Tribune, but were not a part of the panel's public service essay project.

Planning for 2015

The panel will have 3 members retiring in June 2015, so we want to begin recruitment of new panel members in January 2015 in order to have ample time for selection and approval of the new members before June. In the past, new member recruitment has been successful when the County publishes articles in the local news resources seeking new members for the panel.

The Governor's Child Protection Task Force report will have published preliminary recommendations by January 2015. The panel plans to review these recommendations and consider how the recommendations might affect the children and families served by Washington County Child Protection Services.

Acknowledgements:

The panel commends the staff members of the panel who retired this past year: Anita Keyes (DHS), Rich Bachman and Don Pelton (Washington County). They provided staff support for the panel since its inception. All demonstrated quality commitment to their work and genuinely respected the role and contributions of panel members. They will be missed. Fortunately, the state and county have selected three new staff members to support the work of the panel and we look forward to maintaining an effective partnership with the county and the state to

advocate for the safety of children and the well being of families in Washington County.

Attachments 1 and 2: “Babies Can’t Wait” Courtroom and Social Worker Checklists

Attachment 3: public service essay written by Aine Bibeau. This essay was published in April, 2014 (Child Abuse Prevention Month) by several local newspapers.

Attachment 4: Trauma brochure for families. Please request a brochure – it was difficult to show the actual brochure format in this report.

M. Gerkey (April 16, 2014)

Well-being in the child welfare system requires:

- Ensuring that children are safe from abuse and neglect
- Increasing the capacity of families to provide for their children's needs
- Preserving connections and the continuity of family and other relationships for children in out of home care.
- Minimizing the number of disruptions of children in care (school, child care, foster care, medical care, and home)
- Ensuring that children receive appropriate, quality services to meet their:
 - Physical health needs, including dental and eye care
 - Mental health needs
 - Education and developmental needs

Many children active in Child Protection Services have experienced one or more adverse, traumatic life experiences that may have adversely impacted their well-being, and their behavior may be better understood in the context of these traumatic life experiences.

Because Child Protection Services can either mitigate the impact of trauma or inadvertently add new traumatic experiences to the child or the adult caregivers of the child, **it is important for child welfare services to consider how:**

- Childhood traumatic stress impacts children.
- The culture of the child and family influences the child's response to trauma.
- Child and family resiliency after trauma can be enhanced.
- Current and past trauma impacts the families with whom child service workers interact
- Adult trauma interferes with adult caregivers' ability to care and support their children.
- Vicarious trauma impacts the child-serving workforce.
- Exposure to trauma is part of the child welfare job.
- Trauma has shaped the culture of the child welfare system, the same way trauma shapes the world view of child victims.
- Trauma-informed systems will integrate a range of evidence-based and trauma-specific treatments and practices supported by the National Child Traumatic Stress Network.*

Checklist for Trauma Informed Decisions

By considering the impact traumatic life experiences have had on a child, it is more likely the child will receive services that can specifically attend to the traumatic stress level of the child.

Trauma Informed Check list

Purpose:

To gather information necessary to make good recommendations/decisions for children at risk of traumatic stresses disorders.

In particular, when considering whether or not a child will remain in their home or be placed outside of the home, it is very important to consider the impact this decision/ recommendation will have on level of trauma a child will experience.

Key Questions:**Trauma Exposure:**

1. Has the child experienced events that involve actual or threatened exposure to:

- Death
- Severe injury
- Sexual abuse
- Domestic violence
- Community violence
- Assault
- Severe bullying or harassment
- Natural or man-made disasters
- Severe accidents
- Serious or terminal illness
- Sudden homelessness

2. Has the child been exposed to traumatic events on more than one occasion or for a prolonged period?

Caregivers

1. Are caregivers or other significant people helping the child feel safe or preventing (either intentionally or unintentionally) the child from feeling safe?
2. Has the caregiver been a consistent presence in the child's life?
3. Does the caregiver acknowledge and protect the child?
4. Are the caregivers themselves operating in "survival mode" due to their own history of trauma?
5. Are caregivers capable of protecting and fostering the healthy development of the child?
6. What additional support/ resources might help the caregiver help this child?

Safety Issues for the Child

1. Where, when, and with whom does this child feel safest?
2. Where, when and with whom does the child feel unsafe or distrustful?
3. Is the home chaotic or dangerous?
4. Does the caregiver in the household have a restraining order against another person?
5. Is school a safe or unsafe place?
6. Is the child being bullied at school or does the child believe he/she is being bullied?

Development

1. Is the child experiencing or suffering from emotional or psychological delays?
2. Has the child been assessed developmentally? If so, when and by whom?

Unusual Behaviors in the Community

1. Does the child's behavior make sense in light of currently available information about the child's life?
2. Has the child exhibited extreme or paradoxical reactions to previous assistance or services?

Strengths, Coping Approaches, and Resilience Factors

1. What are some of the child's existing strengths and coping approaches that can be reinforced to assist the child in responding to the situation?
2. Have any of these strengths converted into "survival strategies" that present as non-cooperation or other dysfunctional behaviors?
3. Does the child, caregivers or other significant adult highlight areas strength, and or express hope for recovery?
4. Are there ways to clearly address the child's unique concerns about safety, personal effectiveness, self-worth, and respect?

Response to Previous Services or Interventions

1. Has the child responded poorly to traditional services, sanctions, treatments and or placements?
2. Does the child display defiance or a superficial indifference manner or seem to be operating in a "survival mode"?

Current Placement/ Trauma Triggers

1. Is the child currently in a home, out of home placement, school, or institution where the child is being re-exposed to danger or being "triggered" by reminders of past traumatic experiences?
2. Has the child been in out of home placement before and if so, for how long?
3. Was the placement disrupted because of the child's behaviors or reactions to the placement?

Placement Decision Considerations

1. Is Out of Home Placement truly necessary?
2. How might the various placement options affect this child?
3. Will the option help the child feel safe and secure and to successfully recover from traumatic stress or loss?
4. How does the placement option enable the child to maintain continuous relationships with supportive adults, siblings, peers?

4. Are the services to be provided knowledgeable about recognizing and managing traumatic stress reactions and are they trained to help children cope with their traumatic reactions?
5. Can the placement setting and people involved assist the child in feeling safe, valued, and respected?
6. What placement might best encourage success in school, relationships, and personal development?

Checklist for Trauma Informed Decisions

By considering the impact traumatic life experiences have had on a child, it is more likely the child will receive services that can specifically attend to the traumatic stress level of the child.

Trauma Informed Check list

<p>Purpose: To gather information necessary to make good recommendations/decisions for children at risk of traumatic stress disorders When considering whether or not a child will remain in their home or to be placed outside of the home, it is very important to consider the impact this decision /recommendation will have on the level of trauma a child will experience.</p>
<p>Has Trauma taken place?</p>
<p>I</p>

If so, for how long or how many times? The child's history including prior court contacts or out-of-home placements should be considered.

<p>Have previous interventions been ineffective?</p>
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Consider that the child may have been in "survival mode" or "fight/flight",

<p>How are the child's caregivers nurturing safety?</p>

Consider child's coping behaviors, child's development, both past and current professionals involved and if a team approach.

Where, when and with whom does the child feel safest? Where, when and with whom does the child feel unsafe or lack trust?

<p>Are there trauma triggers present for this child?</p>
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<p>Where will the child be placed if placement is necessary?</p>
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<p>Is the child's behavior interfering with court proceedings? If so, what can be done to lower anxiety, improve trust and enhance participation?</p>

To be done by a trauma-informed professional.

by Aine Bebeau |

My name is Aine, and I am a survivor of childhood abuse. I am telling my story because I think it is important to know that we all can take part in preventing child abuse. You may be one person, but to one child, you may be the world.

After what I went through, statistics would have predicted I'd be an alcoholic, incarcerated, and abusing my own children, who would have multiple fathers and be born out of wedlock. Statistics would have said I'd have had my children removed from my care, I'd be receiving financial assistance and struggling to survive. The prognosis for a healthy life for my children would be grim.

This is not the case. I have been in the same job for 27 years. My children are healthy and happy adults, and they have never experienced child abuse. I have been married to the same man for more than 20 years. How did this happen? Who were those people who prevented child abuse? I would like to take the time to thank them today.

I would like to thank the people down at ECFE [Early Childhood and Family Education], Gary and Edith, who taught me about attachment parenting and how to interact with my children in a positive way. I would like to thank ECFE for providing a space where my children could play while I learned how to parent properly so I could give my children something I had not experienced or witnessed myself; where I could connect with other parents and learn that parenting is hard because it is hard if you are trying to do it right. It doesn't mean I was doing it wrong.

I would like to thank strangers who looked at me and my children with loving eyes and kind words and allowed them to just be children when we were out in public. Strangers who helped open doors and smiled at my children when I was sweating from stress!

I would like to thank the social worker at Ramsey Hospital who told me just what he thought of my dad when he abandoned me there as a 15-year-old. I heard my dad yelling at the social worker in the hall that he didn't want me anymore. If you are out there somewhere, social worker, I want you to know I saw the tears in your eyes and it meant more to me than you know. This was the first tangible evidence I ever saw that I was not the piece of crap I was led by abuse to believe I was.

I would like to thank the counselors and staff who had wanted to give up on me as a juvenile when I was living out the effects of the abuse; although I was considered a real handful, you never gave up on me, and for that I am grateful. I learned what it means to not give up on those you care about. You taught me how to be there for my kids when they got to be that age.

I would like to thank the cop who arrested me on a status offense as a kid. I got to glimpse where I was heading and decided I did not want to be that person. I decided to become a cop instead. I am a better person today and have spent more than 20 years holding offenders accountable and keeping victims safe. Thank you for not overlooking me and doing your duty. My children are healthy and happy today and thank you, too.

I would like to thank my grandmother, who loved me and protected me as often as she could. My dad threatened her, too, so she had to stop. She thought she failed. She did not. I hope you can hear this up in heaven! I knew love because of you! The kind of love that would cause you to put yourself in harm's way to protect those you love. I was able to offer this kind of love to an entire community. I received a Medal of Valor for saving a child from child abuse. I thank you for making me brave so I could save this child.

To the community: please never underestimate the power of your kind words and actions. You do not need to be a professional to save a child or turn a child's life around. You cannot throw a stone into a pond without creating a ripple. You may be only one person, but to one child, you may be the world.

Aine Bebeau is a member of the Washington County Child Protection Citizens Review Panel

http://www.presspubs.com/white_bear/opinion/columns/article_bc6fa920-cfff-11e3-89c1-001a4bcf887a.html#user-comment-area



Good Ways to Give Support:

- Show interest, attention, and care
- Find an uninterrupted time and place to talk
- Be free of expectations or judgments
- Show respect for the person's reactions and ways of coping
- Acknowledge that this type of stress can take time to resolve
- Help brainstorm positive ways to deal with reactions
- Talk about expectable reactions to trauma events, and healthy coping
- Express belief that recovery is possible
- Offer to talk or spend time together .

*"After all, when a stone is dropped into a pond, the water continues quivering even after the stone has sunk to the bottom."
— Arthur Golden*

Can my family get over traumatic stress?

Yes.

When families are safe and can care for and support each other, they often can overcome the fears and stress of trauma. Some families grow stronger after a trauma event and even are able to help others in need. Of the many ways to cope and heal from traumatic stress, many families count on:

- Community support
- Spiritual beliefs
- Friends and other families

For families having on-going distress, crises, or trouble meeting their children's needs, trauma treatment is available to help your family seek safety, grow stronger, and heal.

Things families can do to cope with traumatic stress:

It is natural to want to "put the past behind you" and not think or talk about the bad things that happened. While each person in the family may behave differently, families can manage fear and stress and feel safer when they spend time together talking about their feelings, return to every day routines, respect family rules, and honor family traditions. Some families get better with time and the support of others, while other families may need help from trauma treatments.

- Talk to a doctor, school counselor, or spiritual leader about the family's trauma event
- Find a mental health provider who has helped families overcome traumatic stress
- Look for trauma treatments that help all family members feel safe, learn about trauma and its effects, and cope with difficulties caused by the trauma.
- Recognize and build on the family's strengths

"Sitting around worrying about what happened makes it worse."

A mother who experienced domestic violence

"When my children hurt, I hurt"

A mother whose children were beaten at school

"You can't change the past, but you can do something with the present and prepare for the future. This is what really kept me going."

A grandmother raising grandchildren who were abused

"It helps to talk about it versus keeping it bottled up."

A father who witnessed domestic violence as a child



Trauma and Your Family

What is traumatic stress?

Every one gets stressed out once in a while. At any time, a member of any family may worry about staying safe or getting very sick. But when "bad things happen", such as a trauma event, some family members may become very upset and show signs of traumatic stress:

- They may:
- Feel numb or shock
 - Avoid people and places that remind them of the event
 - Have nightmares or strong memories of the event, as if re-living it
 - Be very afraid, angry, or sad
 - Have trouble sleeping or paying attention
 - Feel helpless and hopeless
 - Be very tired and worn out
 - Have aches and pains

Please find additional information and resources at the following sites:

National Child Traumatic Stress Network

www.ncstsn.org

Child Trauma Academy

www.childtrauma.org

University of Minnesota Ambit Network

www.cehd.umn.edu/fsos/projects/ambit/default.asp

What is Trauma?

A trauma is a scary, dangerous, or violent event that can happen to any or all members of a family. Some types of trauma that families go through are:

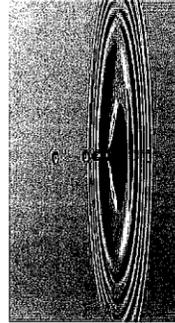
- Accidents or injuries
- Serious illness or death of a family member or loved one
- School violence
- Violence within the family
- Abuse and/or neglect
- Homelessness
- Natural disasters
- Combat injuries of a family member

How common is trauma?

Unfortunately, trauma events happen pretty often. Some families have more than one trauma event. Others do not. When there is trauma, at first people feel more shocked, upset, and unable to cope. When families have many traumas, they can find it hard to support each other or meet the needs of the children.

How does trauma impact the family?

Trauma can affect every member of the family. Each family goes through trauma differently. Some family members may get closer to each other and find comfort in wise words of family elders. Some families may not do as well as they did before. Some families might feel more alone or be in shock or believe no one will be there for them. Others may end up cutting ties with members who hurt them.



Washington County

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