



GUIDELINES TO APPLYING A TRAUMA LENS TO A CHILD WELFARE PRACTICE MODEL



C T I S P
Chadwick Trauma-Informed Systems Project

Guidelines for Applying a Trauma Lens to a Child Welfare Practice Model

By

The Chadwick Trauma-Informed Systems Project



Chadwick Center for Children and Families, Rady Children’s Hospital, San Diego

The Chadwick Center is a child advocacy center with facilities located on the campus of Rady Children’s Hospital in San Diego, CA, and throughout San Diego County. It is one of the largest centers of its kind and is staffed with more than 75 professionals and para-professionals in the field of medicine, social work, psychology, child development, nursing, and education technology. The center has made lasting differences in the lives of thousands of children and families since opening our doors in 1976. The staff is committed to family-centered care and a multidisciplinary approach to child abuse and family violence. The center’s Mission is to promote the health and well-being of abused and traumatized children and their families. This is accomplished through excellence and leadership in evaluation, treatment, prevention, education, advocacy, and research. The Chadwick Center’s Vision is to create a world where children and families are healthy and free from abuse and neglect.

The National Child Traumatic Stress Network (NCTSN)

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

The Network is funded by the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, US Department of Health and Human Services through a congressional initiative: the Donald J. Cohen National Child Traumatic Stress Initiative. As of February 2013, the Network comprises over 60 funded members. Affiliate members—sites that were formerly funded—and individuals currently or previously associated with those sites continue to be active in the Network as well.

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Introduction

Foreword

Overview of Project

Background

Foreword



This guide is intended to help states and other jurisdictions incorporate the best science and knowledge about child and family trauma into their casework practice models, as well as helping child welfare administrators, supervisors, and workers implement trauma-informed strategies in their daily work. A trauma-informed perspective is one of many perspectives (including cultural and developmental perspectives) that need to be woven into a casework practice model. While trauma should not be the only or even the dominant consideration in the design of a practice model, the effects of trauma are far-reaching and impact casework practice, as well as outcomes for families and children, at multiple levels. Trauma and its pervasive effects touch the lives of everyone involved in the child welfare system, yet trauma has traditionally been overlooked or not well understood in day-to-day child welfare practice. A trauma-informed casework practice model explicitly recognizes the unique impact of trauma and the ways in which child welfare practice can be more effective when applied through a “trauma lens.”

For *Guidelines for Applying a Trauma Lens to a Child Welfare Practice Model*, the CTISP National Advisory Committee Members as well as the Practice Model Subcommittee conducted a comprehensive literature review of child welfare casework practice models. CTISP staff members also worked closely with Lorrie Lutz, an independent consultant with extensive experience in helping child welfare systems develop their casework practice models. From there, CTISP staff members along with the Practice Model subcommittee and consultant Jen Agosti worked to identify specific policies and practices that are trauma-informed to highlight within each chapter.

It is the shared hope of the CTISP staff, National Advisory Committee members, Practice Model Subcommittee members, and the product consultants that this tool, and our shared contribution to it, helps you...as together we find healthier ways to help children, families, and professionals heal.

Overview of the Project



In an effort to improve services for children involved in the child welfare system who have experienced traumatic events, the Chadwick Center for Children and Families in San Diego, California, created the “Chadwick Trauma-Informed Systems Project” (CTISP) as a Category II Center within the National Child Traumatic Stress Network (NCTSN), with funding from the Substance Abuse and Mental Health Services Administration (SAMHSA). CTISP strives to support the evolution of public child welfare agencies into trauma-informed organizations while also supporting the agencies’ efforts to serve as facilitators of change in their communities. Through these efforts, CTISP will help transform the wider community child welfare system, which includes all the major systems that impact children and families involved with public child welfare including children’s mental health, into a multi-dimensional, trauma-informed, and evidence-based system better able to meet the unique needs of abused and trauma-exposed children.

The goal of CTISP is that trauma-informed child welfare systems will understand how:

- Childhood traumatic stress impacts children.
- The system can either help mitigate the impact of trauma or inadvertently add new traumatic experiences.
- 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 welfare workers interact.
- Adult trauma interferes with adult caregivers’ ability to care and support their children.
- Vicarious trauma impacts the child welfare 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.

Intended Audience

Guidelines for Applying a Trauma Lens to a Child Welfare Practice Model has been designed as a tool for the child welfare agency to use to assist them in making their child welfare casework practice model more trauma-informed. These guidelines are part of a larger *Trauma-Informed Child Welfare Practice Toolkit* that contains multiple resources designed to assist the child welfare and mental health workforce in creating a more trauma-informed child welfare system. These additional resources include:

- The *Trauma System Readiness Tool* (TSRT) – A community assessment tool that can be completed by individuals within the child welfare workforce to determine the trauma-informed nature of their system.
- *Desk Guide on Trauma-Informed Mental Health for Child Welfare* – This guide is designed to

assist child welfare workers and supervisors in understanding mental health services available for children in the child welfare system. Through their advocacy and support for appropriate services, child welfare professionals can help all children live in safe and stable homes and receive the support they need to thrive.

- *Desk Guide on Trauma-Informed Child Welfare for Child Mental Health Practitioners* – This guide is designed to assist child mental health professionals in increasing their knowledge of the policies, practices, and culture of the child welfare system. This increased understanding will assist both child welfare and child mental health providers in delivering the best services for the children and families they see.
- *Creating Trauma-Informed Child Welfare Systems: A Guide for Administrators* – A guide for the for the child-serving system administrator who is interested in having their systems become more trauma-informed and responsive to the needs of children and families within the child welfare system who have experienced traumatic events.

Background



What is a Trauma-Informed Child Welfare System?

A trauma-informed child welfare system is one in which all parties involved recognize and respond to the varying impact of traumatic stress on children, caregivers, families, and those who have contact with the system. Programs and organizations within the system infuse this knowledge, awareness and skills into their organizational cultures, policies, and practices. They act in collaboration, using the best available science, to facilitate and support resiliency and recovery (as defined by the Chadwick Trauma-Informed Systems Project National Advisory Committee in 2011, Chadwick Trauma-Informed Systems Project, 2013, p. 11).

A Trauma-Informed Child Welfare System Understands:

- The potential impact of childhood and adult traumatic stress on the children served by the system.
- How the system can either help mitigate the impact of trauma or inadvertently add new traumatic experiences.
- How to promote factors related to child and family resilience after trauma.
- The potential impact of the current and past trauma on the families who are served by the system.
- How adult trauma may interfere with adult caregivers' abilities to care for and support their children.
- The impact of vicarious trauma on the service system workforce;
- That exposure to trauma is part of the job for many in child welfare system.

What are the Essential Elements of a Trauma-Informed Child Welfare System to Be Integrated in a Casework Practice Model?

Taking this a step further, the NCTSN Child Welfare Committee has defined the following *Essential Elements of a Trauma-Informed Child Welfare System* (Child Welfare Collaborative Group, National Child Traumatic Stress Network, personal communication, October 29, 2012), as the graphic on the next page shows.

Essential Elements of a Trauma-Informed Child Welfare System



These essential elements, as described in the following paragraphs, are intended to provide a guiding framework for child welfare administrators striving to infuse trauma-informed knowledge and practice into their existing systems.

Maximize
Physical and
Psychological
Safety for
Children and
Families

While child welfare has always had a focus on the physical safety of the child, a trauma-informed child welfare system must go further and recognize that psychological safety of both the child and his/her family is extraordinarily important to the child's and family's long-term recovery and social and emotional well-being. Psychological safety is a sense of safety, or the ability to feel safe, within one's self and safe from external harm. This type of safety has direct implications for physical safety and permanence, and is critical for functioning as well as physical and emotional growth. A lack of psychological safety can impact a child's and family's interactions with all other individuals, including those trying to help them, and can lead to a variety of maladaptive strategies for coping with the anxiety associated with feeling unsafe. These "survival strategies" may include high-risk behaviors, such as substance abuse and self-mutilation. The child (and his/her siblings) may continue to feel psychologically unsafe long after the physical threat has been removed or he/she has been relocated to a physically safe environment, such as a relative's or foster parents' home. The child's parent(s) may feel psychologically unsafe for a number of reasons including his/her own possible history of trauma, or the uncertainty regarding his/her child's well-being that emerges following removal.

Even after the child and/or parent gains some degree of security, a *trigger* such as a person, place, or event may unexpectedly remind him/her of the trauma and draw his/her attention back to intense and disturbing memories that overwhelm his/her ability to cope again. Other times, a seemingly innocent event or maybe a smell, sound, touch, taste, or particular scene may act as a trigger and be a subconscious reminder of the trauma that produces a physical response due to the body's biochemical system reacting as if the trauma was happening again. A trauma-informed child welfare system understands that these pressures may help to explain a child's or parent's behavior and can use this knowledge to help him/her better manage triggers and to feel safe.

Identify
Trauma-
Related
Needs of
Children and
Families

The child welfare workforce should be educated on trauma and how it affects an individual at any stage of development and intersects with his/her culture. The system should screen everyone for traumatic history and traumatic stress responses which would assist the workers in understanding a child's and family's history and potential triggers and in creating a trauma-informed case plan. For those who screen positive for trauma, a thorough trauma-focused assessment by a properly trained mental health provider can identify a child's or parent's reactions and how his/her behaviors are connected to the traumatic experience and help guide subsequent treatment and intervention efforts.

Enhance
Child
Well-Being
and
Resilience

A child's recovery from trauma often requires the right evidence-based or evidence-informed mental health treatment, delivered by a skilled therapist, that helps the child reduce overwhelming emotion related to the trauma, cope with trauma triggers, and make new meaning of his/her trauma history. But to truly address the child's trauma and subsequent changes in his/her behavior, development, and relationships, the child needs the support of caring adults in his/her life. It is common for a trauma-exposed child to have significant symptoms that interfere with his/her ability to master developmental tasks, build and maintain relationships with caregivers and peers, succeed in school, and lead a productive and fulfilling life. Case planning must focus on giving the child the tools to manage the lingering effects of trauma exposure and to help him/her build supportive relationships so that the child can take advantage of opportunities as he/she grows and matures. By helping him/her develop these skills in a clinical setting and build supportive relationships, mental health and child welfare professionals enhance the child's natural resilience (i.e., strength and ability to overcome adversity).

Enhance Family Well-Being and Resilience

Most birth families with whom child welfare interacts have also experienced trauma; including past childhood trauma, community violence, and domestic violence that may still be ongoing. Providing trauma-informed education and services, including evidence-based or evidence-informed mental health interventions as needed, to birth parents enhances their protective capacities, thereby increasing the resilience, safety, permanency, and well-being of the child. In addition, both birth and resource parents should also be offered training and support to help them manage secondary trauma related to caring for a child who has experienced trauma and his/her siblings.

Enhance the Well-Being and Resilience of Those Working in the System

Working within the child welfare system can be a dangerous business and professionals in the workforce may be confronted with threats or violence in their daily work. Adding to these stressors, many workers experience *secondary traumatic stress reactions*, which are physical and emotional stress responses to working with a highly traumatized population. When working with children who have experienced maltreatment, parents who have acted in abusive or neglectful ways, and systems that do not always meet the needs of families, feelings of helplessness, anger, and fear are common. A trauma-informed system must acknowledge the impact of primary and secondary trauma on the workforce and develop organizational strategies to enhance resilience in the individual members of it.

Partner with Youth and Families

Youth and family members who have experienced traumatic events often feel like powerless “pawns” in the system, reinforcing feelings of powerlessness felt at the time of the trauma. Treating youth and families as partners by providing them with choices and a voice in their care plays a pivotal role in helping them to reclaim the power that was taken away from them during the trauma and tap into their own resilience.

Youth and family members who have been involved in the child welfare system have a unique perspective and can also serve as partners by providing valuable feedback on how the system can better address trauma among children and families. These partnerships should occur at all levels of the organization, as youth and families can help shape trauma-informed practices and policies.

Partner with Agencies and Systems that Interact with Children and Families

No one agency can function alone, and in a trauma-informed system, child welfare must reach out and coordinate with other systems so they too can view and work with the child and family through a trauma lens. This partnering includes:

- Teaming with law enforcement to minimize the number of front-end interviews a child must experience
- Working with mental health agencies to ensure therapists are trained in specialized trauma assessment and evidence-based or evidence-informed trauma treatments
- Coordination with schools, the courts, and attorneys.

Such coordination is necessary to prevent one part of the system undoing the good trauma-informed work of another part of the system.

The concepts in each chapter of this guide address one or more of these essential elements. The essential elements addressed in each chapter in the last section of these guidelines are colorfully displayed at the bottom of the chapter’s first page. Those not addressed are still listed, but with no color and faded out text.

Child Welfare Casework Practice Models



Casework practice models in child welfare are agency-specific models that are intended to provide “a conceptual map and organizational ideology of how agency employees, families, and stakeholders should unite in creating a physical and emotional environment that focuses on the safety, permanency, and well-being of children and their families. The practice model contains definitions and explanations regarding how the agency as a whole will work internally and partner with families, service providers, and other stakeholders in child welfare services. A practice model is the clear, written explanation of how the agency successfully functions” (National Child Welfare Resource Center for Organizational Improvement, 2008).

An effective practice model serves to engage youth, families, and the community in developing and delivering an array of services that meets the unique needs of the families served and helps the agency achieve its desired outcomes (American Public Human Services Association, 2011). There is no standard format or outline for casework practice models, but the following core elements have been recommended: desired outcomes, principles and/or values, theory of change, evidence-informed practice, process and quality of care, and service array (American Public Human Services Association, 2011). This guide aims to identify opportunities to weave trauma-informed practice into a casework practice model following a general outline drawn from the common practice model elements.

There are a number of factors which support the effective implementation of a trauma-informed casework practice model. Within the child welfare agency itself, the following agency-wide factors help support successful implementation of a trauma-informed child welfare casework practice model:

- Incorporating trauma into agency mission, vision, and core values
- Creating culture change
- Trauma-informed policies, practice principles, and standards of practice
- Staff development and retention
- Funding and resources for trauma-informed trainings and initiatives
- Evaluation of outcomes and impact of practice model
- The intersection between trauma and culture, ethnicity, and disparity

The following supervisory factors help support the successful integration and implementation of a trauma-informed child welfare casework practice model:

- Coaching and case consultation through a trauma-informed lens
- Monitoring performance and fidelity to practice model
- Supporting staff well-being and addressing secondary traumatic stress
- Documentation

Specific strategies for addressing each of these throughout each phase of a family’s involvement with the child welfare system are included in each chapter under The Chronology of Child Welfare Work section of these guidelines. For more information on these factors, refer to *Creating Trauma-Informed Child Welfare Systems: A Guide for Administrators* (Chadwick Trauma-Informed Systems Project, 2012).

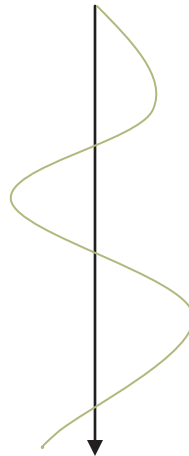


Multi-Axial Structure of these Guidelines



Casework practice models typically focus on two axes:

Significant cross-cutting issues



Chronological case flow

Child welfare work is too complex for a single simple linear model, as each practice phase is influenced by significant casework issues that cut across all phases. These cross-cutting issues form the first axis and include areas such as engagement strategies, ongoing assessment, and strengths-focused practice. These cross-cutting factors need to be applied skillfully at all stages of the case. The second axis, chronological case flow, follows a logical standard case flow process from reporting and case findings at the beginning to case closures and/or post-permanency supports at the other end.

All the elements within these two axes are further influenced by several foundational factors, which can be thought of as 'lenses' through which all work with children, families, and communities should be viewed. These foundational lenses include an understanding of:



The role of culture in each family



The unique factors in the case associated with child development



How a trauma lens can be applied at each phase of practice and during ongoing engagement, assessment, and planning.

These guidelines focuses on the trauma lens as a foundation for practice models, providing concrete examples of trauma-informed policies and practices that can be used by child welfare professionals at all levels and throughout each phase of a family's involvement with the child welfare system. By adopting this foundation, and infusing trauma-informed policies and practices into an agency's

casework practice model, agencies will be able to operationalize the Essential Elements of a Trauma-Informed Child Welfare System (as presented on pages 6-8).

Section I of these guidelines, *Cross-Cutting Child Welfare Issues*, is an overview of the first axis. Every chapter in this section highlights a child welfare issue that needs to be addressed in order to build a solid foundation upon which the case chronology can clearly flow.

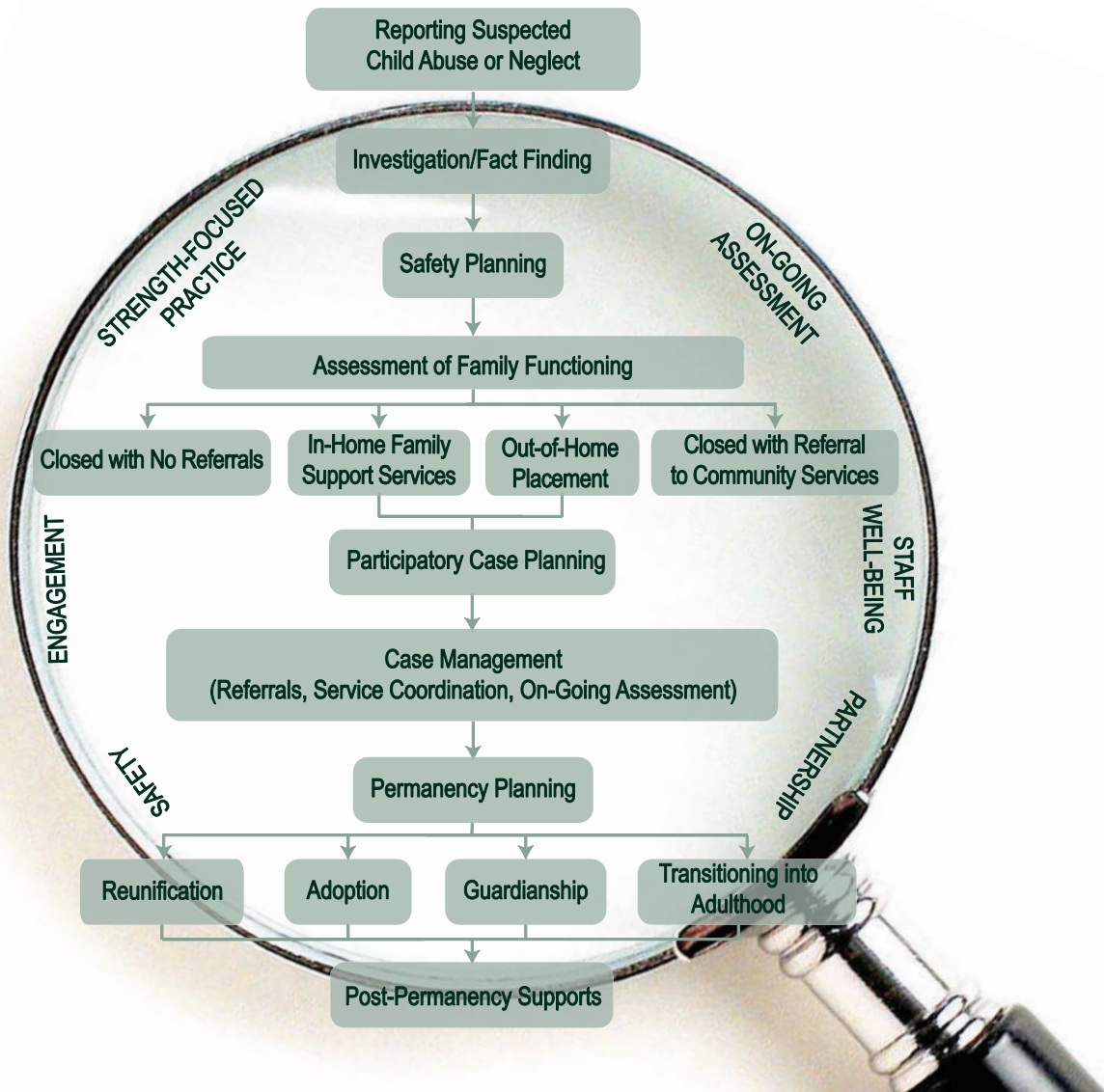
Section II of these guidelines, *The Chronology of Child Welfare Work*, is then organized around the second axis: the typical flow of a child welfare case, starting with reporting and ending with post-permanency supports.

Within each chapter in this section, the following domains are covered:

- **Overview.** Provides an overview of the particular stage in casework practice.
- **Importance of Addressing Trauma.** Highlights the importance of having a trauma-informed lens during this particular stage in casework practice.
- **Trauma-Informed Policies and Administrative Strategies.** Provides concrete policies that can be implemented by child welfare administrators.
- **Trauma-Informed Supervisory Strategies.** Provides concrete suggestions on strategies that child welfare supervisors can use to make their practice more trauma-informed.
- **Trauma-Informed Practices.** Provides concrete suggestions on strategies that caseworkers can use to make their practice more trauma-informed.
- **Community Examples.** Some sections highlight specific community examples of programs that have integrated policies and/or practices within this particular stage of their casework practice. For some chapters, community examples were not found.

A graphic depiction of how all of these pieces fit together in a typical casework practice model and all of the aspects that need to be taken into account when looking at it through a trauma lens is shown on the next page.

APPLYING A TRAUMA LENS TO A CHILD WELFARE PRACTICE MODEL



Responsibilities to Mitigate the Impact of Trauma

Agency

- Mission, vision, and core values
- Underlying theoretical framework/ rationale for the practice model
- Policy
- Practice principles
- Standards of professional practice
- Staff development and retention
- Evaluation of desired outcomes
- Evaluation of practice model impact on outcomes

Supervision

- Coaching staff and case consultation
- Monitoring staff performance and activities
- Monitoring and supporting staff safety and well-being
- Addressing secondary traumatic stress
- Monitoring worker fidelity to practice model
- Documentation





Section I: Cross-Cutting Child Welfare Issues

Child Safety

Family Engagement, Partnership, and Shared
Decision-Making

Strength-Focused Practice

Ongoing Assessment and Planning

Staff Well-Being and Support

Community Partnership

Overview of the Section



There are several factors that cut across all aspects of clinical case work with children and families. These are threads that are woven throughout the fabric of child-family-agency-community interaction. While the practices identified in the chronological case work flow tend to be the key events that occur, often in sequence, as a family becomes involved with and works with the child welfare agency, the issues described in this section are continuous and often ongoing processes to which attention must be given throughout a family's involvement with the agency. In many respects, each of these issues may also be seen as parallel to each of the key elements of the trauma-informed child welfare system. With families at the center of the work, the agency consistently strives to focus on children's physical and psychological safety, families' strengths, protective factors, capacity for resilience, and staff well-being. There are five cross-cutting issues that provide the necessary frame for the chronological casework flow:

- Child Safety
- Family Engagement, Partnership, and Shared Decision-Making
- Strength-Focused Practice
- Ongoing Assessment and Planning
- Staff Well-Being and Support
- Community Partnership

Child Safety



The core of child protection work is child safety. In fact, child welfare emerged from the field of child protection, initially created and designed exclusively to protect and save children who were being abused or severely neglected. While laws and beliefs have shifted to require reasonable efforts to support and preserve families whenever possible, ensuring that children are maintained in safe and healthy environments remains the paramount responsibility of all child welfare agencies and systems.



The Importance of Addressing Trauma as Part of Child Safety

Maximize Physical and Psychological Safety for Children and Families

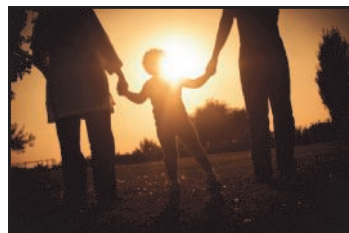
Maximizing physical and psychological safety for children is the first essential element of a trauma-informed child welfare system. Historically, child welfare has focused primarily on physical safety, but using a trauma-informed lens serves as a constant reminder that safety is more than just physical well-being. In order to be healthy, physically, psychologically, and developmentally, children must feel safe and secure.

Family Engagement, Partnership, and Shared Decision-making



Engaging families, including children and youth, is at the core of ‘family-centered’ work. The mantra ‘nothing about us without us’ tends to guide the notion of engagement. Inviting families to the table is necessary, but not sufficient. Authentic engagement requires invitation, preparation, support, and efforts for active inclusion. It is only with all of these that the engagement becomes partnership.

Child welfare agencies have enormous power and authority. They have the ability to make decisions that fundamentally and dramatically impact families’ lives. Thus, it is essential that they use this power and authority with respect and humility. In order to truly do so, they must share decision-making with families whenever possible. The notion of shared decision-making respects the fact that parents made decisions about their families’ lives before the child welfare agency was involved, and they will continue to do so after the child welfare agency leaves. So, they must maintain some sense of this control and decision-making authority even when the child welfare agency is part of their lives. The ability for child welfare staff to share decision-making authority with parents is what enables families to become partners.



Family engagement needs to happen at two discrete levels: the case practice level and the system level.

- At the case practice level, families understand and are prepared for their involvement in their own cases; they are supported in their efforts to participate in case discussions; and they are given authority to share in the decisions that will impact their lives and the lives of their children.
- At the system level, the child welfare agency recognizes that parents have the deepest insights into what works and what doesn’t and the agency strives to learn from their experiences. Parents are actively encouraged to share their experiences – both positive and negative – to shape improvements. They are brought in as agency partners to help craft policy and implement practices. They are used as trainers, coaches, and supports for agency staff, resource families, and for other parents involved with the system. Their experiences are treated as expertise and are used as such.

The Importance of Addressing Trauma as Part of Partnering with Families

Partner with Youth and Families

The sixth element of the trauma-informed child welfare system is partnering with youth and families. This is a core value already included in many child welfare agencies’ practice models, but deserves to be called out as specifically trauma-informed as well. Partnering with service providers allows families to regain some sense of control over their lives, which is often lost when they experience traumatic experiences. It also allows them to build their own protective capacities and be better prepared to support their child’s well-being and resilience. Further disempowering parents and youth by leaving them out of planning and decision-making makes them bystanders – victims of the system in their own right. Youth and families must be engaged in their own service plans to promote healing and resilience, and they also can offer a unique perspective on how services and policies can better address the trauma-related needs of children and families.

Strength-Focused Practice



Strength-focused practice is another core concept that is often woven throughout child welfare agencies' practice models. Moving from deficit-based practices that were rooted in specific incidents to practices that strive to work in partnership with families requires agencies to seek out and validate strengths, protective capacities, and the ability for resilience. These practices often require a shift not only in language, but also in behavior and belief, for child welfare agencies were initially created with a victim (the child) – villain (the parents) lens. Seeing parents as part of the solution, rather than part of the problem, is at the core of this shift.



The Importance of Addressing Trauma as Part of Strength-Focused Practice

Enhance
Child
Well-Being
and
Resilience

Enhance
Family
Well-Being
and
Resilience

The third and fourth essential elements of a trauma-informed child welfare system address the need to focus on children's and families' well-being and resilience. These can only be done by looking for and at strengths. Staff and partners need to believe that all families have strengths and all families have the capacity to do what is best for their children. These beliefs then translate into the actions that allow for the identification, treatment, and ability to address traumatic experiences,

minimizing the likelihood for future traumatic experiences, and mitigating the impacts of triggers and behaviors. Strength-focused practice is, fundamentally, trauma-informed practice as it supports families and children in their recovery and enhances child and family resilience.

Ongoing Assessment & Planning



With strength-focused family engagement as the foundation, assessment and planning are ongoing throughout the child welfare agency's involvement with a family. Not only must an initial plan be developed based on an initial assessment, but the plan must be dynamic and used as a continuously updated tool as more information is gathered and as it changes. Perhaps most important is the idea that assessment and planning are never singular events; they are ongoing processes. Thus, continuous assessment and planning are at the heart of all interactions between child welfare workers and families, guided by tools, practices, and guidelines specific to the flow of the case and customized to the unique needs of the child and family being served.



The Importance of Addressing Trauma as Part of Ongoing Assessment and Planning

Maximize
Physical and
Psychological
Safety for
Children and
Families

Identify
Trauma-
Related
Needs of
Children and
Families

The first two essential elements of a trauma-informed child welfare system focus on keeping children physically and psychologically safe as well as identifying trauma needs. These are clearly the purposes of all ongoing assessment and planning efforts. The planning is intended to do the former while the assessment is intended to do the latter. But just as the elements describe, these are not activities that are completed and then ignored; they must be constantly attended to throughout

involvement with children and families. They allow for plans, treatments, and decisions to change as situations change. They validate progress and adjust when progress is not being made. Most importantly, they continually respond to the evolving needs related to children’s and families’ traumas over the course of their child welfare involvement.

Staff Well-Being and Support



Nearly all people who work with traumatized individuals experience their own secondary trauma, whether they are social workers, therapists, educators, community providers, resource parents, representatives of the courts, pediatricians, or others. Over time, this secondary trauma can result in its own traumatic reactions known as secondary traumatic stress (STS). Child welfare agency staff, in particular, experience exposure to family and child trauma on a nearly daily basis. As a result, child welfare agencies must address the STS of staff in systematic and organizational ways. The healthier the staff feel, the lower turnover will be and, more importantly, the better equipped they are to support families in trauma-informed, sensitive, and appropriate ways. Finding ways to infuse self-care into employee training, regular supervision, and agency activities is critical to keeping child welfare staff well.



The Importance of Addressing Trauma as Part of Staff Well-Being and Support

Enhance the Well-Being and Resilience of Those Working in the System

The fifth essential element of a trauma-informed child welfare system is enhancing the well-being and resilience of agency staff. Trauma is multi-layered and complex. Similar to what happens to children and families who are exposed to trauma, when it remains unaddressed for staff, it can become difficult to cope and manage on a daily basis. Turnover and burnout among child welfare staff is often high. By recognizing the full impact of their daily interactions with traumatized children, families, and communities, they may receive the support they need such that they can continue to do the challenging work that is asked of them.

Community Partnership



Child welfare agencies are part of a much larger and more complex child welfare *system*. This system includes partners from other government agencies, such as education, physical health, mental health, and the courts; community based providers, both formal and informal; faith communities; and neighborhoods. Even if a child welfare agency is able to become fully trauma-informed, children and families will continue to interact with all of these other partners in a variety of ways. Helping ensure that all partners have a broad perspective of the child welfare system, are trauma-informed, and are working with and supporting children and families using a trauma lens is a critical part of creating a truly trauma-informed system.



Partnering with communities in these ways must include training, consistency in language, shared information and forms, contracting, and communication at all levels. Ranging from schools to courts to mental health providers to child welfare social workers, all partners must come from and apply a trauma lens to the children and families with whom they work.

The Importance of Addressing Trauma as Part of Community Partnership

Partner
with Agencies
and Systems
that Interact
with Children
and Families

The seventh essential element of a trauma-informed child welfare system describes the need to partner with child serving cross-system partners. While the child welfare agency can screen for trauma and implement the trauma-informed policies and practices described in this guide, the majority of services they receive come from outside the child welfare agency. There must be trauma-informed evidence-based treatments available in the community. Schools must understand the behaviors and associated needs of children who have experienced trauma. Courts must make decisions that honor and respect the trauma that children and their families have experienced. Only when applied together will a truly trauma-informed system be created.



The Chronology of Child Welfare Work

Chapter 1: Reporting Suspected Child Abuse or Neglect



Overview

...asking basic screening questions to help discern whether the concern merits child welfare agency intervention.

To initiate involvement on the part of the child welfare agency, mandated reporters (i.e., professionals who are required by law to report child abuse or neglect concerns to the state) or community members contact the agency with their concerns. Specialized workers take these reports, asking basic screening questions to help discern whether the concern merits child welfare agency intervention.



The Importance of Addressing Trauma during Reporting

It is important for intake/hotline workers to have a solid understanding of trauma and its varying impact on children and adults. When taking reports of suspected child maltreatment, it is essential to ask questions not only about the current incident but also any known history of trauma for the child and family. Workers should also listen for behavioral descriptions that could represent trauma reactions in children, as trauma symptoms can serve as indicators of maltreatment.

Addressing Trauma during Reporting



- Provide training and ongoing coaching to hotline workers on asking about trauma and identifying possible trauma reactions.
- Provide training, ongoing coaching and support to hotline workers on recognizing and address secondary trauma.
- Adapt / adopt intake and screening tools that include questions and prompts related to identifying trauma.

Essential Elements of Trauma-Informed Child Welfare Addressed





**Trauma-Informed
Supervisory
Strategies**

- ⇒ Address secondary trauma during supervision
 - Talk about the impact on workers of taking reports and help them process feelings and reactions.
 - Help workers identify signs of secondary traumatic stress (STS) and strategies for reducing STS.




**Trauma-Informed
Practices**


- ⇒ Ask about any prior history of trauma when taking reports.
- ⇒ Be alert for signs of traumatic stress in children when taking reports (e.g., nightmares, flashbacks, intrusive thoughts, repetitive traumatic play, heightened arousal, being “on edge,” avoidance of trauma reminders, emotional numbing).




Trauma-Informed Community Examples

Wilson County, NC: Four Questions in Standard Screening Tool

-  Workers have incorporated four basic questions about trauma history/exposure into their existing screening tool. These questions are also used during face-to-face meetings between workers and families to inform the assessment process and possible referrals for treatment.

Worcester, MA: Screening by Mental and Physical Health Providers

-  Local mental health agency and a local pediatrician have been trained to ask trauma-focused screening questions during their evaluations of children and families as part of their routine assessments.

 - Trauma-Informed Policy and Administrative Strategy	 - Trauma-Informed Supervisory Strategy
 - Trauma-Informed Practice	

Chapter 2: Investigation/Fact Finding



Overview

During this phase of the work, information is gathered and compiled to determine whether or not children in the home are unsafe or at risk of future maltreatment. This is a rigorous information gathering process that looks at history, chronicity and patterns of parenting behavior over time, not simply whether or not an incident occurred. A key part of this process is



connection to and conversations with the children, youth, caregivers, and other key supports and contacts in the children's and families' lives. While every jurisdiction gathers information in slightly different ways, generally information is compiled in the areas of:

- History of the family's involvement in the child welfare system
- Family dynamics that could impact the safety of the child (use of substances, mental health issues, family violence, medical issues, etc.)
- Family supports/connection to the community
- Parenting and discipline patterns
- Parents' day to day management of household responsibilities
- Parents' ability to meet the basic developmental, physical and emotional needs of their children

... a rigorous information gathering process that looks at history, chronicity and patterns of parenting behavior over time, not simply whether or not an incident occurred...

Following the information gathering process, workers use critical thinking and judgment to make decisions about child safety and risk. They may use tools that require that workers identify specific safety threats and describe how these safety threats appear in the family. Tools may also require consideration of the protective capacity of the caregiver and how the presence or absence of protective capacity impacts children in the home. Differential or Alternative Response is available in many states and is a Child Protective Services (CPS) practice that provides multiple methods of initial response to allegations of child maltreatment based on severity or risk level. Reports of severe maltreatment trigger a traditional investigation that involves making a formal determination of child abuse or neglect. Assessment, or alternative responses, may be used for cases of low to moderate risk. These types of responses assess the family's strengths and needs and offer services to help meet the family's needs.

Essential Elements of Trauma-Informed Child Welfare Addressed




The Importance of Addressing Trauma during Investigation

The investigation phase must include gathering information about children's and parents' trauma histories, as past experience of trauma can have a large impact on current functioning, safety, and risk. Children who have experienced trauma are at higher risk of re-victimization. Trauma-related reactions and behaviors may increase the risk of maltreatment. Parental history of childhood and/or adulthood trauma can be linked to substance abuse and mental health problems. Parent trauma can also interfere with the family's ability to engage with family and community support networks, as parents with trauma histories may have less healthy or positive connections to extended family and may have difficulty with trust and social engagement as a result of trauma. Parent trauma can affect discipline methods and approaches as well as daily functioning. Parents who have unresolved trauma may have a hard time tuning in to their children's developmental and emotional needs.

Addressing Trauma during Investigation



- Use Multidisciplinary Teams (MDT) to reduce number of times children and/or parents have to be interviewed about details of the trauma.
- Support team investigations in which case workers pair up for investigations to share decision-making
- Provide training and ongoing coaching for investigators on how to look for and identify child and adult trauma.
- Provide training, ongoing coaching, and support to hotline workers on recognizing and address secondary trauma.
- Implement tools and established practices to guide child safety and risk-related decisions, including Structured Decision Making (Johnson & Wagner, 2005), Signs of Safety (Turnell & Edwards, 1999), and the National Resource Center for Child Protective Services (Action for Child Protection, 2013) approaches.



Trauma-Informed Supervisory Strategies

- Support supervisors in accompanying workers on investigations when workers are new and/or situations are especially challenging.
- Role play with workers how child or parent may respond to investigation; help prepare them to manage possible distress in child or parent.
- Process or debrief interviews with workers soon afterward, especially in cases of severe abuse and other particularly challenging situations.
- Use group supervision to teach, model, and share ideas about how trauma can be identified during investigations.



Trauma-Informed Practices

- Conduct interviews in locations that are child-friendly, private, and safe to the child.
- As much as possible, slow down and plan out investigations to consider the impact on the child and family.
- Ask the child if he/she is hungry or thirsty prior to interview and provide refreshments as needed.
- Minimize number of interviews and number of interviewers through collaboration and precise documentation; re-interview only if there are new issues to explore or additional interview is needed for child to provide a complete statement.
- If responding with law enforcement, consider possible impact of their uniforms and authority and how the child and parent might perceive their involvement.
- Separate children from the chaos and/or distress of arrest, interrogation, or resistance on the part of the parents.
- Be prepared to give time and space to child before, during, and at the close of the interview (allow time for emotional de-escalation at end).

(Continued on next page)



- Adopt a calm, non-threatening approach and avoid sudden movements toward child and loud noises that may trigger the child.
- Explain what is happening and who people are (including the role of the social worker) in developmentally appropriate language.
- Reassure child that s/he is not in trouble and did not do anything wrong.
- Ask questions about traumatic events in ways to reduce risk of re-traumatization.
- Use art supplies and other child-friendly materials to help the child feel more at ease during interview.
- Approach parents as experts on their child.
- Talk to parents in a calm manner and calm the parents to calm the child.
- Consider that investigation may trigger parents' own traumas.
- Educate parents about typical behavioral reactions to trauma in children.
- If interviewing child at school, offer support person (e.g., teacher or school counselor) and ensure that interview is conducted in safe, private setting.

Trauma-Informed Community Examples

San Diego County, California: Use of Three Houses (Meld & Greening, 2004) or Fairies and Wizards (Signs of Safety Tools) during Investigation (Turnell & Edwards, 1999)



Child is given picture of three houses and asked to draw or write in them: house of good things, house of worries, and house of dreams.

Child is given picture of a fairy or wizard and asked to draw or write about worries, things that are going well, things that help child escape his or her worries, and child's wishes (how things would look if his or her worries were gone)



- Trauma-Informed Policy and Administrative Strategy



- Trauma-Informed Supervisory Strategy



- Trauma-Informed Practice

Chapter 3: Safety Planning



Overview

A safety plan is implemented and active as long as safety threats exist and existing caregiver protective capacities are insufficient to assure that a child is protected. Safety plans often remain in place for several weeks or months and may co-exist with the case plan. The safety plan manages safety threats while the ongoing work with the family (as defined in the case plan) focuses on changing behaviors that caused children to be unsafe or at risk of future harm. Safety plans do not mean that a child cannot remain at home; in fact, in most jurisdictions, safety planning exists along a continuum from a child remaining in the home to a child being removed and placed in out-of-home care.

...in fact, in most jurisdictions, safety planning exists along a continuum from a child remaining in the home to a child being removed and placed in out-of-home care.

In-Home Safety Planning

When it is possible to control the identified safety threat(s) in the home or through a combination of in-home and out-of-home actions, workers should seek to do so. This is less traumatic to children than removals, and can allow for educational stability, continuity of known connections and supports, and minimal disruption of relationships with siblings and kin. A strong in-home safety plan accomplishes the following:

- Makes certain that the individual(s) who will monitor the safety plan in the home will do it.
- Ensures that the individuals involved in the safety plan fully understand their responsibilities; what they will do, and how and when they will do it.
- Is signed by everyone involved. This is an important step to ensure their commitment to the plan.
- Is frequently reviewed and modified—ensuring that it continues to control and manage the safety threat—as long as the threat exists.



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Essential Elements of Trauma-Informed Child Welfare Addressed



Out-of-Home Safety Planning - Removal (See more on removal in Chapter 5.)

There are times when the dynamics of the family system are such that there is no way to control the safety threat within the home or even with a combination of in-home and out-of-home actions. When this is the case, the safety plan is removal of the children from their parent's home, and placement in a setting where the safety threat is fully controlled and managed. Because placement has many implications for children, it must occur in a thoughtful and well-planned manner that minimizes child trauma and ensures ongoing connection to the child's kin, culture, and community.



Safety Management

When a safety threat is identified, the child welfare system has a legal responsibility to intervene and become the protector of the child until such time as the parent can fulfill that role. Once a child is determined to be unsafe, safety management is required. Safety management refers to the ongoing efforts that workers employ to manage and control safety threats. Safety management occurs throughout the life of a case and assures that the questions of child safety and caregiver protective capacity always remain alive. Safety management is not voluntary. If a child is believed to be unsafe there is no choice but for child protective services to protect him/her. The standards for safety management are vigilance, promptness, alertness, diligence and timeliness.

The Importance of Addressing Trauma During Safety Planning

In-Home Safety Planning

Safety plans need to address both the physical and the psychological safety of the child and family members. As children who have experienced trauma often have intrusive thoughts about the trauma and can be triggered by stimuli that remind them of the trauma, strategies to enhance the child's sense of feeling safe need to be created and implemented.

Parents and caregivers' who have trauma histories may also be triggered by trauma reminders. Child welfare and/or law enforcement involvement can serve as trauma reminders for parents with childhood trauma histories and/or negative past experiences with authorities. Safety plans may need to incorporate strategies for parents related to safely managing and coping with their own trauma reminders.

Safety plans also focus on maximizing the well-being and resilience of children and families. By focusing on children's and families' protective capacities and access to supports that increase their resilience, these plans are strength-focused and help guide families to maintaining their children safely at home.

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A key aspect of safety planning is partnering with families throughout their development. These are not plans developed by the child welfare agency and then presented to families. Instead, families are integral partners through meetings and conversations, identifying their own strengths, concerns, resources, supports, and needs to inform a plan that will be most effective for them.

Out-of-Home Safety Planning - Removal

Removing a child from his/her home and parents can be traumatic to a child, especially to a young child who does not understand what is going on and depends fully on his or her parents to meet basic survival needs. Although in most cases removal is upsetting for children, child welfare social workers and related professionals can help ease the distress through trauma-informed removal practices. The removal can also be quite traumatic for the parents, and their reactions can further traumatize the child, as well. In some cases, a removal can also be quite traumatic for the worker.

Addressing Trauma during Safety Planning



- Include ways to assess for and enhance psychological safety for children and their families in safety planning tools and protocols.
- Build questions related to well-being and resilience, in addition to safety, into safety planning tools and protocols.
- Require the engagement of families as partners in the use of safety planning tools and protocols.
- Ensure that policies related to removal of children explicitly address ways to enhance psychological safety during the removal process.
- Conduct post-removal meetings to plan, prioritize, and process the removal experience with workers.



Trauma-Informed Supervisory Strategies

- Ensure that both psychological safety and physical safety are addressed in the safety plan when reviewing safety plans with workers.
- Discuss ways in which workers can ease the distress of removal for the child and family before they go out into the field for a possible removal. Role play what the worker can say to children and parents and what he or she can do to enhance psychological safety during this process.
- Ask workers to share their experiences using trauma-informed tools and send out these stories to all staff. Provide positive reinforcement to workers who share stories to motivate staff.
- Take time to process difficult removals with workers and discuss ways in which they can take care of themselves to support their own well-being and resilience.







Trauma-Informed Practices

- Ensure safety plans incorporate both physical and psychological safety.
- Ensure family members, especially parents, understand the safety planning process and purpose and are authentic partners in the development of their family's safety plan.
- Revisit safety plans at each contact to ensure that child continues to be and to feel safe.
- Ensure safety plans take into account possible trauma triggers for the child and family members.

Trauma-Informed Community Examples

San Diego, California: Sharing Success Stories

-  Supervisors ask workers about positive experiences using trauma-informed tools and practices and share these stories with all staff through e-mail blasts.

 - Trauma-Informed Policy and Administrative Strategy	 - Trauma-Informed Supervisory Strategy
 - Trauma-Informed Practice	

Chapter 4: Assessment of Family Functioning



Overview

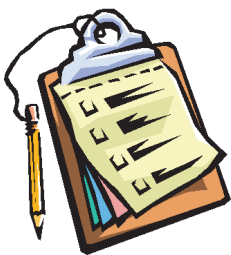
After a case is transferred to the ongoing worker, in most jurisdictions, some additional form of assessment occurs. The primary goal of this initial assessment is to identify the underlying needs that drive behavior, particularly parenting behavior, in the family to inform the case plan. The more the child welfare professional understands what is underneath the parenting behavior, the better he/she can target the right services and interventions to meet these underlying needs and ultimately support parents in changing behaviors to increase child safety, permanency, and well-being.



The more the child welfare professional understands what is underneath the parenting behavior, the better he/she can target the right services and interventions...



Additionally, this assessment evaluates child well-being in the areas of educational status/needs, medical status/needs, and behavioral and mental health status/needs. The assessment must be developmentally and culturally appropriate to ensure an accurate understanding of the child's and family's strengths and needs. Because most children involved in the child welfare system have experienced abuse or neglect, they often experience varying repercussions from this abuse and/or neglect. They might have developmental delays or special medical needs, or may suffer from post-traumatic stress and other trauma reactions. Many children will need supportive services in order to work through the impact of the abuse and/or neglect they experienced.



One role of the child welfare worker during the assessment is to screen children for developmental, mental/behavioral health, and trauma issues that warrant further mental health assessment. When the screening results indicate that there is a need for a specialized assessment, the worker should make referrals to appropriate community resources. Because the great majority of children who come into contact with the child welfare system have experienced some form of trauma, it is important that they are referred to community providers who have training in trauma and are equipped to provide trauma-informed assessment and services to the child and family.

Essential Elements of Trauma-Informed Child Welfare Addressed



The Importance of Addressing Trauma during Assessment

While most child welfare assessments include evaluations of a wide range of strengths and needs of the child and family, these assessments must include a trauma screening. A trauma screening incorporates a thorough trauma history, not only for the child, but also for the family and parents. A full understanding of what the family has experienced will help the worker better understand current behaviors and difficulties. The trauma screening also includes evaluation of the impact of past traumatic events on current functioning of the child and parents. Children and family members who are suffering from trauma-related reactions need to be referred to trauma-informed mental health providers who can complete a full trauma-focused mental health assessment. The trauma-focused mental health assessment can help guide referral decisions to ensure that all family members are linked to the services that match their needs.

Addressing Trauma during Assessment



Trauma-Informed Policies & Administrative Strategies

- Implement a universal trauma screening for all children and families with active child welfare cases.
- Adopt and implement standard trauma screening tools and/or processes.
- Train assessment workers on trauma screening.

Trauma-Informed Supervisory Strategies

- Provide guidance and coaching on conducting trauma screenings.
- Role play trauma screening with assessment workers to increase their competence and comfort level in screening for trauma.
- Review trauma screening results and case planning implications during supervision; help workers consider how system interventions may interplay with trauma history to impact the child's and family's reactions and responses.
- Follow up to ensure that children and parents who need a trauma-focused mental health assessment and/or treatment are linked to trauma-competent providers.



- Collect a thorough trauma history for child and family, including all potentially traumatic events and trauma reactions and symptoms for each family member.
- For children with trauma histories, assess for possible trauma-related reactions (e.g., nightmares, emotional outbursts, avoidance of trauma reminders).
- Refer children and parents positive who screen positive for trauma history and current reactions to a trauma-informed mental health provider who will conduct a trauma-focused mental health assessment to determine the best course of treatment.

Trauma-Informed Community Examples

Arapahoe County, Colorado: Trauma Screening by Dept. of Human Services

- Caseworkers do a trauma screening on all children entering out-of-home placement. If the screening is positive, the caseworker makes referral to mental health agency for trauma assessment.

Baltimore, Maryland: Trauma-Adapted Family Connections (TA-FC)

- TA-FC (Collins et al., 2011) is a six-month intervention that builds on Family Connections (DePanfilis & Dubowitz, 2005) principles and service components to provide trauma-focused interventions while integrating: (1) trauma-focused family assessment and engagement; (2) psycho-education about trauma symptomatology; (3) building safety capacity within the community and immediate environment; (4) trauma informed parenting practices; and (5) cognitive behavioral approaches to family therapy.

Los Angeles County: Co-location of mental health (DMH) & child welfare (DCFS) services

- DMH clinicians are physically located within DCFS offices to promote more and better screening and assessment, access to services, and the choosing of more appropriate MH services.

Massachusetts Dept. of Children and Families: Trauma Screening during Medical Evaluation

- The pediatrician who completes medical evaluations for children entering out-of-home care also administers the *Child Traumatic Stress Checklist* and follows up with the caseworker if referral for trauma treatment is indicated.

● - Trauma-Informed Policy and Administrative Strategy	● - Trauma-Informed Supervisory Strategy
● - Trauma-Informed Practice	

New Hampshire: Training child welfare staff to screen for trauma/PTSD in children

- Department of Children, Youth, and Families revised their current mental health screening tool to include more items assessing trauma exposure and PTSD symptoms, in both a 0-5 age group and 6-18. Five District Offices have been trained in the use of this tool.

New Hampshire Bridge Project: Courts Using Screening Survey with Juveniles

- This pilot effort in 5 courts seeks to identify trauma in juveniles through a standardized screening survey and to refer appropriate youth to targeted mental health services.

New York City- ACS-NYU Children's Trauma Institute: Trauma screening for mothers receiving preventive services

- Trained preventive agency staff screen mothers for trauma (current and past) and depression and ask about their children's developmental progress/developmental delays.

New York City – Jewish Board of Family and Children's Services: Standardized trauma screening and assessment

- Standardized screening and assessment are used to screen for trauma and understand its impact on mental health and use of substances.

University of Kentucky Center on Trauma and Children: CATS Trauma-Informed Assessment

- A comprehensive, multidimensional assessment of families that are child-welfare involved is administered to determine risk profiles, placement recommendations, and treatment needs.

● - Trauma-Informed Policy and Administrative Strategy	● - Trauma-Informed Supervisory Strategy
● - Trauma-Informed Practice	

Chapter 5: In-Home Family Support Services



Overview

Preventive services are provided in the home to families in which there are identified risks for future maltreatment, but no significant safety concerns. Similar to the services provided within a



behaviorally focused case plan, family support services are targeted on enhancing the protective capacity of caregivers through development of parenting skills, building connections to community resources, learning new household management techniques, etc. Services are also focused on helping the family build a network of supports that will exist after the child welfare system is no longer involved in the family's life.

Because these services are voluntary in nature, the providers must be skilled in engaging families and motivating the family to improve the day-to-day care they provide to their children.

...family support services are targeted on enhancing the protective capacity of caregivers through development of parenting skills, building connections to community resources, learning new household management techniques, etc.

The Importance of Addressing Trauma during In-Home Family Support Services

A thorough assessment, including trauma history and related reactions for all family members, is essential to the mission of preventive services. As past trauma and related symptoms can place children at risk for re-victimization, it is essential to understand the impact of past trauma on current family functioning and to refer family members to trauma-specific services as indicated. In-home services offer the opportunity to provide trauma psychoeducation and hands-on skill building with parents on how to manage trauma-related behavior problems in a safe, supportive manner.

Essential Elements of Trauma-Informed Child Welfare Addressed

Maximize Physical and Psychological Safety for Children and Families

Identify Trauma-Related Needs of Children and Families

Enhance Child Well-Being and Resilience

Enhance Family Well-Being and Resilience

Enhance the Well-Being and Resilience of Those Working in the System

Partner with Youth and Families

Partner with Agencies and Systems that Interact with Children and Families

Addressing Trauma during In-Home Family Support Services



Trauma-Informed Policies & Administrative Strategies

- Train staff to work with parents in strength-focused, trauma-informed ways.
- Review and adopt policies to ensure they include trauma-specific services and supports as part of standard in-home family support services.
- Develop partnerships with trauma-informed community providers to ensure the trauma-informed services and supports families need are available.

Trauma-Informed Supervisory Strategies

- Address secondary trauma during supervision
 - Talk about the impact on workers of taking reports and help them process feelings and reactions.
 - Help workers identify signs of secondary traumatic stress (STS) and strategies for reducing STS.

Trauma-Informed Practices

- Provide parents and family members with information about trauma reactions and coping skills to help them manage child's trauma-related behaviors and emotions.
- Reframe child's behavior "problems" as possible trauma reactions when appropriate.
- Model and teach coping and stress management skills to parents and children.
- Educate parents about the importance of trauma-focused treatment for children (and/or for themselves) when current trauma reactions are present.
- Provide parents with information on obtaining trauma-informed services and provide support and advocacy as needed treatment.

Trauma-Informed Community Examples

Baltimore, Maryland: Trauma-Adapted Family Connections (TA-FC)

- TA-FC (Collins et al., 2011) is a six-month intervention that builds on Family Connections (DePanfilis & Dubowitz, 2005) principles and service components to provide trauma-focused interventions while integrating: (1) trauma-focused family assessment and engagement; (2) psycho-education about trauma symptomatology; (3) building safety capacity within the community and immediate environment; (4) trauma informed parenting practices; and (5) cognitive behavioral approaches to family therapy.

Rochester, New York: Mt. Hope Family Center: Access to Trauma-Informed Services

- Provide Child-Parent Psychotherapy (Lieberman & Van Horn, 2004), Trauma-Focused Cognitive-Behavioral Therapy (Cohen, Mannarino, & Deblinger, 2006), and Alternatives for Families: A Cognitive-Behavioral Therapy (Kolko & Swenson, 2002) for child welfare clients, mostly referred by Preventive Unit of Monroe County Department of Human Services.
- Also provides Interpersonal Psychotherapy (Weissman, Markowitz, & Klerman, 2000) for depressed mothers and their children and Incredible Years (Reid & Webster-Stratton, 2001) parenting skills training.

Multiple counties in California, Georgia, Oklahoma, and other states: Safecare®

- Safecare® (Lutzker et al., 1998) is an in-home parenting model program that provides direct skill training in child behavior management, home safety training, and child health care skills to prevent child maltreatment among families who are at high risk for child neglect and/or abuse.

● - Trauma-Informed Policy and Administrative Strategy	● - Trauma-Informed Supervisory Strategy
● - Trauma-Informed Practice	

Chapter 6: Removal and Initial Placement



Overview

Out-of-home placement is the most intrusive safety planning option for families. It occurs when there is no other way to control and manage an identified safety threat. When placing children in out-of-home settings, efforts first should be made to prepare the child and parents for the removal. Then, the child should be placed with kin or other familiar adults whenever possible. This minimizes the trauma for children and eases the transition into the placement setting. When placement with familiar adults is not possible, it is important to spend the time required helping children get to know the resource family and adjust to the unfamiliar setting. Other critical practices when identifying placements for children include ensuring that sibling groups are placed together and ensuring that school-age children are able to stay within their own school settings—even if this means arranging for transportation.



When placement with familiar adults is not possible, it is important to spend the time required helping children get to know the resource family and adjust to the unfamiliar setting.

The Importance of Addressing Trauma during Removal and Initial Placement

The removal experience can be highly distressing for children and their families. For children who have experienced trauma, separation from home and parents can exacerbate trauma reactions. Emotional and behavioral trauma reactions can interfere with children's ability to bond with resource families and to maintain stable placements. Resource parents (i.e., any adults who have a child placed into their care - kin, foster, etc.) need to be educated about trauma and taught how to respond to children in trauma-informed ways.

Essential Elements of Trauma-Informed Child Welfare Addressed

Maximize Physical and Psychological Safety for Children and Families

Identify Trauma-Related Needs of Children and Families

Enhance Child Well-Being and Resilience

Enhance Family Well-Being and Resilience

Enhance the Well-Being and Resilience of Those Working in the System

Partner with Youth and Families

Partner with Agencies and Systems that Interact with Children and Families

Addressing Trauma during Removal and Initial Placement



Trauma-Informed Policies & Administrative Strategies

- Provide mandatory pre-service and in-service trauma training and ongoing coaching to placement workers focused on removal.
- Train staff to recognize and be able to address traumatic reactions in children at the time of removal.

Trauma-Informed Supervisory Strategies

- Discuss with workers how removal might interplay with a child's trauma reactions and how workers can support children before and after the removal happens.
- Provide workers with tools (e.g., handouts, training resources) to share with birth and resource parents to educate them about trauma, especially triggers, reminders, and reactions.
- Provide workers with support and access to supervisory consultation when resource parents express concern about the initial placement.

Trauma-Informed Practices

- Utilize Family Finding, (Allen, Malm, Williams, & Ellis, 2011). genograms, and ecomaps (Cox, 2003) to place children with familiar adults.
- Place siblings together to minimize trauma.
- Allow siblings to room together in shelter to promote psychological safety.
- Provide the resource family at the time of placement with as much information as possible about the child and his/her family, including trauma history and related reactions and triggers. This results in building a bond of trust between the worker and the resource family and ensures that the resource family has the information they need to care for the child.

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- Provide the child with information (including photos) about placement in advance and arrange a pre-placement visit when possible. This helps restore a sense of predictability for children, which is important in the aftermath of trauma.
- Provide birth parents with information about the resource family at the time of placement to help allay parents' fears and develop a relationship between birth parents and resource families.
- Create an opportunity for the birth family and the resource family to meet as soon as possible, to share information about the child and begin to form a partnership to enhance the psychological safety and well-being of the child.
- Create an opportunity for the birth parents to talk with the child shortly after placement (within 24 hours) when appropriate.
- For young children, ask the parent about feeding, schedules, and routines prior to – or at the time of the removal.
- Ask the parent and child about any medical conditions, allergies, or medications prior to – or at the time of the removal.
- Ask the child if he or she is hungry or thirsty and provide comfort food and/or drink.
- When appropriate, allow the parent to assist in the removal process and say good-bye.
- Ask the parent or child to gather some familiar items from home before removing the child.
- Trauma-Informed Removal: Preparation for Workers (Henry & Richardson, 2010)
 - Recognize that you may not have the power to alleviate the child's distress, but you can minimize the trauma.
 - Be willing and able to tolerate and empathize with any signs of distress expressed by the child.

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- Think about and prepare trauma-informed responses to typical child questions
 - ⇒ Why can't I stay with my parents?
 - ⇒ When can I see my parents again?
 - ⇒ How long will I be in foster care?
- ⇒ Trauma-Informed Steps with Child at Removal (Henry & Richardson, 2010)
 - Identify what is happening and going to happen for the child
 - Identify common thoughts and feelings that children usually have
 - Explain your role in providing what you believe will be safe for a child
 - Elicit questions from the child
 - Ask what the child needs from his or her home that provides comfort
 - Ask the child what the he or she needs to feel safe

Trauma-Informed Community Examples

Jacksonville, Florida: Transitional Trauma Therapy Program

- Trauma-trained mental health therapist is present at removal to support child and family and provides Trauma-Focused Cognitive Behavioral Therapy (TF-CBT, Cohen, Mannarino, & Deblinger, 2006) to the child for several months after removal.

Los Angeles, California: Let Me Tell You About My Home

- Resource parent completes detailed form about their home to share with birth parents and children at time of placement. The goal is for this information to help break down barriers and create positive relationships between birth and resource parents.

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● - Trauma-Informed Policy and Administrative Strategy	● - Trauma-Informed Supervisory Strategy
● - Trauma-Informed Practice	

New Hampshire, Florida-Circuit 5, North Carolina, and San Diego: All About Me Form/Child Preference Survey

- Birth parent, youth, and/or child shares information with resource parent about the child at removal or shortly thereafter (likes, dislikes, daily routines, comfort items) to enhance psychological safety for the child, ease the transition for the child, and empower parents to remain in the role as experts on their children.

North Carolina: Trauma Training for Resource Parents

- Utilizing *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents* (Grillo et al., 2010).
- Plan to train all resource parents and require this training for relicensing.

Oklahoma: Initial Meeting

- Team Meeting is held within days after placement for caseworker, other professionals, and birth and resource parents to meet and discuss safety and case plans.

San Diego, California, Florida-Circuit 5: Initial Phone Call

- Resource parent contacts birth parent within 24 hours of placement to share information about the child (enhancing child’s psychological safety) and start building partnership.
- A resource parent helped create a script for workers to share with other resource parents to provide guidance and talking points for the initial phone call.

● - Trauma-Informed Policy and Administrative Strategy	● - Trauma-Informed Supervisory Strategy
● - Trauma-Informed Practice	

Chapter 7: Out-of-Home Placement



Overview

Providing support to resource (foster, kin, and adoptive) families enhances their ability to support children and promotes successful placements, thus minimizing disruptions for children. To ensure that children placed in out-of-home care do not experience placement disruption, ongoing assessments of resource family needs must be viewed as important as assessing birth family and child's needs. This is



especially true of kinship caregivers, who must have access to resources, training, support, and/or education to address the needs of children who have experienced the trauma of abuse and neglect. Resource families should be considered an active and vital part of the team who are invited to all case planning and case plan review meetings. They have a valuable and unique

perspective that needs to be heard. Resource family participation in these meetings also provides an opportunity for the team to intervene and provide support in potentially problematic situations prior to reaching a crisis point at which placement disruptions may occur.

Resource families should be considered an active and vital part of the team who are invited to all case planning and case plan review meetings. They have a valuable and unique perspective that needs to be heard.

When changes in placement cannot be avoided, workers can support children and families through the transition to help them adapt. The replacement process should be well-planned and occur gradually when possible. It is important for the worker to communicate to the child that he/she is loveable and that the move (even if there were behavioral issues) is **not** the fault of the child. The birth parents must also be involved in placement planning and actual replacement process. The same process of information sharing that was identified at the initial placement should occur with the new resource family. If the child formed a positive attachment to the former resource family, efforts should be made to maintain those relationships through visits and/or phone contact.

Youth involved in the child welfare system who are placed in residential settings often experience an

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Essential Elements of Trauma-Informed Child Welfare Addressed

Maximize Physical and Psychological Safety for Children and Families

Identify Trauma-Related Needs of Children and Families

Enhance Child Well-Being and Resilience

Enhance Family Well-Being and Resilience

Enhance the Well-Being and Resilience of Those Working in the System

Partner with Youth and Families

Partner with Agencies and Systems that Interact with Children and Families

array of placement disruptions prior to entering residential care. When placing a child in residential care, it is critical to ensure that the child understands how this setting will best meet his/her needs until sufficient stability has been achieved for the child to safely return to family-based care. It is also critical that transition planning to a lower level of care begin as soon as possible, exploring existing and yet to be discovered options where the child can live upon leaving the facility. Once identified, these potential placement options become actively involved in the treatment of the child so that they can begin to identify the kinds of supports they will need to bring the child into their home.

The Importance of Addressing Trauma during Out-of-Home Placement

For children who have experienced trauma, placement can further exacerbate trauma reactions based on children's separation from their birth parents. Emotional and behavioral trauma reactions can interfere with children's ability to bond with resource families and to maintain stable placements. Birth and resource parents need to be educated about trauma and taught how to respond to children in trauma-informed ways. It is also important that birth and resource families work together in partnership to enhance psychological safety for the child. Changes in placement can further exacerbate children's trauma reactions and potential feelings of rejection and unworthiness. Many children in out-of-home care will need therapy to help reduce trauma symptoms and help them cope with separation and loss issues, so ongoing assessment is essential.

It is essential for residential staff to be well-trained in trauma, its impact, and trauma-informed practices. Youth in residential care often have complex trauma histories and challenging mental health issues and behaviors. The residential environment can serve to trigger youth, and staff need to be well-trained and prepared for these reactions. Creating a trauma-informed environment can facilitate the healing process.

Addressing Trauma during Out-of-Home Placement



Trauma-Informed Policies & Administrative Strategies

- Develop or enhance policies related to building partnerships between resource and birth parents (e.g., incorporating Team Decision Making and Icebreaker Meetings - a stand-alone meeting that builds a critical connection between birth parents and the foster parents who are caring for a child [Omang & Bonk, 1999]).
- Provide mandatory pre-service and in-service trauma training and ongoing coaching to resource parents.

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Addressing Trauma during Out-of-Home Placement



Trauma-Informed Policies & Administrative Strategies

- ⇒ Provide mandatory pre-service and in-service trauma training and ongoing coaching to placement workers and resource family workers.
- ⇒ Residential care facilities should consider training and coaching their staff in a trauma-informed care model (e.g., Sanctuary [Farragher, & Yanosy, 2005], Systematic Training to Assist in the Recovery from Trauma [START, Benamati, J., n.d.]) and reducing the use of practices that are likely to trigger trauma reactions in children and youth (e.g., restraint and seclusion).

Trauma-Informed Supervisory Strategies

- ⇒ Discuss with workers how placement might interplay with a child's trauma reactions and how workers can support children during placement.
- ⇒ Provide workers with tools (e.g., handouts, training resources) to share with birth and resource parents to educate them about trauma.
- ⇒ Provide workers with support and access to supervisory consultation when resource parents express concern about the stability of a placement.

Trauma-Informed Practices

- ⇒ During transitions in out-of-home placement (Henry & Richardson, 2010):
 - Create safety (physical and psychological) for child.
 - Invite and affirm expression of feelings.
 - Provide psychoeducation to normalize child's feelings and responses.
 - Empower through predictability.
 - Ensure relational continuity.
- ⇒ Facilitate contact between children and parents as soon as possible, unless contraindicated.

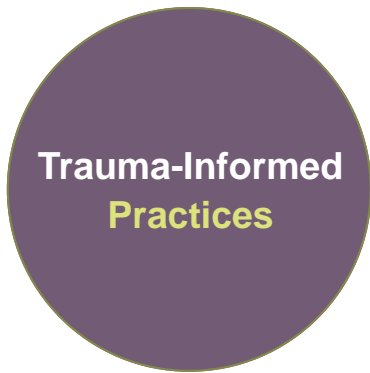
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**Trauma-Informed
Practices**

- Work with resource parents to ease transition for child.
 - Be prepared to stay for a while to help child adjust to placement.
 - Ask the child in the presence of the resource parent what will help him or her feel safe.
 - Ask about routines, especially for the rest of the evening and the next day, to provide predictability.
 - Ask about special rules the family has.
 - Address any questions child may have and optimize opportunities for child to be involved in making appropriate decisions and/or voicing his/her concerns and needs.
- Support the relationship between the birth and resource family throughout the time of placement to help children feel safe and supported.
 - Help resource parents view children's behavior through a trauma lens.
 - Help resource parents identify potential trauma triggers and assist them in reducing exposure to triggers when possible and managing children's reactions.
 - When change of placement is necessary:
 - Prepare the child, caregivers, and parents in advance.
 - Help child and family plan special ways to commemorate their time together.
 - Encourage former resource parents to share information about the child with new resource parents.

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- Suggest a transitional object for the child to take to new placement (e.g., photo of child with former resource parents).
- Facilitate on-going contact with former resource parents when appropriate.
- ⇒ In residential settings:
 - Identify environmental and situational trauma triggers for each child. Work with fellow staff to reduce exposure and work with child and treatment team to enhance coping strategies.

Trauma-Informed Community Examples

Florida: Devereux Trauma-Informed Residential Care

- All residential care providers are trained in trauma-informed care and training to prevent the use of seclusion and restraint.
- Converted seclusion rooms into unlocked comfort rooms and developed sensory carts for helping children de-escalate.
- Client Information Card Initiative: Staff have readily available cards for each child documenting trauma triggers, replacement behaviors, calming strategies, special treatment procedures, high risk behaviors, and contraindications to restraint.

Florida-Circuit 5: Mental Health Counselor on Placement Team

- A Mental Health Counselor joined the Placement Team to provide early intervention to children who display troubling behavioral symptoms, which may lead to placement disruptions and academic struggles. The counselor interviews the child, resource parent and case manager and provides support and referrals as needed. The counselor remains involved to ensure linkages and prevent further crises that might lead to disruption.

Massachusetts: Joint Birth Parent-Resource Parent Trainers

- A Mental Health Counselor joined the Placement Team to provide early intervention to children who display troubling behavioral symptoms, which may lead to placement disruptions and academic struggles. The counselor interviews the child, resource parent and case manager and provides support and referrals as needed. The counselor remains involved to ensure linkages and prevent further crises that might lead to disruption.

● - Trauma-Informed Policy and Administrative Strategy	● - Trauma-Informed Supervisory Strategy
● - Trauma-Informed Practice	

Massachusetts: Three Week Placement Review Meeting

- These meetings are held for all placements to:
 - Discuss and review the child's adjustment to placement.
 - Identify outstanding needs.
 - Provide the parents an opportunity to share information about their child with the resource foster parents and for resource parents to update the parents on how the child is doing.
 - Discuss the child's trauma history, its impact on their behavior, the need for treatment and to review any available trauma assessments.
 - Discuss possible kinship resources and kinship search conducted if the child is in an unrestricted foster home.
 - Discuss ways in which the parent and resource parent may collaborate to meet the needs of the child.
 - Develop a visitation/contact plan between the child and family.
 - Discuss the permanent plan for the child.
 - Develop an Action Plan to achieve the identified goals.

New Mexico: Icebreaker Meetings (Omang & Bonk, 1999)

- Parents and resource parents meet to build a relationship and share information to support a child who has just entered out-of-home placement or is changing placement.

North Carolina: Trauma-Informed Transitions

- Birth parents provide information about child to substitute care provider.
- Resource parent provides information about child to new care provider when placement changes.

Oklahoma: Initial Team Meeting

- The Initial Team Meeting is held shortly after placement for caseworker, other professionals, birth, and resource parents to meet and discuss safety and case plans and to start to work together.

Oklahoma: Placement Stability and Placement Disruption Meetings

- These two different types of meetings are available – one a proactive meeting to prevent a disruption and the second a meeting to try and stabilize a placement that is at high-risk of disrupting. In doing these meetings, staff have been able to successfully maintain and stabilize placements and prevent moves.

● - Trauma-Informed Policy and Administrative Strategy	● - Trauma-Informed Supervisory Strategy
● - Trauma-Informed Practice	

Oklahoma: Trauma Training for Emergency Shelter Providers

- Systematic Training to Assist in the Recovery from Trauma (START, Benamati, J., n.d.) was provided to Oklahoma Department of Human Services (OKDHS) emergency shelter providers in Tulsa, who assure completion of an initial trauma screening for all shelter admissions who continue in out-of-home care. Planning is currently underway to conduct trauma training for shelter staff in Oklahoma County.

Oklahoma: Trauma Training for Resource Parents

- Pre-service mandatory training curriculum for resource parents has been revised, incorporating content from *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents* (Grillo et al., 2010).
- On-line training titled *Trauma-Informed Care: An Introduction for Bridge Resource Parents* (Oklahoma Bridge Family Resource Center, n.d.) was created and is available to resource parents statewide. It teaches resource parents how trauma affects children emotionally, physically, and psychologically, and how to adopt a *trauma-informed care* approach to working with children to give them the support they need.

San Diego, California: Polinsky Infant and Toddler Approach

- Created and implemented a new behavior management model for children ages 0-5 years old in emergency shelter that emphasizes the impact of attachment and trauma.
- Trained residential staff in ways of interpreting and responding to children through a trauma-informed lens.

Vermont: Shared Parenting Meetings

- Resource parents and birth parents meet within five days of placement to talk about expectations and how to work together to care for the child. The parent is able to share information about their child's routines, likes and dislikes, needs, etc. The resource parent can share information about their home and family. The meeting is co-facilitated by a family time coach and the social worker. These meetings occur at least once every three months, but occur more often if needed.

● - Trauma-Informed Policy and Administrative Strategy	● - Trauma-Informed Supervisory Strategy
● - Trauma-Informed Practice	

Chapter 8: Visitation/Parenting Time



Overview

When children are in out-of-home care, it is important to ensure intentional (or “purposeful”) visitation with parents and family members. Intentional visitation is an evolved, individualized, and well-planned approach to visitation that integrates coaching of parents into the visitation process. In this approach, visitation activities are explicitly linked to helping parents change the behaviors that caused children to be unsafe or at risk of future harm.



Intentional visitation helps children maintain positive connections with their parents, helps parents practice new skills to increase the safety and well-being of their children, and increases the likelihood of reunification (U. S. Department of Health and Human Services, n.d.).

Intentional visitation helps children maintain positive connections with their parents, helps parents practice new skills to increase the safety and well-being of their children, and increases the likelihood of reunification.

The Importance of Addressing Trauma during Visitation/Parenting Time

Visitation can trigger trauma reactions in children and parents, so appropriate preparations and supports must be provided for children, parents, and resource families. Resource families may misunderstand these reactions as signs that children either do not want the visit to occur or that the visits are not in the child’s best interest.

Essential Elements of Trauma-Informed Child Welfare Addressed

Maximize Physical and Psychological Safety for Children and Families

Identify Trauma-Related Needs of Children and Families

Enhance Child Well-Being and Resilience

Enhance Family Well-Being and Resilience

Enhance the Well-Being and Resilience of Those Working in the System

Partner with Youth and Families

Partner with Agencies and Systems that Interact with Children and Families

Addressing Trauma during Visitation/Parenting Time



Trauma-Informed Policies & Administrative Strategies

- Provide mandatory pre-service and in-service trauma training and ongoing coaching to resource parents about visitation, trauma, triggers, reminders, and reactions.
- Provide mandatory pre-service and in-service trauma training and ongoing coaching to placement workers and resource family workers about visitation, trauma, triggers, reminders, and reactions.

Trauma-Informed Supervisory Strategies

- Discuss with workers how visitation might interplay with a child's trauma reactions and how workers can support children before and after visits take place.
- Provide workers with tools (e.g., handouts, training resources) to share with birth and resource parents to educate them about trauma, especially triggers, reminders, and reactions.
- Provide workers with support and access to supervisory consultation when resource parents express concern about visits.

Trauma-Informed Practices

- Visitation with birth family:
 - Facilitate visits with parents and siblings (if not placed together) within 72 hours of placement and frequently thereafter.
 - Ensure that person supervising visits fully understands safety concerns (physical and psychological safety) and that child feels safe with the supervisor.
 - Hold visits in a safe but natural setting.

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- Prepare child, birth family, and resource family for possible trauma triggers and reactions that may occur prior to, during, and after visits and work on coping skills to help manage reactions.
- Utilize visitation as an opportunity for parents to practice trauma-informed parenting skills (e.g., setting appropriate limits and boundaries, managing children’s triggers and reactions, providing an emotional container for children’s overwhelming emotions, reinforcing safety messages).
- Ask children how they feel about visitation and establish a word or sign to use if child feels unsafe.
- Collaborate with therapists when considering changes in visitation.

Trauma-Informed Community Examples

Florida – Circuit 5: Family Engagement Specialists

- Facilitating frequent purposeful visits in a family-friendly setting will help create a situation that will foster timelier reunification for families and increased well-being of the child. To do this, Family Engagement Specialists (FES) have been employed, who are Foster Care Managers who specialize in the engagement of families. The goal of this team is to effectively engage parents and families in recognizing their strengths and areas of unmet needs, as well as help pull in additional natural supports to create a support team.

Oklahoma: Trauma Training for Resource Parents

- Pre-service mandatory training curriculum for resource parents has been revised, incorporating content from *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents* (Grillo et al., 2010)
- On-line training titled *Trauma-Informed Care: An Introduction for Bridge Resource Parents* (Oklahoma Bridge Family Resource Center, n.d.) was created and is available to resource parents statewide. It teaches resource parents how trauma affects children emotionally, physically, and psychologically, and how to adopt a “trauma-informed care” approach to working with children to give them the support they need.

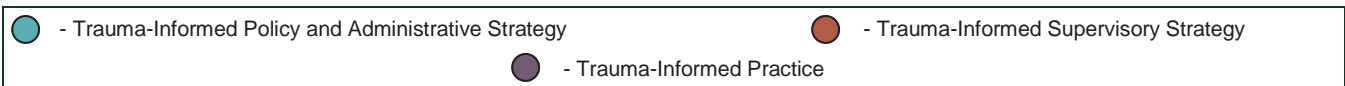
● - Trauma-Informed Policy and Administrative Strategy	● - Trauma-Informed Supervisory Strategy
● - Trauma-Informed Practice	

Vermont: Family Time, Coaching, and Shared Parenting



Known as Family Time (rather than 'visitation'), credentialed specialists provide coaching to parents, rather than more traditional supervision. They consistently operate under the premise of "why can't we do unsupervised visits?" rather than the converse. The workers still see the family as well, but the shift has been from one of 'supervised visits' to 'coached family time.'

As part of this, workers provide coaching to parents prior to the time with the child as well as reflective time after the family time. All time is focused on supporting the parent in spending 'successful and fun' time with his/her child, addressing issues related to separation, loss, and post-family time reactions from parents, children, resource parents, and social workers.



Chapter 9: Participatory Case Planning (Service Planning)



Overview

Upon completion of the functional assessment, the worker and the family should have a good sense of the kinds of interventions needed to help the family make the behavioral changes needed to improve parental protective capacity and eliminate safety and risk concerns. Interventions should be jointly identified by the family and the worker, and in order to ensure optimal impact, they need to be sensitive to the family's culture, race, ethnicity, and trauma history. Empowerment, choice, and collaboration are basic tenets of trauma-informed care that are essential to family engagement in service planning.



Interventions should be jointly identified by the family and the worker, and in order to ensure optimal impact, they need to be sensitive to the family's culture, race, ethnicity, and trauma history.

The purpose of each intervention should be fully understood by the family as well as the entire team. There should be a clear link between the underlying needs the interventions are trying to meet, the parenting behaviors the interventions are focused on changing, and the safety threats the interventions are seeking to eliminate and/or the risks they are seeking to reduce. The case planning process is also focused on development of a team of supports and resources for families that can exist long after the child welfare system's involvement has ended.

The Importance of Addressing Trauma during Participatory Case Planning (Service Planning)

Trauma is a very important consideration for case planning, as families may need specific kinds of services to meet their trauma-related needs. When trauma is overlooked during the planning process, families may be referred for services that are ineffective because they fail to address the underlying trauma issues at the source of behavioral and mental health difficulties.

Essential Elements of Trauma-Informed Child Welfare Addressed

Maximize Physical and Psychological Safety for Children and Families

Identify Trauma-Related Needs of Children and Families

Enhance Child Well-Being and Resilience

Enhance Family Well-Being and Resilience

Enhance the Well-Being and Resilience of Those Working in the System

Partner with Youth and Families

Partner with Agencies and Systems that Interact with Children and Families

Addressing Trauma during Participatory Case Planning (Service Planning)



Trauma-Informed Policies & Administrative Strategies

- Develop or adapt policies to ensure they clearly require case planning and service planning to take place in partnership with families.
- Provide training and ongoing coaching to case managers (child welfare social workers) on addressing trauma for children and families as part of case/service planning.
- Partner with community-based mental health providers to ensure appropriate evidence-based trauma-informed treatments are available for children and parents.

Trauma-Informed Supervisory Strategies

- Review trauma histories of children and families with workers during supervision to ensure trauma-related needs are addressed in case plan.
- Prepare workers for case planning meetings by discussing common behaviors and reactions that might be related to traumatic experiences.

Trauma-Informed Practices

- Discuss perceived trauma-related needs and potential referrals with parents and children and engage them in choosing appropriate services.
- Include specific behavioral goals for parents related to increasing physical and psychological safety and promoting resilience among their children in case plans.
- Include involvement of all appropriate caregivers in child's therapy in case plans.
- Utilize genograms and ecomaps with families to identify supports.

Trauma-Informed Community Examples

Florida - Kids Central: Supervisors' Staffing Checklist for Early Services Intervention

- Facilitating frequent purposeful visits in a family-friendly setting will help create a situation that will foster timelier reunification for families and increased well-being of the child. To do this, Family Engagement Specialists (FES) have been employed, who are Foster Care Managers who specialize in the engagement of families. The goal of this team is to effectively engage parents and families in recognizing their strengths and areas of unmet needs, as well as help pull in additional natural supports to create a support team.

Los Angeles, California, San Diego, California: Increasing Capacity of Mental Health Providers

- Child welfare agencies are partnering with local mental health agencies to encourage and ensure the providers have the appropriate evidence-based trauma-informed treatments, e.g., Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT; Cohen, Mannarino, & Deblinger, 2006).
- Child welfare agencies work with local mental health agencies to make sure they have requirements in place to become approved therapists and provide treatment to children and youth in the agencies' custody.

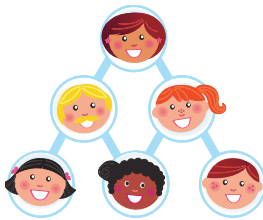
● - Trauma-Informed Policy and Administrative Strategy	● - Trauma-Informed Supervisory Strategy
● - Trauma-Informed Practice	

Chapter 10: Case Management (Referrals, Service Coordination, Ongoing Assessment)



Overview

Case management activities are the majority of the day-to-day work that child welfare workers do in order to help families remove safety concerns, minimize risks, and ultimately end the need for child welfare involvement. Along with regular communication with families (and visitation for families in which the children are in out-of-home placement), the key activities the child welfare worker does include: making referrals to service providers; coordinating services across multiple providers; and conducting their own ongoing assessment of the family's progress.



When making referrals to community providers, the worker includes the following information within the referral:

- A clear description of the safety threats/risks and how they are uniquely operationalized in the family
- A description of how the identified safety threats are being controlled or managed
- What the parenting behavior needs to look like in order for the safety threat to be eliminated or the risk reduced
- Trauma history for the child and parents and any current trauma-related reactions or symptoms
- Any parent strengths and protective capacities that exist
- The specific focus of the provider intervention(s) and outcomes desired
- The information to be included in provider reports

By coordinating services across multiple service providers, workers reduce duplication for families, increase communication across providers, and ideally enhance the likelihood that children and families are getting what they need in the most effective and efficient ways possible for them.

The thoroughness of this information ensures that the team is focusing their efforts in ways that help families succeed and actively engage them in the process. It also moves the team away from focusing on compliance with a set of tasks (i.e. complete parenting classes, complete anger

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Essential Elements of Trauma-Informed Child Welfare Addressed



management classes) to an assessment of whether or not behaviors that caused children to be unsafe are changing. If behavioral changes are not occurring, the team actively engages the family to pose the question, “Are the right interventions in place?” Rigorous attention to providing the right interventions allows the worker and the team to accurately assess family progress.

By coordinating services across multiple service providers, workers reduce duplication for families, increase communication across providers, and ideally enhance the likelihood that children and families are getting what they need in the most effective and efficient ways possible for them. Expecting parents to access multiple services simultaneously is often a recipe for failure, thus it is a key role for child welfare workers to help prioritize and coordinate these services. Services provided should both be culturally relevant and determined based on input from the family to ensure success and agreement with the process.

As service providers share successes and challenges with the worker, the worker is using this information to assess the family’s progress toward the case planning goals created in partnership with the family. This ongoing assessment is critical to ensure that the family’s case does not stay open with the child welfare agency longer than it needs to as well as ensuring that families are actually getting the services they truly need.

The Importance of Addressing Trauma during Case Management (Referrals, Service Coordination, Ongoing Assessment)

When making service referrals, it is important to consider the trauma-related needs of families and match those needs with community providers who have the training and skills to provide the necessary services. As the child welfare worker is responsible for coordinating services for the family, s/he needs to ensure that all providers working with the family are aware of the child and family’s trauma history and how trauma is impacting caregiver and child behavior. Collaboration and a shared trauma-informed framework among service providers helps promote cohesive care for the child and family and allows the child welfare worker to use a clear and single trauma lens in his/her continuous assessment of the family’s progress toward case plan goals.

Addressing Trauma during Case Management

(Referrals, Service Coordination, Ongoing Assessment)



Trauma-Informed Policies & Administrative Strategies

- Provide trauma training, ongoing coaching and support to all staff.
 - Utilize the *Child Welfare Trauma Training Toolkit* (Child Welfare Committee et al., 2013) and provide follow-up case consultations and/or coaching to help staff implement and sustain trauma-informed case management practices.
- Provide trauma training, coaching and ongoing support to community-based providers to ensure all have a trauma lens in working with families.
- Work with community-based providers to ensure trauma-informed services and treatments are available in the community.

Trauma-Informed Supervisory Strategies

- Help workers consider cases through a trauma lens by asking about trauma history and possible impact on current child and family functioning.
- Develop a list of trauma-informed therapists in the community and share with unit or agency.
- Incorporate trauma into safety and permanency planning and risk assessments in case reviews.

Trauma-Informed Practices

- Maintain frequent and purposeful contact with children and families; be consistent and predictable.
- Ensure that the child has someone to talk to about the trauma and system interventions with whom he or she feels comfortable.
- For children and parents with significant trauma histories and current trauma reactions, refer to a trauma-informed mental health provider.

(Continued on next page)



- Request a trauma-informed mental health assessment, including use of standardized trauma measures, as indicated through trauma screenings and other available sources of information.
- Ask mental health providers and agencies about their training and experience in treating children and families who have been impacted by trauma.
- Communicate with the school and other providers about the child's needs and appropriate strategies to promote trauma recovery.
- Organize regular case conference meetings with all providers working with the family (and ensure the family is also included whenever possible and appropriate) to develop a common trauma-informed language and framework for services.
- Use consistent trauma-informed language in expressing desired outcomes for children and families as well as in describing progress.

Trauma-Informed Community Examples

Baltimore, Maryland - University of Maryland: Trauma-Adapted Family Connections (TA-FC)


- TA-FC (Collins et al., 2011) is a six-month intervention that builds on Family Connections (DePanfilis & Dubowitz, 2005) principles and service components to provide trauma-focused interventions while integrating: (1) trauma-focused family assessment and engagement; (2) psycho-education about trauma symptomatology; (3) building safety capacity within the community and immediate environment; (4) trauma informed parenting practices; and (5) cognitive behavioral approaches to family therapy.

Florida – Kids Central: Trauma Incorporated into a Casework Practice Model


- Trauma-informed principles have been incorporated into the Solution-Based Casework (Christensen, Todahl, & Barrett, 1999) training manual therefore training caseworkers on trauma while training them on the casework practice model.

● - Trauma-Informed Policy and Administrative Strategy	● - Trauma-Informed Supervisory Strategy
● - Trauma-Informed Practice	


Kalamazoo, Michigan - Southwest Michigan Children's Trauma Assessment Center: Trauma-Informed Court Report Checklist

-  This tool can be used by child welfare workers to create trauma-informed court reports. It includes the child's trauma history, trauma symptoms, trauma assessment, and treatment. It can also serve as a resource for judges, CASAs, and attorneys.


Massachusetts: Cross-Partner Trauma Training




-  Staff condensed the *Child Welfare Trauma Training Toolkit* (Child Welfare Committee et al., 2013) into a two-hour version that can be used with various partners in different systems.

New Hampshire: Trauma Training in Schools

-  New Hampshire's Department of Children, Youth, and Families provides trauma training to schools across the state.

San Diego, California: Child Protection Team

-  A long-standing, multi-disciplinary team meets weekly to discuss cases of serious abuse, to ensure that all necessary services are provided to an abused or neglected child. This team has representatives from the Chadwick Center for Children and Families-Rady Children's Hospital, San Diego County Child Welfare Services, law enforcement, juvenile court, county counsel, the district attorney's office, public health, San Diego Regional Center, and San Diego city schools.

 - Trauma-Informed Policy and Administrative Strategy	 - Trauma-Informed Practice	 - Trauma-Informed Supervisory Strategy
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Chapter 11: Permanency Planning



Overview

While we often talk about safety, permanency, and well-being independently, they are in fact inextricably interwoven. One cannot exist without the other two being in place. Removing a child from an unsafe living environment and attending to his/her medical and educational needs is not enough. To ensure ongoing safety and well-being, it is imperative that children have permanent and stable connections to loving adults.

To ensure ongoing safety and well-being, it is imperative that children have permanent and stable connections to loving adults.

Concurrent Planning/Permanency Planning Throughout the Life of the Case

Concurrent rather than sequential planning efforts serve to more quickly move children from the uncertainty of foster care to the security of a permanent family. Effective implementation of concurrent planning requires rigor in addressing child permanency needs along the pathway from case opening to case closure. For example, during assessment and safety planning, the worker should be asking the family to identify people who care about the children and engaging those individuals in helping to keep the children safe. Other practices that promote concurrent planning and permanency planning include facilitating intentional visitation and supporting partnerships between birth and resource families.

If these permanency-promoting practices occur and a decision return the child to his or her parents is made, it would be well-founded and clearly documented. If these permanency-promoting practices occur and instead a decision is made to pursue an alternative permanency plan, the resource family who cares about the child will already have been identified and approved through background checks and home studies and involved in the child's life and services. The transition to the alternate permanency option will be able to occur rapidly and seamlessly.



Essential Elements of Trauma-Informed Child Welfare Addressed

Maximize Physical and Psychological Safety for Children and Families

Identify Trauma-Related Needs of Children and Families

Enhance Child Well-Being and Resilience

Enhance Family Well-Being and Resilience

Enhance the Well-Being and Resilience of Those Working in the System

Partner with Youth and Families

Partner with Agencies and Systems that Interact with Children and Families

The Importance of Addressing Trauma during Permanency Planning

Trauma can impact children's opportunities to achieve permanency in many ways. Families who have endured multigenerational trauma may experience challenges in meeting safety goals in a timely manner and may require trauma-specific services to help them do so. Children who have been affected by trauma often display behaviors and reactions that are challenging for resource parents and can impede placement stability and permanency. The multiple placements that result can often impact a child's ability to form healthy attachments with caregivers. Without appropriate supports and services, children can linger in the foster care system for many years with multiple caregivers. When parents' own trauma issues are not dealt with, they may have a difficult time keeping their children safe and supporting their children's long-term resilience. Addressing trauma issues among children and their families can promote timely permanency.

Addressing Trauma during Permanency Planning



Trauma-Informed Policies & Administrative Strategies

- Provide trauma training, coaching and ongoing support to all child welfare staff including prevention, permanency, placement, and adoptions workers.
- Work with mental health and community partners to ensure that service array meets the trauma-related needs of families to help them achieve permanency.
- Require trauma training and ongoing coaching as needed for birth parents and resource parents (including foster, kinship, and adoptive parents) to provide them with the knowledge and skills they need to support children into adulthood.
- Institute Permanency Roundtables (Casey Family Programs, 2013) to help link youth with “forever families” by identifying realistic solutions to permanency obstacles.
- Institute trauma-informed Placement Stability Meetings (see community example in Chapter 7) to reduce the likelihood of placement disruptions.

Trauma-Informed Supervisory Strategies

- ➔ Help workers address placement problems early on to prevent disruption.
- ➔ Provide coaching and supervisory consultation when placements are at risk of disrupting.

Trauma-Informed Practices

- ➔ Ensure that parents and caregivers are receiving appropriate services, including trauma-informed services as needed, to address barriers to permanency.
 - Refer parents to trauma therapy to address trauma issues that interfere with their protective capacity
 - Refer parents and caregivers to trauma trainings and workshops to help them see their children's behaviors through a trauma lens and learn trauma-informed parenting skills.
- ➔ Educate parents and caregivers about secondary trauma and link them to support groups and treatment as needed.

Trauma-Informed Community Examples

San Diego, California: Comprehensive Assessment and Stabilization Services (CASS) Program

- Clinical team including therapists, a behavioral specialist, and a psychiatrist provide mobile crisis intervention when placements are at risk of disrupting in an effort to maintain placement stability.

San Diego, California: Melding

- Melding is an innovative approach that merges the application process for adoption and foster care programs to allow foster parents to adopt the children in their care if reunification is not successful.

● - Trauma-Informed Policy and Administrative Strategy	● - Trauma-Informed Supervisory Strategy
● - Trauma-Informed Practice	

Tulsa, Oklahoma: Disruption Staffings

- A family team meeting is held when placement is at risk of disrupting. The resource parent, resource worker, family, and other service providers attend to problem solve to save placement.

● - Trauma-Informed Policy and Administrative Strategy	● - Trauma-Informed Supervisory Strategy
● - Trauma-Informed Practice	

Chapter 12: Reunification



Overview

The goal for the majority of child welfare cases in which children are removed from their parents is to reunify the children with their parents, once safety threats have been resolved. Child welfare interventions are intended to prepare parents to safely resume caring for their children and



to enhance parental protective capacity to prevent future maltreatment. Careful assessment is needed to ensure that families are ready to take this step and that they have sufficient support to keep their children safe, prevent re-victimization of children, and prevent

subsequent re-entry into the child welfare system.

Child welfare interventions are intended to prepare parents to safely resume caring for their children and to enhance parental protective capacity to prevent future maltreatment.

The Importance of Addressing Trauma during Reunification

The goal for most cases in which children are removed from their parents is family reunification, which in the great majority of cases is in the best interest of the children. Before children who have been impacted by trauma can safely return home to their parents, it is imperative that parents are prepared and equipped to handle any trauma-related reactions in a safe, sensitive, and appropriate manner. Children may experience trauma triggers when returned to home environments where the trauma occurred and/or to parents who may have contributed to the trauma exposure through their actions or inactions. Parents may experience their own trauma triggers when preparing for and following the return home of their children, especially in cases of domestic violence in which the child reminds the parent of the abuser. Families may benefit from ongoing trauma-informed therapy to assist and support them through this transition.

Essential Elements of Trauma-Informed Child Welfare Addressed

Maximize Physical and Psychological Safety for Children and Families

Identify Trauma-Related Needs of Children and Families

Enhance Child Well-Being and Resilience

Enhance Family Well-Being and Resilience

Enhance the Well-Being and Resilience of Those Working in the System

Partner with Youth and Families

Partner with Agencies and Systems that Interact with Children and Families

Addressing Trauma during Reunification



Trauma-Informed Policies & Administrative Strategies

- Train child welfare staff on preparing parents for reunification by understanding their own trauma as well as the trauma their children may have experienced, along with associated behaviors, reactions, and appropriate management for these behaviors and reactions.
- Implement and/or adapt policies that explicitly call out the importance of addressing parental and child trauma as an integral part of reunification preparation and support.
- Partner with community-based trauma-informed mental health services to ensure continuous services are available for children and parents and the services will not be disrupted when the child returns home.

Trauma-Informed Supervisory Strategies

- Discuss parental and child trauma in supervision when preparing for reunification.
- Share success stories in supervision of reunifications that were sustained by having identified and addressed parent and child trauma.

Trauma-Informed Practices

- Convene Team Decision Making meeting (including the children when age-appropriate) to establish expectations, address any physical or psychological safety concerns, and plan for the transition (California Social Work Education Center, n.d.).
- Create or amend safety plans with the family, including psychological safety (e.g., what makes the child feel safe and unsafe, what can parents do to make the child feel safer).

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**Trauma-Informed
Practices**

- Help parents create a crisis plan including respite care.
- Schedule overnight/weekend visits prior to reunification to ease the transition for the child and family.
- Prepare parents for changes in behavior; educate parents about the impact of trauma and change on children's behavior and functioning.
- Provide parents with child's schedule routine, including appointments, medications, etc.
 - Encourage parents to attend appointments, especially therapy appointments, with child prior to reunification.
- Keep children in the same school when possible to minimize disruption and promote ongoing peer support.
 - Help parents arrange transportation, if needed.
- Ensure that children and parents can continue therapy prior to and throughout the transition.
- Conjoint therapy or family therapy can help the family prepare and readjust.
- Explore formal and natural supports for the child and family (e.g., parent partner, mentor, CASA, friends, faith community).
- Collaborate with community agencies to ensure ongoing family support.
- Refer to wraparound services as needed.
- Facilitate the creation of a lifebook to help children process their trauma and substitute care experiences (Child Welfare Information Gateway, n.d.).
- Help children maintain connection with resource family.
- Actively facilitate and support connections between birth and resource family prior to reunification to ease the transition for the child.

Trauma-Informed Community Examples

San Diego, California: Use of Safety House (Signs of Safety Tool) during Reunification (Turnell & Edwards, 1999)



Child is given picture of a house and is asked to draw or write:

- Rules of the safety house that ensure child safety
- What parents will do to make sure children are safe
- People who live in the safety house
- Safety network
- People who can visit the safety house and what they will do to make sure children are safe
- People with whom the child does not feel safe



- Trauma-Informed Policy and Administrative Strategy



- Trauma-Informed Supervisory Strategy



- Trauma-Informed Practice

Chapter 13: Adoption and Guardianship



Overview

All children deserve permanent, life-long nurturing families who are willing and able to care for them and meet their needs. For children who are unable to reunify with their birth families, gaining legal permanency through adoption or guardianship is typically pursued by the child welfare agency. Supporting the adoption and guardianship process can be challenging for children in out-of-home care as it requires them to experience some sense of loss as the legal rights of their birth parents are terminated, which may also include unique parts of their identity. This requires preparation and support not only for the children, but also for the prospective adoptive/guardianship families.



Supporting the adoption and guardianship process can be challenging for children in out-of-home care as it requires them to experience some sense of loss as the legal rights of their birth parents are terminated, which may also include unique parts of their identity.

The Importance of Addressing Trauma during Adoption and Guardianship

Most children who are adopted or enter into legal guardianship from the child welfare system have been exposed to a wide range of traumatic events, including the trauma of being removed from – and permanently separated from – their families of origin. Even infants may have been exposed to substances, domestic violence, and/or neglect early in life that can have a lasting effect on their well-being and development. Children who have been impacted by trauma bring these experiences with them into adoptive and guardians' homes and often require special caregiving and services to support their healing. When children and parents are not given the information, skills, and support they need to recover from trauma, adoptions and guardianship arrangements may not be successful.

Essential Elements of Trauma-Informed Child Welfare Addressed

Maximize Physical and Psychological Safety for Children and Families

Identify Trauma-Related Needs of Children and Families

Enhance Child Well-Being and Resilience

Enhance Family Well-Being and Resilience

Enhance the Well-Being and Resilience of Those Working in the System

Partner with Youth and Families

Partner with Agencies and Systems that Interact with Children and Families

Addressing Trauma during Adoption and Guardianship



Trauma-Informed Policies & Administrative Strategies

- Provide mandatory trauma training and ongoing coaching as needed for adoptive parents and guardians.
- Consider training adoption and permanency workers on the 3-5-7 Model (Henry & Manning, 2011), which provides a specific approach for those who work and live with children in temporary care, remain in care and are making the transition to permanency through reunification, kinship care, adoption, or permanent legal custodianship.
- Partner with courts to ensure judges and legal staff working with adoption and guardian cases fully understand the nature and implications of trauma.
- Implement and adopt agency policies that reflect the need to address trauma prior to and during the adoption and guardianship processes.

Trauma-Informed Supervisory Strategies

- Help workers assess children's readiness and prepare them for adoption or guardianship.
- Assist workers in matching children with caregivers who can meet their specific needs, including needs related to trauma.

Trauma-Informed Practices

- Utilize the NCTSN's *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents* training curriculum or other specialized training focusing on trauma and loss for adoptive parents and guardians (Grillo et al., 2010).
- Match children to adoptive families or guardians based on their individual needs, including trauma-related needs.
- Ensure ongoing cultural connections for children.

(Continued on next page)



**Trauma-Informed
Practices**

- Ensure that adoptive families and guardians have all the information about the child's trauma history and trauma reactions that they need in order to care for the child and meet his/her needs.
- Promote adoptive parent and guardian involvement in the child's therapy as well as conjoint or family therapy (when indicated) prior to adoption/guardianship.
- Prepare adoptive parents and guardians to support children in talking about trauma and their birth families.
- Help children create lifebooks with photos to process experiences with birth family, trauma, foster care, and adoption/guardianship (Child Welfare Information Gateway, n.d.).
- Help children process their feelings about being adopted or entering into legal guardianship.
- Ensure that children have a voice and choices in the adoption/guardianship process.
- Prepare children for adoption/guardianship and let them transition at their own pace.
- Support ongoing contact with the birth family if in the best interest of the child.
- Educate adoptive families and guardians as to the importance of maintaining connections for children.
- Support ongoing contacts with siblings, relatives, and kin connections (as defined by the child) whenever possible.
- Provide support for families in telling children their adoption story.
- Help adoptive parents and guardians plan a special celebration for finalization of adoption/guardianship.
- Link families to resources (e.g., Adoption Assistance Program [Child Welfare Information Gateway, n.d.]) and trauma-informed services (e.g., trauma therapy)

Chapter 14: Post-Permanency Supports



Overview

Many children in the child welfare system have physical health, mental health, and developmental problems resulting from past trauma, drug and alcohol exposure, and multiple separations and losses. These physical, emotional, and behavioral problems can create significant ongoing challenges for them and their permanent families, challenges which require services and supports prior to, during, and after they move into or go back to their permanent families.

Once children have been placed with potentially permanent families (this includes reunification, adoption, guardianship, and permanent kinship arrangements), support is often needed to stabilize the new family. This is true in cases of reunification, adoption, guardianship, and placement with relatives. The full continuum of post-permanency services includes general support, preventive services, crisis intervention, and intensive ongoing services to sustain and strengthen the permanent families.



Specific services often include financial support, medical services, therapeutic interventions, case management, connections with support groups—all delivered within a culturally sensitive and responsive framework.

Once children have been placed with potentially permanent families (this includes reunification, adoption, guardianship, and permanent kinship arrangements), support is often needed to stabilize the new family.

The Importance of Addressing Trauma during Post-Permanency Supports

While it is essential for children's trauma issues to be addressed as early as possible during their involvement in the child welfare system, some children will require more long-term trauma treatment or support or will need to resume treatment to help them adapt to developmental or life changes. Families may also need different kinds of supports and services at different times in the family life cycle. In order to enhance long-term well-being and resilience for children and families, it is imperative that trauma-informed services are available to families on an ongoing basis.

Essential Elements of Trauma-Informed Child Welfare Addressed

Maximize Physical and Psychological Safety for Children and Families

Identify Trauma-Related Needs of Children and Families

Enhance Child Well-Being and Resilience

Enhance Family Well-Being and Resilience

Enhance the Well-Being and Resilience of Those Working in the System

Partner with Youth and Families

Partner with Agencies and Systems that Interact with Children and Families

Addressing Trauma during Post-Permanency Supports



Trauma-Informed Policies & Administrative Strategies

- ➔ Work with partnering agencies and systems to ensure ongoing access to mental health and support services for families.

Trauma-Informed Supervisory Strategies

- ➔ When reviewing cases for closure, ensure that appropriate supports are in place for the child and family to help them manage any residual trauma issues.

Trauma-Informed Practices

- ➔ Ensure ongoing access to trauma-informed therapy (individual and family therapy) and services (including in-home services) for families upon permanency and case closure.
- ➔ Ensure ongoing access to crisis intervention services, respite care, and support groups for children and caregivers.
- ➔ Ensure ongoing access to educational support, parent training, and financial assistance.

Chapter 15: Transitioning into Adulthood/ Achieving Self Sufficiency



Overview

The national data around the status of youth leaving foster care are concerning. Many youth are transitioning out of care without a high



school education, without jobs, homeless, without permanent connections to supportive adults, and without hope. Mental health and substance abuse problems are prevalent in this population. Transitioning youth may have difficulty with trust and forming and maintaining healthy relationships, due to their traumas

and negative experiences in care. Strong transitional programs not only help youth live “independently,” but carve out a clear pathway to employment, college and/or post-secondary education, and ultimately to self-sufficiency.

Strong transitional programs provide youth with the encouragement, the opportunities, and the supports they need in order to succeed. This includes opportunities for youth to build positive connections with adults and to be coached by academic, career, and life skills mentors.

Access to appropriate mental health and substance abuse treatment programs is also essential for youth transitioning out of care.

Strong transitional programs provide youth with the encouragement, the opportunities, and the supports they need in order to succeed.

Access to appropriate mental health and substance abuse treatment programs is also essential for youth transitioning out of care.

Critical elements of transitional planning ensure that:

- Every youth in the foster care system has a network of supportive adults who will genuinely coach, mentor, and guide their transition to adulthood.
- Every youth leaving foster care is on a path to college and/or post-secondary education and training.
- Youth in foster care foster are prepared to succeed in college/post-secondary education and training.
- Youth in foster care have access to internships and meaningful work experiences that position them for careers.
- Youth transitioning out of care have ongoing access to trauma-informed mental health and substance abuse services.

Essential Elements of Trauma-Informed Child Welfare Addressed

Maximize Physical and Psychological Safety for Children and Families

Identify Trauma-Related Needs of Children and Families

Enhance Child Well-Being and Resilience

Enhance Family Well-Being and Resilience

Enhance the Well-Being and Resilience of Those Working in the System

Partner with Youth and Families

Partner with Agencies and Systems that Interact with Children and Families

The Importance of Addressing Trauma during Transitioning into Adulthood/Achieving Self Sufficiency

Youth who are transitioning out of the foster care system often have significant unresolved trauma issues that contribute to mental health, substance abuse, relationship, academic, and work-related problems. In fact, transitioning out of the foster care system without a permanent adult connection is inherently traumatic for most young people. These problems will likely persist into adulthood when the underlying traumas are not addressed and can contribute to an intergenerational cycle of child maltreatment. Trauma-specific mental health treatment is needed for many youth, to help them process past trauma and resolve trauma symptoms so that they can succeed in life, relationships, and their career paths. Youth with substance abuse and trauma issues should be referred to integrated treatment models such as Seeking Safety (Najavits, 2002).

Addressing Trauma during Transitioning into Adulthood/Achieving Self Sufficiency



- Evaluate independent living skills programs to ensure they are adequately preparing youth to succeed in life in trauma-informed ways.
- Work with mental health partners to ensure ongoing access to trauma-informed mental health and substance abuse treatment for transitioning youth.
- Work with community providers of transition services and programs to ensure they understand the trauma-related needs of youth in transition.
- Train staff to understand the inherent trauma of aging out of foster care without a permanent lifelong adult connection.

Trauma-Informed Supervisory Strategies


- Ensure that transition plans address any trauma-related needs (e.g., ongoing trauma therapy).
- Collaborate with community partners to ensure comprehensive services for transitioning youth.
- Support staff to understand the behaviors many youth exhibit prior to transition that are trauma-related.




Trauma-Informed Practices


- Conduct a thorough assessment of youth needs, including trauma-related needs, as they prepare to exit the system.
 - Engage youth in determining what services and supports are needed.
- Link transitioning youth to ongoing community support services:
 - Trauma treatment as needed
 - Trauma-informed substance abuse treatment as needed
 - Mentorship programs that focus on life skills, academic success, and career success
 - Programs that provide concrete services such as housing and financial support
- Ensure that youth have permanent connections to supportive adults.
 - Help youth connect or re-connect with relatives, teachers, coaches, and other supportive adults.

Trauma-Informed Community Examples

Locations across the country: A Home Within (<http://ahomewithin.org/>)

-  Links transitioning youth to community therapists who provide pro bono treatment to the youth for as long as needed.

 - Trauma-Informed Policy and Administrative Strategy	 - Trauma-Informed Supervisory Strategy
 - Trauma-Informed Practice	



Appendix:
References
and
Resources

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Resources



Child Welfare Practices, Parent Training Programs, and Trauma-Informed Interventions Mentioned in These Guidelines:

3-5-7 Model, The: <http://darlahenry.org>

Alternatives for Families: A Cognitive-Behavioral Therapy (AF-CBT): <http://www.afcbt.org/node/1>

Child-Parent Psychotherapy (CPP): <http://www.nrepp.samhsa.gov/ViewIntervention.aspx?id=194>

Family Connections: http://www.family.umaryland.edu/ryc_best_practice_services/family_connections.htm

Family Finding: <http://familyfinding.org/>

Family to Family: <http://www.aecf.org/MajorInitiatives/Family%20to%20Family.aspx>

Incredible Years, The: <http://www.incredibleyears.com/>

Interpersonal Psychotherapy: <http://interpersonalpsychotherapy.org/>

SafeCare[®]: <http://publichealth.gsu.edu/968.html>

Sanctuary Model, The: <http://www.sanctuaryweb.com/>

Seeking Safety: <http://www.seekingsafety.org/>

Signs of Safety: <http://www.signsofsafety.net/>

Solution-Based Casework: <http://www.solutionbasedcasework.com/>

Structured Decision Making Website: <http://www.nccdglobal.org/assessment/structured-decision-making-sdm-system>

Systematic Training to Assist in the Recovery from Trauma (START): http://www.sanctuaryweb.com/PDFs_new/Benamati%20START.pdf

Team Decision Making (TDM): <http://calswec.berkeley.edu/toolkits/team-decision-making-tdm-toolkit>

Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT): <http://tfcbt.musc.edu/>

Documents:

Grillo, C. A., Lott, D. A., & Foster Care Subcommittee of the Child Welfare Committee, National Child Traumatic Stress Network. (2010). *Caring for children who have experienced trauma: A workshop for resource parents – Facilitator’s Guide*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress. Retrieved from: <http://nctsn.org/products/caring-for-children-who-have-experienced-trauma>

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Online Resources:

California Evidence-Based Clearinghouse for Child Welfare (CEBC): <http://www.cebc4cw.org>

Chadwick Trauma-Informed Systems Project: <http://www.ctisp.org>

Child Welfare Information Gateway: <https://www.childwelfare.gov/>

National Registry of Evidence-based Programs and Practices (NREPP): <http://www.nrepp.samhsa.gov/Index.aspx>

Organizations:

Chadwick Center for Children and Families: <http://www.chadwickcenter.org>

National Child Traumatic Stress Network (NCTSN): <http://www.nctsn.org/>

National Resource Center for Child Protective Services, part of Action for Child Protection, website: <http://actionchildprotection.org/nrccps-national-resource-center-for-child-protective-services/>