

# Creating a Trauma-Informed Child Welfare System

This issue of *Focal Point* presents the story of Aaron (page 9), whose life was deeply influenced by childhood experiences of severe physical abuse, sexual abuse, and systems-induced trauma. Unfortunately, Aaron's story is typical of many abused and neglected children and adolescents who become involved with the child welfare system. Each year, there are more than 500,000 children living in out-of-home child welfare placements.<sup>6</sup> It is well established that abused and neglected children suffer from short- and long-term psychological and behavioral difficulties. Among youth in the foster care system, it is estimated that more than half experience at least one significant psychological disorder, including depression, posttraumatic stress disorder (PTSD), social phobia, panic syndrome, or drug dependence.<sup>2</sup>

The most common sources of traumatic experiences for children who become involved in the child welfare system are abuse, neglect, and domestic violence. Like Aaron, many children in the child welfare system are exposed to multiple or complex traumas. What is more, children are often further traumatized by their involvement with the child welfare



system itself. Common causes of such system-induced trauma include repeated, insensitive, or humiliating interviews; unnecessary ruptures of family, extended family, and community relationships; repeated changes of placement; confrontations with abusers; and court testimony. There is growing attention to the need to create trauma-informed child welfare systems that are more aware of and responsive to the needs of vulnerable and traumatized children.<sup>8</sup> Most recently, the National Child Traumatic Stress Network (NCTSN) has described services that are designed to

reduce the impact of trauma on the child and family as trauma-informed services.<sup>4</sup>

Many child welfare systems around the country lack the ability to respond sensitively to the specific needs of children with complex trauma issues. This article explores challenges to creating trauma-informed child welfare systems and provides recommendations for future directions in the field.

## Eight Essential Elements

As a first step in helping to create child welfare systems that are more trauma informed, the NCTSN has identified eight essential elements of trauma-informed child welfare practice.<sup>5</sup> The eight essential elements are as follows:

1. Maximize the child's sense of safety.
2. Connect children with professionals who can assist them in reducing overwhelming emotions.
3. Connect children with professionals who can help them develop a coherent understanding of their traumatic experiences.
4. Connect children with profession-

als who can help them integrate traumatic experiences and gain mastery over their experiences.

5. Address ripple effects in the child's behavior, development, relationships, and survival strategies following a trauma.
6. Provide support and guidance to the child's family.
7. Coordinate services with other agencies.
8. Ensure that caseworkers manage their own professional and personal stress.

Achieving these eight essential elements requires work at the level of individual children, the children's immediate families (including both foster parents and biological parents), and the child welfare system.

At the individual level, children's safety must be ensured, and children must be connected with services that will help them process and integrate traumatic experiences. At the family level, both foster parents and biological parents need to learn about trauma and its effects, as well as how to provide a safe and supportive environment for a traumatized child. Often, biological and foster parents also need information about what resources the system can offer to support them, including resources for increasing parenting competency.



Providing training for the biological parents is particularly important, given the focus on reunification in the child welfare system.

On a systemic level, the creation of a more trauma-informed system requires educating all child welfare staff (direct service providers, management, and foster parents) about the impact of childhood traumatic experiences and about how systems can traumatically impact a child. Training on these topics should include basic definitions of trauma, information about how children vary in their experiences of and reactions to trauma, and a discussion of cultural interpretations of traumatic events. Training should emphasize that different forms of maltreatment impact children differently and cause different symptoms. The short- and long-term impact of trauma, and the development of maladaptive coping strategies as a response to trauma, should also be discussed. Training should also emphasize the importance of performing a thorough assessment, including taking a detailed trauma history, identifying salient symptoms, and discovering trauma triggers. Child welfare workers and administrators should receive training in effectively communicating a child or family's trauma history to other professionals, foster parents, or biological parents; and in developing an intervention plan that is consistent across child-serving systems. Only after child welfare staff, foster parents, and biological parents have been trained in this manner can appropriate placements and intervention decisions be made.

Building awareness about trauma is necessary, but not sufficient, in the creation and implementation of a trauma-informed system. Caseworkers must also change their practice. They should be supported in seeking out trauma-informed mental health providers. These providers are trained to deliver established trauma treatments that are consistent with the eight essential elements in that they focus on maximizing interpersonal safety, reducing negative emotions, and helping a child integrate traumatic experiences and achieve mastery over the traumatic experience. These interventions teach children practical ways to identify and control the

## CHILD WELFARE SYSTEM TRAINING TOPICS

- *How children experience trauma*
  - *Maltreatment issues*
  - *System-induced trauma*
- *Immediate and long term impact of trauma*
- *Understanding and adequately assessing the unique trauma experience of the child*
  - *Using assessment tools*
  - *Using the trauma history*
- *Identifying trauma triggers*
- *Communicating trauma history to other professionals, including foster parents and law enforcement*
- *Continuity of Care: Developing an intervention plan that is consistent across systems*
- *Foster parent competencies*
- *Skills training for biological parents*

emotions associated with traumatic memories, typically using relaxation techniques (e.g., focused breathing or progressive muscle relaxation), techniques for controlling intrusive thoughts (e.g., "thought stopping"), and positive self-soothing activities (e.g., visualization).

Treatment strategies that address the individual child's trauma experience and incorporate evidence-based, practical interventions show promise for the future of treatment for traumatized children. For example, the Assessment-Based Treatment for Traumatized Children: A Trauma Assessment Pathway<sup>7</sup> model uses an individualized assessment process as a basis for selecting an appropriate evidence-based intervention for a child with trauma symptoms. In some cases of complex trauma, an evidence-based treatment may not be the best choice. In these cases, an individualized treatment approach should be

employed to address the most prevalent symptoms, while work continues within the larger system to meet the child's particular needs.

More generally, trauma-informed child welfare systems work to ensure that trauma-affected children and families are appropriately linked to services and resources in the community. One challenge is ensuring that trauma-affected children are appropriately identified. Child-serving agencies (including the courts, child welfare, and juvenile justice) should be made aware of their options for making referrals and be informed about how to assess whether or not a child needs a referral for trauma-specific or general mental health services. Use of a trauma assessment tool (e.g., the Child Welfare Trauma Referral Tool)<sup>3</sup> provides a structured way for caseworkers to assess a child's trauma history, the severity of the child's reactions to the trauma, and any developmental concerns. A further challenge is identifying providers who are qualified to deliver the best evidence-based services available. A coordinated response between referring agencies and treatment providers helps ensure that children and families receive the best promising and/or evidence-based treatments available. Although challenging, it is essential that child-serving agencies are informed about best practices and know who in their community provides such services. Child welfare staff can obtain a list of qualified providers by directly contacting the developers of an evidence-based practice.

### A Community Protocol

Involvement in the child welfare system can further traumatize an already vulnerable child. In this issue, Aaron's story illustrates how something as simple as asking a child to visit with his abusive mother can result in a lifetime of traumatic memories. Achieving a coordinated child welfare system response that serves to heal, rather than re-traumatize a child, requires creating a community

protocol that focuses on addressing the complex and varying needs of the individual children served. Open communication among agencies is essential. Agencies can share information and coordinate their responses for individual children via an interdisciplinary child protection team that includes representatives from a variety of child-serving agencies and meets regularly to focus on a specific child's case. Child protection teams often include social workers, law enforcement agents, district attorneys, medical doctors, and mental health counselors. The child's attorney or advocate can join these meetings to



provide a voice for the child. Working together, team members can share their various perspectives to create a plan for the child that considers his unique trauma experiences and needs.

Former foster youth, foster parents, and biological parents also have valuable perspectives to contribute to community efforts to create a child welfare system that heals rather than re-traumatizes. These consumers of child welfare services have important

information about ways to improve child welfare treatment, case management, and services. Creating opportunities and incentives to air and act upon these perspectives is a key element in creating a child welfare system that avoids further traumatization, and promotes healing for the children and families served.

Another way systems can avoid further traumatizing children is through the use of forensic interviewing, in which a child can tell her story to a trained interviewer who is experienced in sensitively obtaining the details of the abuse in a manner that is defensible in court. Other agencies can then use the forensic interview and transcripts to review the abuse details, eliminating the need for the child or parents to retell the story.

Finally, it is important to recognize the impact on a child and family if the child has to testify in court. Coordination between the agencies involved serves to minimize the stress children experience when they are called into court and helps prevent re-traumatization. The Kids and Teens in Court program in San Diego, California, brings the components of trauma-focused cognitive-behavioral therapy into a real courtroom.<sup>1</sup> Prior to appearing in court, children visit the courtroom and learn what to expect when they testify. They are also coached in anxiety reduction, cognitive coping, and relaxation techniques. The use of this practice in court preparation provides children with skills that will enhance their ability to understand the interplay of their feelings, thoughts, and behaviors; help them regulate their emotions; and increase their ability to keep themselves safe both in the courtroom and in other areas of their lives.

### Policies and Procedures

The core of trauma-informed child welfare practices is knowledge. In this type of child welfare system, staff are encouraged to stay up-to-date on current knowledge in the field of child trauma. Effective trauma-informed



policies guide the care of vulnerable and traumatized children. These policies should clearly state how the eight essential elements of a trauma-informed child welfare system are to be implemented.

Policies can be structured to ensure that traumatized children in the child welfare system are served by staff who understand their special needs. Policies should be individualized depending upon the specific clientele of the agency and available community resources. Examples of trauma-informed child welfare policies include the following:

- Immediately after entering the system, children will be assessed for the existence of trauma-related symptoms and specific interventions that would be most beneficial.
- To the extent that it is developmentally appropriate, children and adolescents will be involved in developing their case plans.
- All child welfare system staff, as well as foster and biological parents, will be trained to recognize behavioral indicators of trauma.
- Foster and biological parents will be provided with ongoing support by child welfare staff to manage children's trauma-related behaviors, thus reducing the risk of systemic trauma through disrupted placements.

### Conclusion

While it has long been clear that virtually all of the children involved in the child welfare system have suffered from one or multiple traumatic experiences, systems continue to struggle to offer an appropriate healing response. The eight essential elements provide a framework for creating a responsive, healing system. Within this framework, the perspectives of children, adolescents, and biological and foster parents can be integrated with provider and

system perspectives to identify and address the individual and systemic needs of traumatized children. The use of assessment-focused products, such as the Trauma Assessment Pathway and the Child Welfare Trauma Referral Tool, hold promise for helping to ensure that trauma-affected children are identified, and that they receive appropriate and effective trauma-informed interventions. Finally, strategies are being developed to ensure that system involvement serves to heal, rather than re-traumatize children and families. Further exploration and discussion in each of these areas is a necessary step in continuing efforts to create child welfare systems that are truly trauma-informed.

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