

## The Essential Elements of Trauma-Informed Child Welfare Practice

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### 1. Maximize the child's sense of safety.

#### **Why it's essential**

After traumatic events are over, a child may continue to experience insecurity, both physically and emotionally. A sense of safety is critical for physical and emotional growth and functioning, appetite, digestion, and sleep. Both physical and psychological safety are important, at home and within service settings. If children or their caregivers are living in an unsafe setting, this needs to be addressed immediately. Workers need to provide a psychologically safe setting for children and families while inquiring about emotionally painful and difficult experiences and symptoms. Workers must explain clearly the limits of confidentiality and how certain information must be shared with other appropriate authorities.

### 2. Assist children in reducing overwhelming emotion.

#### **Why it's essential**

Trauma can result in such intense fear, anger, shame, and helplessness that the child feels overwhelmed by his or her emotions. This overwhelming emotion may delay the development of age-appropriate self-regulation. Emotions experienced prior to language development may be very real for the child but difficult to express or communicate verbally. Trauma may be “stored” in the body in the form of physical tension or health complaints.

### 3. Help children make new meaning of their trauma history and current experiences.

#### **Why it's essential**

Child trauma can result in serious misunderstandings about safety, personal responsibility, and self-concept. It can disorganize and distort the connections between thoughts, feelings, and behaviors, and disrupt the encoding and processing of memory. Traumatic experiences may be difficult for children to communicate, thereby undermining their confidence and the social support they might receive from others. School age and older children need to do more than just recall or repetitively replay trauma details; they need help developing a coherent understanding of their traumatic experience. The child needs to feel safe enough to face emotional experiences, begin to make sense out of what happened to him/her, and express this to others.

#### **4. Address the impact of trauma and subsequent changes in the child's behavior, development, and relationships.**

##### ***Why it's essential***

Traumatic events can affect many aspects of the child's life beyond the initial trauma response and may create new or secondary problems. These effects may be adaptive in the short-term but can, in the long-term, become counterproductive and interfere with a child's recovery. These effects can include difficulties in school and relationships or health-related problems (e.g., weight gain) and substance abuse. Other consequences of trauma—or secondary adversities—can also include changes in the family system precipitated by a traumatic event. It may be important to address these issues along with, or before, trauma-focused treatment. Problems in these areas may be so extreme, pronounced, or troublesome that they mask other underlying traumatic stress symptoms.

#### **5. Coordinate services with other agencies.**

##### ***Why it's essential***

Traumatized children and their families are often involved with multiple service systems, including law enforcement, child welfare, the courts, schools, primary care, and mental health. Service providers working with traumatized children should endeavor to develop common protocols and frameworks for documenting trauma history, exchanging information, coordinating assessments, and planning and delivering care. In contrast to a fragmented approach, cross-system coordination views the child as a whole person. When different systems have many different and potentially competing priorities, there is risk that children and their families will receive mixed or confusing messages—or simply fall through the cracks.

#### **6. Utilize comprehensive assessment of the child's trauma experiences and their impact on the child's development and behavior to guide services.**

##### ***Why it's essential***

Millions of children experience some sort of trauma every year. Short-term effects might include behavioral difficulties or emotional and health problems. Long-term effects might include depression, anxiety disorders, PTSD, delinquency, substance abuse and relationship problems. Trauma-specific standardized clinical measures identify the types and severity of symptoms the child is experiencing. A thorough assessment identifies potential risk behaviors (i.e., danger to self, danger to others) and aims to determine interventions that will ultimately reduce risk. Assessment also tells us why a child may be reacting in a particular way and the behavior's connection to his/her experiences of trauma. Proper assessment provides input for the development of treatment goals with measurable objectives designed to reduce the negative effects of trauma.

## 7. Support and promote positive and stable relationships in the life of the child.

### ***Why it's essential***

Children form and maintain relationships to important figures in their lives through bonding and attachment. Being separated from an attachment figure, particularly under traumatic and uncertain circumstances, can be very stressful for a child. Within the child welfare system, the risk of separation from parents, siblings, and other important figures in a child's life is common (i.e., removal from home, multiple foster home placements, changes in school and/or community).

Establishing permanency for children in the child welfare system is critical if children are to form and maintain positive attachments. Child welfare workers can play a huge role in encouraging and promoting the positive relationships in a child's life and minimizing the extent to which these relationships are disrupted by constant changes in placement. If a parent or caregiver is not available following a traumatic event, it is important for child welfare workers to understand that it may be necessary to engage other familiar and positive figures, such as teachers, neighbors, siblings, and/or relatives, to help provide comfort and consistency for the child. Depending on the age of a child, friends may also play an important role in supporting a child who has been exposed to trauma. Promoting these positive relationships is a well-respected child welfare best practice and is also critical to a child's sense of safety and well-being, particularly during a stressful time.

## 8. Provide support and guidance to the child's family and caregivers.

### ***Why it's essential***

Children experience their world in the context of family relationships. Parents, kin, and other caregivers are the full-time and long-term supports for their children, and they will typically be involved in the child's life longer than will the child welfare or mental health professional. In many cases, the family system is experiencing traumatic stress along with the child. Promoting resilience and improving coping skills among family members helps them deal with traumatic events and also prepares them for future challenges. Finally, family members are critical participants in service planning and delivery within systems of care.

Resource families have some of the most challenging and emotionally draining roles in the entire child welfare system. They must be prepared to welcome a new child into their home at any hour of the day or night, manage a wide array of emotions and behaviors, and cope with agency regulations, policies, and paperwork. They are also expected to provide mentoring support and aid to birth families while at the same time attaching to the children and youth in their care. They must prepare simultaneously for the child's reunification with his/her

family or for the possibility of making a lifelong commitment to the child through adoption or legal custodianship.

Relatives caring for children and youth face many of the same challenges that other resource parents face and several that are unique. Unlike foster families who are not related to the young people they care for, relatives may not have been seeking this role at this time in their lives. However, they have stepped up to the challenge in order to be there in a time of need or crisis in their family. Thus, they are often dealing with their own conflicting emotions and experiences of trauma and crisis. Meeting the needs of the children they love, responding to the requirements of the agency and courts, and sorting out their own feelings about the children's parents and the situation that brought them to their home, can be overwhelming at times.

## 9. Manage professional and personal stress.

### ***Why it's essential***

Child welfare is a high-risk profession, and child welfare workers are confronted every day—both directly and indirectly—with danger and trauma. Threats may come in from violent or angry family members. On top of this, hearing about the victimization and abuse of children can be very disturbing for the empathic child welfare worker and can result in feelings of helplessness, anger, and hopelessness. Those who are parents themselves or who have their own histories of childhood trauma might be at particular risk for the negative effects of secondary traumatic stress. Some professionals struggle with maintaining appropriate boundaries and with a sense of overwhelming personal responsibility. These challenges can be intensified in resource-strapped agencies, where there is little professional or personal support available. It is critical to address professional or personal stress because, if left unaddressed, it can result in burnout and undermine work performance, to the detriment of the children and families served. Signs of burnout might include avoidance of certain clients, missed appointments, tardiness, and lack of motivation.

Awareness and a plan that provides positive coping strategies are critical to preventing the potential risk of secondary traumatic stress to staff and to program success. Child welfare workers must have a thorough understanding of the impact of trauma on the child victims and families served. They also need to have an understanding of the impact this trauma may have on them. Staff can be stressed by hearing detailed reports of trauma from children on a daily basis and from having to deal with the powerful emotional responses and the impact of abuse and violence on the child. Dealing with a community system with limited resources that is not always responsive to the needs of these children can also be stressful to staff. The trauma suffered by these children can result in serious and chronic emotional and behavioral problems. Feeling frustrated when trying to deal with a complicated, often

insensitive system and experiencing the sense of “helplessness” when trying to heal these children make staff vulnerable to developing their own emotional and physical problems. Just as with the children themselves, staff members who work with victims are at risk of experiencing alterations in their thinking about their world, in their feelings, in their relationships, and in their lives.