

Bringing It Back to Work: Essential Elements 1, 2, and 3

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ESSENTIAL ELEMENT 1 Maximize the child's sense of safety.

What can help? (Put an "X" in up to three boxes next to the ideas you think you would MOST like to emphasize in your daily child welfare practice.)

- At least five times in the next three months, when facilitating the placement of children, I will ask specifically about any worries that they have about being safe, and reassure them with information about how they are being kept safe.
- Over the next three months, I will review my caseload and identify at least three children who may have concerns about safety. Over a three month period, each time I see these children, I will reassure them of their safety by telling them concretely how they are being kept safe in their current situation. I will do this even when safety issues do not arise during my visit with the child.
- Over the next three months, I will review my caseload and identify at least three children who have trauma histories and identify ways in which adults in their life protect them. I will review these points each time I meet with these children during this three month period.
- Over the next three months and for all of the children and caregivers on my caseload, I will describe in advance how the child will interact with child placement and/or legal systems. For each of these families, I will review this process each time we meet during this three-month period.
- Over the next three months, I will review my caseload and identify at least three children with a trauma history and assess their perception of risk in their current situation. For each of these children, I will develop a plan together with the child and caregiver to ensure physical safety. I will review this plan each time I meet with them during this three-month period.

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ESSENTIAL ELEMENT 2

Assist children in reducing overwhelming emotion.

What can help? *(Of the following, mark an “X” in up to three boxes next to the ideas you think you would MOST like to emphasize in your daily child welfare practice.)*

- Over the next three months, I will provide basic information about coping skills via handouts/pamphlets to three children and caregivers who request it, and also select three additional children and caregivers on my caseload who may benefit from it (and give them copies of the handouts/pamphlets on coping skills).
- Over the next three months, I will inform all prospective foster parents of any applicable trauma history of potential foster children, while simultaneously respecting the child(ren)’s confidentiality.
- Over the next three months, I will review my caseload at least once per month and identify any child(ren) requiring a mental health referral. Every time I identify a child requiring a mental health referral, I will refer the identified child(ren) to psychotherapists, for the purpose of helping the children manage their emotions. After each of these children begins therapy and each time I meet with these children over the next three months, I will check in with them about their experience of therapy, including what they find useful about it, and what they think could be different about it.
- Over the next three months, I will review my caseload and identify three children who need assistance in reducing overwhelming emotions. Each time I see these children over the next three months, I will use pictorial or other aids to help the child to identify and label his or her emotions. As I do this, I will offer verbal reassurance that experiencing emotions is normal and understandable.
- Over the next three months, I will review my caseload and identify three families who are struggling with strong emotions. I will provide these children and caregivers with strategies for coping with strong emotions, such as relaxation techniques, meditation, dance, art, music, yoga, non-contact sports, and other types of physical exercise. Each time we meet over the next three months, I will ask them if they are using these coping skills, and if so, which ones they found helpful.
- Over the next three months, I will review my caseload and identify three children with trauma histories and recommend to their caregivers trauma-focused therapies

for the child and family that are evidence-based. I will share information about empirically supported treatments and promising practices from the NCTSN website (also in Supplemental Handouts section). Each time I meet with these caregivers over the next three months, I will ask them if they have questions about trauma-focused therapies.

- At least once in the next three months, I will recommend to my supervisor (and others as appropriate) that our agency provide specialized trauma-informed training for foster parents, so that foster parents may increase the knowledge and develop the skills to address the behaviors and emotional needs of traumatized children in care.
- At least once in the next three months, I will review my caseload and identify at least three foster parents who are caring for traumatized children. I will provide them with information about the links between trauma reminders and the overwhelming emotions children may experience. Each time I meet with these foster parents over the next three months, I will ask them about any responses the child may be having to trauma reminders.



ESSENTIAL ELEMENT 3

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

What can help? *(Of the following, mark an “X” in up to three boxes next to the ideas you think you would MOST like to emphasize in your daily child welfare practice.)*

- Over the next three months, I will interview all new children, their parents/ caregivers, and other extended family and community members connected to the new children on my caseload, using open-ended questions and active listening skills to obtain a thorough trauma history.
- On a monthly basis over the next three months, I will review my caseload and identify at least one child with a trauma history. For each of these children, I will show a sample copy of a Life Book created by a child which includes references to trauma, while simultaneously respecting the child’s confidentiality.
- Over the next three months and with at least three families on my caseload, if removal of a child from their home of origin is necessary, I will review with the child(ren) and families the reasons for removal, referencing federal and state guidelines.

- ❑ Over the next three months, I will review my caseload and select three children for whom I will identify specific and observable changes that I see in the child(ren)'s responses to their trauma histories.
- ❑ On a monthly basis over the next three months, I will review my caseload and identify three children who would benefit from trauma-specific mental health services. I will then immediately make the referrals on their behalf to trauma-specific mental health services. Each time I meet with them over the next three months I will check in with them about how treatment is going.
- ❑ At least once over the next three months, I will review my caseload and identify school-aged children and adolescents who are engaged in the “trauma narrative” component of their therapy. During this three-month period, I will check in with them about how it is going.