

Using Trauma-Informed Child Welfare Practice to Improve Placement Stability Breakthrough Series Collaborative

Executive Summary June 2013

Children placed in foster care not only experience the traumatic experience(s) of abuse or neglect that led to their placement, but often face additional chronic stressors including separation from parents, siblings, friends, and community; possible maltreatment in foster care settings; and uncertainty about future plans and their reunification with their parents (Pecora, 2007). Despite the extraordinary number of children in foster care who have experienced traumatic events and are exhibiting traumatic stress symptoms, and the growing body of science about efficacious treatments for child traumatic stress, few child welfare agencies across the nation integrate trauma knowledge into their practices, policy, training, performance standards, or assessment and have evidence-based trauma-specific interventions available in their community or their service continuum, including mental health contract portfolios.

In September 2010, the National Child Traumatic Stress Network (NCTSN), with funding from the Substance Abuse and Mental Health Services Administration (SAMHSA), launched a Breakthrough Series Collaborative (BSC), which focused on developing and implementing trauma-informed child welfare practices (decisions, actions, policies, procedures, staffing, and supports for children and caregivers) that would increase the probability that children who need out-of-home placement remain in a single, appropriate, and stable home whenever possible. This BSC included nine teams from around the country, each of which was lead by the public child welfare agency. Each team represented a unique partnership between the public child welfare agency (at either the county or state level) and a mental health agency or organization that provides evidence-based interventions for child trauma to children in foster care.

- Arapahoe County (CO) Department of Human Services, with Aurora Mental Health Center
- Florida Department of Children and Families – Circuit 5, with Kids Central, Inc.
- Los Angeles County (CA) Department of Child and Family Services, with Children’s Institute, Inc.
- North Carolina Division of Social Services, with Center for Child and Family Health
- New Hampshire Division for Children, Youth, and Families, with Dartmouth Trauma Interventions Research Center
- Massachusetts Department of Children and Families, with L.U.K. Crisis Center, Inc.
- Oklahoma Department of Human Services with Family, with Children’s Services, Inc.
- San Diego County (CA) Child Welfare Services, with Chadwick Center for Children and Families, Rady Children’s Hospital
- Texas Department of Family and Protective Services, with DePelchin Children’s Center

Promising Strategies and Practices

Between October 2010 and September 2012, these participating teams tested, implemented, and focused on sustaining changes in five themes that served as the foundation for this BSC. Key strategies and specific practices that showed promise in improving placement stability based on the implementation of trauma-informed practices included:

Theme 1: Knowledge Building and Developing Practices

- **Training staff in a variety of ways**, including using the Child Welfare Trauma Training Toolkit; posting information about trauma on internal websites; and training all agency staff on trauma
- **Providing coaching and support to staff** by developing in-house trauma consultants and developing written reminders for staff about trauma symptoms, behaviors, and impacts.
- **Raising awareness of parents and caregivers** by: incorporating trauma education into existing foster parent trainings; including information about trauma in foster parent newsletters and brochures; providing information about trauma in various ways to parents and caregivers; and bringing the “real” voices of parents, caregivers, and youth into foster parent trainings.
- **Addressing secondary traumatic stress (STS) of staff** by: implementing STS groups for staff; supporting wellness and self-care activities for staff; and integrating resilience skill-building into practice.

Theme 2: Trauma-Informed Mental Health Assessment

- **Developing and using trauma-focused screening tools**, including: adding questions to existing screening tools; using concise and simple trauma screening tools that could be done by various staff; and engaging mental health and medical providers in screening.
- **Collecting and sharing assessment information** by gathering clear and specific mental health information using mental health assessment summaries and foster care mental health treatment summaries.

Theme 3: Case Planning and Management

- **Providing information to birth parents, children, and youth** by helping foster parents understand the importance of information for birth parents; and gathering information about the foster home.
- **Providing information to caregivers** by gathering information from birth parents to share with foster parents; and gathering information from the child/youth to share with foster parents.
- **Facilitating connections between birth and foster parents** by providing training to foster parents on working with birth parents; connecting foster parents and birth parents quickly after placement; supporting birth parent-foster parent visits; and facilitating frequent visits between birth parents and their children.
- **Conducting inclusive team meetings** by engaging birth parents and foster parents in planning meetings; including a trauma consultant on the team as a way to provide early intervention to children who were displaying troubling behavioral symptoms in placement; and implementing placement disruption prevention meetings.

Theme 4: Externally Delivered Trauma-Informed Services

- **Identifying resources and referring for treatment** by compiling a resource guide of trauma-informed therapists for child welfare social workers to use as a reference tool for referrals; and setting aside dedicated time during ‘transfer’ meetings to refer children in need directly to appropriate evidence-based treatments.
- **Increasing capacity of mental health providers to deliver evidence-based practices** by increasing in-house access to skilled therapists; and working with partners to train staff on trauma-informed evidence-based treatments.

Theme 5: Child Welfare Systems, Cross-System Partnerships, and System Collaboration

- **Providing training to child welfare partners** by developing brief, concise, training on trauma-informed practice; developing an easy reference guide for identifying trauma; providing training at a variety of in-county/in-state conferences; providing training- for-trainer sessions on the NCTSN Child Welfare Trauma Training Toolkit; tailoring trainings for specific partners; engaging key stakeholders to lead trauma-informed trainings; and incorporating trauma-informed care into a children’s mental health awareness day through written materials and verbal sharing.
- **Using trauma-informed forms and language with partners** by using trauma-informed language in court reports; and incorporating mental health screening forms into child welfare agency records.

Recommendations and Lessons Learned

Throughout this BSC project, teams identified challenges, barriers, and lessons learned that they felt were essential to address in order to achieve the goals of this project:

Organizational / System-Level Functions

- Need for strong and consistent high-level leadership;
- Difficulty sustaining the attention from leaders amidst shifting or competing agency priorities;
- Creating and sustaining the culture of a learning organization;
- Collaborating across different agencies;
- Engaging consumers (parents, foster caregivers, and youth) as true system partners; and
- Time limitations for staff in making changes.

Child Welfare Practice

- Insufficient availability of trauma-informed treatments; and
- Lack of trauma-informed services for birth parents.

A number of additional recommendations are suggested to further test and implement these promising practices:

- Create systems where child welfare workers conduct trauma screenings;
- Address trauma experienced by different system stakeholders (children, parents, caseworkers, foster parents), including STS for staff and partners;
- Partner with families and youth throughout the process (clinical as well as organizational);
- Integrate this work with other agency priorities;
- Replace existing practices rather than simply add new practices;
- Share resources across systems;
- Support change at all levels;
- Remember that “trauma-informed practice” is more than “trauma treatment;”
- Address other stakeholders/services within child welfare systems (foster parents, mentors, parenting classes, visitation, etc.) to help them develop and use a trauma lens in all interactions with children and families;
- Collaborate, partner, and integrate across systems;
- Think broadly about cross-system partners, to include parents, youth, foster parents, judges, pediatricians, educators, early education providers, and other critical stakeholders.