1. KNOWLEDGE BUILDING AND DEVELOPING PRACTICE

1a Training Staff on Trauma

This card describes practices tested by teams in the Trauma-Informed Child Welfare Practice Breakthrough Series Collaborative. They are considered to be promising approaches to implementing trauma-informed child welfare practice to improve placement stability for children in foster care based on the experiences of teams. These strategies can be easily replicated and adapted in most communities.

Strategy 1a	***Training Staff on Trauma***
Overview & Rationale for the Strategy	Staff who interact with families and children on a daily basis must understand what trauma is; how it impacts children and their development, behaviors, and reactions; how to work with children to minimize additional trauma; and how they can address this trauma to increase children's stability in placement.
Practices to Test	• **Using the CW Trauma Training Toolkit:** Information on trauma from the NCTSN *Child Welfare Trauma Training Toolkit*, ranging from specific modules to the complete curriculum, to train new workers, for continuing trainings, and at periodic agency summits, conferences, and other meetings. • **Posting Information on Internal Website:** Collect and share key articles, research, and literature on the impact of trauma, behaviors, symptoms, and the need for trauma-focused practice on internal shared internet sites. • **Training <u>All</u> Agency Staff**: Move beyond training social workers and train front office clerical staff, receptionists, and administrative staff in trauma-informed practice
Demonstration of Promise	Training and raised awareness were consistently mentioned by many participants in focus groups and surveys as critical in changing the ways that staff saw, understood, and ultimately worked with children and families. *"I now look at my work through a trauma lens. I talk with foster parents about the trauma children in their care have experienced and the behaviors that they may see in the hopes of helping placement stability."* – BSC Participant Another team reported this because of their improvements: "*Placements have stabilized on her caseload and placement disruptions have decreased for the other workers in her unit due to spread. We believe this is linked to the workers developing a more comprehensive approach to trauma and beginning to understand how trauma is a thread throughout the process.*"
Originally Tried in	Florida; Oklahoma; San Diego

1. KNOWLEDGE BUILDING AND DEVELOPING PRACTICE

1b Providing Coaching and Support

This card describes practices tested by teams in the Trauma-Informed Child Welfare Practice Breakthrough Series Collaborative. They are considered to be promising approaches to implementing trauma-informed child welfare practice to improve placement stability for children in foster care based on the experiences of teams. These strategies can be easily replicated and adapted in most communities.

Strategy 1b	***Providing Coaching and Support***
Overview & Rationale for the Strategy	Training received by staff must not only be reinforced, but there must be opportunities to receive additional coaching and support as workers interact with families and children who have experienced trauma. Additionally, providing reminders to child welfare workers helps ensure that the work they do with children and families is trauma-informed and trauma-focused.
Practices to Test	• **Developing In-House Trauma Consultants**: One team developed a cadre of social workers as in-house trauma consultants through an intensive one-day training. These workers were considered onsite "expert consultants on trauma" to whom other workers could then go for information, support, and general consultation about trauma. They will also lead office "learning circles" to provide opportunities for staff to continue discussing issues related to trauma on an ongoing basis. • **Developing Written Reminders**: One team adapted a hints and tips reminder sheet from the Center for Improvement of Child and Family Services, 2009. It is printed on bright pieces of paper and is intended to help remind social workers to use a trauma lens whenever removing, placing, or working with children, youth, and families. These Trauma-Informed Practice Sheets (TIPS) are included with the agency's regular assessment packet to help child welfare workers keep trauma as a focal area when working with children and their families.
Demonstration of Promise	Constant reminders about trauma are important for staff, as noted by a birth parent who was a BSC participant: "*We immediately recognized that there was a big difference of opinion as to what the agency thought they were doing and what the consumers thought that they [the workers] were doing. For example…the consumers didn't believe that they were doing their best to talk to the birth parents or foster parents about the children.*"
Originally Tried in	Los Angeles; Massachusetts

1. KNOWLEDGE BUILDING AND DEVELOPING PRACTICE

1c Raising Awareness of Parents and Caregivers

This card describes practices tested by teams in the Trauma-Informed Child Welfare Practice Breakthrough Series Collaborative. They are considered to be promising approaches to implementing trauma-informed child welfare practice to improve placement stability for children in foster care based on the experiences of teams. These strategies can be easily replicated and adapted in most communities.

Strategy 1c	***Raising Awareness of Parents and Caregivers***
Overview & Rationale for the Strategy	Those who care for children on a daily basis when they are in placement must have the awareness and skills they need related to traumatic stress and how it is displayed across the developmental spectrum. This knowledge not only allows them to be more sensitive to potential trauma triggers, but it also helps them see some behaviors as traumatic reactions rather than simply "bad behavior." As this is recognized by foster parents, it can reduce the likelihood that the placement will disrupt.
Practices to Test	• **Incorporating into Existing Foster Parent Trainings:** Many teams tested and implemented practices in which training, education, and skill-building about trauma was incorporated into existing foster parent trainings. The NCTSN curriculum *Caring for Children who Have Experienced Trauma: A Workshop for Resource Parents* was the most common source of information used in developing these modules and trainings. • **Including in Foster Parent Newsletters and Brochures:** Information about trauma across the developmental spectrum was included in foster parent newsletters and brochures to ensure that existing foster parents received continuous information about recognizing and responding to trauma. • **Providing Information about Trauma to Parents and Caregivers**: One team developed an information card for parents and caregivers that described behavioral indicators of children who may have experienced a traumatic event. • **Bringing "Real" Voices into Trainings:** Foster parents, birthparents, and youth were invited by some agencies to talk with prospective foster parents during their initial foster parent training about the trauma of placement and the ability to minimize this trauma through positive birthparent–foster parent relationships. (See more on this in Practice Card 3.a.)
Demonstration of Promise	One participant focus group member noted, "*[B]ecause I've got a lot of prospective foster parents and present foster parents starting to hear the language (of trauma) and then because of groups that we're doing with [our public child welfare agency], it's kind of helping them take care of themselves…they make better judgments and look at how their kid is impacted.*"
Originally Tried in	Los Angeles; Massachusetts; New Hampshire; Oklahoma; San Diego

1. KNOWLEDGE BUILDING AND DEVELOPING PRACTICE

1d Addressing Secondary Traumatic Stress

This card describes practices tested by teams in the Trauma-Informed Child Welfare Practice Breakthrough Series Collaborative. They are considered to be promising approaches to implementing trauma-informed child welfare practice to improve placement stability for children in foster care based on the experiences of teams. These strategies can be easily replicated and adapted in most communities.

Strategy 1d	***Addressing Secondary Traumatic Stress***
Overview & Rationale for the Strategy	Improving placement stability of children in foster care placement cannot be fully met without ensuring that the staff and caretakers working with children were themselves adequately supported. The increase in trauma awareness among staff, and the subsequent increased exposure to children's trauma stories through screening and other activities, increases the need to provide staff with strategies for understanding and coping with their own secondary traumatic exposure.
Practices to Test	• **Implementing STS Groups for Staff:** Several teams increased knowledge of secondary traumatic stress by implementing regularly scheduled groups directed at supervisors and frontline staff. These teams served as forums for discussing the challenges of child welfare work; developing positive coping strategies; and promoting mutual support and collaboration among staff members. Teams also used the groups to share readings and resources about STS. Some of these groups are facilitated by staff within the department and other teams have looked to external facilitators to further promote the sense of psychological safety and confidentiality. • **Supporting Wellness Activities:** Many teams undertook creative strategies for increasing self-care activities among their staff, ranging from the availability of lunchtime yoga classes in the office to exercise groups to healthy eating campaigns. These efforts shared an emphasis on the needs of staff, and sent the message that self-care is both an individual activity and an organizational responsibility. • **Integrating Resilience Skill-Building into Practice:** Several teams were looking to the Resilience Alliance, an intervention developed by the ACS-NYU Children's Trauma Institute (an NCTSN Category II site), and were either planning on delivering the intervention in its entirety to their staff, supervisors and managers, or integrating selected strategies and tools from the intervention into existing forums like staff meetings, individual and group supervision, etc.
Demonstration of Promise	The issue of secondary traumatic stress, while included in three of the thirty objective areas detailed in the Collaborative Change Framework, was not intended to be a major area of focus in the BSC. Yet, eight of the nine teams identified it as a high priority, tested ideas and changes related to it, and ultimately named it as an area they planned to continue focusing on beyond the end of the BSC.
Originally Tried in	Florida; Los Angeles; Massachusetts; Oklahoma

2. TRAUMA-INFORMED MENTAL HEALTH SCREENING & ASSESSMENT

2a Using Trauma-Focused Screening Tools

This card describes practices tested by teams in the Trauma-Informed Child Welfare Practice Breakthrough Series Collaborative. They are considered to be promising approaches to implementing trauma-informed child welfare practice to improve placement stability for children in foster care based on the experiences of teams. These strategies can be easily replicated and adapted in most communities.

Strategy 2a	***Using Trauma-Focused Screening Tools***
Overview & Rationale for the Strategy	Brief screenings allow for the rapid and early identification of trauma experiences and traumatic stress reactions. Because child welfare workers are already closely engaged with families and gathering information on many aspects of the child and family, adding (or simply revising) key questions that focus on trauma is a fairly easy, no-cost practice improvement. Implementing screening practices that are done by child welfare workers and other mental health and medical partners also helps continue to raise awareness about trauma and keep it in the forefront of their work with children and families.
Practices to Test	• **Adding Questions to Existing Screening Tools**: Several teams identified a few key questions about trauma and these questions were incorporated into the interview tool the child welfare social worker uses during initial face-to-face meetings with families. • **Using Brief Trauma Screening Tools by Various Staff**: Several teams adopted, adapted, or developed brief screening tools to use that were concise, simple, and could be used by staff at various levels. These tools were implemented at a variety of points in time, including at the time of initial contact; at the time of removal/placement; and at the time of a family team meeting. The screening results were most often used to evaluate whether a referral was needed for a more complete trauma assessment. • **Engaging Mental Health and Medical Providers in Screening**: Local trauma center incorporated a trauma screen into their own center referral form; pediatricians incorporated screenings into their assessments; mental health intake coordinators trained in trauma screening.
Demonstration of Promise	Teams that created systems enabling them to screen a higher percentage of their children found that they also identified a considerably higher percentage of their population as needing treatment. While one would expect to see increases in total numbers, a parallel increase in the *percentage* identified as needing treatment was a surprising result and makes this a strategy to continue to monitor.
Originally Tried in	Los Angeles; Massachusetts; North Carolina; San Diego

2. TRAUMA-INFORMED MENTAL HEALTH SCREENING & ASSESSMENT

2b Collecting and Sharing Assessment Information

This card describes practices tested by teams in the Trauma-Informed Child Welfare Practice Breakthrough Series Collaborative. They are considered to be promising approaches to implementing trauma-informed child welfare practice to improve placement stability for children in foster care based on the experiences of teams. These strategies can be easily replicated and adapted in most communities.

Strategy 2b	***Collecting and Sharing Assessment Information***
Overview & Rationale for the Strategy	Screening for trauma is only of value if the results of the screening are shared and used for a next level of assessment. Similarly, once trauma information is collected, whether through screening or more comprehensive assessment, it must be shared across partners to ensure that everyone is operating with the same critical information and can work with and respond to the child and family appropriately.
Practice to Test	• **Gathering Clear and Specific Mental Health Information**: One team worked with a key mental health provider to develop a *Foster Care Mental Health Assessment Summary* as well as a *Foster Care Mental Health Treatment Summary*. Both of these documents were intended to gather clear and specific information relevant to the mental health and trauma assessment of the children they saw who were in foster care. The information was captured on these forms and then shared with the child welfare social workers as well as the courts.
Demonstration of Promise	A clinician told a story of receiving a referral from a child welfare worker based on a screening: "*This past week I picked up a referral from our front desk, and it said…zero to five trauma, and it's actually not a caseworker that I knew was a part of the project, and…that was … for me, just a nice pivotal moment.*"
Originally Tried in	New Hampshire

3. CASE PLANNING AND MANAGEMENT

3a Providing Information to Birth Parents, Children, and Youth

This card describes practices tested by teams in the Trauma-Informed Child Welfare Practice Breakthrough Series Collaborative. They are considered to be promising approaches to implementing trauma-informed child welfare practice to improve placement stability for children in foster care based on the experiences of teams. These strategies can be easily replicated and adapted in most communities.

Strategy 3a	***Providing Information to Birth Parents, Children, and Youth***
Overview & Rationale for the Strategy	The time of removal is a traumatic experience in itself for birth parents and the children being removed. Providing them with as much information as possible about the placement and what will happen next is an opportunity to minimize this trauma as well as provide support.
Practice to Test	• **Helping Foster Parents Understand Importance of Information for Birth Parents**: This tip sheet was created by the foster parent on one of the teams. It was designed to be a guide to help foster parents engage with birth parents at the time of their first contact. It included intentional information explaining why it was so important for foster parents to share information about themselves, their families, and their homes with birth parents to help alleviate their stress and associated trauma, as well as to support the development of a positive relationship between them. • **Gathering Information about the Foster Home:** A form was developed by a team in both English and Spanish that was given to foster parents whenever a child was placed in their home. The form collects basic information about the home and the family so that it can be given to that child's birth parents. The goal is for this form to help create an open dialogue between parents and caregivers; increase cooperation between the two parties so that families can be reunified faster; and help the birth parents see the foster parents as supports who will provide care for their children.
Demonstration of Promise	A foster parent on one of the BSC teams described one of the most important parts of the BSC as, *"Ensuring and providing assurance to parents that their voice is important. They have rights, [and we should be] supporting them in the process, giving them the guidance that they need."*
Originally Tried in	Los Angeles; New Hampshire

3. CASE PLANNING AND MANAGEMENT

3b Providing Information to Caregivers

This card describes practices tested by teams in the Trauma-Informed Child Welfare Practice Breakthrough Series Collaborative. They are considered to be promising approaches to implementing trauma-informed child welfare practice to improve placement stability for children in foster care based on the experiences of teams. These strategies can be easily replicated and adapted in most communities.

Strategy 3b	***Providing Information to Caregivers***
Overview & Rationale for the Strategy	Providing the foster parent with more information about the child up front ensures that the foster parent knows what things are comforting and distressing to the child, thus providing as much familiarity to the child as possible and potentially reducing the negative impact of separation from his or her parents.
Practices to Test	• **Gathering Information from Birth Parents to Share with Foster Parents:** Based on the recommendation of a birth parent participant on one of the teams, nearly all teams tested changes related to gathering information from birth parents about their children and providing this information to foster parents at the time of the initial placement. This has been done by providing opportunities for birth parents to share information about their children with foster parent using tools such as the "All About My Child" form, "Let Me Tell You About My Child" form, or letters written by birth parents and provided to foster parents. In an attempt to reduce redundancy, one team incorporated this information into the Child Info Fact Sheet that social workers are already responsible for completing. • **Gathering Information from Child/Youth to Share with Foster Parents:** Nearly all teams also created, adapted, and/or implemented forms and processes to collect information about children and youth, such as the "All About Me" form and "Five Things I Want You to Know About Me" form, directly from the youth themselves. These forms and processes were intended to give the children and youth an opportunity to open a conversation with foster parents. Staff were trained to use these tools with all children and youth who are capable to articulating their likes, dislikes, and other information about themselves. One team created an "All About Me" form designed specifically for infants.
Demonstration of Promise	Birth parents, foster parents, and youth involved in this BSC shared in focus groups that this strategy is a significant practice to help minimize the trauma of the initial placement. One foster parent who was a BSC participant described a placement in her own home: *"I had a sibling group of three; one of the boys was autistic, non-verbal, mentally delayed…. Once he was placed [with me] he was like a wild animal. [There were] no services for him, but he punched things, tore up things. Mom wrote the letter [to me about him and his needs and it was] very helpful, particularly related to this child."*
Originally Tried in	Colorado; Florida; Los Angeles; New Hampshire; San Diego

3. CASE PLANNING AND MANAGEMENT

3c Facilitating Connections Between Birth and Foster Parents

This card describes practices tested by teams in the Trauma-Informed Child Welfare Practice Breakthrough Series Collaborative. They are considered to be promising approaches to implementing trauma-informed child welfare practice to improve placement stability for children in foster care based on the experiences of teams. These strategies can be easily replicated and adapted in most communities.

Strategy 3c	***Facilitating Connections Between Birth and Foster Parents***
Overview & Rationale for the Strategy	Maintaining connections between children and parents can help ease the transition of coming into foster care and make the experience less disruptive or traumatic for children and minimize behavior problems (McWey, Acock, & Porter, 2010). Having the child see that there is communication between his or her parents and foster parents can also help reduce feelings of anxiety and guilt around living with another caregiver.
Practices to Test	• **Providing Training to Foster Parents on Working with Birth Parents:** Many teams found it necessary to provide training to foster parents on the rationale for and importance of working with birth parents. To do this, one team brought together a foster parent and birth parent who had successfully partnered to achieve reunification, and had them talk about their experiences and success at a new foster parent training. • **Connecting Foster Parents and Birth Parents Quickly After Placement:** Many teams focused on finding ways to connect foster parents and birth parents as quickly as possible after placement. Several teams asked foster parents to call birth parents within 24 hours of the placement to talk about the child's transition. This practice often allowed the birth parent to talk with his or her child on that first night of placement, providing reassurance and engagement of the parent, and offering comfort and connections for the child. • **Supporting Birth Parent-Foster Parent Visits:** Teams worked to encourage visits among birth parents, their children, and the foster parents on an immediate and regular basis, beginning as soon as possible after the initial placement is made. • **Facilitating Frequent Visits with Birth Parents:** Facilitating frequent visits in a family-friendly setting is thought to lessen the effect of possible detachment between a child and his/her parent(s) following a removal. One team kept this practice within its Family Finders model, and used Family Engagement Specialists (FES) to engage parents and family in recognizing their strengths and areas of unmet needs. They also pulled in additional natural supports to create a support team for the family.
Demonstration of Promise	A focus group quote from a clinician in the BSC sums up the impact this practice strategy can have: "*I think the thing that kind of stood out…was when the birthparent spoke and read the letter that she wrote to her child. I mean everybody walked out with a big—wow… that was so impactful, I think, to everybody.*"
Originally Tried in	Colorado; Florida; Massachusetts

3. CASE PLANNING AND MANAGEMENT

3d Conducting Inclusive Team Meetings

This card describes practices tested by teams in the Trauma-Informed Child Welfare Practice Breakthrough Series Collaborative. They are considered to be promising approaches to implementing trauma-informed child welfare practice to improve placement stability for children in foster care based on the experiences of teams. These strategies can be easily replicated and adapted in most communities.

Strategy 3d	***Conducting Inclusive Team Meetings***
Overview & Rationale for the Strategy	Facilitated meetings allow foster parents and birth parents to come together on behalf of the child's needs, as well as provide forums for information sharing about the child. Other partners, including mental health providers, may be invited to help support the child and placement. And by recognizing that many placements disrupt because of children's behaviors, meetings held specifically to prevent disruptions provide an opportunity to discuss and address the underlying factors for the behavior. Plans can be put into place to prevent the disruption, including appropriate treatment for the child, and respite and support for the foster parent. Rather than focusing on a child's behavior, these meetings allow for a focus on the child's trauma.
Practices to Test	• **Engaging Birth Parents and Foster Parents in Planning Meetings:** Many teams supported connections between birth and foster parents by actively focusing on specific meetings, such as family team meetings, special meetings held shortly after the placement was made, or meetings specifically focused on maintaining placement stability. At a three-week post-placement meeting created by one team, birth parents, foster parents, and workers came together within three weeks of placement to talk specifically about the child's trauma history, the impact on behavior and placement, trauma triggers, and opportunities for co-parenting. • **Including a Trauma Consultant on the Team:** To provide early intervention to children who were displaying troubling behavioral symptoms in placement, one team invited a mental health counselor to join their placement team. The counselor interviewed the child, foster parents, and case manager and then provided support to the foster parents as needed, including a home visit within 24 hours and/or phone support. This counselor could also make a referral to a treatment provider if appropriate. The counselor remained involved to ensure linkages and prevent any further crises that could lead to disruption. • **Implementing Placement Disruption Prevention Meetings:** These meetings, which included staff at a variety of levels as well as external partners, were held by one team with great success. The meetings were done whenever a placement was at risk of disruption, as determined by either the worker or the foster parent. The meetings focused on what was needed to stabilize the placement with a specific focus on the child's trauma and managing associated behaviors.
Demonstration of Promise	By July 2011, the team that tested and implemented the Placement Disruption Meetings reported that not only did they have only one child in their BSC target population move since December, but also placement disruptions for the rest of the local jurisdiction had decreased significantly as well.
Originally Tried in	Florida; Massachusetts; Oklahoma

4. EXTERNALLY DELIVERED TRAUMA-INFORMED SERVICES

4a Identifying Resources and Referring for Services

This card describes practices tested by teams in the Trauma-Informed Child Welfare Practice Breakthrough Series Collaborative. They are considered to be promising approaches to implementing trauma-informed child welfare practice to improve placement stability for children in foster care based on the experiences of teams. These strategies can be easily replicated and adapted in most communities.

Strategy 4a	***Identifying Resources and Referring for Services***
Overview & Rationale for the Strategy	Although BSC teams were made up primarily of child welfare agency staff, each team did have members from local mental health providers. Moreover, all team members clearly understood the need for trauma-informed services, once trauma was identified as an issue for a child in placement. Trauma-informed child welfare practice cannot end with the interactions between child welfare social workers and families; it must also include the identification of appropriate resources and referrals for necessary trauma-informed treatment.
Practices to Test	• **Identifying Appropriate Resources:** Members on one team determined that a critical challenge they faced in accessing trauma-informed resources and services was the fact that very few child welfare social workers actually knew what trauma-informed resources and services were available in their communities. Working with the mental health agency partners on their team, they compiled a Resource Guide of trauma-informed therapists for child welfare social workers to use as a reference tool for referrals. • **Referring for Treatment**: As child welfare agency staff began conducting trauma screenings of children in foster care, the numbers of children needing trauma assessments and treatment grew. One team set aside dedicated time during their 'transfer' staffing to refer children who needed it directly to an appropriate evidence-based trauma treatments.
Demonstration of Promise	Staff members who were not part of the BSC had many questions about how to determine if trauma treatment is needed, what types were available, and where to find them. Having a guide of resources and making treatment decisions in teams provided this ongoing on-the-ground education and support.
Originally Tried in	Florida; Massachusetts

4. EXTERNALLY DELIVERED TRAUMA-INFORMED SERVICES

4b Increasing Capacity of Mental Health Providers to Deliver Evidence-Based Treatments

This card describes practices tested by teams in the Trauma-Informed Child Welfare Practice Breakthrough Series Collaborative. They are considered to be promising approaches to implementing trauma-informed child welfare practice to improve placement stability for children in foster care based on the experiences of teams. These strategies can be easily replicated and adapted in most communities.

Strategy 4b	***Increasing Capacity of Mental Health Providers to Deliver Evidence-Based Treatments***
Overview & Rationale for the Strategy	Providing trauma-informed evidence-based treatments is essential to ensuring that children and families' trauma-focused needs are met. According to the research, effectively addressing a child's trauma history through the provision of evidence-based trauma treatment has a significant and lasting impact on the outcomes that children in placement can achieve (Rubin et al., 2007).
Practices to Test	• **Increasing In-House Access to Skilled Therapists:** Because mental health administrators and clinicians were part of each team's core group, they watched first-hand as the demand for evidence-based trauma treatments was growing. One child welfare agency already had an in-house mental health therapist on staff to support assessments, treatment planning, and provide trauma-informed consultation. Because of this project, this team was able to reallocate funds to hire a second therapist as the needs in the agency grew. • **Increasing the Availability of Trauma-Informed Evidence-Based Treatments:** Several teams worked with partners to increase the availability of trainings on evidence-based treatments (EBTs). While this does not answer immediate demands for treatment, it is a longer-term response that is critical.
Demonstration of Promise	Based on these trainings and access to skilled in-house therapists, child welfare social workers now better understand the types of evidence-based trauma treatment and are able to make more appropriate referrals.
Originally Tried in	Florida; San Diego

5. Child Welfare Systems, Cross-System Partnerships, and System Collaboration

5a Providing Training to Child Welfare Partners

This card describes practices tested by teams in the Trauma-Informed Child Welfare Practice Breakthrough Series Collaborative. They are considered to be promising approaches to implementing trauma-informed child welfare practice to improve placement stability for children in foster care based on the experiences of teams. These strategies can be easily replicated and adapted in most communities.

Strategy 5a	***Providing Training to Child Welfare Partners***
Overview & Rationale for the Strategy	The child welfare system is comprised of a much broader group than the child welfare agency alone. Ensuring that all partners and stakeholders are trauma-informed is essential in implementing a truly trauma-informed system.
Practices to Test	• **Providing Concise Training on Trauma-Informed Practice:** Because time is often limited, teams developed abbreviated trainings on trauma to deliver to cross-system partners. One team used a two-hour trauma-informed curriculum based on the Child Welfare Toolkit that could be used for a variety of other agencies and partners. This allowed them to reach many more partners in a much shorter period of time than the standard training they were offering staff. • **Developing an Easy Reference for Identifying Trauma**: Booklets and tips sheets from Project ABC (About Building Connections) were focused on addressing early childhood trauma and mental health. They provided tips to recognizing trauma symptoms in young children in an easy to read format that was shared. • **Tailoring Trainings for Specific Partners:** Tailored trauma trainings were created and delivered to mental health case managers; school staff; and partners in local child placing agencies to introduce them to trauma-informed work • **Engaging Key Stakeholders to Lead Trauma-Informed Trainings:** One team worked with a judge who was very interested in understanding trauma-informed care. After he began using a trauma-informed tool to make his final determination, he decided to train all juvenile probation officers to use it as well.
Demonstration of Promise	One clinician told a story of an unexpected outcome: *"Sometimes, your system seems so hard to make any changes…..So, it's been very helpful to see the system start to change, and I knew for sure that it was really changing….I was talking with the (child welfare) supervisor, and she says 'I think they're getting it…this worker had gone out to the home and…helping out the foster mother and she (the supervisor) was saying no, you don't have to do that, that's not the best use of your time, and she (social worker) said I am preventing…I am keeping a placement disruption from happening."*
Originally Tried in	Los Angeles; Massachusetts; New Hampshire; North Carolina

5. Child Welfare Systems, Cross-System Partnerships, and System Collaboration

5b Using Trauma-Informed Forms and Language with Partners

This card describes practices tested by teams in the Trauma-Informed Child Welfare Practice Breakthrough Series Collaborative. They are considered to be promising approaches to implementing trauma-informed child welfare practice to improve placement stability for children in foster care based on the experiences of teams. These strategies can be easily replicated and adapted in most communities.

Strategy 5b	***Using Trauma-Informed Forms and Language with Partners***
Overview & Rationale for the Strategy	Communication is at the heart of cross-systems work. Partners must speak the same language with common understanding. Trauma-informed language must be consistent and continuous if the overall child welfare system is expected to embrace and operate in a trauma-informed way.
Practices to Test	• **Using Trauma-Informed Language in Court Reports:** As child welfare staff begins speaking and communicating in trauma-informed ways, it is critical that these communications are understood by those receiving them. This goes beyond the training described in Strategy 5a. Teams began to use trauma-informed language in court reports to reinforce the focus on trauma. • **Incorporating MH Screening Form into CW Agency Record:** One team incorporated the mental health agency's screening form into the child welfare agency record. This not only increased collaboration and consistency across the agencies, but reduced redundancies and allowed them to share a single report with the courts when needed.
Demonstration of Promise	One team reported this change: "*There have been discussions in the schools and the courts about a child's trauma history and many community providers have been trained in trauma-informed practices.*" And lastly, "*Memorandums of Understanding have been established between the courts, mental health, and juvenile justice agencies that provide a clear pathway for intervention.*"
Originally Tried in	New Hampshire; Oklahoma