



Implementing Trauma-Informed Practices in Child Welfare

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Introduction

According to the 2012 Report of the Attorney General's National Task Force on Children Exposed to Violence, 46 million children living in the United States will have their lives affected by violence, crime, abuse, or psychological trauma this year.¹ The Task Force recommends that every professional or advocate serving children exposed to violence and psychological trauma learn and provide trauma-informed care and trauma-focused services. Child welfare system stakeholders, and the children and families they serve, can greatly benefit from integrating trauma knowledge into their policies and practices and thereby improve outcomes for abused and neglected children.

Children in care are more likely to have been exposed to multiple forms of traumatic experiences, such as physical or sexual abuse, neglect, family and/or community violence, trafficking or commercial sexual exploitation, bullying, or loss of loved ones. In addition to the circumstances of abuse or neglect that led to their removal, children may be subject to further stresses after entering the system, including separation from family, friends, and community, as well as the uncertainty of their future.

Repetitive and significant encounters with trauma and stress have real consequences for the physical, social, and emotional wellbeing of children. The trauma experienced by children in foster care is often complex and, if left untreated, can permanently affect the growth and development of a child and invite lasting repercussions felt decades later. Symptoms of trauma may include behavioral problems, attention/concentration issues, separation anxiety, and extreme impulsivity.

A growing body of scientific literature indicates the success of trauma-informed child welfare systems in treating child traumatic stress. Trauma-informed systems are structured with an understanding of the causes and effects of traumatic experiences, along with practices intended to support recovery rather than exacerbate vulnerabilities. Trauma-informed practices include educating all stakeholders engaged with children and families, systematically screening children entering care, and dedicating resources to the provision of trauma-specific interventions.

Trauma-specific interventions go beyond treating the symptoms of trauma, such as mental health disorders, and focus on the interplay between trauma and its consequences. This approach includes providing children with a sense of control and hope, and requires the involvement of all stakeholders working with the child, including caseworkers, lawyers, judges, providers, birth parents, and caregivers (foster parents and kinship caregivers). Such trauma-informed practices present an excellent opportunity for improving child welfare outcomes. This brief will highlight the effects of trauma on child wellbeing and provide practice recommendations and examples of specific initiatives to guide transformation of the system.

The Effects of Trauma on Children in Foster Care

Stress elicits mental and physical responses that become problematic when they interfere with the ability to function and engage with others. Childhood traumatic stress is the psychological and biological responses resulting from a child's inability to cope with an overwhelming situation.² These overwhelming experiences are referred to as traumatic events or trauma. Children can be exposed to trauma in a number of ways. Some children experience a single acute traumatic episode. Acute trauma is a short-lived experience tied to a particular place or time.³ Examples of acute trauma include natural disasters, serious accidents, gang shootings, school violence, or the loss of a loved one.⁴ In response to these traumatic events, children may experience feelings of helplessness and distress.⁵ Children also may experience chronic trauma, or prolonged exposure over a long period of time to traumatic situations. Examples of chronic trauma involve prolonged physical or sexual abuse, exposure to family violence, or war.⁶ Childhood traumatic stress resulting from this type of exposure may include intense feelings of distrust, fear for personal safety, guilt, and shame.⁷

Unfortunately, some children are exposed to multiple or prolonged forms of trauma, also known as complex trauma. Research reveals that children exposed to one form of violence are more likely to have had multiple exposures to violence. The 2011 National Survey of Children's Exposure to Violence (NatSCEV II), the second comprehensive national survey designed to assess the full spectrum of children's direct and indirect exposure to violence, focused on the experiences of youth aged 17 years and younger.⁸ NatSCEV II found that 57.7 percent of its total sample reported experiencing or witnessing at least one form of violent exposure.⁹ Almost half (48.4 percent) of the sample had been exposed to more than one form of specific victimization, while 15.1 percent experienced six or more forms, and 4.9 percent had exposure to ten or more.¹⁰ These high levels of exposure are particularly worrisome. About 11 percent of the sample directly experienced six or more forms of violence and abuse, also known as polyvictimization.¹¹ Children experiencing polyvictimization are more distressed than other victims in general, but also display more distress than those victims who experience frequent victimization of a single type.¹²

Children entering the foster care system are more likely to be victims of complex trauma and polyvictimization. The National Child Traumatic Stress Network (NCTSN) conducted a study examining the association between complex trauma and psychosocial outcomes for youth in foster care.¹³ Information

gathered about children in care who were referred for treatment at NCTSN sites demonstrated the high prevalence of complex trauma exposure for this population.¹⁴ Over 70 percent of the sampled children reported experiencing at least two of the traumas constituting complex trauma, while 11.7 percent reported experiencing all five types researched (sexual abuse, physical abuse, emotional abuse, neglect, and domestic violence).¹⁵

Children who experience multiple forms of trauma tend to have more severe and complicated reactions, which affect their emotional, behavioral, and cognitive functioning.¹⁶ Initiated in 1995 and ongoing today, the Adverse Childhood Experiences (ACE) Study has linked traumatic childhood events, such as abuse and maltreatment, with increased likelihood of risky behavior and disease.¹⁷ The ACE Study shows that children exposed to “four or more adverse childhood experiences were four to twelve times more likely to struggle with depression, suicide attempts, alcoholism, and drug abuse” later in life.¹⁸

The effects of these experiences on a child’s wellbeing and health can be profound. Not all children experience childhood traumatic stress after exposure to trauma. However, children in foster care often have not had the benefit of safe and stable homes that aid in building resiliency. Resiliency, or a child’s capacity to cope with future stress, is a critical part of treating children exposed to trauma.¹⁹ Interventions that work towards building healthy relationships between children and caregivers, processing painful memories, and making the child feel safe allow the child to develop strategies and tools for overcoming future trauma.²⁰

Children lacking the ability to adapt and handle traumatic events may display the following symptoms of childhood traumatic stress:²¹

- Intense and ongoing emotional upset
- Depression
- Anxiety
- Behavioral changes
- Difficulties at school
- Problems maintaining relationships
- Difficulty eating and sleeping
- Aches and pains
- Withdrawal
- Substance abuse, dangerous behaviors, or unhealthy sexual activity among older children

Children’s reactions to trauma differ depending on a child’s resiliency and her age. Preschool and young children will likely feel great fear in response to trauma. Young children have not developed the ability to know where they can find security and thus their fear extends past the circumstances of the traumatic event.²² Caregivers may notice a loss of language and a regression in toileting skills, as well as repeated night terrors.²³ Beyond these behavioral responses, children who experience trauma during their infant and toddler years are apt to suffer limitations in brain growth.²⁴ Specifically, exposure to child abuse and neglect can negatively affect the parts of the brain regulating learning and self-control.²⁵

The brain development of school age children can also be affected by childhood traumatic stress. For example, research associates exposure to domestic violence with lower IQ scores for youth.²⁶ School-age

children will often become preoccupied with the traumatic experience, and may feel guilt or shame about their role in the event.²⁷ They may complain about stomachaches or headaches.²⁸ Caregivers may observe a change in behavior such as abrupt development of a new fear, inability to sleep well, signs of aggression, or impulsivity.²⁹

Symptoms of childhood traumatic stress may be most difficult to detect in adolescents who are often considered an emotionally volatile group regardless of trauma exposure. However, adolescents may experience a preoccupation with the traumatic event and internalize their fear, guilt, or shame.³⁰ Adolescents often worry about being abnormal or weak, and allow the trauma to isolate them from others.³¹ They may have thoughts of revenge. These symptoms and others, such as sleep disturbance, can be masked by late studying or staying up with friends.³²

The repercussions of trauma can be long lasting and extend throughout childhood and into adolescence and adulthood if not appropriately addressed. Children in the child welfare system are incredibly susceptible to the long-term effects of childhood traumatic stress because of their high exposure to violence, abuse, and neglect. Furthermore, the lack of a stable, caring caregiver can affect their ability to manage their emotions, behaviors, and relationships.³³ Findings from the NCTSN study show that children in foster care who are exposed to any trauma have an increased risk for mental health issues, such as severe posttraumatic stress and meeting the criteria for at least one mental health diagnosis.³⁴ Polyvictimization can increase the risk and severity of posttraumatic injury and mental health disorders anywhere from twofold up to tenfold.³⁵

Without intervention, children whose behavioral and emotional development are impacted by trauma are more vulnerable to negative outcomes such as dropping out of school, substance abuse, delinquency, and lower job attainment as adults.³⁶ In addition to the physical, mental, and developmental ramifications of trauma for individual child wellbeing and health, trauma also represents a huge financial cost for society. Children suffering from trauma will likely have a loss of productivity over their lifespans, and public systems, such as child welfare, social services, law enforcement, juvenile justice, and education, may also carry the burden of these costs.³⁷

The Benefits of Trauma-Informed Practices

Given the significant impact of trauma exposure on child wellbeing and growth, child welfare systems must serve children from a trauma-informed perspective. This framework requires advocates, administrators, and staff to be aware of trauma and its effects, to offer appropriate trauma screenings and assessments, and provide trauma-specific treatments. Furthermore, the Administration for Children and Families, U.S. Department of Health and Human Services, issued an Information Memorandum to state, tribal, and territorial child welfare agencies to focus on social and emotion wellbeing and fulfill the requirement under the Child and Family Services Improvement and Innovation Act³⁸ to include a description in their state plans of how they will screen for and treat emotional trauma associated with maltreatment and removal of children in foster care.³⁹

Trauma-informed care redirects attention from treating symptoms of trauma (e.g., mental health disorders, behavioral problems) to treating the underlying causes and context of trauma.⁴⁰ Trauma-specific interventions include medical, physiological, psychological, and psychosocial therapies provided by a trained professional that aid in the recovery from adverse trauma exposures.⁴¹ Treatments are designed to maximize a child's

sense of physical and psychological safety, develop coping strategies, and increase a child's resilience. These treatments allow children to attain a sense of balance, make strides in meeting developmental benchmarks, heal deep emotional scars, and achieve stability in their foster placements.⁴²

A number of promising and evidence-based interventions address skill development, affect regulation, and build resiliency. The Office of Justice Programs (OJP), U.S. Department of Justice, reviews specific interventions based on whether evidence shows them to achieve their intended outcomes when implemented with fidelity. Several of the treatment programs OJP has rated as either effective or promising include:⁴³

- Child-Parent Psychotherapy (CPP): A dyadic intervention designed to allow parents and caregivers to develop secure relationships with their young children (up to age 5) and help form healthy attachments.
- Trauma Affect Regulation: Guide For Education and Therapy (TARGET): An intervention, often used with youth in juvenile detention facilities, that provides participants with a seven-step sequence of skills for managing trauma-induced responses.
- Trauma-Focused Cognitive-Behavior Therapy (TF-CBT): A combination of individual and joint therapy sessions for children and parents or caregivers that focuses on reducing emotional/behavioral issues resulting from childhood traumatic stress.
- Cognitive Behavioral Intervention for Trauma in Schools (CBITS): Designed for students in grades three through high school, CBITS works on learning coping skills, decreasing symptoms of posttraumatic stress disorder, and improving relationships with others.
- Parent-Child Interaction Therapy (PCIT): Geared towards children exposed to substances prior to birth or to physical abuse, PCIT works with parents to learn skills for improving family relations.
- Trauma and Grief Component Therapy for Adolescents (TGC T-A): Works with adolescents to understand the effects of trauma on their behavior and strengthen self-regulation and coping skills.

Provision of trauma-specific interventions is one component of effectively working with children experiencing childhood traumatic stress. To achieve the full benefits of trauma-informed care, systemic changes must incorporate best practices. Participating agencies and systems must take a collaborative approach to instituting trauma-informed practices. The Chadwick Trauma-Informed Systems Project defines a trauma-informed child welfare system as:⁴⁴

... one in which all parties involved recognize and respond to the varying impact of traumatic stress on children, caregivers, and those who have contact with the system. Programs and organizations within the system infuse this knowledge, awareness, and skills into their organizational cultures, policies, and practices. They act in collaboration, using the best available science, to facilitate and support resiliency and recovery.

A number of different models incorporate a trauma-focused delivery system. Each successful model recognizes that involving all stakeholders (e.g., caseworkers, administrators, service providers, judges, attorneys, parents, and caregivers) in the process of developing and implementing a trauma-informed system greatly increases the capacity to effectively serve traumatized children. Collaboration will result in increased awareness, a greater capacity to overcome design and implementation obstacles, and a broader range of resources. Ultimately, a more effective system will allow more children in care to receive the support necessary to overcome the effects of childhood traumatic stress and thrive at home or in their placements.

Resources on Evidence-Based Interventions

The listed interventions are examples of treatment that have been evaluated for efficacy in treating trauma. For more information on these treatments and others, please visit the following websites:

[National Institute of Justice: Children Exposed to Violence](#)

[SAMHSA: National Registry of Evidence-Based Programs and Practices](#)

Models of Trauma-Informed Practices

As awareness of trauma-informed care has increased, a number of courts and agencies have adopted new and innovative practices designed to implement responsive practices. The child welfare agency, juvenile dependency and delinquency court system, and legal representation and advocacy models described below offer opportunities for consideration and implementation in other jurisdictions.

The NCTSN Learning Collaboratives and Child Welfare Trauma Training Toolkit are a model and accompanying resource offered by the NCTSN to improve child welfare practices in a variety of practice settings.⁴⁵ The Learning Collaboratives allow NCTSN sites to form teams to work on implementing best practices, using the Learning Collaborative Toolkit, an 11 module course, as the guide.⁴⁶ The Toolkit helps sites to determine goals, measurements, and evaluations of their implemented strategies. In June 2013 a Breakthrough Series Collaborative reported on the use of trauma-informed practices to improve foster placement stability in nine NCTSN sites nationwide.⁴⁷ Teams used the Child Welfare Trauma Training Toolkit to educate new staff on best practices.⁴⁸ Strategies include using trauma-informed screening tools, raising foster parent awareness, identifying resources for training, and using trauma-informed language. NCTSN sites that implemented these practices saw an improvement in the stability of children's foster placements. For more information, visit the [NCTSN Learning Collaboratives website](#) and the [NCTSN Child Welfare Trauma Toolkit](#).

St. Aemilian-Lakeside (SAL) – Milwaukee⁴⁹ is a human services organization that has for the past five years embraced a trauma-informed philosophy. Under contract since 2009, SAL has provided case management and intensive in-home services for the Bureau of Milwaukee Child Welfare. Beginning with the training of its clinical staff, SAL has expanded a trauma-informed perspective into all of its core child welfare practices. The organization believes that all parts of the system must be aware of the effects of trauma in order to operate efficiently and cohesively. Staff members are asked to look at each child for potential traumatic stress, so children are routinely assessed for trauma exposure. During treatment, the daily relationship between child and caregiver is given primary focus. Families are taught positive ways to respond to children's traumatic stress. SAL also recognizes the importance of providing support to their staff in order to protect the health and wellbeing of workers from secondary trauma. For more information, visit the [SAL website](#).

Secondary Trauma and Self Care

Any trauma-informed system of care should include awareness of secondary trauma and provide ways to address its impact on individuals working within the system. Secondary trauma is the cumulative effect on physical, emotional, and psychological health resulting from constant exposure to traumatic stories or events when working with others in a helping capacity. Secondary trauma is also often referred to as vicarious trauma or compassion fatigue. It is important for child-serving professionals to be aware of secondary trauma and develop personal and professional strategies to effectively address it.

Signs of secondary trauma may include disturbed sleep, withdrawal, tension, or intrusive thoughts. Other symptoms may include feelings of hopelessness, an inability to concentrate, anger or cynicism, or chronic exhaustion and other physical ailments. Secondary trauma can impact a person's ability to listen to or engage effectively with clients, or make thoughtful decisions, which can have negative effects on child clients who themselves are coping with the effects of trauma.

Some ways to address secondary trauma in a positive way and engage in self-care include:

- Provide training to all stakeholders on secondary trauma and self-care
- Interact with co-workers through informal gatherings
- Establish a peer support group to create on-going dialogue within the office
- Maintain a healthy lifestyle, including exercise and good nutrition
- Establish life-work balance, which may include flextime scheduling or balanced caseloads
- Spend time with family and friends outside the professional setting
- Consult a mental health professional or Employee Assistance Program

Source: National Center for Child Traumatic Stress, Secondary Stress Committee (2011). *Secondary traumatic stress: A fact sheet for child-serving professionals*. Los Angeles, CA, and Durham, NC: NCTSN. [Available online](#).

Stark County Family Court in Ohio is a nationally recognized model of a trauma-informed family and juvenile court. The Court, led by Judge Michael Howard, has endeavored to increase system-wide awareness of trauma and build capacity for trauma-specific services for children and caregivers. National experts were brought in to educate court, child-serving, and mental health personnel on child trauma.⁵⁰ A county-wide Traumatized Child Task Force was formed to determine a plan for screening, assessing, and providing identified children with services.⁵¹ Trauma-specific screenings are offered through the juvenile court, and any staff suspecting trauma can refer a child for screening.⁵² Children were originally screened using the UCLA PTSD Reaction Index, but the Court has now adopted a screening tool developed by Dartmouth College. This instrument has incorporated a depression scale and substance abuse screen, which officials believe identifies a greater number of affected youth.⁵³ The Task Force also decided to focus on offering Trauma-Focused Cognitive Behavioral Therapy, an established effective treatment for youth and caregivers. In order to do this, they assessed mental health providers' service capacity and facilitated training for interested therapists through the Community Treatment and Services Centers of SAMHSA's National Child Traumatic Stress Initiative.⁵⁴ The importance of trauma awareness is emphasized among all child-serving personnel, as well as families and caregivers.

Checklist and Resource Guide for Attorneys and Other Court-Appointed Advocates

Legal advocates can also incorporate trauma knowledge into their practice by recognizing the impact that exposure to violence and trauma has on development and wellbeing, responding to child traumatic stress through legal representation that reflects such recognition, and collaborating with other professionals to support the recovery and resiliency of the child and family. One way to incorporate trauma knowledge into daily practice is to use the tool provided in *Identifying Polyvictimization and Trauma Among Court-Involved Children and Youth: A Checklist and Resource Guide for Attorneys and Other Court-Appointed Advocate*.⁵⁵ The checklist is not intended to serve as a screening instrument but rather an information integration tool that may help

advocates potentially identify different types of traumatic experience and symptoms of trauma in their child clients, as well as identify services that may be most beneficial to address their needs. For more information see the [resource guide online](#).

Similarly, **Legal Services for Children (LSC) – San Francisco** seeks to fill the gap in lawyers’ knowledge of how trauma sensitivity can inform their daily practice. LSC proposes a model of child representation that integrates trauma awareness into every aspect of legal practice, focusing on relationships, advocacy, and coordination of care. In the first phase of its work, LSC has developed practice recommendations addressing how lawyers can build attorney-client relationships that are sensitive to the vulnerabilities of youth who have experienced trauma and can increase their engagement with their legal case. Moving forward, LSC intends to incorporate best practices regarding how trauma knowledge can strengthen legal advocacy by enhancing lawyers’ understandings of their clients’ motivations, behaviors, and needs, and promote a collaborative, holistic response to clients in crisis, including through appropriate referrals to trauma-specific services and/or participation in multidisciplinary teams.⁵⁶

Trauma-Informed Practice Recommendations

A tremendous amount of progress has been made in understanding the effects of trauma and the best practices for addressing childhood traumatic stress. As the above models demonstrate, there are a number of ways that child welfare systems can incorporate trauma-informed methods into their daily procedures and practices. Evaluations, such as the research conducted by the NCTSN, affirm the value of these practices. The following are five trauma-informed practice recommendations for child welfare systems, courts, advocates, and staff. Implementing these recommendations can improve the short and long-term health and wellbeing of children in care.

Educate stakeholders about the effects of trauma on children and families, as well as effective trauma-specific treatments.

A trauma-informed system requires awareness of trauma’s impact and consequences. Individuals and organizations must understand trauma before they can attempt to address it. The Attorney General’s Task Force on Children Exposed to Violence recommends that “every professional and advocate serving children exposed to violence and psychological trauma learns and provides trauma-informed care and trauma-focused services.”⁵⁷ Therefore, courts, advocates, child welfare agencies, and service providers need to understand what trauma is, how it manifests itself, what its effects are, and finally, how to treat it.

Agencies and task forces should consider bringing in experts to explain how trauma may affect the behavior, development, and reactions of children. Additionally, professionals in the legal, judicial, behavioral health, and social services fields need to understand how their specific role can be used to improve outcomes for youth. This calls for more specific training on trauma-informed daily practices involving youth, families, and caregivers so that professionals involved with the family can effectively advocate for the services their clients need. Practitioners should also receive continuing education and support beyond initial training.

Model curricula such as the NCTSN’s *Child Welfare Trauma Training Toolkit* are available to inform and train professionals. Dissemination of this vital information can include conferences and summits, brown-bag lunch trainings, and internal website postings. Child welfare systems can also designate and train trauma experts within their agencies to provide in-house expertise and consultation with other staff.

Ensure that children entering the child welfare system are screened and assessed for trauma.

Given the benefit of trauma-specific treatment for allowing children to recover from trauma, it is essential that affected children in care be appropriately identified as in need of these services. The process for identifying children involves systematic screening and assessment. Screening tools are short standardized instruments administered to a specific at-risk population, such as all children entering the child welfare system. The goals of a screening instrument are to recognize the urgent needs of a child and identify criteria that signal the need for further services and evaluation. While screening has traditionally been conducted by mental health providers, case workers can perform initial screenings of youth, and are an excellent front line resource for reaching youth. Often this practice can be incorporated into current child welfare intake procedures by adding several key questions or revising current questions.⁵⁸

Once a child has been identified as in need of trauma-informed services, he should undergo a more rigorous assessment. An assessment is more comprehensive than a screening, and typically involves speaking with multiple individuals who interact with the child, e.g., birth parents, other caregivers, teachers.⁵⁹ Assessments are important for fully understanding the nature and extent of the child's traumatic stress, as well as for referring children into appropriate services. They should be conducted by a qualified and credentialed provider and should be tailored to the age and cognitive abilities of the child.⁶⁰ Using an appropriate assessment will allow children to receive the most effective trauma-specific treatment.

A number of different screening and assessment tools have been developed over the past twenty years. Some tools have been designed specifically for children, while others are adaptations of trauma-focused instruments developed for adults. These instruments range from very broad, short five-minute surveys to very specific, two-hour long interviews.⁶¹ The benefit of having a wide range of tools from which to choose is that agencies and providers can find resources that best suit their needs and systems.⁶² Child welfare advocates can visit the Administration for Children and Families' Child Welfare Information Gateway for more information on different screening and assessment tools.⁶³

Federal child welfare agencies and law also support the use of screening and assessment for trauma. The federal Children's Bureau considers screening critical for development of a treatment plan and stresses the need for a complete trauma history for each child who enters the system.⁶⁴ The 2011 Child and Family Services Improvement and Innovation Act requires states to identify protocols for screening for and treating emotional trauma associated with maltreatment and removal.⁶⁵ States have a unique opportunity to integrate trauma screening into their systems by promoting interagency collaboration among child welfare, mental health, and Medicaid agencies.⁶⁶ Federal law requires Medicaid to offer Early and Periodic Screening, Diagnosis and Treatment (EPSDT) to all covered children, which includes mental health assessment and services.⁶⁷ Medicaid and child welfare agencies can work together to ensure that appropriate trauma screenings and assessments are incorporated into the EPSDT benefit for eligible children.

On a local level, dependency courts can also encourage systematic screening by requiring that all children entering the system have at minimum a screening, and requiring full and thorough child trauma histories. This practice will allow judges to make better informed treatment and placement decisions. Also, individuals with access to children's trauma assessments and histories must understand the instruments being used.⁶⁸ Assessments are often performed by mental health professionals, so it is the responsibility of any non-clinicians using the results to understand the characteristics of the assessment. Mental health providers will

play a pivotal role in ensuring that appropriate, full trauma assessments are completed. Thus it is vital that the provider community be trained to use trauma-specific assessments.

Resources for Screening and Assessment Tools

While it is imperative for child-serving agencies to institute systematic screening and assessment processes, finding the appropriate evaluation tool is equally as important. Fortunately there are a number of evidence-based tools available for use and modification. Agencies should work with clinicians to determine which screening and assessment tools will best suit the needs of their system and population. The following sources list a number of instruments that agencies may consider:

[Child Welfare Information Gateway: Screening and Assessment of Child Trauma](#)

[The California Evidence-Based Clearinghouse for Child Welfare: Screening and Assessment Tools for Child Welfare](#)

Refer children to appropriate evidence-based, trauma-specific treatments.

Once an assessment shows that a child is in need of trauma-specific services, it is necessary to refer her to appropriate treatment. Specific treatment strategies have been developed for children and youth exposed to violence and trauma, so a key part of referring children into appropriate services is being aware of what evidence-based treatments are available in the community. Research organizations, such as the Centers for Disease Control, have evaluated the efficacy of various methods of treating trauma.⁶⁹ In addition to the Office of Justice Programs reviews mentioned earlier, the [California Evidence-Based Clearinghouse for Child Welfare](#), SAHMSA's [National Registry of Evidence-Based Programs and Practices](#), and the [Agency for Healthcare Research and Quality](#) also review many trauma treatments for children. Advocates can use resources such as these to identify appropriate programs and skilled therapists in their own jurisdictions. This information can be collected within the child welfare agency and shared with caseworkers for use as a reference.⁷⁰

At the same time, child welfare agencies in collaboration with other stakeholders can work to increase trauma treatment capacity within their communities. Such an effort involves finding clinicians who are trained or willing to be trained in evidence-based, trauma-specific treatments.⁷¹ Agencies can assist in capacity building by offering education courses for clinicians and instituting policies requiring training. For instance, agency policy could state that agency-contracted group homes are required to provide mandatory staff training on trauma-specific interventions.⁷² Attorneys and judges can also influence capacity by speaking with the service providers they encounter in court about service availability and advocating for trauma-specific program development.⁷³

Provide information and trauma-related services to birth families and caregivers.

Helping children recover from trauma depends not only on access to quality treatment, but also on daily interactions with caregivers and families. Birth, foster care, kinship care, and adoptive families can play a vital role in a child's recovery. These important individuals in the child's life should be included in the planning and provision of services, as appropriate, to foster recovery and resilience. Foster caregivers should be educated on the effects of trauma. Once caregivers understand why a child may act in a certain way, they can be better equipped to handle a child's trauma symptoms and possible responses to trauma triggers (something that sets off a memory or flashback to the event that caused the original trauma). Such knowledge can also help stabilize placement.⁷⁴ Examples of how agencies can bolster caregiver knowledge include incorporating

trauma information into standard foster care training programs, or adding trauma tips and information in foster parent newsletters and written resources.⁷⁵

Birth families also require information on trauma so they can support their children and help them heal. It is important that families are given information about the services their children are receiving, which can ultimately help in facilitating conversations between the foster home and birth family. Encouraging good relations between birth parents and caregivers, when safe and appropriate in an individual case, will help ease the difficulty of transitioning homes and the disruption to a child's life. Furthermore, families often experience some of the same traumatic experiences that a child has experienced, which may impact the parent's ability to engage with the child welfare agency. Parents therefore may be in need of trauma-specific services as well, and may benefit from trauma treatments suitable for parents and children together.⁷⁶

One evidence-based model for working with birth parents is the Trauma-Informed PMTO: An Adaptation of the Oregon Model of Parenting Management.⁷⁷ This model recognizes that trauma can lead to emotional dysregulation for parents and children. Adversity can increase negative reactions and parenting from caregivers. This intervention seeks to work with parents to act as agents of change within their families. PMTO teaches caregivers important, positive skills such as problem solving, encouragement, positive involvement, and monitoring.

Resources for Caregivers

Educating caregivers on the effects of childhood trauma and best practices for caring for affected children is essential to the child's recovery process. Resources have been created directly for caregivers to help them understand their children's needs:

[The National Child Traumatic Stress Network: Resources for Parents and Caregivers](#)

[Understanding Child Traumatic Stress: A Guide for Parents](#)

Encourage stakeholders to collaborate to form a cohesive, integrated community approach to addressing trauma.

Collaborative efforts among stakeholders require implementing a trauma-informed approach that is not limited to one agency or court. To be most effective, all child-serving systems must work together across systems to ensure seamless delivery of services. The Stark County Family Court is an excellent example of a community engaging a number of different stakeholders through its Traumatized Child Task Force. Anyone who comes into contact with the children and families in the child welfare system should understand what trauma is, how it affects those children and families, and how to access appropriate treatment. A trauma-informed system is more than just treatment. It is a comprehensive approach to engaging and serving youth that focuses on their capacity for resilience.

Communication is essential in moving a trauma-informed system forward. Different systems will need to agree on a set of vocabulary that everyone can use and understand. Training must be offered to all child-serving staff. Communities should also think broadly about how to foster a trauma-sensitive atmosphere. Consider partnering with universities to ensure evidence-based trauma practices are incorporated into the curriculum.⁷⁸ Encourage pediatricians, schools, and other child-serving venues to incorporate trauma screening into their practices. Establishing these connections ensures that the awareness of and capacity for

trauma-informed care is increased, thereby benefiting the long term health and wellbeing of children and youth.

Federal Funding Resources for Addressing Child Trauma

In July 2013, the Department of Health and Human Services' (HHS) Administration for Children and Families, Centers for Medicare and Medicaid Services, and Substance Abuse and Mental Health Services Administration (SAMHSA) issued a joint letter to state agency directors to encourage use of trauma-focused screening, functional assessments, and evidence-based practices (EBPs) to improve social-emotional health among children in child welfare. The letter describes ways in which trauma services to children can be funded or reimbursed by three federal sources: child welfare, mental health, and Medicaid.

Child Welfare

- States may be able to use funds under Title IV-B of the Social Security Act to provide evidence-based trauma-related interventions through two formula grant programs: the Stephanie Tubbs Jones Child Welfare Services program and the Promoting Safe and Stable Families program. Each program has its own set of federal requirements related to use of funds.
- Under the IV-E Foster Care and Adoption and Guardianship Assistance Programs, state agencies may be able to use funds for targeted child welfare training activities on issues such as the nature and consequences of child trauma, the use of screening and assessment tools and practices, and the array and appropriate use of evidence-based practices.
- The Child and Family Services Improvement and Innovation Act allows HHS to approve waiver demonstration projects and states can choose to use this flexibility to build capacity around trauma-informed services.
- ACF discretionary funding awards also focus on projects to integrate trauma-informed practice in delivery of child protective services and increase capacity to deliver EPBs.

Mental Health and Substance Abuse

- SAMHSA Mental Health Block Grants and Discretionary Funding Awards can help states develop and identify strategies that build capacity to deliver evidence-based trauma-specific interventions.

Medicaid

- Services to meet children's trauma-related behavioral health needs may be accessible through several funding authorities: State Plan Services including rehabilitative services such as cognitive behavioral therapy or crisis management services, Alternative Benefit Plans, Home and Community-Based Services, Health Homes, Managed Care, Integrated Care Models, and research and demonstration programs.

Source: U.S. Department of Health and Human Services. (2013). Joint Guidance Letter from Administration for Children and Families, Centers for Medicare and Medicaid Services, and Substance Abuse and Mental Health Services Administration. [Available online.](#)

Conclusion

Children in care are especially vulnerable to the effects of childhood traumatic stress. Child welfare systems, therefore, must address the needs of children in care by treating not only the symptoms of their trauma but also the underlying causes. A comprehensive approach includes raising awareness, using validated screening and assessment methods, providing trauma-specific interventions, and engaging all stakeholders in the recovery process. Shifting the system's focus to trauma-informed practices improves outcomes for affected children and families. Implementing the recommendations and resources in this brief will allow stakeholders to cultivate specialized techniques and policies to ensure children in care are able to heal from past trauma and develop the skills necessary to build resiliency. With proper treatment and care, children and youth can draw on their capacity for resilience and overcome the negative effects of trauma.

Resources on Trauma and Polyvictimization

The National Child Traumatic Stress Network maintains a comprehensive [website](#) with numerous resources to help professionals, parents, and others, including a dedicated section on child welfare practice.

The [American Bar Association Center on Children and the Law](#), through a federally funded Office for Victims of Crime Action Partnership for National Membership, Professional Affiliation, and Community Service Organizations Responding to Polyvictimization, is addressing the need for trauma-informed legal advocacy for court-involved children and youth experiencing trauma.

The National Council of Juvenile and Family Court Judges maintains a [website](#) on trauma-informed court systems and works collaboratively with other organizations to promote trauma awareness in juvenile and dependency courts.



The State Policy Advocacy and Reform Center (SPARC), an initiative funded by the Annie E. Casey Foundation and Jim Casey Youth Opportunities Initiative, aims to improve outcomes for children and families involved with the child welfare system by building the capacity of and connections between state child welfare advocates. SPARC is managed by First Focus. You can visit us online at www.childwelfaresparc.org or on Twitter at [@ChildWelfareHub](https://twitter.com/ChildWelfareHub).

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Notes

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