

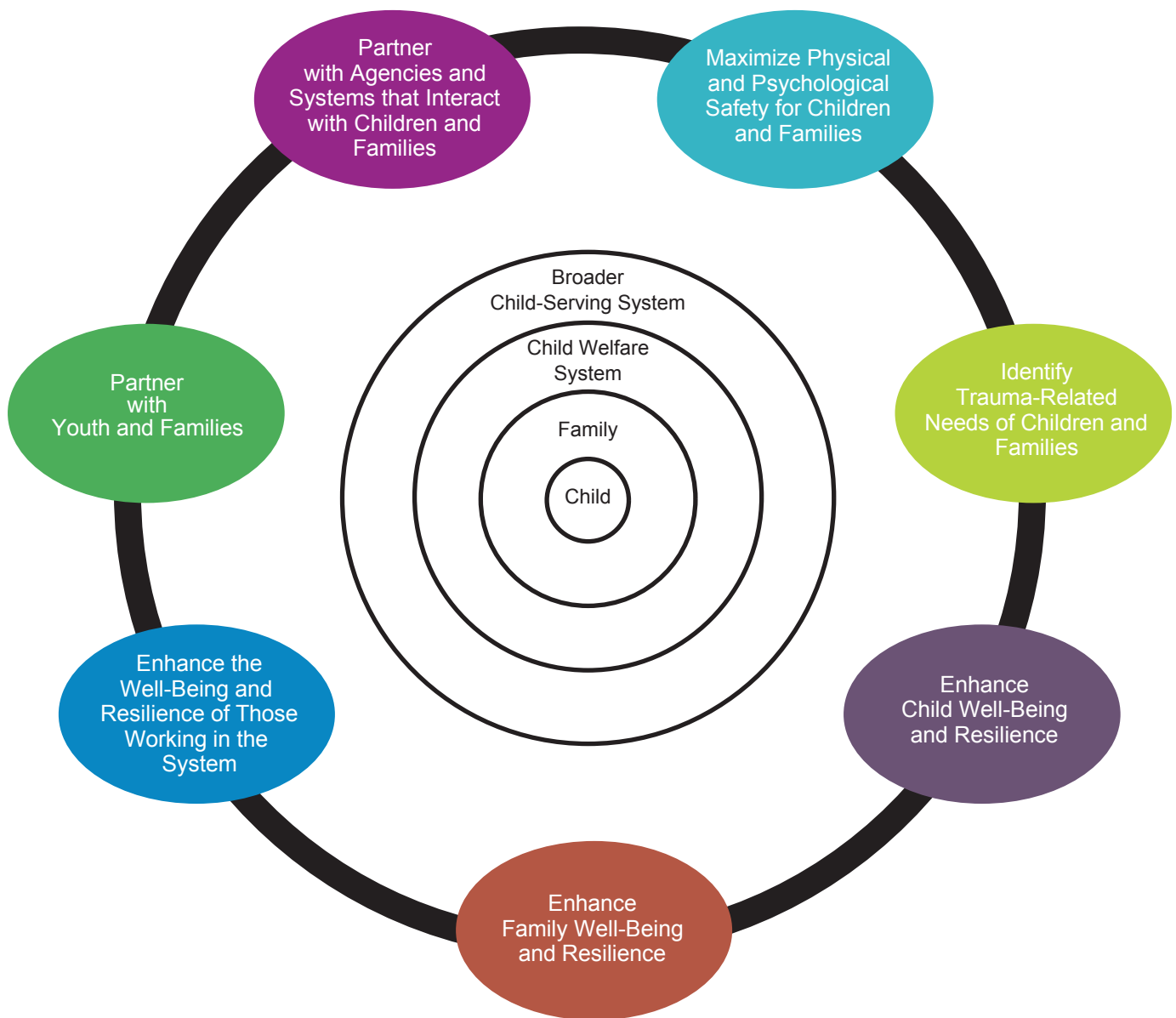


# CTISP-DI

## Chadwick Trauma-Informed Systems Project - Dissemination and Implementation

### *Essential Elements of a Trauma-Informed Child Welfare System*

The NCTSN Child Welfare Committee has defined the following Essential Elements of a Trauma-Informed Child Welfare System (Child Welfare Collaborative Group, National Child Traumatic Stress Network, personal communication, October 29, 2012), as the graphic below shows:



These essential elements, as described in the following paragraphs, are intended to provide a guiding framework for child welfare administrators striving to infuse trauma-informed knowledge and practice into their existing systems.

Maximize  
Physical and  
Psychological  
Safety for  
Children and  
Families

While child welfare has always had a focus on the physical safety of the child, a trauma-informed child welfare system must go further and recognize that psychological safety of both the child and his/her family is extraordinarily important to the child's and family's long-term recovery and social and emotional well-being. Psychological safety is a sense of safety, or the ability to feel safe, within one's self and safe from external harm. This type of safety has direct implications for physical safety and permanence, and is critical for functioning as well as physical and emotional growth. A lack of psychological safety can impact a child's and family's interactions with all other individuals, including those trying to help them, and can lead to a variety of maladaptive strategies for coping with the anxiety associated with feeling unsafe. These "survival strategies" may include high-risk behaviors, such as substance abuse and self-mutilation. The child (and his/her siblings) may continue to feel psychologically unsafe long after the physical threat has been removed or he/she has been relocated to a physically safe environment, such as a relative's or foster parents' home. The child's parent(s) may feel psychologically unsafe for a number of reasons including his/her own possible history of trauma, or the uncertainty regarding his/her child's well-being that emerges following removal.

Even after the child and/or parent gains some degree of security, a *trigger* such as a person, place, or event may unexpectedly remind him/her of the trauma and draw his/her attention back to intense and disturbing memories that overwhelm his/her ability to cope again. Other times, a seemingly innocent event or maybe a smell, sound, touch, taste, or particular scene may act as a trigger and be a subconscious reminder of the trauma that produces a physical response due to the body's biochemical system reacting as if the trauma was happening again. A trauma-informed child welfare system understands that these pressures may help to explain a child's or parent's behavior and can use this knowledge to help him/her better manage triggers and to feel safe.

Identify  
Trauma-  
Related  
Needs of  
Children and  
Families

The child welfare workforce should be educated on trauma and how it affects an individual at any stage of development and intersects with his/her culture. The system should screen everyone for traumatic history and traumatic stress responses which would assist the workers in understanding a child's and family's history and potential triggers and in creating a trauma-informed case plan. For those who screen positive for trauma, a thorough trauma-focused assessment by a properly trained mental health provider can identify a child's or parent's reactions and how his/her behaviors are connected to the traumatic experience and help guide subsequent treatment and intervention efforts.

Enhance  
Child  
Well-Being  
and  
Resilience

A child's recovery from trauma often requires the right evidence-based or evidence-informed mental health treatment, delivered by a skilled therapist, that helps the child reduce overwhelming emotion related to the trauma, cope with trauma triggers, and make new meaning of his/her trauma history. But to truly address the child's trauma and subsequent changes in his/her behavior, development, and relationships, the child needs the support of caring adults in his/her life. It is common for a trauma-exposed child to have significant symptoms that interfere with his/her ability to master developmental tasks, build and maintain relationships with caregivers and peers, succeed in school, and lead a productive and fulfilling life. Case planning must focus on giving the child the tools to manage the lingering effects of trauma exposure and to help him/her build supportive relationships so that the child can take advantage of opportunities as he/she grows and matures. By helping him/her develop these skills in a clinical setting and build supportive relationships, mental health and child welfare professionals enhance the child's natural resilience (i.e., strength and ability to overcome adversity).

Enhance Family Well-Being and Resilience

Most birth families with whom child welfare interacts have also experienced trauma; including past childhood trauma, community violence, and domestic violence that may still be ongoing. Providing trauma-informed education and services, including evidence-based or evidence-informed mental health interventions as needed, to birth parents enhances their protective capacities, thereby increasing the resilience, safety, permanency, and well-being of the child. In addition, both birth and resource parents should also be offered training and support to help them manage secondary trauma related to caring for a child who has experienced trauma and his/her siblings.

Enhance the Well-Being and Resilience of Those Working in the System

Working within the child welfare system can be a dangerous business and professionals in the workforce may be confronted with threats or violence in their daily work. Adding to these stressors, many workers experience *secondary traumatic stress reactions*, which are physical and emotional stress responses to working with a highly traumatized population. When working with children who have experienced maltreatment, parents who have acted in abusive or neglectful ways, and systems that do not always meet the needs of families, feelings of helplessness, anger, and fear are common. A trauma-informed system must acknowledge the impact of primary and secondary trauma on the workforce and develop organizational strategies to enhance resilience in the individual members of it.

Partner with Youth and Families

Youth and family members who have experienced traumatic events often feel like powerless “pawns” in the system, reinforcing feelings of powerlessness felt at the time of the trauma. Treating youth and families as partners by providing them with choices and a voice in their care plays a pivotal role in helping them to reclaim the power that was taken away from them during the trauma and tap into their own resilience.

Youth and family members who have been involved in the child welfare system have a unique perspective and can also serve as partners by providing valuable feedback on how the system can better address trauma among children and families. These partnerships should occur at all levels of the organization, as youth and families can help shape trauma-informed practices and policies.

Partner with Agencies and Systems that Interact with Children and Families

No one agency can function alone, and in a trauma-informed system, child welfare must reach out and coordinate with other systems so they too can view and work with the child and family through a trauma lens. This partnering includes:

- Teaming with law enforcement to minimize the number of front-end interviews a child must experience
- Working with mental health agencies to ensure therapists are trained in specialized trauma assessment and evidence-based or evidence-informed trauma treatments
- Coordination with schools, the courts, and attorneys.

Such coordination is necessary to prevent one part of the system undoing the good trauma-informed work of another part of the system.