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The Importance of a Trauma-Informed Child Welfare System

Trauma refers to a deeply stressful experience or its short and long-term impacts. Because exposure to trauma can cause a host of problems with lifelong consequences, early screening and intervention is essential. Child maltreatment can cause traumatic stress in some children, while others are more resilient and show few, if any, lasting effects. Widespread recognition of trauma's harmful impacts and the related consequences for children, families, and society has resulted in Federal, State, and local initiatives over the last decade to promote trauma-informed care.

This issue brief outlines the essential components of a trauma-informed child welfare system and features examples from State and local programs that are incorporating trauma-informed practice. After providing a brief overview of trauma and its effects, the brief explores trauma-informed practice and the importance of strengthening families and communities to help them develop resilience and heal. The brief concludes by highlighting the importance of cross-systems collaboration in creating a trauma-informed child welfare system that improves child and family well-being.

WHAT'S INSIDE

Child Welfare Information Gateway
PROTECTING CHILDREN ■ STRENGTHENING FAMILIES

Children's Bureau
An Office of the Administration for Children & Families

Some of the information in this issue brief is based on interviews with practitioners and thought leaders who have been at the forefront of implementing and evaluating trauma-informed child welfare practice, including U.S. Department of Health and Human Services (HHS) grantees funded through the Children's Bureau and the Substance Abuse and Mental Health Services Administration (SAMHSA).

TRAUMA AND ITS EFFECTS

According to SAMHSA, "individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (HHS, SAMHSA, 2014, p. 7). Trauma that follows a single event and that is limited in time (such as a car accident, shooting, or earthquake) is called *acute trauma. Complex trauma* occurs when children are exposed to multiple traumatic events over time that are severe, pervasive, and interpersonal in nature (such as repeated abuse and neglect) and that cause long-term harmful consequences (National Child Traumatic Stress Network [NCTSN], 2014). Complex trauma may interfere with a child's ability to form secure attachments to caregivers and many other aspects of healthy physical and mental development.

Children's responses to trauma are affected by many factors, including their age at the time of the event, the severity of the traumatic event, their caregivers' reactions, and a prior history of trauma and other behavioral health conditions (NCTSN, n.d.-a). Traumatic experiences can cause a "fight, flight, or freeze" response that affects children's bodies and brains and overwhelms their natural ability to cope. Chronic exposure to trauma can create toxic stress, which interferes with normal child development and can cause long-term harm to children's physical, social, emotional, or spiritual well-being. This can impair a child's emotional responses; ability to think, learn, and concentrate; impulse control; self-image; attachments to caregivers; and relationships with others. Across the life span, for example, complex traumatic experiences have been linked to issues such as addiction, depression and anxiety, and risk-taking behavior (NCTSN, n.d.-c). These in turn can lead to a greater likelihood of chronic ill health, including obesity, diabetes, heart disease, cancer, and stroke (Harvard Women's Health Watch, 2019).

A recognition of the potentially lifelong consequences of trauma from adverse childhood experiences (ACEs) is at the core of Federal and State child maltreatment prevention policies and initiatives. Child

> *Historical trauma* affects populations who have experienced cumulative and collective trauma over multiple generations (e.g., American Indians, African Americans, immigrant groups, families experiencing intergenerational poverty) (Brave Heart, 1998). Children within these families may exhibit signs and symptoms of trauma—such as depression, grief, guilt, and/or anxiety—even if they have not personally experienced traumatic events.

Welfare Information Gateway's Adverse Childhood Experiences webpage discusses impacts from traumatic stress and offers a wide variety of prevention and information resources. Information Gateway's factsheet, *Long-Term Consequences of Child Abuse and Neglect*, explores these impacts further.

For detailed information and resources, see SAMHSA's manual, *Concept of Trauma and Guidance for a Trauma-Informed Approach*, and the HHS Administration for Children Families (ACF) toolkit titled *Resource Guide to Trauma-Informed Human Services*.

WHAT IS TRAUMA-INFORMED PRACTICE?

Trauma-informed practice involves an ongoing awareness of how traumatic experiences may affect children, families, and the human services professionals who serve them (NCTSN, 2016). Trauma-informed child welfare staff recognize how clients may perceive practices and services. They are aware of how certain actions and physical spaces have the potential to retraumatize or trigger behaviors in the families they serve (HHS, ACF, n.d.). Trauma-informed practice likewise acknowledges the reality of secondary traumatic stress (STS) and incorporates efforts to address and mitigate it so staff can be grounded and effective in their interactions with families or clients and families.

NCTSN (n.d.-b, para. 1) defines a trauma-informed system as one in which programs and agencies "infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies" and use the best available science to "maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive." It is an ongoing commitment that involves the day-to-day work of the entire system. Child welfare systems that are trauma informed are better able to address children's safety, permanency, and well-being needs. Service improvements include more children receiving the trauma screenings, assessments, and evidence-based treatments (EBTs) they need. These improvements, in turn, may produce better outcomes for children and families, including the following (HHS, 2013):

- Fewer children requiring crisis services, such as emergency department visits or residential treatment
- Decreased prescriptions for psychotropic medications
- Fewer foster home placements, including reentries
- Overall improved child functioning and well-being

SAMHSA notes that a trauma-informed practice achieves the following (HHS, SAMHSA, 2014):

- Realizes the impact of trauma
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others
- Responds by fully integrating knowledge about trauma into policies, procedures, and practice
- Resists the retraumatization of children and the adults who care for them

SAMHSA also notes that trauma-informed care recognizes the importance of safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice; and cultural, historical, and gender issues (HHS, SAMHSA, 2014).

TRANSITIONING TO A TRAUMA-INFORMED CHILD WELFARE SYSTEM

Moving to a trauma-informed approach requires a major commitment from child-serving systems. The Children's Bureau awarded three clusters of grants in 2011, 2012, and 2013 to help child welfare agencies become more trauma-informed at the individual and systems levels to improve safety, permanency, and well-being for children and families. These grants include Integrating Trauma-Informed and Trauma-Focused Practice in Child Protective Service Delivery (HHS-2011-ACF-ACYF-CO-0169), Initiative to Improve Access to Needs-Driven, Evidence-Based/Evidence-Informed Mental and Behavioral Health Services in Child Welfare (HHS-2012-ACF-ACYF-CO-0279), and Promoting Well-Being and Adoption After Trauma (HHS-2013-ACF-ACYF-CO-0637). The grants explored key elements in building a trauma-informed child welfare system, including routine screening and assessment, workforce development, acknowledgement and treatment of STS, measurement-driven case planning and referral to evidence-supported treatment, changes to data systems, and sustainability. This section explores some of the basic components of a trauma-informed system and related grantee work.

SCREENING AND ASSESSMENT

Screening and assessment are fundamental to identifying children and families with trauma histories and, if necessary, securing effective treatment as soon as possible. The goals of trauma screening and assessment include the following:

- To learn about a child's trauma history, identify current symptoms and functional delays and identify children who need further assessment and possible treatment
- To conduct a more detailed clinical evaluation for children whose trauma screen indicates a trauma history combined with psychological symptoms and/or functional delays, which will form the basis for treatment planning
- To gather data about a child's strengths and needs via a functional assessment, measure improvement in skills and competencies and inform ongoing case planning
- To measure outcomes to ensure that services are achieving desired effects at the child level, and, if not, to inform changes to the treatment plan
- To identify changes needed at the system level to improve the effectiveness of the service array

Several considerations are involved in selecting the appropriate screening and assessment instruments including the following:

Length. Initial screenings should be as brief as possible. If the initial trauma screening is positive, a mental health clinician should follow up with a thorough assessment.

Screening for trauma exposure versus screening for symptoms. Tools that facilitate connections between the two will help identify more appropriate referrals.

Administration and data-sharing. Agencies and partners should assess the ease with which data can be shared. Is the screening administered by paper and pencil or by computer entry that links to an existing data system? Is the tool self-scoring? Is the information taken from the parent, the child, or case records?

Costs. Items to consider include the initial purchase of the tool, required training, and expenses associated with data collection and/or analysis.

Psychometric properties. How accurately does the tool measure what it purports to measure? How many false positives or false negatives are likely?

State Examples of Screening and Assessment Work

In Connecticut, statewide trauma screening was implemented as a major part of its Collaborative on Effective Practices for Trauma (CONCEPT), a Federal grant in the Integrating Trauma-Informed and Trauma-Focused Practice in Child Protective Service Delivery cluster designed to improve outcomes for trauma-exposed children. The grant resulted in the statewide use of a brief screening tool, the Child Trauma Screen, developed by Connecticut's Department of Children and Families (DCF) in collaboration with the Child Health and Development Institute (CHDI) and Yale University. The screening tool is used during the multidisciplinary evaluations that take place when children come into DCF care.

In North Carolina, the Judicial College at the University of North Carolina's School of Government is training judges to become more trauma informed. One unintended consequence of widespread training has emerged, however. As judges learned about one highly evidence-based treatment for child trauma, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), some began court-ordering children and youth in the child welfare system to receive that specific treatment. Now, the North Carolina Child Treatment Program (NC CTP) and other stakeholders are working to ensure that children and youth receive a trauma-informed clinical assessment and the most appropriate treatment, since no single treatment will work for every child. NC CTP trains clinicians in several EBTs, including TF-CBT, parent-child interaction therapy, child-parent psychotherapy, structured psychotherapy for adolescents responding to chronic stress, and CBT for children and youth with problematic sexual behavior (M. Blythe, personal communication, October 14, 2019).

For additional resources on screening children for trauma and related assessment tools, visit the following webpages:

- Screening and Assessment of Child Trauma (Information Gateway)
- Screening and Assessment (NCTSN)
- Screening Tools (SAMHSA)

WORKFORCE DEVELOPMENT

The development of a trauma-informed workforce is an essential first step in implementing an effective trauma-informed system. It is important to integrate a trauma perspective in the organization's day-to-day activities so that all levels of agency staff—receptionists, caseworkers, supervisors, managers, administrators, and other program staff—consider this as foundational to their work. This includes training for foster and adoptive parents.

Moving to a trauma-informed approach requires the workforce to make paradigm shifts in the areas listed below:

- **Perspective.** Becoming a trauma-informed system involves shifting the conversation from asking "What's wrong with you?" to "What happened to you?" Traumatic stress is often misunderstood and misdiagnosed as a behavioral problem by foster parents, child welfare workers, and other professionals. Applying a trauma-informed lens involves close consideration of an individual's trauma experience as an underlying explanation for behavioral or emotional issues.
- **Goals.** The focus of child welfare services is often on substantiating a case of abuse or neglect and ensuring a child's physical safety. With trauma-informed care, the goal includes helping children heal from the impact of the trauma and improving their social and emotional well-being while preventing additional trauma.
- **Importance of collaboration.** When child welfare agencies successfully work with other service systems through improved communication, collaboration on joint goals, data sharing, and strategic use of funding streams, they are more likely to enhance well-being and maximize access to services.
- **Focus on early intervention.** A trauma-informed child welfare system reflects the understanding that focusing more resources on the identification of trauma and early intervention services may prevent or mitigate some of the long-term effects.
- **Approach to families.** It is important to be clear with families about the boundary between their involuntary participation in the child welfare system (i.e., when there is a substantiation of maltreatment) and what may be their voluntary participation in services to promote healing from trauma.
- **Awareness of intergenerational trauma.** It also is important to understand that, like their children, caregivers' challenging behaviors may be most productively viewed as maladaptive responses to their own trauma.
- **Role of child welfare professionals.** With the shift in attention toward well-being and healing, the child welfare professional's role changes. Staff will spend more time screening for trauma, facilitating effective mental health treatment, and following up to ensure appropriate progress is being made toward those treatment goals, including monitoring the use of psychotropic medication.

- **Awareness of STS.** Hearing about children's and families' trauma histories may result in STS among professionals and caregivers. Left untreated, this can decrease effectiveness and lead to excessive burnout or turnover. This often occurs in addition to workers' experiences with primary trauma (e.g., witnessing violence, participating in a removal, being threatened) or their own personal trauma histories. Being trauma-informed requires attention to trauma's effects on *all* participants in the system, including caregivers and service providers.

As agencies move toward establishing a trauma-informed workforce, they will need to establish practices and protocols that address the following challenges cited by the U. S. Government Accountability Office (2019):

- High rates of child welfare staff turnover
- Insufficient funding and staff time to spend on trauma initiatives
- Lack of trained clinicians

The National Child Welfare Workforce Institute (NCWWI) offers several training resources on trauma-informed practice, STS, and staff burnout. Some of the practices below provide examples of how jurisdictions are working to overcome these barriers.

Trauma Systems Therapy

In child welfare, there has been a shift toward a more holistic approach to trauma-informed care and a recognition that everyone in an organization—regardless of their rank or level—should be trained in helping individuals who experience trauma feel more comfortable and confident. Saint Francis Ministries, a nonprofit organization serving children and families in Kansas, Nebraska, Oklahoma, Arkansas, Texas, and Central America, has implemented a Trauma System Therapy (TST) approach to become more trauma informed. TST is both a clinical and organizational model that coordinates care and addresses the social environments of traumatized children. Saint Francis has made a systemwide commitment to becoming trauma informed that includes the following (P. Cornwell, personal communication, November 8, 2019):

- An organizational plan with timelines and specifics for pilot testing (location, numbers of children to serve, staff involved, etc.)
- Measurements of completion (training, number of children eligible, number of individuals treated, etc.)
- Implementation teams, which represent executive-level leadership, midlevel management, clinical staff, and multidisciplinary treatment staff, that report to the organization's leadership
- "Trauma champions" within each of the teams to become TST trainers and coaches/consultants who train across the organization as additional program sites emerge and as new staff are hired
- Application of trauma-informed care on a larger scale through an organization-wide committee that assesses a variety of safety-related measures, the review of stress and burnout surveys from staff, and the implementation of environmental culture surveys that help the organization understand its progress in becoming more trauma responsive

- Creation of groups to address staff burnout and STS
- Engagement of evaluators to assess the organization's trauma-informed practices and processes and ensure sustainability

For more on TST, visit the NCTSN website.

WORKFORCE TRAINING

It is essential that child welfare professionals recognize trauma and provide early and appropriate interventions for children and families who have experienced child abuse, neglect, or other acts of violence. Trauma training should be introduced from the beginning of each staff member's employment. In addition to the basics about what trauma is, its impact on the brain, and how it affects children (including the role of triggers and reminders), training topics should include the following:

- How to screen children for trauma
- Children's need for physical and psychological safety
- Resiliency case planning (i.e., using services to build a child's resilience and sense of competency)
- When, how, and where to refer children for evidence-based trauma treatment
- How to work with parents and caregivers who have been traumatized
- The impact of STS

Effective training for trauma-informed practice will require more than a single workshop or class session. Ongoing training and staff mentoring are essential. Trauma training may be more effective if child welfare staff are cross-trained with professionals from partner agencies and systems, such as mental health and education, so that all child-serving systems can work together in the best interests of children and their families. After the initial training, follow-up training and technical assistance can be provided in the following formats:

- Supervision, including case review, fidelity monitoring, and accountability
- Coaching and mentoring
- In-house trauma consultants or "trauma champions" (i.e., individuals specifically trained in trauma therapy)
- Learning collaboratives
- Periodic booster trainings (face to face or via webinars)
- Tips and reminders in newsletters or other office communications about trauma symptoms, behaviors, and impact

See the NCWWI website for more information.

SECONDARY TRAUMATIC STRESS

A trauma-informed child welfare agency recognizes the need to invest in the health, well-being, and resilience of its workforce. Because child welfare professionals and resource parents often experience STS, agencies should consider making STS training and coaching available. Left untreated, STS (sometimes referred to as *vicarious trauma* or *compassion fatigue*) can lead to lower

productivity, increased absenteeism, and high rates of turnover (HHS, ACF, n.d.). Agency leaders committed to trauma-informed care can offer the following to combat STS:

- Continuing education on the pervasiveness of STS and how to manage it
- Wellness activities, such as mindfulness training or other forms of self-care, to mitigate STS
- Therapeutic supports, including restorative spaces to help staff decompress, access to counseling, or the availability of therapy dogs

STS Trainings Tailored for Workers and Supervisors

In North Carolina, county child welfare staff have access to several online training programs for STS, including a program developed specifically for workers and another class designed for supervisors and managers. The supervisor and manager class gives agency leadership an opportunity to understand how STS is affecting their team so they can develop agency-level strategies to build staff resilience (J. McMahon, personal communication, November 1, 2019).

There are many resources for STS, including the following:

- The July 2016 issue of *Children's Bureau Express* features articles on STS by Children's Bureau trauma grantees.
- The resources section of the NCTSN website offers several publications on STS.
- "Addressing Trauma Through a Culture of Resiliency," a NCWWI video, looks at strategies to help children, families, and workers cope with trauma.
- The Secondary Traumatic Stress section on the Information Gateway website offers resources about what STS is, its impact, how to identify symptoms, and how it can be prevented and mitigated.

NCTSN offers several trauma-related training resources:

- *Child Welfare Trauma Training Toolkit*
- "Working With Parents Involved in the Child Welfare System"
- *Core Curriculum on Childhood Trauma: An Introduction and Overview*
- "The 12 Core Concepts for Understanding Traumatic Stress in Children and Families"

For more training resources, visit the NCTSN website.

Safety and Engagement

It is important for child welfare professionals to understand trauma-informed care; however, adding training requirements to a professional's already busy schedule may be met with resistance. While caseworkers have a different role than mental health therapists, equipping them with basic trauma principles can act as a safeguard by helping them recognize the signs of escalating behaviors and the importance of co-regulating themselves and their families to a safer place. For example, a worker may have to deliver unwelcome news to a parent or child. Having the presence of mind to understand how the presentation of that information may trigger past feelings of loss, abandonment, or fear connected to the person's past trauma experience enables the worker to refine how the message is presented and the support that may be offered. Ensuring staff possess the proper tools for engaging and affirming families, while mitigating potentially negative reactions makes a critical difference in worker safety and child and family outcomes (K. McCauley, personal communication, November 12, 2019). While there may be challenges in getting agency and worker buy-in on appropriate workforce training, crafting a message that shifts the focus from a time-consuming mandate to more tangible worker benefits may help. This includes the following training benefits:

- Increased personal safety
- Increased awareness of STS and how it impacts worker engagement and success
- Improved ability to self-regulate and engage with families

RESOURCE PARENT TRAINING

The lack of a trauma-informed perspective from resource parents can put a foster care placement at risk, as parents may struggle to understand and respond to negative and trauma-based behaviors and emotions. Training for new foster or adoptive parents should include information about child traumatic stress. This training also should be offered to kinship caregivers as well as to parents who are reuniting with their children. It should include the basics of trauma and its impact on children, the significance of trauma triggers, how to recognize and respond appropriately to trauma-related behaviors, how foster and kinship caregivers can work effectively with parents, and the importance of self-care.

Some examples of trauma-informed resource parent training are included below:

- "Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents," also referred to as the Resource Parent Curriculum, is a 16-hour training curriculum developed by NCTSN to help resource parents understand the effects of trauma on the children in their care.

- *Child Development and the Effects of Trauma Series* is a free training for resource parents sponsored by the Family and Children's Resource Program at the University of North Carolina at Chapel Hill and developed in partnership with North Carolina's Division of Social Services.
- "RPC [Resource Parent Curriculum] + TIPS [Trauma Informed Parenting Skills] for Tuning In" is a free 10-week training program developed by the Vermont Child Welfare Training Partnership to teach foster, kinship, and adoptive caregivers positive parenting skills to help address behaviors associated with complex trauma. The training focuses on caregiver self-regulation and positive attention rather than a reactive parenting approach to help children heal from trauma.
- *TST for Foster Care* is a four-module training curriculum containing Power Point slides, facilitator guides, an implementation guide, and a resource guide for foster parents. This curriculum helps foster caregivers build resilience and promote regulation in children affected by trauma by reinforcing their sense of safety and their ability to trust adults.

Education and support are an ongoing process. After the initial training, a trauma-informed perspective can be infused in work with resource parents in additional ways, including the following:

- Connect foster parents or kinship caregivers with parents soon after placement—or, if this is not possible, collect information from the parents or others—to better inform caregivers regarding the child's trauma history, triggers, and behaviors.
- Conduct child-focused team meetings that engage parents and kinship caregivers or foster parents in collective planning and problem-solving. Agencies can include a trauma consultant on these teams to provide early intervention to children who display troubling behavioral symptoms in placement.

Information Gateway's factsheet for families titled *Parenting Children and Youth Who Have Experienced Abuse or Neglect* may also be a valuable resource for families.

Trauma Trainings to Improve Placement Stability

Tennessee's TRANS/form (Trauma/Resilience and Network/System Transformation), a Children's Bureau grant from the Promoting Well-Being and Adoption After Trauma cluster, yielded several interventions and tools to improve placement stability. It developed a storytelling tool to help children process their trauma as they navigate through State custody and care. The Tennessee Department of Children's Services added this life-narrative model to its training module for new hires, which also includes multiple courses that address trauma-informed care. The State has also incorporated trauma coursework in its training suite for foster parents.

BUILDING ACCESS TO EVIDENCE-SUPPORTED TREATMENT

While support from a primary caregiver is recognized as the first line of defense for children exposed to trauma, therapeutic interventions may be essential to help children and youth recover from complex or especially traumatic experiences. Children and families dealing with complex trauma require a targeted treatment plan based on a thorough assessment and accurate diagnosis by skilled child welfare staff and mental health therapists. The Family First Prevention Services Act of 2018—designed to reduce the number of children going into foster care by providing at-risk families with relevant family preservation services—is moving child welfare toward trauma-informed care by requiring that all federally funded prevention services be trauma informed and categorized as promising, supported, or well-supported programs, as defined by the California Evidence-Based Clearinghouse for Child Welfare. To implement this requirement, HHS was mandated to develop a Title IV-E Prevention Services Clearinghouse to review and rate programs designed to support child and family mental health and reduce foster care placements.

Training Clinicians in Evidence-Based Treatments

Through its CONCEPT grant, Connecticut's DCF partnered with CHDI to support the training of more than 30 agencies and over 800 clinicians in EBTs for trauma, specifically TF-CBT and the child and family traumatic stress intervention (CHDI, 2019). This has added more EBTs to the previous set the State used (modular approach to therapy for children with anxiety, depression, trauma, or conduct problems; cognitive behavioral intervention for trauma in schools; and the attachment, regulation, and competency framework). More than 13,000 Connecticut children have received these interventions, and evaluation outcomes indicate significant reductions in posttraumatic stress and depression symptoms.

North Carolina, seeking to increase community access to EBTs, implemented a pilot project in 2006 to train agency providers in TF-CBT for traumatized youth. The pilot focused on the development of clinical workforce capacity using the National Center for Child Traumatic Stress Learning Collaborative (LC) model on the adoption and implementation of EBTs, which seeks to enhance clinical skills as a part of training. NC CTP developed, piloted, and evaluated the training and implementation platform. Training includes a role-playing requirement to ensure high fidelity to the treatment models, 1–2 years of extended consultation with 2–4 in-person trainings (didactic and interactive teachings), and a requirement that the clinician has handled two cases before graduating and becoming a rostered clinician (H. Seifert, personal communication, October 14, 2019). The project resulted in a significant reduction in negative behaviors in the youth being treated and in related parental or caregiver stress as well as legislative support for the dissemination of a service array of EBTs by NC CTP (Amaya-Jackson et al., 2018). Evaluators concluded that outcomes-oriented implementation of EBTs is best accomplished through practice-based learning, fidelity

coaching, clinical assessment and outcomes-oriented treatment, organizational skill building, and the availability of trained providers through an online roster of approved clinicians. As of January 2020, the NC CTP roster included 1,144 clinicians serving 81 of 100 counties in the State.

For more information about EBTs, refer to the following resources:

- Effective Child Therapy
- Title IV-E Prevention Services Clearinghouse
- Trauma Treatments (NCTSN)
- Trauma Treatment (Child & Adolescent) (California Evidence-Based Clearinghouse for Child Welfare)
- *Parent-Child Interaction Therapy: A Primer for Child Welfare Professionals* (Information Gateway)
- *Trauma-Focused Cognitive Behavioral Therapy: A Primer for Child Welfare Professionals* (Information Gateway)

DATA SYSTEM NEEDS

Reliable data inform the strengths, needs, and gaps in child welfare practice and are the underpinning of sound policy. Child welfare agencies may wish to consider the following questions in assessing data needs related to trauma-informed practice:

- **On a child level:** How might critical data (e.g., screening and assessment results) be captured as a child moves throughout the system? Could these data be used to prompt a caseworker to follow up with further assessments or treatment? Could the data system help track a child's progress and drive case planning by comparing results over time?
- **On a systems level:** How can aggregated data be used to understand what is happening to children in the child welfare system? For example, what types of children are improving (based on functional assessment scores)? Which children are not improving or are getting worse? What services are they using and what type of treatment services are most needed?
- **Across systems:** How could data be made accessible to all service providers involved with a child—including those working in systems, such as mental health and placement providers—while taking into consideration confidentiality concerns and privacy guidelines where applicable? Could the results of assessments completed by mental health professionals and Medicaid claims data (e.g., data related to the prescription and dosage of psychotropic medications) be accessible within the child welfare data system to inform case planning?

Using Data to Understand Outcomes and Refine Treatments

North Carolina developed a Performance Outcomes Platform (NC-POP) to track how selected EBTs are provided to children and families in the State. NC CTP developed the system and allows agencies across the State access to their data to better use, understand, and report on clinical performance and outcomes. An enhanced system is now in development that will allow other stakeholders (e.g., policymakers and third-party payers) to access aggregated data to inform quality assurance and policymaking (M. Blythe, personal communication, October 14, 2019).

In Connecticut, the CONCEPT grant has yielded valuable data on how EBTs are working. As one of a few States where child behavioral and mental health falls under the jurisdiction of the Department of Children and Families, Connecticut has been a leader in providing EBTs to children with mental and behavioral health needs and gathering important data for how those treatments are working (J. Lang, personal communication, October 29, 2019). Children receiving TF-CBT, for example, showed a 46–76 percent greater improvement in problem severity than children who did not receive an EBT, and children receiving the modular approach to therapy for children with anxiety, depression, trauma, or conduct problems (MATCH-ADTC) registered a 68–75 percent improvement (Lang & Lee, 2019). Significantly, the data also revealed that the EBTs reduced outcome disparities for children of color.

BUILDING RESILIENCE: THE ROLE OF PROTECTIVE FACTORS

A child's response to traumatic events can be buffered by a variety of community, relational, and individual strengths, referred to as protective factors (e.g., access to basic needs, positive relationships with caregivers and peers, natural coping skills). Just as research finds a correlation between ACEs and negative health consequences, it also shows that positive childhood experiences can mitigate those effects (Bethell et al., 2019). A trauma-informed child welfare system recognizes and promotes the importance of protective factors in healing children and families. When professionals, organizations, and communities work together to create healthy environments for children and families, they are developing the protective capacities that help children thrive, strengthen parents and caregivers, and result in fewer ACEs while buffering those that already exist.

For those who have experienced trauma, hope may be a powerful healing factor to promote well-being and reduce the risk of child maltreatment (Hellman et al., 2018). The HOPE (Health Outcomes from Positive Experience) framework actively promotes positive experiences for children and families to encourage healthy development and offset ACEs and other negative environmental influences. For more information, visit the HOPE website and see the report *Balancing Adverse Childhood Experiences (ACEs) With HOPE: New Insights Into the Role of Positive Experience on Child and Family Development*.

Tennessee Public Awareness Effort to Mitigate Trauma from ACEs

Tennessee launched a major prevention-oriented public awareness campaign to build resilience statewide for children and families by preventing and mitigating ACEs and their potential traumatic impact. Through widespread knowledge about the negative consequences of ACEs and public policy support for creating positive community conditions to prevent them, the campaign seeks to safeguard Tennessee's children and families from unnecessary trauma. The initiative was developed as a national model to promote culture change in early childhood. For more information, see the Building Strong Brains: Tennessee ACEs Initiative website.

Social determinants of health (economic stability, education, social and community context, health and health care, and neighborhood and built environment) play an important role in preventing trauma. Entry into the child welfare system can cause additional trauma to children when they are separated from their family, school, neighborhood, and community. A major goal of the Children's Bureau is to shift this paradigm by offering prevention services that strengthen the protective factors that help keep families together. This includes access to basic, concrete services to give parents and caregivers the safety net necessary for helping to keep infants and children safe. In addition, home visiting programs and community-based family resource centers offer families an opportunity to make connections and learn new parenting practices to enhance their caregiving skills and strengthen their families (Milner & Kelly, 2019).

Meeting the Needs of Colorado Children

Colorado has been working to infuse trauma-informed care in child welfare practice through its trauma screening and assessment work. Under an expansion of an existing title IV-E waiver demonstration project, seven counties (Arapahoe, Boulder, Denver, Douglas, Eagle, Jefferson, and Larimer) formed the Child Welfare Resiliency Center (CWRC) to expand trauma-informed child welfare practice. The goal is to demonstrate that children and youth can be maintained in their homes or more desirable forms of out-of-home care (with kinship care as a priority, followed by foster care)—and avoid congregate care or residential treatment whenever possible—if their developmental, emotional, and cognitive needs are met. CWRC adapted a trauma-focused screening and assessment model that included ongoing data collection and assessment of child well-being.

In related work, Larimer County (CO) Department of Human Services was awarded a SAMHSA grant to implement the Colorado Children's Congregate Care Resiliency Opportunity Project (CROP) to develop targeted interventions to prevent and reduce congregate care placements for children involved with child welfare and juvenile justice. CROP is screening children and their caregivers for trauma, providing

comprehensive neurodevelopmental assessments, and providing resiliency-based case planning (e.g., building attachment and self-regulation skills through intensive in-home coaching programs) based on assessment findings. Since CWRC's and CROP's trauma-related efforts launched, average daily placements in congregate care have fallen from 475 to 254, or 47 percent (M. Winokur, personal communication, January 22, 2020).

The following resources offer additional information on developing protective factors and resilience to reduce trauma and its impact:

- *Protective Factors Approaches in Child Welfare* (Information Gateway)
- Protective Factors to Promote Well-Being [webpage] (Information Gateway)
- *Profiles of Select Trauma-Informed Programs: Trauma-Informed Approaches: Connecting Research, Policy, and Practice to Build Resilience in Children and Families* (HHS Office of the Assistant Secretary for Planning and Evaluation)
- Building Your Resilience (American Psychological Association)
- *Resilience Guide for Parents and Teachers* (American Psychological Association)
- "Protective Capacities and Protective Factors: Common Ground for Protecting Children and Strengthening Families" (Capacity Building Center for States)

CROSS-SYSTEM COLLABORATION

In a trauma-informed system, professionals involved with child welfare, juvenile justice, the courts, mental health, health care, and education collaborate with the common goal of maximizing services for children and families to help them heal. Although collaboration can be challenging due to issues such as conflicting priorities, funding constraints, and confidentiality concerns, the benefits to children and families are greater when communities work together to provide a cross-system approach that treats each child holistically. Systemic approaches to addressing trauma—such as TST and the attachment, self-regulation, and competency framework—may allow for a more coordinated approach. For example, KVC Kansas, an organization providing out-of-home care services to children in the State, implemented TST and trained more than 90 percent of all staff and nearly 70 percent of its foster parents or resource parents in the approach (Child Trends, 2018). Over time, children served through TST experienced improved well-being and placement stability. KVC's use of a common language (e.g., terms such as "triggers" and "emotional regulation") with its community partners in all TST training materials helped develop collaborative and sustainable cross-system partnerships. KVC promoted the materials to all members of a child's care team and to the broader social services community. KVC offered training to interested community partners, including judicial staff and representatives from the mental health, early childhood, developmental disabilities, domestic violence, and education fields (Redd et al., 2017).

KVC also led TST training for the District of Columbia's Child and Family Services Agency (CFSA) as part of the Children's Bureau 2012 grant to Improve Access to Needs-Driven, Evidence-Based/Evidence-Informed Mental and Behavioral Health Services in Child Welfare (HHS-2012-ACF-ACYF-CO-0279). CFSA was the first jurisdiction in the country to implement TST agencywide as a means of infusing trauma-informed therapy in its public child welfare system. The $3.2 million grant allowed CFSA to partner with other D.C. government agencies, researchers, clinicians, and private practitioners to provide trauma training for social workers, foster parents, attorneys, counselors, and other professionals who work with children and families. For more information, see CFSA's webpage, Trauma-Informed Practice: Cutting-Edge Treatment of Child Victims of Abuse and Neglect.

Strategies for initiating stronger cross-disciplinary relationships include the following:

- **Cross-disciplinary trauma training.** When professionals from various child-serving disciplines attend trauma training together, they develop a shared vocabulary, commitment, and understanding of trauma as well as an opportunity to share ideas about supporting children and families.
- **Collaborative system mapping.** In this process, representatives from multiple disciplines work together to create a flow chart for how children and families move through each system. This can help administrators and other staff learn more about how other systems work. Identifying points of intersection between systems can lead to deeper discussions about infrastructure, case and treatment plans, referrals, data sharing, and communication.
- **Shared STS trainings.** Child-serving professionals can experience stress when working with children and families with trauma histories. Sharing experiences of secondary trauma during training sessions may build understanding across disciplines and "break the ice" to help allow systems work toward partnerships.
- **Case conferencing.** Provided confidentiality policies are strictly observed, talking about specific children and families can be another way to build investment and relationships across systems. Working together to solve problems and promote healing for a specific child whom all participants share concern fosters communication and relationships that may carry over into work on other cases in the future.
- **Funding.** Funding can be used in various ways to encourage and support cross-system collaboration to better serve children's trauma needs. This might include strategies such as incentive payments to encourage mental health clinics to provide evidence-based trauma treatment services to children in the child welfare system or funding a cross-disciplinary trauma learning collaborative.

There are many resources designed to help explore opportunities for collaboration, including those below:

- A 2019 report from the U.S. Government Accountability Office that highlights collaboration across the child welfare and education sectors by pointing to cross-system trauma-informed approaches in Colorado, Massachusetts, North Carolina, Ohio, Washington, and Wisconsin
- An NCTSN webpage that explores family-youth-provider partnerships to address trauma and improve care outcomes

CONCLUSION

Efforts to implement and evaluate trauma-informed practice over the last decade have resulted in a greater recognition of the extent, reach, and impact of trauma and an understanding that addressing it requires a coordinated, systemwide approach. Left unaddressed, trauma may have serious consequences for children, families, and communities. As trauma screening and assessment practices become more widespread and data become more available, child welfare professionals will have an enhanced awareness of those most in need and an understanding of how best to address trauma histories. These developments, combined with an emphasis on building resiliency in children and families, can help the child welfare system become a place of healing and hope.

ADDITIONAL RESOURCES

- Campaign for Trauma-Informed Policy and Practice, a nonprofit that advocates for trauma-informed and prevention-focused public policies
- *Resource Guide to Trauma-Informed Human Services*, an ACF toolkit that offers an overview of trauma and multiple concept papers and related resources
- *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*, a guidebook for multiple service systems and stakeholder groups
- "Systems Measures of a Trauma-Informed Approach: A Systematic Review," a 2019 article from the *American Journal of Community Psychology* that provides a comprehensive review of relational, organizational, and community system measures of a trauma-informed approach
- Trauma-Informed Practice, a section of the Information Gateway website that provides a wide array of information on trauma

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