

EMERGENCY RESPONSE

SUMMARY

Trauma-informed emergency response (ER) practices in child welfare involve both recognizing the varying impact of traumatic stress on children, caregivers, and families, and responding in a manner that supports psychological safety and healing for both the child and family as well as the child welfare workforce. Trauma-informed strategies integrate with existing practices and are infused throughout the emergency response process.

HOTLINE/INITIAL REPORT

- Ask reporting parties questions to help identify similar incidents of trauma and trauma reactions or triggers, such as:
 - “Are you aware if anything like this has happened before to this child or any old child in the home?”
 - “Are you aware of any changes to the child’s behavior resulting this incident or others like it?”
- Listen for signs of traumatic stress reactions in children when taking reports (e.g., nightmares, flashbacks, heightened arousal, being “on edge,” and avoidance of trauma reminders).

INTERVIEWING THE CHILD

Preparing for the Interview

- As much as possible, slow down and plan out investigations in advance. Find out as much information about the child and case as you can.
- Minimize the number of interviews for children through collaboration and precise documentation.
- If appropriate, obtain permission from the parents to interview the child and explain what this involves.
- If responding with law enforcement, consider possible impact of their uniforms and authority.
 - Minimize trauma by separating the child from the potential chaos or distress of arrest, interrogation, or resistance on the part of the parents.
- Conduct interviews in locations that are child-friendly, private, and safe to the child.
- If interviewing the child at school, confirm with school staff the best/least disruptive approach for the child (best time of day, safe place, safe support person, etc.).

During the Interview

- Be prepared to give time and space to the child before, during and at the end of the interview.
- Adopt a calm, non-threatening approach and avoid sudden movements and/or loud noises.
- Before beginning, ask the child if he/she is hungry or thirsty.
- In developmentally appropriate language, explain who you and the key team members are.

- Reassure the child that they are not in trouble and did not do anything wrong.
- If interviewing the child at school, offer a support person (e.g., teacher or school counselor).
- Engage the child using the “Three Houses” tool.

THE THREE HOUSES

The Three Houses is a Safety Organized Practice (SOP) tool that provides a child-friendly, age-appropriate way to obtain the child’s perspective on what is working well in their family (House of Good Things), what they are worried about (House of Worries), and what needs to happen next (House of Hopes & Dreams). Using the Three Houses when interviewing a child can help put them at ease as well as eliciting more or different information than other interviewing strategies.

To learn more about the Three Houses, watch creator Nicki Weld’s introduction to the tool at <http://bit.ly/threehouses> or see the SOP Quick Guide to the Three Houses.

- Watch for signs of trauma or stress; this can include the child seeming distracted or unable to sit still, “spacing out” or “checking out,” or even leaving the conversation. Know when kids have had enough, and stop if needed.
- Be sensitive to nonverbal cues and “I don’t know.”
- Weave in and out around sensitive topics as needed; move on to a less threatening topic and try again later.
- At the end of the interview, explain to and involve the child in what will happen next.

After the Interview

- Process or debrief the interview(s) with your supervisor to address any secondary trauma issues that came up.
- Share the information with the parent/caregiver and collaborative partners, as appropriate.

INTERVIEWING THE PARENT/CAREGIVER

- Approach parents as the experts on their child.
- Talk to parents in a calm manner to calm the child.
- When appropriate and safe, share the information gathered from the first interview with the child, including the “Three Houses” tool.
- Consider that the investigation may trigger parents’/caregivers’ own trauma history.
- Educate caregivers about common behavioral reactions related to trauma in children.

SAFETY PLANNING

- Safety plans must involve the participation of individuals other than the caregiver who caused the harm as part of the plan. Work with the family to identify natural supports who can be part of the Safety Network.
- During the process of developing the safety plan, assess for psychological safety for the child and family. This may

be as simple as asking them what would make them feel most safe as a part of this process.

- Ensure family members, especially parents, understand the safety planning process and are authentic partners in the development of their safety plan.
- Enhance psychological safety for the child, including:
 - Letting the child and their family know what will happen next
 - Giving the child control over aspects of their life
 - Helping the child maintain connections
 - Giving a safety message, such as “your safety is our number one priority”
- Help parents/caregivers manage potential emotional “hot spots” for the child, such as food and mealtime, sleep and bedtime, and physical boundaries.
- Focus on the child and family’s protective capacities and access to supports.
- Ensure safety plans include identifying possible trauma triggers for the child and family.
- For parents with their own trauma histories, ensure that safety plans incorporate strategies related to safely managing and coping with their own trauma triggers.
- Revisit safety plans at each contact to ensure that the child continues to be and to feel safe.

REMOVAL/SEPARATION FROM PARENTS

Preparing for the Removal/Separation

- If possible, prepare for the removal before going out into the field by discussing strategies that minimize trauma for the child, the family, and yourself.
- Recognize that you may not have the power to alleviate the child’s distress, but you can minimize the trauma.
- Be willing and able to tolerate and empathize with any signs of the child’s distress.
- Think about and prepare trauma-informed responses to common child questions (see next page for examples).

During the Removal/Separation

- Integrate strategies to support psychological safety during the removal process:
 - Identify what is happening and what is going to happen with the child
 - Ask the child if they are hungry or thirsty and provide comfort food and/or drink
 - Identify common thoughts and feelings children may experience
 - Explain your role in providing what you believe will be safe for the child
 - Ask the child and/or parent what the child needs from their home that provides comfort
 - Ask the child what they need to feel safe
- Approach the parent as the expert on his/her child.
 - For young children, ask the parent about feeding, schedules and routines.

| Questions children may have about removal | Trauma-informed responses |
|---|--|
| <i>“Why can’t I stay with my parents?”</i> | <p>For young children: <i>We know that leaving your parents is scary. Your mommy/daddy needs to do some things to make your home safe before you can stay with them.</i></p> <p>For school-age children and adolescents: <i>We know that you have a lot of questions and this is a scary time. Keeping you safe is our first priority. Right now, your mom/dad needs some time to make a safe home for your family.</i></p> |
| <i>“When can I see my parents again?”</i> | <p>For young children: <i>I know you have a lot of questions about what is going to happen. I wish I knew that answer, but I don’t know that right now. I will tell you as soon as I know.</i></p> <p>For school-age children and adolescents: <i>I know that you have a lot of questions about what is going to happen. I wish I knew that answer, but I don’t know that right now. We need to make sure that your parents are safe for you to see. I will tell you as soon as I know.</i></p> |
| <i>“How long will I be in foster care?”</i> | <p>For young children: <i>I know you have a lot of questions about how long you will be with (foster parents). I wish I knew that answer, but I don’t know that right now. I will tell you as soon as I know.</i></p> <p>For school-age children and adolescents: <i>I know it’s scary to not know where you’re going to be and how long you will be with (foster parents). We are trying to make sure that your home is a safe place for you to return to. Until then, you will be with your (foster parents). I wish I could tell you how long that will take, but I don’t know right now. I will tell you as soon as I know more.</i></p> |

- If appropriate, involve the parent in the process and have them say goodbye.
- Walk the parent through next steps, including: where their child will be taken; who they will be with; how they can find out about how they’re doing; when they can talk to them again; and when they can see them again.

After the Removal/Separation

- Conduct post-removal meetings to plan, prioritize and process the removal experience with your supervisor.
- If possible, follow up with the parent about the safety and well-being of their child.

INITIAL PLACEMENT

- Share resources with parents and resource parents to educate them about trauma, especially triggers, reminders and reactions.
- Place siblings together to minimize trauma.
- Allow siblings to room together to promote psychological safety.
- Provide the resource family at the time of placement with as much information as possible about the child and his/her family, including trauma history and related reactions and triggers.
- Provide the child with information (including photos) about placement in advance, and arrange a pre-placement visit when possible.
- When possible, provide parents with information about the resource family at the time of placement to help allay any fears and develop a relationship between birth parents and resource families.
- When possible, facilitate icebreaker meetings between families and resource parents to support the maintenance of routines and promotion of psychological safety.
- Create an opportunity for the parents to talk with their child within 24 hours of separation when appropriate.

WORKING WITH PARENTS & FAMILY MEMBERS

- Work with parents in strengths-focused, trauma-informed ways. Use solution-focused questions to draw out what has worked well for the family in the past and how the parents have coped with difficulties.
- Reframe any of the child's behavior "problems" as possible trauma reactions when appropriate.
- Provide parents and family with information about trauma reactions and coping skills to help them manage the child's trauma-related behaviors and emotions.
- Model and teach coping and stress management skills to parents and children.
- Educate parents about the importance of trauma-focused treatment for children (and/or for themselves) when current trauma reactions are present.
- Provide parents with information on obtaining trauma-informed services, and provide support and advocacy as needed.
- Involve families in critical decision-making efforts.
- Link families to culture-specific networks and services.
- Include birth parents, children, extended family, members of the family's support system, current caregivers, caseworkers, service providers, and others in the Safety Network/Child and Family Team (CFT) and case planning process.
- Integrate work with building Safety Networks for gathering information about use of "reasonable efforts" in locating and contacting extended family members, friends, and lay helpers for potential support and/or placement resources.

SOME SIGNS OF TRAUMA IN PARENTS/CAREGIVERS INCLUDE DIFFICULTIES IN THE FOLLOWING AREAS:

- Recognizing what is safe and what is unsafe, which may result in repeatedly engaging in unsafe behavior on their own or with their child
- Staying in control of emotions, especially in a stressful situation like interviews, court hearings, or visits
- Dealing with stress in a healthy way
- Trusting others, particularly those who represent the "system," such as child welfare professionals

Most behaviors by parents that are viewed as "resistance" are actually indications that the parent is traumatized, reluctant, fearful or in protest. It is important to keep a trauma lens when evaluating parents' actions as well as children's.

- Provide the family network with consistent information and support (within the limits of confidentiality).
- When possible, develop informal family support network alternatives to formal services.

ASSESSMENT OF TRAUMA & FAMILY FUNCTIONING

- Conduct a family-focused assessment that values family participation, experience and culture.
- Utilize the Child and Adolescent Needs and Strengths (CANS) as a universal trauma screening to identify potentially traumatic events, reactions and symptoms.
- Review trauma screening results and case planning implications during supervision.
- Refer children and parents who screen positive for trauma history to a trauma-informed mental health provider for an assessment.

SECONDARY TRAUMATIC STRESS

- Recognize your own secondary traumatic stress reactions that may emerge, including:
 - Avoidance (including of certain clients)
 - Preoccupation with clients/client stories
 - Intrusive thoughts/nightmares/flashbacks
 - Arousal symptoms
 - Thoughts of violence/revenge
 - Feeling estranged/isolated
 - Feeling trapped, or "infected" by trauma, hopeless, inadequate, depressed
 - Having difficulty separating work from personal life
- Seek support from your supervisor to help address signs and symptoms of secondary traumatic stress.