

# TRAUMA-INFORMED QUICK GUIDE FOR CHILD WELFARE PROFESSIONALS

## ONGOING PRACTICE

### SUMMARY

**T**rauma-informed 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. This guide provides tips for integrating trauma-informed strategies with existing practices and infusing them throughout the ongoing practice process.

### INITIAL PLACEMENT

- Participate in training and coaching focused on the trauma of separation.
- Support the role of caregivers as healers.
- Utilize Family Finding, genograms and ecomaps to place children with familiar adults; place siblings together whenever possible.
- Share tools (e.g., handouts, training resources) with birth and resource parents to educate them about trauma, especially triggers, reminders and reactions.
- Provide the resource family at the time of placement with as much information as possible about the child and their family; similarly, provide the child with information (including photos) about placement in advance, and arrange a pre-placement visit when it is possible.
- Provide birth parents with information about the resource family at the time of placement, and create an opportunity for the birth family and the resource family to meet as soon as possible and to share information about the child to form a partnership.
- Create an opportunity for the birth parents to talk with

### TRAUMA-INFORMED STRATEGIES FOR COLLABORATING WITH BIRTH PARENTS/CAREGIVERS

Many parents/caregivers involved in the child welfare system have their own histories of trauma and child welfare system involvement during their own childhood. Here are some trauma-informed strategies to help parents feel psychologically safe in the process:

- Approach parents as experts on their child.
- Talk to parents in a calm manner.
- Present information gathered from the first interview with the child to the parents, including information obtained during the “Three Houses” process.
- Educate parents about common behavioral reactions related to trauma in children.
- Work with parents to build and strengthen safety networks that they can turn to for help.

While an investigation is opened because of an identified child at risk, supporting parents in becoming the parent that they want to be is the best way to prevent future maltreatment.

the child shortly after placement (within 24 hours) when appropriate.

- Ask resource and birth parents what you can do to better support them.
- Consult with your supervisor if resource parents express any concerns about the initial placement.

### OUT-OF-HOME PLACEMENT

- Provide birth and resource parents with tools to educate them about trauma.
- During transitions in out-of-home placement: invite and affirm expression of feelings; provide psychoeducation to normalize child’s feelings and responses; empower through predictability; and ensure relational continuity by working collaboratively with the child, caregiver and resource family ([Henry and Richardson, 2010](#)).
- Help resource parents identify potential trauma triggers and assist them in reducing exposure to triggers when possible, and managing the child’s reactions.
- Consult with your supervisor if resource parents express any concerns about the stability of the placement
- When a change of placement is necessary:
  - Prepare the child, caregivers and parents.
  - Help the child and family plan special ways to commemorate their time together.
  - Encourage former resource parents to share information about the child with the new resource parents.
  - Suggest a transitional object for the child to take to their new placement (such as a photo of the child with their former resource parents).
  - Facilitate ongoing contact with the former resource parents when appropriate.

### Recommendations Specific for Residential Care

- All residential care providers should be trained on trauma-informed care.
- Focus on creating a safety culture in which all forms of safety are emphasized and violence of any sort is prohibited.
- Work with staff to reduce exposure and work with child and treatment team to enhance coping strategies.
- Set clear, firm limits for inappropriate behavior; develop logical rather than punitive consequences.
- Commit to working collaboratively with the youth and all members of the youth’s treatment team.
- As the youth prepares to leave residential care, make sure to communicate all important information regarding the youth’s strengths, triggers and current interventions.

## VISITATION/FAMILY TIME

- Participate in mandatory pre-service and in-service trauma training.
- Share tools with birth and resource parents to educate them about trauma.
- When possible, facilitate family time with parents and siblings (if not placed together) within 72 hours of placement and frequently thereafter.
- Ensure that the person supervising family time fully understands safety concerns, and that the child feels safe with the supervisor.
- Hold visits/family time in a safe but natural setting.
- Prepare the child, family and resource family for any possible trauma triggers and reactions that may occur prior to, during and/or after family time, and work on coping skills to help manage reactions.
- Utilize family time as an opportunity for parents to practice trauma-informed parenting skills.
- Ask children how they feel about visitation; establish a word or sign to use if the child feels unsafe.
- Collaborate with therapists when considering changes in visitation/family time.
- Consult with your supervisor if resource parents express any concerns about the child's time with their family.

## PARTICIPATORY CASE/SERVICE PLANNING

- Participate in training and ongoing coaching on addressing trauma for children and families.
- Use the Child and Adolescent Needs and Strengths (CANS) assessment, which can help identify potentially traumatic/adverse childhood experiences, as well as the impact of such experiences on the child's functioning.
- Integrate the results from the CANS tool into the Child and Family Team (CFT) Meeting, including findings related to trauma exposure, reactions and related needs.
- Include involvement of all appropriate caregivers in child's therapy in case plans.
- Discuss perceived trauma-related needs and potential referrals when parents and children engage them in choosing appropriate services.
- Include specific behavioral goals for parents related to increasing physical and psychological safety and promoting resilience among their children in case plans.
- Utilize genograms and ecomaps with families to identify supports.
- Partner with community-based mental health providers to ensure appropriate trauma-informed treatments are available for children and parents.
- Consult with your supervisor if you are uncertain whether behaviors identified on the CANS and/or in the CFT are related to trauma.

### TIPS FOR HELPING CHILDREN REGULATE EMOTIONS DURING THE ONGOING PRACTICE PROCESS

- Use words to reflect the child's experience; ask open-ended questions labeling the emotion you're seeing.
- Be at the same level so the child feels more comfortable.
- Have an open, relaxed body posture, including a positive facial expression; listen and respond in a timely manner; and speak in a soft to normal volume, using normal to low pitch and a slow, even tempo.

## CASE MANAGEMENT

- Maintain frequent and purposeful contact with children and families; be consistent and predictable.
- Participate in ongoing training and coaching efforts related to identifying and addressing trauma and trauma-related needs.
- Engage in trauma-informed dialogue with community partners to ensure they are utilizing a trauma lens in working with families.
- Ensure that the child has someone to talk to about the trauma and system interventions with whom he or she feels comfortable.
- Refer children and parents with significant trauma histories and current trauma reactions to a trauma-informed mental health provider for assessment and treatment, as needed.
- Communicate with the school and other providers about the child's needs and appropriate strategies to promote trauma recovery.
- Organize regular CFT meetings with all providers working with the family (and ensure the family is included whenever possible and appropriate) to develop a common trauma-informed language and framework for services.
- Use trauma-informed language consistently when expressing desired outcomes for children and families, as well as in describing progress.
- Consult with your supervisor if you are uncertain whether the child should be referred to a trauma-informed mental health provider for assessment and potential treatment.

### TIPS FOR CREATING SAFETY THROUGHOUT THE ONGOING PRACTICE PROCESS

- Be as transparent as possible about what will happen (without making promises if something is uncertain).
- Provide as many opportunities as possible for the child and parent to have control over the situation.
- Try to keep children and parents with familiar, trusted supports that can stay in place long after their case with child welfare has closed.
- Be very clear with the next steps, sharing information in multiple ways to make sure that all parties involved understand what will happen next.