EMERGENCY RESPONSE

Summary

Trauma-informed emergency response 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.

The Initial Reporting Phase

- Incorporate the use of questions and prompts related to identifying 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?”
- Watch 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)
- Recognize and address your own secondary traumatic stress reactions that may emerge in this process, 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

Interviewing the Child

Preparing for the Interview

- Minimize the number of interviews through collaboration and precise documentation
- If responding with law enforcement, Consider possible impact of their uniforms and authority
- Minimize trauma by separating child from the potential chaos and/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
- As much as possible, slow down and plan out investigations in advance
- If interviewing the child at school, confirm the best/least disruptive for the child with the school

During the Interview

- Just prior to beginning, ask the child if he/she is hungry or thirsty
- Be prepared to give time and space to child before, during and at the end of the interview
- Adopt a calm, non-threatening approach and avoid sudden movements and/or loud noises
- In developmentally appropriate language, explain who 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 support person (e.g., teacher or school counselor)
- Engage the child and parent/caregiver using the “Three Houses” process

The Three Houses

- Prepare the interview in advance by finding out as much information about the child and case as you can
- If appropriate, inform the parent(s) and obtain permission to interview the child
- Explain to and involve the child in what will happen next.

To learn more about the Three Houses, watch creator Nicki Weld’s introduction to the tool at http://bit.ly/threehouses

After the Interview

- Process or debrief the interview(s) with your supervisor
- Share the information with the parent/caregiver and collaborative parents

Interviewing the Parent/Caregiver

- Approach caregivers 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” process
- Consider that the investigation may trigger parents’/caregivers’ own trauma history
- Educate caregivers about common behavioral reactions related to trauma in children

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

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SAFETY PLANNING

- Assess for psychological safety for the child and their families (this may be as simple as asking them what would make them feel most safe as a part of this process)
- Enhance psychological safety for the child, including:
  - Letting the child and their family know what will happen next
  - Giving the child control over some aspects of their life
  - Helping child maintain connections
  - Giving a safety message, such as “your safety is our number one priority.”
  - Help caregivers manage emotional “hot spots” (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 family members, especially parents, understand the safety planning process and are authentic partners in the development of their safety plan
- Revisit safety plans at each contact to ensure that the child continues to be and to feel safe
- Ensure safety plans include identifying possible trauma triggers for the child and family
- For caregiver with their own trauma histories, ensure that safety plans incorporate strategies related to safely managing and coping with their own trauma triggers

ASSESSMENT OF FAMILY FUNCTIONING

- Conduct a family-focused assessment that values family participation, experience and culture
- Utilize a universal trauma screening that identifies all potentially traumatic events, reactions and symptoms
- Review trauma screening results and case planning implications during supervision

IN-HOME FAMILY SUPPORT SERVICES

- Work with parents in strengths-focused, trauma-informed ways
- Provide parents and family with information about trauma reactions and coping skills to help them manage the child’s trauma-related behaviors and emotions
- Reframe any of the child’s behavior “problems” as possible trauma reactions when appropriate
- 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

REMOVAL

Preparing for the Removal

- If possible, prepare for the removal before going out into the field by discussing strategies that minimizes 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 some examples)
During the Removal

- 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 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
  - 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

- Conduct post-removal meetings to plan, prioritize and process the removal experience with supervisors
- 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 icebreakers 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) when appropriate

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<th>Questions children may have concerning removal</th>
<th>Trauma-informed responses</th>
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| “Why can’t I say with my parents?”            | **For young children:** “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.”
|                                               | **For school-age children and adolescents:** 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. |
| “When can I see my parents again?”            | **For young children:** 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. |
|                                               | **For school-age children and adolescents:** 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. We need to make sure that your parents are safe for you to see. I will tell you as soon as I know. |
| “How long will I be in foster care?”          | **For young children:** 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. |
|                                               | **For school-age children and adolescents:** 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. |