Assumption 1: Most, if not all of our children have experienced at least one, but often multiple traumatic events.

Assumption 2: Trauma is intergenerational, children who experience trauma as an exposed to trauma, and who have experienced trauma, whether or not they had direct involvement in the event, will impact how they engage in the system interventions.

Assumption 3: The impact of trauma varies depending on the individual. However, particularly always obvious.

Assumption 4: The effects of trauma often impact how children engage in the system interventions.

Assumption 5: Many of the practices that we train on are trauma-informed in nature or contain trauma-informed elements. Therefore, we strive to integrate the practices in a trauma-informed way, rather than adding a brand new practice.

Assumption 6: Many members of our child welfare workforce have their own explicit or implicit bias regarding trauma and its effects and may obviously or subtly bring those into the work itself.

Assumption 7: Our child welfare workforce is in an effort to provide children and their families with trauma-informed care, we need to ensure that our interactions, i.e., conversations, experiences working, and understand their bodies, including taking a trauma-informed approach.

Assumption 8: Many of the children served often interact with multiple systems (hospitals, mental health, justice, etc.). These systems may currently work well together, or may work at cross purposes.

Assumption 9: Child welfare workers may only have control over their own behavior and likely do not have the power to effect other parts of the system.

Assumption 10: Members of our child welfare workforce may also be experiencing the effects of primary or secondary trauma which impact how they engage in the work and your training efforts. This may be trauma within their family of origin, or in the context of doing the work itself.

Objectives of Today’s Presentation

- Help staff, volunteers, and families recognize the impact of trauma and its effects on the children and families they serve.
- Help staff, volunteers, and families understand how to implement trauma-informed practices in their work.
- Help staff, volunteers, and families see the benefits of trauma-informed practices in their work.
- Help staff, volunteers, and families identify the resources available to support trauma-informed practice.

The Role of Trauma in the Lives of the Children and Families We Serve

Activity: What are Some Barriers to Being Trauma-Informed During the Child Welfare Process?

1. A tangible group, struggle to engage with their parents and make it difficult to implement trauma-informed practices during the assessment phase
2. Client level
3. Staff level
4. Organizational level
5. Report out

Levels of Supporting Trauma-Informed Practice During the Child Welfare Case

Implement Specific Tools, with your Role and Scope

Supporting Staff and Organizations against Secondary Traumatic Stress

Creating a Safe Environment for All Involved

Trauma-Informed Quick Guide: Emergency Response

Resources to Support Trauma-Informed Child Welfare Practice
Trauma-Informed Quick Guide: Ongoing Practice

- A 2-page document that provides quick tips for the following phases of child welfare practice:
  - Initial Placement
  - Out of Home Placement
  - Adoption and Guardianship
  - Permanence Planning
  - Trainings

Developed with funding from Casey Family Programs.

Example Content from Trauma-Informed Emergency Response Training

A 2-page document that provides quick tips for the following phases of child welfare practice:

- Initial Placement
- Out-of-Home Placement
- Adoption and Guardianship
- Permanence Planning

Training includes multiple experiential activities and role plays.

Participants are asked to identify which skills they can integrate into their practices based on their unique roles and system.

Developed with funding from Casey Family Programs.

Overview of Emergency Response Training

- Focuses on overview of trauma and the child welfare system
- Defines trauma-informed emergency response practices
- Highlights the importance of creating a psychologically safe environment
- Emphasizes the role of understanding a child’s history of trauma as a basis for developing a plan in the process
- Discusses trauma-informed practices that can be used during the emergency response phase (similar to those in the Quick Guide)
- Integrates this work with clients and key players for gathering information about children and families in a trauma-informed way

Development with funding from Casey Family Programs.

Trauma-Informed Quick Guide: Permanency Planning

A 2-page document that provides quick tips for the following phases of child welfare practice:

- Initial Placement
- Out of Home Placement
- Adoption and Guardianship
- Permanence Planning

Development with funding from Casey Family Programs.

Addressing Trauma During the Investigation Phase

- The investigation phase must include gathering information about children’s experiences of abuse and neglect
- Children may have experienced trauma at a young age and may have a hard time understanding concepts of discipline and limits
- Parent trauma can affect discipline methods and can make it difficult for children to understand limits

Development with funding from Casey Family Programs.
Overview of Permanency Planning Training

- Provides an overview of trauma and the child welfare system
- Defines trauma-informed permanency planning practices
- Discusses stress common barriers to permanency
- Highlights the importance of creating a psychologically safe environment
- Discusses trauma-informed practices that can be used during the permanency planning phase
- Provides an introduction to the Quick Guide

Addressing Trauma during the Out-of-Home Placement Phase

- For children who have experienced trauma, placement can further exacerbate trauma
- Identifies some common barriers to permanency
- Children may need specific kinds of services to meet their trauma-related needs
- Changes in placement can further exacerbate trauma-related feelings of separation and uncontrollability

Addressing Trauma during the Participatory Case Planning (Service Planning) Phase

- Trauma is a very important consideration for case planning, as families may need specific kinds of services to meet their trauma-related needs
- When trauma is overlooked during the planning process, families may be eligible for services that are ineffective because they fail to address the underlying trauma issues of the source of behavioral and mental health difficulties

Example Content from Trauma-Informed Permanency Planning Training

Youth in Residential Care

- Youth in residential care often have complex trauma histories and challenging mental health issues and behaviors
- The residential environment can serve as a trigger, and staff need to be well-trained and prepared to intervene
- It is essential that staff be well-trained in trauma to impact trauma-related behaviors
- Creating a trauma-informed environment can facilitate the healing process

Trauma-Informed Practices during the CFT Meeting, Continued

- Youth who are transitioning out of the foster care system often have significant unresolved trauma issues that contribute to mental health, substance abuse, relationship, academic, and work-related problems
- Families who have endured multigenerational trauma may experience challenges in meeting safety goals in a timely manner and may require trauma-specific services to help them do so
- Children who have been affected by trauma may display challenging behaviors and reactions that are challenging for resource parents and can impede placement stability and permanency
- Children with substance abuse and trauma issues should be referred to integrated treatment models such as Seeking Safety (Najavits, 2002)

Specific Talking Points When a Trauma is Disclosed during the Screening Process

- You're not alone - it's important to remember that everyone experiences trauma and that you have a right to talk about your experiences
- You're not to blame - it's important to remember that you are not to blame for your experiences and that you have a right to talk about your experiences
- You have a right to talk about these experiences to help you move forward and prevent any additional stress at any time

Conversation Tips when Trauma is Disclosed during the Screening Process

- Don't hesitate to talk about trauma
- Don't underestimate the impact of trauma
- Start with general questions
- Let them lead the conversation
- Talk about how they got through certain situations
- Highlight strengths
- Normalize their reactions
- Don't get overwhelmed or feel pressure to "fix" anyone's trauma
- Offer to connect with a specialist to explore further if necessary

Addressing Trauma during the Permanency Planning Phase

- Youth in residential care often have complex trauma histories and challenging mental health issues and behaviors
- The residential environment can serve as a trigger, and staff need to be well-trained and prepared to intervene
- It is essential that staff be well-trained in trauma to impact trauma-related behaviors
- Creating a trauma-informed environment can facilitate the healing process

Addressing Trauma during the Transitioning into Adulthood/Self-Sufficiency Phase

- Youth who are transitioning out of the foster care system without a permanent adult connection may experience challenges in meeting safety goals in a timely manner and may require trauma-specific services to help them do so
- Children who have been affected by trauma may display challenging behaviors and reactions that are challenging for resource parents and can impede placement stability and permanency
- Children who have been affected by trauma may display challenging behaviors and reactions that are challenging for resource parents and can impede placement stability and permanency
- Children who have been affected by trauma may display challenging behaviors and reactions that are challenging for resource parents and can impede placement stability and permanency
- The multiple placements that can result after trauma can create difficulty in meeting needs and services with caregivers
Critical Elements of Transitional Planning Include:
- Every youth in the foster care system has a network of supportive adults who will genuinely coach, mentor, and guide their transition to adulthood.
- Every youth leaving foster care is on a path to college and/or post-secondary education and training.
- Youth in foster care foster are prepared to succeed in college/post-secondary education and training.
- Youth in foster care have access to internships and meaningful work experiences that position them for careers.
- Youth transitioning out of care have ongoing access to trauma-informed mental health and substance abuse services.

Transition Plans Should Include:
- Employment
- Education
- Housing
- Physical and mental health
- Financial stability
- Enduring connections to caring adults (i.e., relational permanency) if legal permanency is unlikely.

Resilience
The capacity to rebound from adversity strengthened and more resourceful. It is an active process of endurance, self-righting, and growth in response to stress and challenge...Resilience entails more than merely surviving, getting through, or coping...The qualities of resilience enable people to heal from pain/suffering, tolerat change of their lives, and go on to live fully and thrive.

Factors that Enhance Resilience

Protective Factors

What Supports Positive Outcomes for Youth Transitioning into Adulthood?
- Increased postsecondary educational attainment (Salazar, 2012)
- Having a bank account (Greeson, Usher, & Grinstein-Weiss, 2010)
- Reduced risk of homelessness (Evans & Courtney, 2014)
- Increased psychological well-being (Ahrens, DuBois, Richardson, Fan, & Linder 2016; Almsted, Pycho, & Menihan, 2011)
- Improved physical health (Almsted et al., 2014)
- Furthermore, having at least one stable relationship with a committed, caring adult has been found to positively impact the outcomes of youth transitioning into adulthood (Harvard University’s Center on the Developing Child, 2016).

Thoughts and Questions?