Providing Trauma-Informed Care for Children and Youth

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AIR

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Today . . .

What is trauma-informed care?

Why is it needed?

How do we provide trauma-informed care?

What is trauma-informed care?

Trauma-informed care is an **organization-wide** approach that is grounded in an awareness, understanding, and responsiveness to the impact of trauma
and
emphasizes the need to create environments that ensure safety, choice, control, and empowerment for survivors.

Hopper et al., 2010

Trauma-informed care is a universal approach to addressing trauma that requires changes to the practices, policies, and culture of an entire organization, so all staff have the awareness, knowledge, and skills needed to support trauma survivors.

Trauma-informed environments

". . . endeavor to do no harm – to avoid retraumatizing or blaming children or adults for their efforts to manage their traumatic reactions."

(Hopper et al., 2010; Moses et al., 2003)

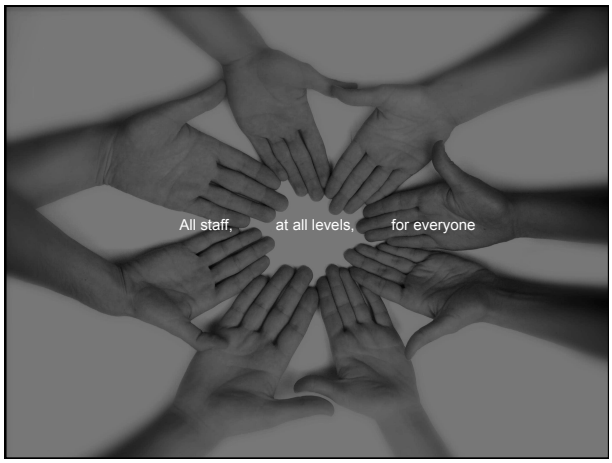
Trauma-informed care incorporates 3 key elements . . .

Realizing the prevalence of trauma;

Recognizing how trauma affects all individuals involved with the program, organization, or system, including its own workforce; and

Responding by integrating knowledge about trauma, healing, and resilience into policies, procedures, practices, and settings

(SAMHSA, 2012)



Why is child welfare adopting trauma-informed care?

1. The child welfare system serves children and families with high rates of exposure to trauma.
2. Exposure to trauma has a significant impact on children, families, and service providers.
3. There is increased risk of doing harm when trauma responses are overlooked.
4. A trauma-informed child welfare system can mitigate the impact of trauma and support recovery and resilience for children and families.

Why is child welfare adopting trauma-informed care?

The system serves children and families with high rates of exposure to trauma.

Traumatic stress is different from other kinds of stress.

Overwhelming demands placed upon the physiological system that result in a profound felt sense of vulnerability and/or loss of control.
– Robert D. Macy

"Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning."
– Judith Herman

What makes a stress Traumatic?

Outside realm of usual experience
Overwhelming existing methods of coping.
Involves a threat.
Results in vulnerability and loss of control.
Leaves people feeling helpless and fearful.
Interferes with relationships and beliefs.

Acute Trauma: typically involves a one-time experience (e.g., natural disaster, car accident).

Chronic Trauma: traumatic experiences that are layered and continuous (e.g., chronic abuse/neglect, on-going community violence, long-term illness, chronic homelessness).

Historical trauma: A personal or historical event or prolonged experience that continues to have an impact over several generations. Examples include:

- Slavery
- Removal from homelands
- Relocation
- Massacres, genocides, or ethnocides
- Cultural, racial, and immigrant oppression
- Forced placement in boarding schools

(Child Welfare Committee, National Child Traumatic Stress Network, 2013

Complex trauma: involves prolonged or repeated experiences of trauma, particularly traumatic events that are interpersonal and begin early within the care-giving relationship and have a short and long-term impact.

National Survey of Children's Exposure to Violence

Jan-May 2008

Children ages 17 and younger

- More than 60% exposed to violence within the past year.
- Nearly 50% were assaulted in the past year.
- 1 in 4 were victims of robbery, vandalism, or theft.
- 1 in 10 suffered from child maltreatment.
- 1 in 16 were victimized sexually.
- 1 in 4 exposed to at least one form of family violence before reaching adolescence.
- Nearly 1 in 10 saw one family member assault another.
- More than 1 in 10 reported 5 or more exposures.

(Finklehor et al., 2009)

Prevalence Across Systems

Justice

96% of female offenders have experienced trauma, often in the form of sexual abuse and intimate partner violence.

75-93% of youth involved with juvenile justice have experienced trauma,

Homeless

93% of homeless mothers had a lifetime history of interpersonal trauma,

83% of homeless children have been exposed to at least one serious violent event by age twelve.

Mental & Behavioral Health

93% of psychiatrically hospitalized adolescents have histories of physical and/or sexual and emotional trauma.

75% of clients in substance abuse treatment settings report histories of significant trauma.

(Jennings, 2008; Ford,et al., 2008, Justice Policy Institute, 2010; Hayes, Zonneville, Bassuk, 2013; Buckner, Beardslee, & Bassuk, 2004; Lipschitz et al., 1999; Jennings, 2004)

For nearly 500,000 children in the foster care system, traumatic experiences include abuse, neglect, and significant family stressors

(U.S. Department of Health and Human Services [DHHS], 2012; Stukes, Chipungu & Bent-Goodley, 2004)

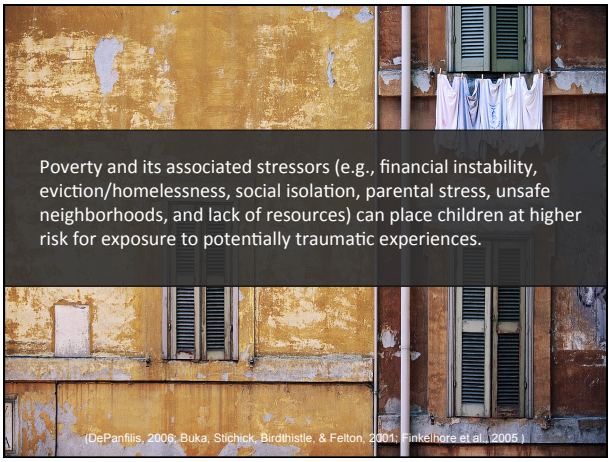
Prevalence of Trauma

Each year in the United States, more than *1,500* children—nearly two children per 100,000— die of abuse or neglect.

In 2010, 695,000 unique children were substantiated victims of child maltreatment.

- 78.3% experienced neglect.
- 17.6% were physically abused.
- 9.2% were sexually abused.
- 8.1% endured emotional or psychological abuse.
- 2.3% were subjected to medical neglect.
- 10.3% experienced other forms of maltreatment (e.g., abandonment, threats of harm, congenital drug addiction).
- 81.3% of victims were maltreated by a parent.
- 18.5% of victims were maltreated by both parents.

(U.S. Department of Health and Human Services [DHHS], 2011)



Poverty and its associated stressors (e.g., financial instability, eviction/homelessness, social isolation, parental stress, unsafe neighborhoods, and lack of resources) can place children at higher risk for exposure to potentially traumatic experiences.

(DePanfilis, 2006; Buka, Stichick, Birdthistle, & Felton, 2001; Finkelhore et al., 2005)

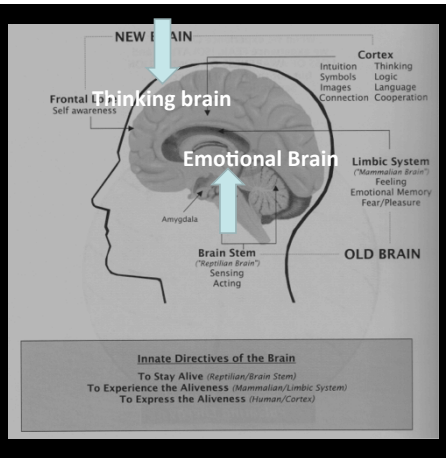
What types of trauma are most commonly experienced by children you serve?

SAFETY: How does trauma impact your ability to keep children and families safe?

PERMANENCY: How does trauma impact the goal of permanency?

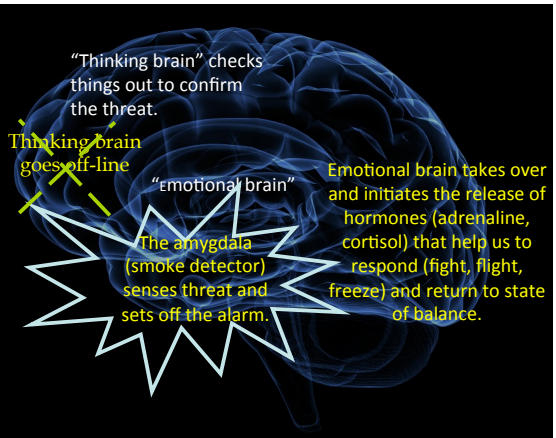
WELL-BEING: How does trauma impact efforts to support child and family well-being?

The human brain has a built-in alarm system that signals us when we may be in danger.



"Primitive" Brain

(Hendrix, 2006)



What are the signs that we are in "fight or flight"?

- Heart racing
- Shortness of breath
- Shaking
- Sweating
- Tunnel vision

An stress becomes **traumatic** when none of the responses have the expected result and people are left feeling . . .

Fearful

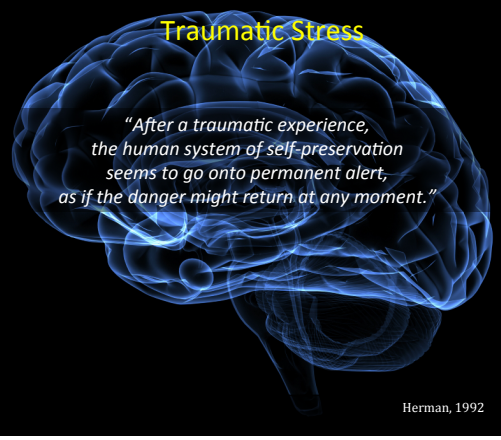
Helpless

Vulnerable

Out of control

We are prevented from being able to resolve the situation effectively.

Traumatic Stress



"After a traumatic experience,
the human system of self-preservation
seems to go onto permanent alert,
as if the danger might return at any moment."

Herman, 1992

Acute Responses to Trauma

- Sleep disturbances/nightmares
- Anxiety, fear, worry about safety of self and others
- Worry about recurrence or consequences
- Changes in behavior:
  - Decreased attention/concentration
  - Increase in activity level
  - Change in academic performance
  - Irritability with friends, teachers, events
  - Angry outbursts/aggression
  - Withdrawal from others/activities
  - Absenteeism
  - Increase in risk-taking behavior (e.g., substance abuse)

National Child Traumatic Stress Network, 2008

- Increased somatic complaints – headaches, stomachaches, chest pain
- Discomfort with feelings (troubling thoughts of revenge)
- Repeated discussion of event and focus on details
- Over- or under-reacting to bells, physical contact, doors slamming, sirens, lighting, sudden movements
- Re-experiencing (nightmares or memories during day)
- Avoiding reminders
- Emotional numbing (no feelings about event)
- Distrust of others
- Difficulty with authority, redirection, criticism
- Increase in thoughts/comments about death or dying

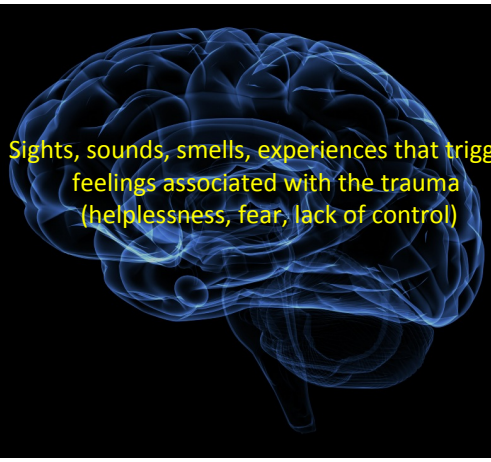
National Child Traumatic Stress Network, 2008

An event becomes traumatic when it overwhelms the stress response system and leaves people feeling helpless, vulnerable, out of control . . .

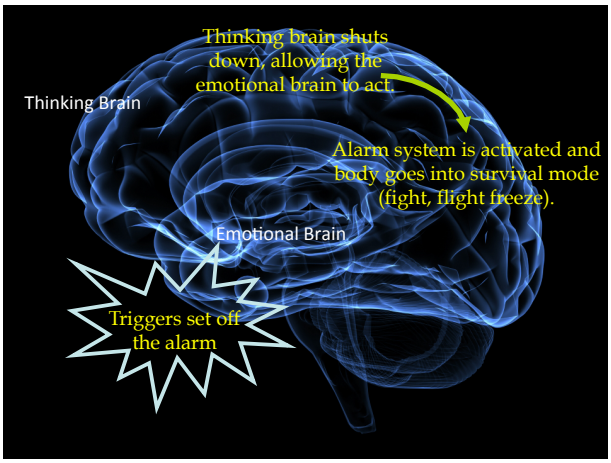
and overly sensitive to reminders of the event.

Triggers:

Reminders of past traumatic experiences



Sights, sounds, smells, experiences that trigger feelings associated with the trauma (helplessness, fear, lack of control)



Potential triggers for children who have experienced trauma . . .

- Loud noises
- Hand or body gestures that might appear threatening
- Fighting
- Confusion or chaos
- Change in routine
- Transitions
- Feelings of anger, sadness, or fear that trigger past trauma
- Authority figures
- Physical touch
- Emergency vehicles and police and fire personnel
- Certain smells
- Separation from caregivers
- Loss (e.g., of things, people, home)
- Weather

Fight: yelling/tantrums, swearing, hitting, fighting, throwing things/damaging property, hyperactivity, becoming hyper-alert to potential danger

Flight: withdrawing, hiding, ignoring, running away, regression to an earlier developmental stage.

Freeze: "spacing out" (e.g., appearing disconnected, forgetting or appearing confused about what just happened, becoming nonresponsive), going to sleep, dissociative.

Potential triggers for adults/caregivers. . .

- Authority
- Shame
- A child who is struggling
- Meetings
- Fear/distrust of system
- Reminders of their own history of system involvement
- Confusion/uncertainty
- Transitions
- Lack of control over situation for their family/children

Cultural considerations . . .

While the brain's response to trauma is consistent, cultural context plays a significant role in:

The types of trauma that may be experienced.
The risk for continued trauma.
How survivors talk about and manage their experiences.
Which supports and interventions are most effective.

Trauma and Stressor-Related Disorders: PTSD – DSM-V

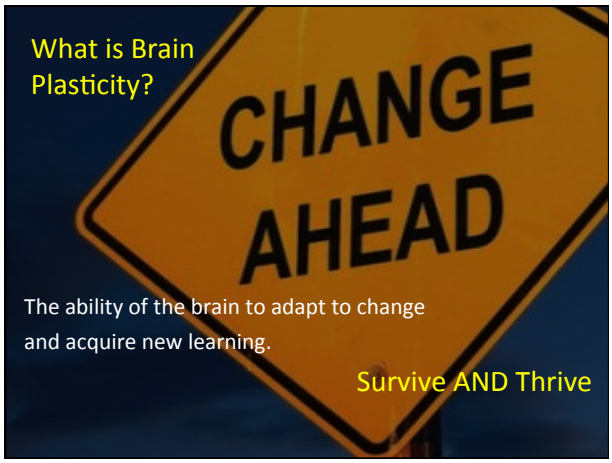
"Exposure to actual or threatened death, serious injury, or sexual violence . . ." – Direct exposure, witnessing, occurred to close family or friends.

- Duration of disturbance is greater than one month.
- Intrusive symptoms: memories, dreams, dissociative reactions (e.g., flashbacks), prolonged distress or marked psychological reactions to internal or external cues.
- Avoidance of stimuli related to the trauma.
- Negative alternations in cognitions and mood related to the trauma ("I am bad, "No one can be trusted").
- Marked alterations in arousal and reactivity (e.g., hypervigilance, exaggerated startle response, irritability, anger responses).

The impact of long-term exposure to trauma that begins in childhood may look different than traditional PTSD resulting from a one-time event.

The foundations of brain architecture are established through interactions between environmental conditions, personal experiences, and genetic predispositions.

(Center for the Developing Child, working paper 5)



Sensitive Periods

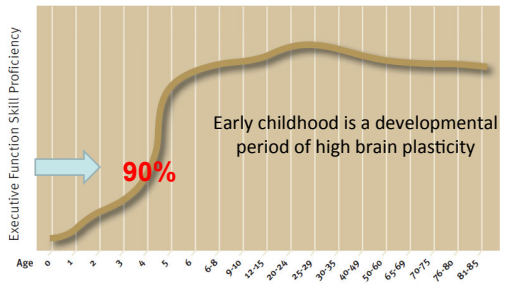
Times where the brain is particularly sensitive and adaptable to the effects of the environment/experience.

Sensitive or critical periods for particular capacities vary (e.g., for sight, hearing, attachment, etc.).

Brain will adapt to whatever experiences are available (positive or negative) .

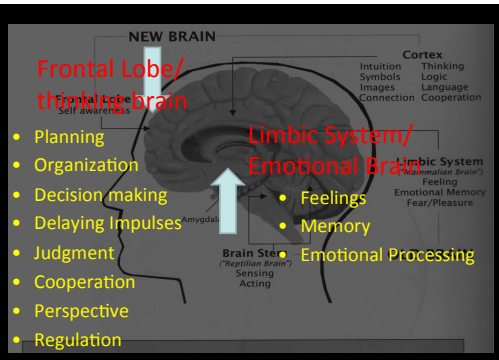
(Center for the Developing Child, working paper 5)

Executive Function Skills Build Throughout Childhood and Adolescence



A range of tests measuring different forms of executive function skills indicates that they begin to develop shortly after birth, with ages 3 to 5 providing a window of opportunity for dramatic growth in these skills. Growth continues throughout adolescence and early adulthood; proficiency begins to decline in later life.

Source: Weintraub et al. (In Press).[29]



- Planning
- Organization
- Decision making
- Delaying Impulses
- Judgment
- Cooperation
- Perspective
- Regulation

- Feelings
- Memory
- Emotional Processing

With appropriate experiences, over time these two systems become better coordinated as we learn how to use our cognitive skills to manage our emotional reactions.

(Hendrix, 2006)

Types of Stress Responses

Positive stress: Moderate, short-lived stress. Normal part of life and healthy development. (e.g., meeting new people, dealing with frustration, going to the doctor, overcoming a fear).

Tolerable stress: Stress responses that could effect brain formation but usually occur for shorter periods and allow the brain time to recover. There is a supportive adult who can help a child cope. (e.g., death or illness of loved one, accident, divorce).

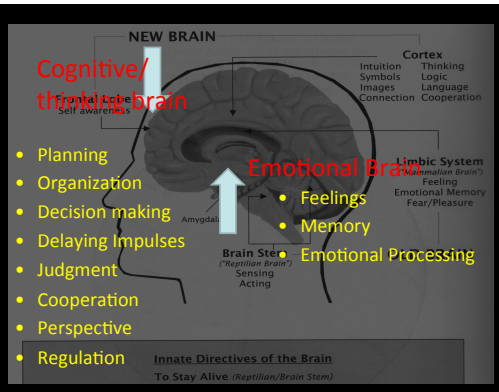
Toxic stress: Strong, frequent, or prolonged activation of the body's stress management system. Events are chronic, uncontrollable, and/or experienced without access to support form a caring adult.

(Center for the Developing Child)

Toxic stress: Strong, frequent, or prolonged activation of the body's stress management system without opportunities to recover and/or without support from a caring adult to buffer impact.

Often caused by extremely stressful or traumatic conditions, such as recurrent abuse, chronic neglect, caregiver mental illness or substance abuse, and/or violence or repeated conflict.

(Center for the Developing Child)



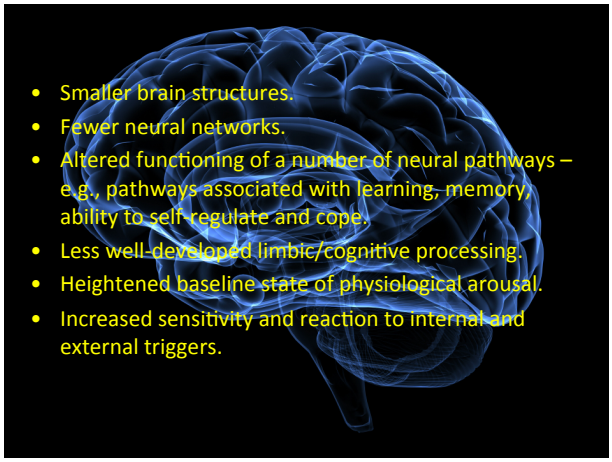
Cognitive/ thinking brain

- Planning
- Organization
- Decision making
- Delaying Impulses
- Judgment
- Cooperation
- Perspective
- Regulation

Emotional Brain

- Feelings
- Memory
- Emotional Processing

Exposure to chronic trauma interrupts the development of each system and their coordination.



- Smaller brain structures.
- Fewer neural networks.
- Altered functioning of a number of neural pathways – e.g., pathways associated with learning, memory, ability to self-regulate and cope.
- Less well-developed limbic/cognitive processing.
- Heightened baseline state of physiological arousal.
- Increased sensitivity and reaction to internal and external triggers.

- Thinking, planning, focusing, organizing, problem solving
- Emotional expression, self-regulation, coping
- Future thinking, cause and effect, anticipating consequences
- Communicating, relating, empathy
- Learning new skills, curiosity, creativity
- Attend to, organize, remember information
- Maintain positive sense of self, esteem, efficacy

SURVIVAL MODE:
- Reactive
- On alert for threat
- Heightened baseline state of arousal/sensitivity to triggers
- Suspicious of help. mistrustful
- Fighting for what you need
- Overcontrolled – rigid
- Undercontrolled - impulsive

The Adverse Childhood Experiences (ACE) study examined the health and social effects of traumatic childhood experiences over the lifespan of 17,000 participants who agreed to complete a survey as part of a routine health screening.

(Felitti et al., 1998)

Adverse childhood experiences asked about in the survey included:
physical abuse, emotional abuse, and sexual abuse
Emotional and physical neglect
Household substance abuse
Household mental illness
A mother treated violently
Parent separation or divorce
Incarcerated household member

Almost two-thirds of those surveyed had suffered at least one adverse childhood experience.

More than 1 in 5 reported 3 or more experiences.

Adverse Childhood Experiences

Cumulative ACEs are often experienced as traumatic and associated with later social, emotional, and cognitive impairments, high-risk behaviors, severe health problems, and heightened risk of early death.

Felitti & Anda, 2010; Felitti et al., 1998

- A national study of adult "foster care alumni" found higher rates of post-traumatic stress disorder (PTSD) (21.5%) compared with the general population (4.5%) and when compared to American veterans of war (15% in Vietnam vets; 6% in Afghanistan vets; and 12% to 13% in Iraq vets).
- The foster care alumni group also had higher rates of major depressive episodes, social phobia, panic disorder, generalized anxiety, addiction, and bulimia.
- By the age of 17, 62% of youth in foster care will exhibit both the symptoms of a mental health disorder and the symptoms of trauma (Griffin et al., 2012).

(Pecora et al., 2003; Griffin et al., 2012; Child Welfare Committee, National Child Traumatic Stress Network, 2013)

Recognizing the prevalence and impact of secondary trauma on child welfare workers.

Job-related stress and trauma for providers

Feeling unsafe/being in unsafe situations.
Being verbally or physically assaulted.
Losing clients (disrupted relationships and death).
Investigating abuse and neglect.
Removals.
Witnessing repeated relapses.
Exposure to detailed accounts of abuse/neglect.
Issues of funding and adequate resources.
Publicity- scapegoating for tragic outcomes.

Burnout: Physical or emotional exhaustion, especially as a result of long-term stress.

Secondary Traumatic Stress / Compassion Fatigue:
The presence of PTSD symptoms caused by at least one indirect exposure to traumatic material.

Vicarious Trauma:
Changes in a helper's inner experience over time as a result of responsibility for an empathic engagement with traumatized clients.

Among social workers with only indirect exposure to trauma, rate of PTSD is twice as high as among the general public.

(Bride, 2007; Child Welfare Committee, National Child Traumatic Stress Network, 2013

Re-experiencing another's trauma
Hypervigilance
Difficulty managing emotions
Problems maintaining boundaries
Avoidance
Feeling numb and disconnected
Emotional exhaustion
Feelings of professional inadequacy

Warning Signs

- High rates of staff turnover
- High rates of absenteeism/tardiness
- Lack of communication and frequent miscommunication
- Increased interpersonal conflicts among co-workers/ between departments
- Poor quality of work
- Negative atmosphere
- Less energy and motivation to "go the extra mile"
- Diminished empathy and patience

A parallel process . . .

Organizations where the majority of staff exhibit chronic trauma-based responses (crisis-driven, fragmented, reactive, numb, avoidant) create environments that contribute to toxic stress for children and families.

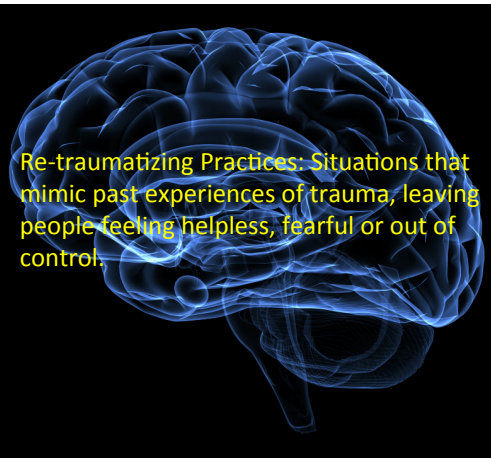
SAFETY: How does trauma impact your ability to keep children and families safe?

PERMANENCY: How does trauma impact the goal of permanency?

WELL-BEING: How does trauma impact efforts to support child and family well-being?

Why is child welfare adopting trauma-informed care?

There is increased risk of doing harm when trauma responses are overlooked.

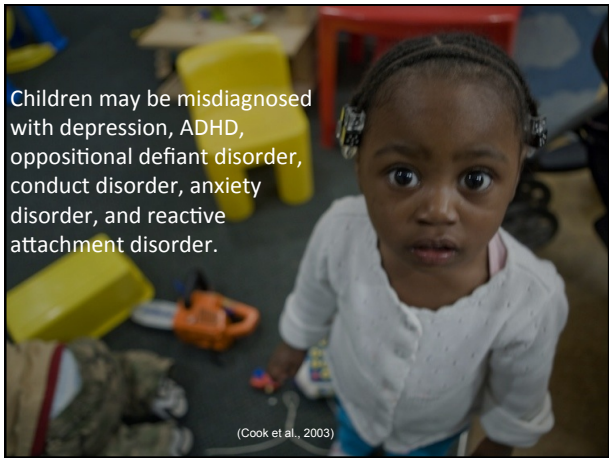


Re-traumatizing Practices: Situations that mimic past experiences of trauma, leaving people feeling helpless, fearful or out of control.

- Separation from caregivers.
- New/changing environments.
- Lack of certainty/consistency.
- Visitation.
- Losses.
- System-related events: forensic interviews and court testimony.

- Using deficit-based language to describe children and families (e.g., unmotivated, lying, and manipulative).
- Creating rigid, punishment-driven environments.
- Treating children and families disrespectfully/minimizing voice.
- Inconsistent responses across system.
- Crisis intervention practices that are retraumatizing..
- Emergency procedures that are done in ways that mimic past trauma.

Mental health providers may mislabel or misdiagnose presenting problems without considering the connection between current behaviors and past trauma.



Why is child welfare adopting trauma-informed care?

A trauma-informed child welfare system can play a significant role in mitigating the impact of trauma and supporting recovery and resilience for children and families.

What does a trauma-informed child welfare system look like?

Trauma-Informed Care

Shifting perspective and practice

Improves outcomes

Enhances staff capacity to address and mitigate impact of trauma.

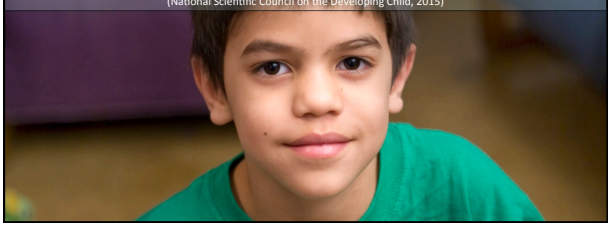
Incorporates system-wide practices that reflect the core principles.

Guided by shared principles of healing and resilience-building.

Resilience

A positive, adaptive response in the face of significant adversity. Rooted in both the physiology of adaptation and the experiences we provide for children that either promote or limit its development.

(National Scientific Council on the Developing Child, 2015)



Resilience

Key factors:

- Stable, caring, and supportive relationship
- Mastery over life circumstances
- Strong executive function and self-regulation skills (manage behavior, cope)
- Affirming faith or cultural traditions.

(National Scientific Council on the Developing Child, 2015)

Guiding principles

Understanding trauma and its impact
Promoting safety
Supporting control, choice and autonomy
Ensuring cultural competence
Integrating care
Sharing power and governance
Believing that recovery is possible & healing happens in relationship

(Guarino et al., 2009)

What can you do?

- Recognize signs and symptoms of traumatic stress in children and families.
- Recognize practices that may trigger or exacerbate trauma symptoms.
- Adjust practices to align with core principles of trauma-informed care.
- Recognize symptoms of secondary traumatic stress and vicarious trauma.
- Request/participate in additional training on trauma to support your work.
- Assess for history of trauma among parents (birth, kinship, resource, foster and adoptive).
- Refer children and families to trauma-specific services.
- Educate children and families about trauma its impact.
- Educate community partners about trauma and its impact.
- Incorporate opportunities for skill-building to support resilience (self-regulation, coping, attachment).
- Be mindful of potentially traumatizing practices in other systems such as residential and juvenile justice (e.g., seclusion and restraint).

UNDERSTANDING TRAUMA & ITS IMPACT

(Child Welfare Committee, National Child Traumatic Stress Network, 2013)

What can your agency do?

- Establish infrastructure to commit to adopting trauma-informed care (e.g., leadership support, multidisciplinary group).
- Ensure all staff are educated about trauma and trauma-informed care.
- Provide ongoing support and supervision to reinforce concepts.
- Create formal mechanisms for including commitment to trauma-informed during hiring process and in training new staff.
- Addressing secondary traumatic stress and making an organizational commitment to ongoing dialogue and supporting staff self-care.
- Partnering with others who have a commitment to trauma-informed care.
- Developing mechanisms for cross-system education on trauma.
- Consider policies to promote universal screening for trauma.
- Examine policies and procedures that do not align with recovery/resilience-building.
- Ensure commitment to trauma-informed care is operationalized in job descriptions.

UNDERSTANDING TRAUMA & ITS IMPACT

(Child Welfare Committee, National Child Traumatic Stress Network, 2013)

What can you do?

- Assess risk.
- Develop safety plans.
- Help children feel safe during transitions.
- Establish clear expectations.
- Plan ahead for changes when possible.
- Anticipate potential triggers/challenges related to changes.
- Use respectful language and tone with children and parents.
- Have clear crisis prevention plans.
- Be consistent in your responses.
- Look to reduce potential triggers or re-traumatizing situations.

PROMOTING SAFETY

(Child Welfare Committee, National Child Traumatic Stress Network, 2013)

What can your agency do?

- Create policies and practices designed to maximize physical and psychological safety.
- Review policies and procedures for extent to which they support a sense of safety.
- Provide ongoing training for staff related to safety.
- Facilitate ongoing dialogue to address the tension between ensuring safety and upholding trauma-informed principles.

PROMOTING SAFETY

(Child Welfare Committee, National Child Traumatic Stress Network, 2013)

What can you do?

- Maintain a youth and family-driven focus.
- Offer children and families options whenever possible.
- Communicate clearly, honestly, and respectfully.
- Seek out shared decision-making and participatory planning.
- Seek feedback from youth and families on a regular basis about their experience.
- Educate youth and families on their rights.
- Use peer-support programs.
- Anticipate times of less control ahead of time and plan accordingly.

SUPPORTING CONTROL, CHOICE & AUTONOMY

(Child Welfare Committee, National Child Traumatic Stress Network, 2013)

What can your agency do?

- Create policies that include a commitment to youth and family involvement.
- Seek youth and family feedback.
- Develop a process for assessing level of partnership with families and community partners.
- Involve youth and families where possible (e.g., community trainings, advisory committees).
- Review procedures and circumstances that do not lend themselves control and choice to determine how to adapt.

SUPPORTING CONTROL, CHOICE & AUTONOMY

(Child Welfare Committee, National Child Traumatic Stress Network, 2013)

What can you do?

- Understand that social and cultural realities can influence a child's risk for, experience of, and recovery from trauma.
- Recognize that strong cultural identity can contribute to resilience.
- Assess for historical trauma (trauma experienced by family members, ancestors, and current impact on child and family).
- Work with qualified interpreters.
- Assess for trauma in country of origin and resettlement and acculturation stress.
- Seek out therapeutic services that are culturally specific.
- Be aware of how to help a child maintain their cultural identity if placed in out-of-home care.
- Be aware of your own cultural attitudes, values, and beliefs and how these influence on your work.

ENSURING CULTURAL COMPETENCE

(Child Welfare Committee, National Child Traumatic Stress Network, 2013)

What can your agency do?

- Develop formal policies that include a commitment to cultural awareness and culturally-specific practices.
- Examine procedures for areas where cultural considerations are not fully integrated.
- Commit to ongoing dialogue re: cultural dyanmics related to this work.
- Examine issues of racial disparity (differences in experiences) and disproportionality (over-representation of children of color).

ENSURING CULTURAL COMPETENCE

(Child Welfare Committee, National Child Traumatic Stress Network, 2013)

What can you do?

- Educate other system providers about the impact of trauma to guide decision making and collaboration.
- Participate in cross-training efforts.
- Ensure that other providers have the necessary information about a child and family's trauma history while respecting confidentiality.
- Organize multidisciplinary meetings to discuss cases from a trauma-informed frame.
- Provide leadership to teams of care to ensure a trauma-informed approach.
- Advocate for child and family to help ensure partner agencies and systems are working to meet child's and the family's trauma-related needs.

INTEGRATING CARE

(Child Welfare Committee, National Child Traumatic Stress Network, 2013)

What can your agency do?

- Establish strong partnerships with other child- and family-serving systems. Establish interagency coordination agreements.
- Partner with the mental health system to develop and support community capacity for trauma-informed mental health assessment and treatment.
- Engage in cross-training on trauma and its impact on other child-serving systems.
- Develop joint protocols regarding child and family trauma and collaborative services that promote resilience.
- Conduct multi-disciplinary team and family team meetings. Co-locate multi-disciplinary staff in community "hubs." Utilize cross-system assessment tools. Engage all systems in shared outcomes.
- Use technology for information exchange, including integrated information sharing systems.

INTEGRATING CARE

(Child Welfare Committee, National Child Traumatic Stress Network, 2013)

What can you do?

- Seek out opportunities to have a voice in daily process.
- Offer suggestions re: challenges and new ideas.
- Recognize your strengths and challenges as a team member.
- Do your part to contribute to a healthy work culture (language, tone, dynamics).

SHARING POWER AND GOVERNANCE

(Child Welfare Committee, National Child Traumatic Stress Network, 2013)

What can your agency do?

- Develop a formal process for shared decision-making and gathering staff feedback.
- Identify a mechanism for making adjustments based on staff feedback.
- Involve staff in creation and review of policies and procedures.
- Consider ways to create a culture of partnership and support among staff across roles.

SHARING POWER AND GOVERNANCE

(Child Welfare Committee, National Child Traumatic Stress Network, 2013)

What can you do?

- Nurture strengths.
- Let children and families know that they can overcome trauma.
- Offer praise to children and families.
- Facilitate ongoing contact between the child and people who are important to the child.
- Ensure that the child has at least one positive attachment relationship with an appropriate adult.
- Promote resilience through placement stability and timely permanency.
- Refer child to appropriate skill-building.

RECOVERY IS POSSIBLE & HEALING HAPPENS IN RELATIONSHIP

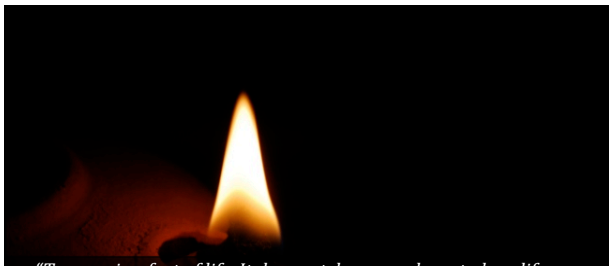
(Child Welfare Committee, National Child Traumatic Stress Network, 2013)

What can your agency do?

- Promote policies that support continuity in children's relationships, such as placing them with kin and in their own communities.
- Understand the child welfare worker's role as a potential attachment figure and, when possible, try to minimize changes in caseworkers.
- Ensure that all children who have been traumatized have access to evidence-based trauma treatments and services.
- Partner with health, mental health, education, and other community providers to enhance child resilience and well-being in the aftermath of trauma.

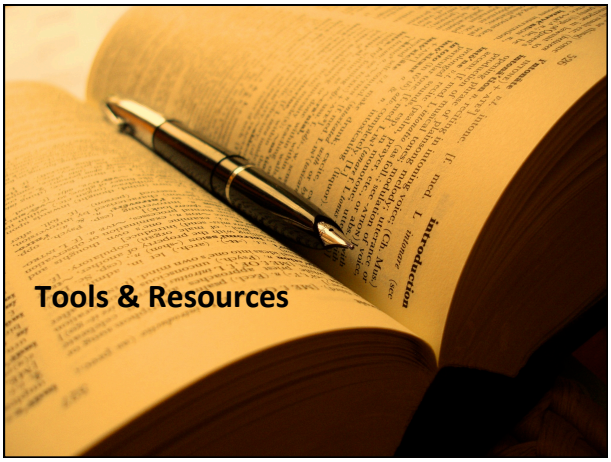
RECOVERY IS POSSIBLE & HEALING HAPPENS IN RELATIONSHIP

(Child Welfare Committee, National Child Traumatic Stress Network, 2013)



"Trauma is a fact of life. It does not, however, have to be a life sentence. Not only can trauma be healed, but with appropriate guidance and support, it can be transformative. Trauma has the potential to be one of the most significant forces for psychological, social, and spiritual awakening and evolution. How we handle trauma (as individuals, communities and societies) greatly influences the quality of our lives."

Peter Levine, 1997



Tools & Resources

Child Development and Trauma

www.zerotothree.org/ - resources on developmental stages, map of early child brain development, parenting podcast series.

www.nctsn.org/ - resources /education about trauma and children.

www.safestartcenter.org – information and resources for children exposed to violence

http://developingchild.harvard.edu/ - Center on the developing child

Child Development and Trauma

http://www.nctsnet.org/products/child-welfare-trauma-training-toolkit-2008 - NCTSN child welfare trauma training toolkit.

www.familyhomelessness.org / www.air.org - The National Center on Family Homelessness at American Institutes for Research. Information on trauma-informed care and organizational tools.

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