

LEARNER RESOURCES

CWS4015W: TRAUMA-INFORMED CHILD WELFARE PRACTICE



VIRGINIA DEPARTMENT OF
SOCIAL SERVICES

WDS Workforce Development
and Support

CWS4015W: Trauma-Informed Child Welfare Practice Learning Objectives

Participants will be able to understand the six principles of Trauma-Informed Practice.

Participants will be able to operationalize each of the six principles of Trauma-Informed Practice in their work.

Participants will be able to define trauma and explain how functions of the brain may be impacted by trauma.

Participants will be able to recognize possible reasons behind an individual's thinking, behavior, and way of relating.

Participants will be able to identify behaviors of children and parents in response to trauma or trauma triggers and ways to support positive adjustment.

Participants will understand how Secondary Trauma can impact the professional and their work and be able to use resources to prevent and address Secondary Trauma.

Participants will know models of and resources for resilience-building for individuals, families, and self.

Participants will have the ability to uncover trauma information through skilled questioning, use of a screening tool, and referrals to trauma assessment and treatment.

The Essential Elements of a Trauma-Informed Child Welfare System

The National Child Traumatic Stress Network defines a trauma-informed child welfare system as one that...

1

CONTINUOUSLY EXPANDS WORKFORCE KNOWLEDGE AND SKILLS ABOUT TRAUMA AND ITS EFFECTS

All Staff, including administrators, supervisors, direct service staff, and support staff, have research-based knowledge of the effects that exposure to traumatic stress has on children, youth and caregivers as well as strategies to promote resilience. Trauma-informed training for staff begins at the onset of employment, continues regularly and provides skills relevant to each individual's role.

2

ADDRESSES PRIMARY AND SECONDARY TRAUMATIC STRESS OF THE WORKFORCE

Staff may be at risk for directly experiencing trauma (primary trauma) or be exposed to traumatic material such as seeing the impacts of trauma on their clients and hearing or reading stories about trauma experienced by children, youth or families (secondary trauma). Strategies to support workforce physical and psychological safety, effectiveness, and resilience are in place within the organization. Additionally, staff is supported to engage in individual strategies to build resilience.

3

PARTNERS WITH CHILDREN, YOUTH, AND FAMILIES

Child welfare practitioners actively engage and involve children, youth, and families, including resource parents and kinship caregivers, during case planning. Similarly, child welfare systems and agencies intentionally and equitably integrate people with lived expertise at every level of decision-making, design, and delivery.

4

PARTNERS WITH AGENCIES AND SYSTEMS THAT INTERACT WITH CHILDREN, YOUTH, AND FAMILIES

When the priorities, demands, and mandates of multiple systems compete with each other, they can exacerbate existing trauma and fail to provide needed support to help children and families heal. Cross-system partners actively collaborate, coordinate services, and share information to work in conjunction toward optimal outcomes.

5

MAXIMIZES PHYSICAL AND PSYCHOLOGICAL SAFETY OF CHILDREN, YOUTH, AND FAMILIES

For children and families who have experienced trauma helping to creating physical and psychological safety is critical to helping them heal from trauma and to engage in the daily functions of living. Physical safety involves being free from present and impending threats of danger and psychological safety is actually feeling safe and protected from threats. Strategies to support both physical and psychological safety of children, youth and families are in place in the organization.

6

ROUTINELY SCREENS FOR TRAUMA-RELATED NEEDS OF CHILDREN AND YOUTH

Early identification of trauma exposure and related needs can significantly aid in interrupting the harmful effects of trauma across the lifespan. Child welfare practitioners routinely identify needs through both formal mechanisms, such as validated screening tools, and informal methods, including observations and interviews. The screening results are used to make important linkages to in-depth assessments and appropriate interventions to ensure trauma-related needs are addressed.

7

DELIVERS AND CONNECTS CHILDREN AND YOUTH TO SERVICES AND SUPPORTS THAT PROMOTE WELL-BEING, HEALING, AND RESILIENCE

Children and youth in the child welfare system have a high likelihood of experiencing traumatic stress responses that negatively impact their overall well-being. Child welfare practitioners work to connect children and youth to formal and natural supports, including evidence-based mental health treatment as well as other activities that help build on existing strengths, reduce symptoms, and increase the ability to overcome future adversity.

8

UNDERSTANDS PARENT AND CAREGIVER TRAUMA AND DELIVERS AND LINKS TO SERVICES AND SUPPORTS THAT PROMOTE FAMILY WELL-BEING, HEALING, AND RESILIENCE

Birth parents often have their own trauma histories, stemming from both childhood and present-day adversity. Child welfare practitioners work to identify trauma reminders and provide trauma-informed case management that emphasizes linkage to formal and natural supports to increase their parenting capacities.



A Holistic Framework for Child Welfare Worker Well-Being

Lizano, E. L., He, A. S., & Leake, R. (2021). Caring for our child welfare workforce: A holistic framework of worker well-being. *Human Service Organizations: Management, Leadership & Governance*, 1-12.

WHAT IS THIS RESOURCE?

The authors of this article developed a holistic child welfare worker well-being framework identifying the three key dimensions that make up worker well-being and how leaders within child welfare organizations can strategically and comprehensively support these dimensions.

WHAT ARE THE CRITICAL FINDINGS?

The authors developed a workforce well-being framework specific to the child welfare workforce based on George Engel's 1978 biopsychosocial model that proposes there is an interplay among an individual's physical, psychological, and social environments. The authors identify three dimensions salient to the child welfare workforce: physical, psychological, and social workplace experiences.

Physical well-being consists of a worker's overall health and well-being (general physical health such as sleep disturbances, headaches, respiratory infections), workplace safety (e.g., workplace violence, verbal or physical threats), and secondary traumatic stress.

Psychological well-being includes job satisfaction, psychological safety, and feeling able to show one's self without negative consequences to self-image, career, or status. It also includes job burnout, work engagement, and inclusion.

Social well-being includes social support and work-life effectiveness.

These dimensions work together within the framework to make up the workplace well-being of a child welfare worker.



WHAT ARE THE IMPLICATIONS FOR OUR WORK?

Strategies to support workforce well-being across the dimensions include:

- **Physical:** Take precautions to maintain staff's physical safety; identify and address secondary traumatic stress; develop staff self-care plans with concrete actions
- **Psychological:** Encourage all staff to make decisions and learn from mistakes without shaming or blaming; ensure BIPOC staff are emotionally supported; support a mobile, flexible workforce
- **Social:** Create an inclusive and equitable organizational climate through problem-based workgroups and distributive leadership; ensure all staff have access to work supports; facilitate social gatherings and celebrations

CARING FOR YOURSELF IN THE FACE OF DIFFICULT WORK

Our work can be overwhelming. Our challenge is to maintain our resilience so that we can keep doing the work with care, energy, and compassion.

10 things to do for each day

1. Get enough sleep.
2. Get enough to eat.
3. Do some light exercise.
4. Vary the work that you do.
5. Do something pleasurable.
6. Focus on what you did well.
7. Learn from your mistakes.
8. Share a private joke.
9. Pray, meditate or relax.
10. Support a colleague.

For more information see your supervisor and visit www.psychosocial.org or www.proqol.org

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SWITCHING ON AND OFF

It is your empathy for others helps you do this work. It is vital to take good care of your thoughts and feelings by monitoring how you use them. Resilient workers know how to turn their feelings off when they go on duty, but on again when they go off duty. This is not denial; it is a coping strategy. It is a way they get maximum protection while working (switched off) and maximum support while resting (switched on).

How to become better at switching on and off

1. Switching is a conscious process. Talk to yourself as you switch.
2. Use images that make you feel safe and protected (switch off) or connected and cared for (switch on) to help you switch.
3. Find rituals that help you switch as you start and stop work.
4. Breathe slowly and deeply to calm yourself when starting a tough job.

We encourage you to copy and share this card. This is a template for making the pocket cards. You may make as many copies as you like. We have heard from some organizations that they have made thousands of copies. Some people find that it is helpful to laminate the cards for long-term use. The ProQOL helper card may be freely copied as long as (a) author is credited, (b) no changes are made other than those authorized below, and (c) it is not sold.
www.proqol.org

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE

(PROQOL) VERSION 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some-questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1=Never

2=Rarely

3=Sometimes

4=Often

5=Very Often

- _____ 1. I am happy.
- _____ 2. I am preoccupied with more than one person I [help].
- _____ 3. I get satisfaction from being able to [help] people.
- _____ 4. I feel connected to others.
- _____ 5. I jump or am startled by unexpected sounds.
- _____ 6. I feel invigorated after working with those I [help].
- _____ 7. I find it difficult to separate my personal life from my life as a [helper].
- _____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
- _____ 9. I think that I might have been affected by the traumatic stress of those I [help].
- _____ 10. I feel trapped by my job as a [helper].
- _____ 11. Because of my [helping], I have felt "on edge" about various things.
- _____ 12. I like my work as a [helper].
- _____ 13. I feel depressed because of the traumatic experiences of the people I [help].
- _____ 14. I feel as though I am experiencing the trauma of someone I have [helped].
- _____ 15. I have beliefs that sustain me.
- _____ 16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
- _____ 17. I am the person I always wanted to be.
- _____ 18. My work makes me feel satisfied.
- _____ 19. I feel worn out because of my work as a [helper].
- _____ 20. I have happy thoughts and feelings about those I [help] and how I could help them.
- _____ 21. I feel overwhelmed because my case [work] load seems endless.
- _____ 22. I believe I can make a difference through my work.
- _____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
- _____ 24. I am proud of what I can do to [help].
- _____ 25. As a result of my [helping], I have intrusive, frightening thoughts.
- _____ 26. I feel "bogged down" by the system.
- _____ 27. I have thoughts that I am a "success" as a [helper].
- _____ 28. I can't recall important parts of my work with trauma victims.
- _____ 29. I am a very caring person.
- _____ 30. I am happy that I chose to do this work.

YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 23, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job. (Alpha scale reliability 0.88)

Burnout _____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

If your score is below 23, this probably reflects positive feelings about your ability to be effective in your work. If you score above 41, you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern. (Alpha scale reliability 0.75)

Secondary Traumatic Stress _____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

If your score is above 41, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional. (Alpha scale reliability 0.81)

WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section**, total the questions listed on the left and then find your score in the table on the right of the section.

Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

3. _____
6. _____
12. _____
16. _____
18. _____
20. _____
22. _____
24. _____
27. _____
30. _____

Total: _____

The sum of my Compassion Satisfaction questions is	And my Compassion Satisfaction level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about

- *1. _____ = _____
*4. _____ = _____
8. _____
10. _____
*15. _____ = _____
*17. _____ = _____
19. _____
21. _____
26. _____
*29. _____ = _____

Total: _____

The sum of my Burnout Questions is	And my Burnout level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

You Wrote	Change to
	5
2	4
3	3
4	2
5	1

the effects of helping when you are *not* happy so you reverse the score

Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

2. _____
5. _____
7. _____
9. _____
11. _____
13. _____
14. _____
23. _____
25. _____
28. _____

Total: _____

The sum of my Secondary Trauma questions is	And my Secondary Traumatic Stress level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

SECONDARY TRAUMATIC STRESS SCALE

The following is a list of statements made by persons who have been impacted by their work with traumatized clients. Read each statement then indicate how frequently the statement was true for you in the past **seven (7) days** by circling the corresponding number next to the statement.

NOTE: “Client” is used to indicate persons with whom you have been engaged in a helping relationship. You may substitute another noun that better represents your work such as consumer, patient, recipient, etc.

	Never	Rarely	Occasionally	Often	Very Often
1. I felt emotionally numb.....	1	2	3	4	5
2. My heart started pounding when I thought about my work with clients.....	1	2	3	4	5
3. It seemed as if I was reliving the trauma(s) experienced by my client(s).....	1	2	3	4	5
4. I had trouble sleeping.....	1	2	3	4	5
5. I felt discouraged about the future.....	1	2	3	4	5
6. Reminders of my work with clients upset me.....	1	2	3	4	5
7. I had little interest in being around others.....	1	2	3	4	5
8. I felt jumpy.....	1	2	3	4	5
9. I was less active than usual.....	1	2	3	4	5
10. I thought about my work with clients when I didn't intend to.....	1	2	3	4	5
11. I had trouble concentrating.....	1	2	3	4	5
12. I avoided people, places, or things that reminded me of my work with clients.....	1	2	3	4	5
13. I had disturbing dreams about my work with clients.....	1	2	3	4	5
14. I wanted to avoid working with some clients.....	1	2	3	4	5
15. I was easily annoyed.....	1	2	3	4	5
16. I expected something bad to happen.....	1	2	3	4	5
17. I noticed gaps in my memory about client sessions.....	1	2	3	4	5

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Intrusion Subscale (add items 2, 3, 6, 10, 13)

Avoidance Subscale (add items 1, 5, 7, 9, 12, 14, 17)

Arousal Subscale (add items 4, 8, 11, 15, 16)

TOTAL (add Intrusion, Arousal, and Avoidance Scores)

Intrusion Score

Avoidance Score

Arousal Score

Total Score

Bride, B.E., Robinson, M.R., Yegidis, B., & Figley, C.R. (2004). Development and validation of the Secondary Traumatic Stress Scale. *Research on Social Work Practice, 14*, 27-35.



Solution-Focused Questions

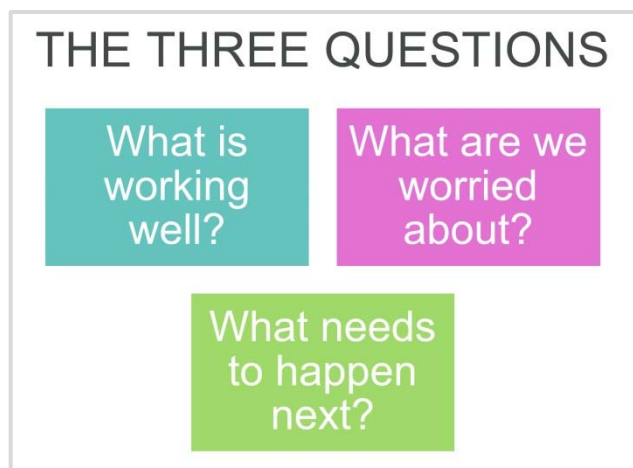
The use of Solution-Focused Questions is a foundational skill and strategy of best practice that helps the worker explore with a family those things that are working well, what we are worried about, and what needs to happen next.

ENGAGEMENT AND SOLUTION-FOCUSED QUESTIONS

- Engagement is the central Practice Profile to help ensure child safety, permanency and well-being. Engagement is the art and skill of interacting with a family in ways that move them toward greater readiness for their own active participation in making change.
- Without engagement, families may complete required steps or services, but the chances are greatly reduced that they will genuinely internalize the need for change and make lasting, meaningful change. Skilled engagement, therefore, is critical to child safety.
- Effective engagement also helps individuals with a history of trauma step out of “fight/flight/freeze” mode so that they can access their best thinking.
- Masterful use of questions is one of the most effective engagement strategies, and an intervention in and of itself.

THE THREE QUESTIONS

- The Three Questions are a deceptively simple framework for exploring strengths, concerns, and necessary next steps with a child, a parent, a family, their network, reporting parties, collaterals and anyone else involved in a case.



- The Three Questions are a component of many other best practice strategies, including:

- Guiding the discussion in Child and Family Team Meetings (CFTM), Family Partnership Meetings (FPM), or Group Supervision.
- Completing the Three Houses with children or youth: House of Good Things = working well, House of Worries = what we’re worried about, House of Hopes & Dreams = what happens next
- Providing a framework for intake/screening questions
- Guiding other conversations or meetings with parents, youth, collaterals or agency staff

SOLUTION-FOCUSED QUESTIONS

- Solution-focused questions are an effective strategy to have conversations with people about what is already working well, or has worked well in the past, in order to successfully engage families, build their hope and belief that change is possible, and focus their energies on positive change.
- The solution-focused approach is based on a simple idea with profound ramifications: that what we pay attention to grows. This highlights the need to ask families and others about safety as rigorously as we ask about danger and risk, because identifying where there is already safety or has been safety in the past holds the solutions, at least in part, to future safety.
- Solution-focused questions also help us conduct a rigorous, balanced assessment by evoking discussion with network members, collaterals, and other agency staff about acts of protection and family strengths, rather than focusing solely on what isn’t working, which leaves us with only half of the picture.
- Solution-focused interviewing is also an excellent strategy to use with youth to help them focus on their strengths, build confidence in their skills, and guide them toward positive choices.
- Solution-focused questions can also be used with resource parents or service providers to guide conversations about a child’s or youth’s behavior, with the goal of stabilizing a placement or identifying additional supports that may be needed.

TYPES OF SOLUTION-FOCUSED QUESTIONS

Past Success Questions ask individuals to recall when things have been better and what made that possible. The person may remember when he/she has been able to cope with a problem or been able to solve it. Remembering one or more past successes is likely to increase the confidence and hopefulness of the individual and usually helps people find ideas to take a step forward.

Example: “It’s not easy being a single parent. How do you do it?”

Example: “After you lost your job, how did you find enough strength to keep moving forward?”

Example: “What would it take for you to bring back the motivation you had last month to get to meetings?”

Exception Questions ask individuals to think about times when the problem could have been happening, but was not, so they can explore what, when, where and how they were able to achieve success. They help people remember that the problem has not always been present, or can help clarify that there was no me when the problem was not happening, which is also important information.

Example: “Was there a time that you (mom) were able to stay clean and sober? How were you able to achieve that? What was it like to parent your kids when you weren’t drinking?”

Example: “Was there a time in your relationship that you (dad) were not using violence or making mom stay away from her family and friends? What did your relationship look like during that time?”

Example: “Are there times that (your foster child) is not acting out? What does his behavior look like at those times? What is happening in the home, at school or in his life when he is at his best?”

Coping Questions ask people to reflect on how they were able to make it through something difficult, painful or challenging without resorting to problem behavior. Coping questions help build people’s sense of self-efficacy and resilience and also show us what strategies they used for success.

Example: “Wow, it’s amazing that your sister died and you were still able to stay sober during that time. How were you able to manage that?”

Example: “It shows so much strength that you got yourself and the kids out of the house after your boyfriend started using again. How were you able to do that?”

Position (or Relationship) Questions ask a person to think about a situation or problem from someone else’s perspective, or by putting themselves in the other’s shoes. This helps them understand the impact of their

actions or behavior on another person and see it from their eyes. Position questions can help build empathy and understanding of how one’s own actions affect another person.

Example: “If your son were here, what do you think he would say about how your drug use affects you as his dad?”

Example: “If your mom were here, what do you think she would say about the kind of relationship she wants for you and your children?”

Example: “If you put yourself in my shoes as the worker, what would you be worried about?”

Preferred Future Questions ask the person to think about what the best possible future would look like if they were able to change their issue or problem. They help build a vision for what things will look like when the problem is no longer happening, and assist in setting goals.

Example: “If the best possible future happened and your child welfare case was closed, what would your life look like? Where would you be living? What would you be doing? How would you be parenting your children?”

The Miracle Question is a special type of preferred future question that can help people get clarity on how the problem impacts their daily life and what life would look like without the problem happening.

Example: “Imagine you woke up tomorrow and a miracle had happened over night, and all the trouble was gone. How would you know it was over? What would be different that would tell you the problem was no longer happening? What is the first thing you would be doing to start the day? What would the rest of your day look like? What would things look like for your children?”

Scaling Questions are a powerful, flexible strategy that can be adapted to many situations to help gauge or clarify a person’s (or all team members’) perspective on an issue. The important thing about scaling questions is not necessarily the number that someone picks, but rather the chance to explore with them the reasons that they picked that number.

Follow-up questions are the key; for example, asking someone what it would take to move them up one number, or why they picked that number and not a lower



or higher one. Follow-up questions help us get to the underlying reasons for someone's perspective and explore next steps.

Scaling questions can be used to scale many different areas, including but not limited to:

- Willingness
- Confidence
- Readiness
- Agreement

For example, how willing is someone to participate in a safety network, how confident are FPM participants that a plan will keep a child safe, how ready is a parent to make a change, how much do team members agree with the decision a team is making.

Example: "On a scale of 1 to 10, where 1 is that you are not at all ready to stop using drugs, and 10 is that you are completely ready, where would you rate yourself today? How did you pick a 9? What would it take to move you from a 9 to a 10?" (Or: "Wow, you're very ready — what made you pick a 9 and not a 8? Have you ever been at a 9 before? What were the steps you took at that me?")

Example: "On a scale of 1 to 10, where 1 is that you have no confidence that this plan will keep the child safe, and 10 is that you are completely confident the plan will keep the child safe, where would you rate? How did you pick a 4? What puts you at a 4 instead of a 3? (Or: "What would you need to see happen to be at a 5 instead of a 4? What would you need to see happen to be a 6?")

APPRECIATIVE INQUIRY

Appreciative Inquiry is a term that is often used interchangeably with solution-focused approaches.

Appreciative inquiry is based on the belief that what we pay most attention to has the best chance of growing. Fundamentally, appreciative inquiry is the concept that asking questions about *what is working* is more effective in creating change than focusing our attention primarily on the problem.

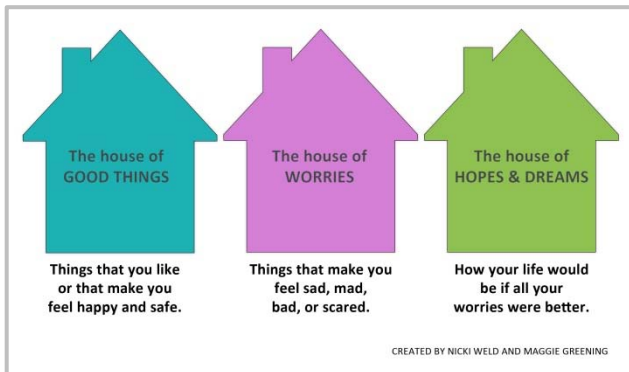
It goes beyond work with families. Appreciative inquiry is also an approach to supervision, coaching, and organizational change that mirrors solution-focused questions to help workers pay attention to what they are doing well and the good things they are already doing that they can use to grow their skills. It is an important parallel process for agencies.

The Three Houses

The Three Houses is an information-gathering tool used to elicit the child's perspective on what's working well, what they are worried about, and what they think needs to happen with their family.

PREPARING PARENTS

- Make the Three Houses process as open and transparent as possible to parents.
- Explain the process and why you want to complete it with the child. Show the parent a picture of the tool so they understand what it will look like.
- If the child is in the parent's care, obtain their consent if possible.
- Ask if they want to do the tool with you before you complete it with their child.
- If meeting the child for the first time, invite them to introduce you to the child, and/or ask what will help put the child at ease.



WORKING WITH THE CHILD

- Evaluate, on a case-by-case basis, whether to do the tool with siblings together or separately.
 - Completing it with siblings may reassure younger children and engage teens. Completing it separately can give information from each child's perspective.
- Introduce yourself: "Part of my job is to help kids and their families with worries they are having. I talk to lots of kids, and one thing that helps me do that is something called the Three Houses. Can I show you what that is?"
- Ask the child's permission to do the activity and tell them about confidentiality limits: "Sometimes kids tell me things I feel worried about and have to talk with other people about, but if so, I'll tell you I have to do that. Are you still OK to do the activity with me?"
- If the child wants an adult to stay near, ask them to sit apart from you and the child to quietly observe.
- Give the child the choice of you or them drawing, and/or drawing something other than houses (i.e., cars,

apartments). Use a separate piece of paper for each house so they can be shown one at a time to the parents.

- Ask what the child wants to call their houses. They can also draw a picture for the name (i.e., sun = Good Things, cloud = Worries).
- Ask if they want to write or want you to write.
 - It is usually easier for children to draw and workers to write their words next to the drawings.
 - If they have you write, use their exact words.
 - If it gets hard for the child to talk and write, offer to take over the writing if they want.
 - Always check in with the child about what you write or draw with them.
- Ask whether they want to start with the House of Good Things or the House of Worries.
- Work to elicit concrete details from the child to narrow the focus specifically on the impact of the caregiver's actions, identifying risk, danger, and protection.
- 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 activity. Know when kids have had enough, and stop if needed.

PRACTICE TIPS

- Questions should not contain the answer.
- Don't refer to information that wasn't told to you by the child.
- 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.
- Check compatibility with your forensic interview protocols before using in an investigative interview.
- There is a "My Three Houses" App available.



WRAPPING UP

- Explain you would like to help the child with their worries/hopes and share their Three Houses with their parent(s) (or other adult).
 - Do not share with a parent if you feel there will be negative repercussions for the child.
 - Otherwise, ask the child if it would be OK with them to share their drawings with their parent.
 - Does the child want to be there to share it or want you to do so without them?
 - If they do not consent to share with their parent(s), ask if there is a "safe" person they would like to share their Three Houses with.
- In cases of immediate child safety threats, explain what you need to do and why, and what will happen next.
- Thank the child for doing the Three Houses with you and tell them they did a great job. Ask if they have any worries about it or if they think there is anything you should change for next time.

SHARING WITH PARENTS

- Begin by asking what the parent thinks the child might have said about their good things, worries, and hopes and dreams.
- Start by showing them the House of Good Things first.
- Ask what the parent notices most about their child's Three Houses, what it brings up for them, and what they think needs to happen next.
- Observe the parent's reaction to the child's words and pictures; a lack of response may signal greater danger for the child.
- Ask the parent what they think would need to happen for the child's House of Dreams to come true.

UTILIZING THE INFORMATION

Case Plans

Use the Three Houses to help define what behaviorally-based case plan objectives would look like from the child's perspective. What would the parent need to do in order to make the child's House of Hopes and Dreams a reality?

Court Reports

Use the information gained in the Three Houses process to incorporate the child's/youth's perspective, in their own words, into your court report.

Assessment

Use the information from the Three Houses process to inform the Safety Assessment, Risk Assessment and Re-assessment, and Family Strengths & Needs Assessment.

HELPFUL QUESTIONS AND PROMPTS FOR COMPLETING THE THREE HOUSES

QUESTIONS FOR CHILDREN

Introduction

- I've been talking to your mom and dad about some worries in your home; is it OK if I talk to you?
- Where would you like to start?

House of Good Things

- This is the house where you can draw, write, or tell me about the things in your house that make you happy or feel safe or that are fun.
- What do you like about school?
- What are your favorite things to do at home? Who do you most like doing those things with?
- What is your favorite thing about your mom/dad?
- What things make you happy or feel good?
- What would other people say you are good at?
- Is there anything else you'd like to put in this house?

House of Worries

- This is the house where you can draw, write or talk to me about things in your home that worry you or make you feel scared, upset, or sad.
- Lots of kids I talk to have worries, which are things that make us feel sad, mad, bad or scared. Are there any worries you might have? Can we put those in your house of worries?
- Is there anything or anyone that makes you feel sad at home or school? Bad? Mad? Scared?
- Is there anything else you think should be in this house?

House of Hopes & Dreams

- This is the house where you can draw, write or tell me about what would be different in your house if your House of Worries could go away.
- If all the worries at home were gone, what would you like to have happening?
- What would be different if all the worries were gone?
- What else would you like to have in your house of hopes and dreams that would help with the worries?
- Is there anything else you'd like to put in this house?

QUESTIONS FOR OLDER YOUTH

Introduction

- There's an activity I'm thinking of trying with your younger brother or sister — will you try it out for me?

- I'm learning to use this tool, and I was wondering if you'd be willing to do it and tell me what you think?

House of Good Things

- What does a good day look like for you?
- What do you feel best about in your life right now?
- What things do you think you are good at?
- Who is someone who matters to you? What do you think they would say you are good at?
- Who helps keep you safe?
- How do you help keep yourself safe?

House of Worries

- What's something you don't feel so good about?
- What are your top three worries?
- What makes things worse at home?
- Are there thoughts and feelings you have that make you get in trouble or do unsafe things?

House of Hopes & Dreams

- When you were little, what did you want to be when you grow up? What do you want to be now?
- What would the person who matters most to you say you would be doing in the future that would make them proud?
- If you woke up tomorrow and all the trouble was gone, how would you know it was gone, and what would be happening instead?
- What's one thing that would help with the bad stuff?
- What are the two best/two worst things you experienced with your parent(s) that you want/don't want to pass on to children of your own?
- What's one thing you can start today that will help keep you safe/help you feel OK? What other help do you need?

QUESTIONS TO EXPLORE TRAUMA SYMPTOMS

- How are you sleeping? Is it hard to fall asleep or stay asleep? Or do you feel like you sleep too much?
- How is your eating? Do you feel less hungry than you used to? Or do you feel like you're eating more?
- Do you ever have headaches or stomachaches?
- Do you ever feel anxious or worried? Tell me more...
- Do you feel like you can pay attention OK at school?
- When you feel sad or scared, what helps you feel better?

Birth Parents with Trauma Histories and the Child Welfare System

A Guide for Child Welfare Staff

KAREN'S STORY

Karen has two children, Jonathan, age 3 and Crystal, age 6. Karen was reported to child welfare authorities by Crystal's teacher, who was concerned about Crystal's excessive absences from school. The investigation revealed that Karen's boyfriend physically abused her and her children, and evidence emerged that she had physically abused them as well. There were several attempts to engage her in services, but because of her lack of follow-through and the ongoing safety concerns, her children were removed from her home and have been in foster care for six months.

Linda, Karen's caseworker, has referred Karen to parenting classes, domestic violence services, and for a mental health evaluation. Karen has not followed through on the referrals, is often not home when Linda has a scheduled visit, and when the foster parent last brought the children for visitation, Karen was alternately angry and defensive towards Linda and the foster parent and disengaged from her children. Linda is concerned because of the amount of time Crystal and Jonathan have been in foster care. A decision will be made shortly about their permanency plan, and Linda believes that she hasn't been able to engage Karen in either addressing her family's issues or identifying her strengths, much less come up with a plan that builds on them. Linda's supervisor asked Karen why she has made no progress and noted that the last visit between Karen and her children got "out of control," but did not offer any concrete suggestions to Linda as to how she could have handled it differently. When Linda tries to talk with Karen about the urgency of the situation, Karen minimizes her concerns and appears increasingly angry towards Linda and the system.

Just as many children in the child welfare system have experienced different kinds of trauma¹, many birth parents involved with child welfare services have their own histories of childhood and/or adult trauma. Untreated traumatic stress has serious consequences for children, adults, and families. Traumatic events in childhood and adolescence can continue to impact adult life, affecting an adult's ability to regulate emotions, maintain physical and mental health, engage in relationships, parent effectively, and maintain family stability. Parents' past or present experiences of trauma can affect their ability to keep their children safe, to work effectively with child welfare staff, and to respond to the requirements of the child welfare system. Providing trauma-informed services can help child welfare

¹ In this fact sheet, trauma refers to events outside the typical range of human experience—that is, events involving actual or threatened risk to the life or physical integrity of individuals or someone close to them.

workers and parents meet the child welfare system's goals of safety, permanency, and well-being of children and families.

How Can Trauma Affect Parents?

A history of traumatic experiences may:

- Compromise parents' ability to make appropriate judgments about their own and their child's safety and to appraise danger; in some cases, parents may be overprotective and, in others, they may not recognize situations that could be dangerous for the child.
- Make it challenging for parents to form and **maintain** secure and trusting **relationships**, leading to:
 - Disruptions in relationships with infants, children, and adolescents, and/or negative feelings about parenting; parents may personalize their children's negative behavior, resulting in ineffective or inappropriate discipline.
 - Challenges in relationships with caseworkers, foster parents, and service providers and difficulties supporting their child's therapy.
- Impair parents' capacity to regulate their emotions.
- Lead to poor self-esteem and the development of **maladaptive coping strategies**, such as substance abuse or abusive intimate relationships that parents maintain because of a real or perceived lack of alternatives.
- Result in **trauma reminders**—or “triggers”—when parents have extreme reactions to situations that seem benign to others. These responses are especially common when parents feel they have no control over the situation, such as facing the demands of the child welfare system. Moreover, a child's behaviors or trauma reactions may remind parents of their own past trauma experiences or feelings of helplessness, sometimes triggering impulsive or aggressive behaviors toward the child. Parents also may seem **disengaged or numb** (in efforts to avoid trauma reminders), making engaging with parents and addressing the family's underlying issues difficult for caseworkers and other service providers.
- Impair a parent's **decision-making ability**, making future planning more challenging.
- Make the parent more **vulnerable to other life stressors**, including poverty, lack of education, and lack of social support that can worsen trauma reactions.

Although parents may experience the child welfare system as re-traumatizing because it removes their power and control over their children, there is potential for it to support their trauma recovery and strengthen their resilience. Caseworkers, as representatives of the child welfare system, can themselves serve as triggers to parents with trauma histories or can, through careful use of non-threatening voice and demeanor, be bridges to hope and healing. Viewing birth parents through a “trauma lens” helps child welfare staff—and parents themselves—see how their traumatic experiences have influenced their perceptions, feelings, and behaviors.²

How can caseworkers use a trauma-informed approach when working with birth parents?³

Caseworkers cannot reverse the traumatic experiences of parents, but they can:

² Although the focus of this fact sheet is birth parents, we acknowledge that other adults—including non-parent partners, grandparents, and step-parents—may also have histories of traumatic experiences and could benefit from trauma-informed child welfare practice as well.

³ For information about trauma-informed child welfare practice go to www.NCTSN.org/products/child-welfare-trauma-training-toolkit-2008.

- **Understand that parents' anger, fear, or avoidance may be a reaction to their own past traumatic experiences, not to the caseworker him/herself.**
- **Assess** a parent's history to understand how past traumatic experiences may inform current functioning and parenting.
- **Remember that traumatized parents are not "bad"** and that approaching them in a punitive way, blaming them, or judging them likely will worsen the situation rather than motivate a parent.
- Build on parents' desires to be effective in keeping their children safe and reducing their children's challenging behaviors.
- Help parents **understand the impact of past trauma on current functioning and parenting**, while still holding them accountable for the abuse and/or neglect that led to involvement in the system. For many parents, understanding that there is a connection between their past experiences and their present reactions and behavior can empower and motivate them.
- Pay attention to ways trauma can play out during case conferences, home visits, visits to children in foster care, court hearings, and so forth. **Help parents anticipate their possible reactions** and develop different ways to respond to stressors and trauma triggers
- Refer parents to trauma-informed services whenever possible. Parents will be more likely to attend services that address their needs. Generic interventions that do not take into account parents' underlying trauma issues—such as parenting classes, anger management classes, counseling, or substance abuse groups—may not be effective.
- Become knowledgeable about evidence-supported trauma interventions to include in service planning. Linkages with programs that deliver trauma-informed services can support caseworkers in developing a plan that meets their clients' needs.⁴
- Advocate for the development and use of trauma-informed services in the community.

How can child welfare professionals protect themselves from secondary traumatic stress?

When child welfare staff work with traumatized families and directly see or hear of traumatic events, they can experience extreme distress and sometimes secondary or vicarious traumatic stress.⁵ Supervisors, caseworkers, and administrators can—and should—find ways to take care of themselves and their staff and to address their own trauma reactions. Simply taking a walk at lunch or recognizing when they are getting overwhelmed or frustrated can make a difference.

Staff supervision can also be used to process the experience of working with traumatized clients.

This fact sheet is one in a series of factsheets discussing parent trauma in the child welfare system. To view others, go to <http://www.nctsnet.org/resources/topics/child-welfare-system>

⁴ For information on adult trauma treatments and interventions, go to: National Center for PTSD at <http://www.ptsd.va.gov>; Sidran Institute at <http://www.sidran.org>; California Evidence-based Clearinghouse for Child Welfare at <http://www.cebc4cw.org>; and the National Registry of Evidence-based Programs and Practices at <http://www.nrepp.samhsa.gov>. For help locating local adult trauma services, contact area rape crisis centers, domestic violence shelters, or Red Cross chapters.

⁵ Secondary or vicarious traumatic stress (also called compassion fatigue) describes trauma reactions in helping professionals following extensive exposure to clients' retelling of their trauma experiences, for more information on self-care, go to: http://www.nctsnet.org/nctsn_assets/pdfs/CWT3_SHO_STS.pdf

BREAKING THROUGH THE TRAUMA: PARENTING TECHNIQUES FOR TRAUMATIZED KIDS

Many a good parent has entered the world of foster care and adoption, only to be blindsided by the complete ineffectiveness of many of their go-to parenting tools. They find that the children in their care respond differently than their friend's kids or even their biological children. This "difference" is sparked by TRAUMA. Drug exposure, stress, separation, neglect, domestic violence and abuse all affect the brain, especially during the formative years of development. Trauma has taught the body that the world is a scary place. Not being the source of the hurt the children in your care have endured, we assume that they will trust us. But the reality is that on a physiological level, they fear us. Unfortunately, many parenting tools are based on the assumption that children trust adults. For a traumatized child, parents need to take a different approach. Below are a few practical ideas that you use to when caring for a traumatized child:

Assess the need. Before you discipline, look to find out if the child has an unmet need. **Feed the need and you may eliminate or lessen the negative behavior.** I recently asked a foster child, "Why did you do that? Is there something sad in your heart?" To which she replied, "No, there is something wrong in my tummy." It turned out, she was just in need of a snack.

Consider Developmental Levels. Parent towards your child's **developmental age** rather than their chronological age. Children who have been traumatized, are often delayed in their social and/or emotional development. It's important that you know the accurate developmental age of the child you are caring for, as you will find yourself less frustrated if your expectations are more "age" appropriate. It's also important to note that children can often catch up in their development age when they are able to be re-parented through missed stages.

Give Choices. Give your child a sense of control through choice giving. Trying to win control of children who have been victimized often causes them to fight back or shut down. Restrain your desire to control your child and **work on empowering them to make good choices.**

Natural and Logical Consequences. Increasing predictability for kids will ease their anxiety, so utilize natural or logical consequences when possible. Natural consequences include the negative reactions your child may receive from others when they choose to not brush their teeth or decide to wear the same outfit three days in a row. Rather than having a power struggle over these choices, you allow them to experience the negative reactions of others. For an older child, it might mean letting them miss their ride somewhere when they are not ready on time without bailing them out or fixing the problem. Likewise, logical consequences are ways of matching consequences to behaviors. For instance, if your child chooses to break something when angry, s/he has to repair the item or earn money to pay for it. These types of consequences will make more sense to your child and develop their logic while also helping you to keep consequences appropriate when tempted to overreact.

Use Incentive Systems. When considering chronic behavior problems or times of day where a child struggles, consider implementing a reward system for good behavior. Make sure your system is realistic for your child so that it is a successful experience. The goal is for the child to get attention and reinforcement for positive rather than negative behaviors.

Disengage. Often we unconsciously reinforce children's behaviors by giving them lots of negative attention. Purposefully ignoring a negative behavior can be a powerful tool. Remember to **ignore the behavior not the child**. Brains that are calm, hear words and logic better, so practice skills and talk about problems when your child is calm—not when they're acting out.

Time Ins versus Time Outs. Time for our brains and bodies to relax will help us all make better decisions. While some kids thrive with the limited stimulation of a time out, kids with abandonment/attachment issues may respond poorly to being "sent away." Try a "time in," where you are present with the child while they take a break in a designated safe spot.

Keep Calm. Don't buy into everything your child says. Traumatized kids are master button pushers who expect you to lose emotional control. Practice an even and unruffled manner of implementing consequences. Let the wild comments go without reacting to them. Set limits but do not engage in too much talking during discipline. Remember the truth, **all kids want to be loved unconditionally and they thrive with clear, loving limits**, regardless of what they are telling you.

Carry On. When I meet with the parents of traumatized kids, they often share how they feel like failures, are ashamed of their own reactions towards their child and how they sometimes just want to give up. Remember, **it can get better!** Be sure to seek feedback and encouragement. Be open to trying something new. And give yourself breaks and grace so you can stay fresh. The hardest thing in parenting is letting go of having total control over your life and staying away from resentment. **So keep moving forward in love.** Every. Single. Day. Consistency will do wonders. Pick a reasonable plan of action and remember to **run this parenting race like a marathon, not a sprint**. Through your consistent care and fair discipline, you are reorienting your child's very view of the world. Amazingly, as you do the work to keep a soft heart, they are doing the same for you.

Brooke Cone, adoptive and foster parent (2016) Blog entry-Retrieved from Family Care Network, Inc. (2017) <http://fcni.org/blog/breaking-through-trauma>

What is Complex Trauma?

A Resource Guide for Youth and Those Who Care About Them



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Dear Reader:

A 12-year old boy had been thinking about all the things he'd experienced in his life, some good and a bunch of bad. He went to an adult he trusted—his therapist—and asked if there were any brochures or books he could read on “Complex Trauma.” Before the therapist could answer, the boy clarified that he wanted something written specifically for kids, not for adults. The therapist had nothing.

Hundreds of emails from one professional to another—all trying to track down such a thing—and a couple of years later, we present *What is Complex Trauma? A Resource Guide for Youth and Those Who Care About Them*.

We developed this Resource Guide for youth who have experienced, or know someone who has experienced, Complex Trauma. Older youth, adolescents, and young adults can explore the information in this guide on their own to help make sense of their experiences and understand themselves better. Clinicians, caregivers, and other adults can use this guide to have conversations—sometimes hard, but often freeing—with young adults, teens, pre-teens (and even some curious 7-9 year olds).

The youth who asked for the written resource on Complex Trauma said he wished he had better understood what he was going through and why he reacted the way he did. Once he knew what Complex Trauma was, he started to make sense of his thoughts, feelings, and behaviors. He felt relieved and—though he still had some hurdles to get over—he felt hopeful. Now, he added, he wished there were some materials he could share with a friend going through similar hard times.

It is our hope that this guide will be such a resource for you. Whatever your age, and whether you read this on your own, with a friend, a caregiver, or a professional—this Resource Guide is for you.

Wishing you all the hope, optimism, determination, and support you need to heal, grow, find people you can trust, and make a better tomorrow.

Joseph Spinazzola and Mandy Habib

Part I. What is Complex Trauma?

Youth grow up in lots of different kinds of families and neighborhoods. When things go as they should they have grown ups in their lives who look out for them, show them love, and help them grow up to be healthy and strong. However, sometimes the grown ups who children and adolescents are supposed to be able to count on to help and protect them say or do really mean or hurtful things, or just aren't able to take care of them.

Life experiences matter—good, bad, and everything in between. As we grow up, both the things that happen and those that don't happen affect us. Some youth don't think what happens really matters. How about you? Some people think children and adolescents are supposed to get over what happens to them even if it's something really horrible. But for many youth, things keep bothering them long after they happened.

A Traumatic Experience Versus a Lifetime of Traumatic Experiences

Let's talk about the difference between when one really scary, awful, or sad thing happens—like being in a car accident, a hurricane, or seeing someone get hurt—compared to when lots of dangerous or hurtful things keep happening over and over again, like sexual abuse, bullying, or neglect.

Adults have a lot of names for these kinds of things: stress, tragedy, adversity, and trauma. None of these words really capture the difference between what it's like to deal with one or a couple of bad things that happened, versus living with lots of terrible things happening all the time.

Posttraumatic Stress Disorder (PTSD)

After going through a traumatic event, many youth (and adults) have a hard time forgetting what happened. Sometimes they have nightmares, or can't stop thinking about it. They can get jumpy or tense, feel afraid that the bad thing will happen again, or lose interest in things they used to like to do. These responses to trauma are normal, and aren't just "kid" problems: they happen to athletes, soldiers, police officers, firemen, and parents. Sometimes this stuff gets better on its own. When it doesn't, and people keep getting set off by things that remind them of what happened, this is called PTSD.

Complex Trauma

Sometimes, young people grow up with a lot of bad things or hardly any good things, or both. And sometimes the same bad things happen so often, youth might think that this is just how life is. There could be trouble at home, like grown ups fighting all the time or not giving children things they need like enough to eat, warm clothes, hugs, words of encouragement, or praise.

Sometimes, things are bad in a way that hurts young people on the inside, where no one can see, like when grown ups, older siblings, or peers are constantly saying terrible things about them, threatening them, or getting mad and blaming them for things that are not their fault. Some youth live in scary neighborhoods where it never feels safe outside their home.

It can be really hard when bad stuff starts to pile up. Many children and adolescents feel like there's no one around to fix things, and no one in their corner. They can feel afraid, sad, or mad a lot of the time, or blame themselves for what's going wrong. It can also be hard to trust people when you never know if someone is going to let you down, disappear, or attack you all of a sudden. If you feel like people don't care about you, you might start thinking you deserve the bad things that happen. Instead of feeling loved and special, you might not feel good about yourself. You might feel like you're really different from other people and like you don't fit in, especially if you see others having good times with their families and having grown ups they can count on. It might feel like you'll never be good at anything no matter how hard you try, and you want to just give up.

It can feel really hopeless.

When youth feel like this, it usually doesn't get better on its own. Sound complicated? You bet. That's why it's called Complex Trauma.



Normal Life, Bad Things



PTSD



Complex Trauma

Part II. How Complex Trauma Can Impact Me

Complex Trauma can affect people in lots of different ways. Children and adolescents with Complex Trauma often have negative thoughts, emotions, or beliefs about themselves or the world. They might have uncomfortable feelings in their bodies from living with constant stress. Living a traumatic life can make it hard for young people to have healthy relationships or imagine a good future.

Even when bad stuff happened in early childhood and was supposed to be “over” years ago, the effects of Complex Trauma can last a really long time. This can be confusing and upsetting for teens and even young adults who still feel hopeless, unhappy, stuck, lost, or unsafe even though everything is supposed to be better and different now. This can create a lot of pressure and shame, especially when adults start to get impatient, frustrated, or blame youth for not trying hard enough to change. The important thing to remember here is that this is exactly how Complex Trauma works. Just as an earthquake can cause deep foundation cracks that are the hidden cause of a building’s instability even decades later, Complex Trauma can disrupt healthy development and is often the unseen cause of many problems and difficulties youth face years later that are not obviously connected to early childhood experiences.



Have you, or anyone you know, experienced any of these difficulties
or negative thoughts about yourself?

Beliefs about Self	Feelings	Body Messages
I am... Weak, Worthless, Broken, Pathetic.	I feel... Sad, Moody, Angry.	I feel... Tense, Jumpy, Amped, about to Blow.
A Liar, a Sneak, a Suck-Up, a Hypocrite, a Coward, a Bully.	... Spaced Out, Distracted, Numb.	Nothing at all. I don't notice when I cut or hurt myself.
... Nobody, a Failure, a Loser, a Freak, a Skank, Trash.	... Lonely, Afraid, Ashamed.	... Like I'm floating outside my body.
... No Good, Psycho, Messed up, Crazy.	... Helpless, Hurt, Furious.	My head aches. I'm always... in Pain, Sick to my stomach, Nauseous, Fidgety, Restless, Exhausted.
... I can't do anything right.	... Confused, Insecure, Unsure.	I can't stand bright lights, loud noises or tags on my clothes.
... Stupid, School is not for me.	... Scared of myself and what happens when I lose control.	I can't make eye contact with most people.
I have to ... Be Perfect, Fool Everyone, Convince Them to Love Me.	... Like I don't care anymore what happens to me or anyone else.	I can't deal with people standing too close to me or wanting to touch me.

Thoughts	Relationships	Beliefs about the Future
It's not fair!	I can't trust anyone. I trust the wrong people.	My life is ruined. It doesn't matter. What's the point?
I don't understand why everyone treats me this way.	Nobody wants me. Nobody likes me.	I'm never going to become anything.
Everything I touch gets ruined.	I shut everyone out. I just want to be left alone.	I don't see a future for myself. I'll be dead or in jail by the time I'm 25.
I want to ... hurt myself, run away, die ... I can't take it anymore.	I can't make or keep friends.	I'll never be good enough. I don't deserve to be happy.
I can't get my thoughts to stop spinning. I get lost in my head.	Relationships aren't worth it: there's always too much drama.	Happiness is for other people, not me.
I don't understand why I do some of the things I do. Sometimes I just lose it.	Everyone I care about dies, betrays me or leaves. I hurt everyone I love.	I'll never have a job. I'll never be a success. I'll never be good at anything.

Activity 1: How Complex Trauma Affects Me

Complex Trauma can affect people in lots of different ways. It can influence people's thoughts, feelings, and beliefs about themselves. It can show up in body "messages:" physical problems and reactions that are signs of pain and stress resulting from trauma. It can affect people's relationships and thoughts about their future. Use this worksheet to explore the effects Complex Trauma has had on you, both in the past and currently.

Beliefs about Self	Feelings
Thoughts	Relationships
Body Messages	Beliefs about the Future

Part III. Ways Youth Cope

We all have an alarm system in our body and brain that helps us to recognize danger and threats. People who live with Complex Trauma often develop very sensitive alarms. Sometimes this can help to keep them safe. Other times the alarm goes off when something reminds them of bad things that happened in the past, even when they aren't actually happening. We call that a false alarm. Even a false alarm, however, can sound and feel as loud and scary as a real one. (Our bodies and brains have a hard time telling the difference between real and false alarms).

When youth grow up in situations where they are in danger or are mistreated or neglected a lot, they develop ways of dealing with things that help them survive. Sometimes we refer to this as our "survival system" or "survival brain." Youth can become good at knowing what other people are feeling, at being able to completely ignore their feelings, or at being ready to fight in a split second. Although these abilities make it possible for youth to get through very difficult, scary, or lonely times, these survival skills can cause problems once they become habits or when you use them when you don't really need them.

There are many ways to cope with stressful experiences, and many things people can do to relieve stress, decrease tension and anxiety, and make their bodies feel more calm and in control. Sometimes people very intentionally use strategies to cope: they practice specific skills and actively work at reducing their distress and shifting their energy to a more comfortable level. Other times people do things more instinctively: impulsively or automatically taking steps to change the way they feel, often without even realizing it. Whether done on purpose or not, some coping skills are going to be very helpful for some people, and not so much for others. What's more, some strategies people use to manage overwhelming feelings or release energy can be very powerful and effective in the moment, but also very destructive, addictive, or significantly increase risk of negative outcomes over time.

Here we will look at how some strategies used to cope with stressful experiences and feelings can cause additional problems for youth. Then in the next section we will explore healthy strategies for coping with the effects of Complex Trauma.



Examples of coping strategies* that you may use that can cause problems:

Difficult situation	What I may do to get through it or cope	How it can cause problems for me
Physical Violence or Abuse	Pay really close attention to what others feel or want and try hard to make sure they are happy.	I put the needs of others ahead of my own. Sometimes others use this to take advantage of me.
	Learn to fight really well and always be ready to fight.	I get into a lot of fights. I think others want to fight me even when they really don't.
	Learn not to feel pain so I can "take it" and just wait for it to be over.	Sometimes I can't feel anything at all—painful or good feelings.
Sexual Abuse	Get "out of" my body.	I have a hard time staying in the present. I go off in my mind and miss what's happening around me.
	Learn to use my sexuality to try to control what will happen with others.	I flirt a lot and try to get others to have sex with me. I use sex to get friends or approval. At times, people this to take advantage of me.
	Learn to use sexual feelings or sex to make myself feel better.	I touch myself sexually a lot, even when I'm not in private. Or I have sex with a lot of people. People use this to take advantage me. I have caught diseases because of it.
	Learn to use affection or physical contact to comfort myself and try to get people to love and care for me.	I hug people I've just met. When I make a new friend, I want to touch and hug and tell them I love them a lot. Sometimes people start to avoid me or complain, and I get in trouble with adults for having "bad boundaries."
	Keep my distance from others to avoid getting intimate or sexual.	I avoid relationships with others that may lead to anything sexual so that I won't be taken advantage of again. I feel lonely a lot.
Neglect	Get whatever I can when it is available and hold on to it.	I get in trouble because I steal, sometimes even when I don't need or want to.
	Take care of myself and don't rely on others to meet my needs.	I have a very hard time asking for help or accepting help.
	Develop ways to keep myself from feeling lonely, like watching a lot of TV, reading, playing video games. Do things by myself a lot.	I have a hard time making friends or relating to people. People sometimes think I'm "weird" or "different."
	Develop "imaginary friends" to comfort me when I'm hurt or upset.	I sometimes have trouble separating my "imaginary" world from the "real" world.
	Eat as much as possible.	I eat too much or when I'm not hungry.

Difficult situation	What I may do to get through it or cope	How it can cause problems for me
Emotional Abuse	Hide my needs and feelings from others. Make myself “invisible.”	I don’t tell others how I feel or what I need. Sometimes I don’t know myself or don’t have words to describe my feelings.
	Learn to be tough. Don’t let anything get to me, but if it does, keep it to myself.	I have a hard time trusting people. I’m alone in this world and can only count on me.
	Work really hard to please and take care of other people, instead of myself.	Others take advantage of me, and I feel like I don’t matter.
	Pay close attention to what upsets others and try hard not to upset them.	I believe I’ll never be good enough. I try too hard. Other people use me.
	Give up and stop trying to be good. I try to become the person I’ve been told I am.	I do things that I know are wrong and get myself into trouble a lot.
Lots of Different Kinds of Trauma	Use drugs or alcohol to not feel or to feel better.	I sometimes do things that I later regret, or I don’t do things I’m supposed to do.
	Take on the responsibility to care for or protect a parent, a sibling, or a friend.	I try to keep people safe but cannot. I try to help and care for people but end up failing and letting them down. I get blamed when things go wrong. I am attacked and pushed away when I try to keep the people I care about from making bad choices.
	Engage in extreme risk-taking to feel alive, in control, tempt fate, or take charge of “what’s inevitably going to happen anyway.”	I injure myself. I experience a temporary high or rush, then I crash, experience a huge letdown, and get really depressed and hopeless. This leads me to seek out the next, bigger risk.
	Hurt myself.	I damage my body to punish myself, to show others my pain, to make myself feel better, or to distract myself from emotional pain.
	Hurt others.	I ruin relationships because I’m afraid to get close to someone and risk getting hurt. I hurt others to deliver justice, to make me feel less helpless, to show them how it feels.

*These are examples of what some youth do and some of the reasons they say that they do them. For you, the reasons might be different or you might have other ways of dealing with bad things that happen. Or you might see yourself in some of these examples even if your situation is different. While these coping strategies can cause problems, they show up in many youth who have lived through Complex Trauma, and they were often part of what helped someone to survive trauma.

Activity 2: My Personal Coping Strategies

Use this worksheet to explore the things you did to cope with trauma or other difficult situations, and the ways these types of coping strategies helped you and/or caused you problems.

My Trauma or Difficult Situation	What I may do to get through it or cope	How this way of coping helped me AND/OR caused me problems

Part IV. Making Things Better

As mentioned before, trauma reminders or “triggers” can set off false alarms in the brain and body. For people who have experienced Complex Trauma, it can feel as if their problems are too big to manage, that they are all alone, that no one cares, or that nothing will help. When this happens, their false alarm can feel so strong that they forget safe or healthy ways to cope and turn to forms of coping that can cause more problems.

It is natural to be temporarily thrown off course when bad stuff from your past gets stirred up by reminders. This doesn't mean you're bad or crazy or messed up. It means you're human. The good news is that when humans make it through hard times, they become stronger.

Another piece of good news is that you don't have to go through the hard times alone. Everyone needs help from others at least some of the time, Complex Trauma or not. It's okay to get help from professionals and caring adults who understand how Complex Trauma works and can teach you ways to make things better. You also can learn from other youth who have gone through similar experiences and from people who can help you recognize and tap into your strengths and resilience.

Complex Trauma Therapies

Several treatments have been created specifically for children and adolescents who have experienced Complex Trauma. Some involve a counselor meeting with the whole family, some involve meeting with you more one-on-one, and others work with youth in groups. Some are mostly for teens and young adults, some mostly for younger children and their parents, and others are for youth of all ages. Research shows that these interventions help improve emotional difficulties that come from living through Complex Trauma. (For more information on these, see Part V).

Along with therapy, here are other ways youth can make things better:

1. Increasing Safety

Being “safe” means having enough protection so that—for the most part—there is no immediate physical danger around. Being “safe” also includes emotional safety: that the people around you won't say mean things to you or do things that make you feel bad about yourself. You can learn strategies to help you feel physically and emotionally safer. The important thing is to know is that things can be better. It might take a while, but it IS possible to feel safe enough so that you can focus on living your life the way that you want.

Things that could help:

There are ways to increase safety in your life and in your relationships. You may have experienced Complex Trauma for so long that you feel like it will never change. By talking to people you trust—maybe a teacher, therapist, coach, mentor, religious leader, relative, peer mentor, or good friend—you can learn ways to feel safe/be safe:

- ▶ Learn how to recognize unsafe situations. Identify and practice “exit” strategies—ways to leave these situations safely.
- ▶ Learn whom you can trust. Decide who will give you the best guidance if you are in an unsafe situation (at home, with friends, in your neighborhood, or school) and need to reach out for help. No one has to figure this out alone.
- ▶ Take a close look at all of your relationships. How do you know if someone is safe? Keep in mind that violence and abuse is not always physical—if someone repeatedly hurts you emotionally, you are in an unsafe relationship.

- Explore how you can feel safe in your own mind and body. What helps you to replace frightening or negative thoughts? When you are feeling unsafe, what helps you calm your body and feel more in control? Work with people you trust to learn when your body or mind tells you to get out of a situation, stand up for yourself, or get help.

2. Managing Feelings

Complex Trauma can lead to confusing emotions and feelings in your body. No one wants to feel numb, checked-out, scared, sad, hurt, angry, or tense all the time. Learning to safely and effectively manage your emotions, your energy level, and your behavior, gives you choices and more control over your life.

Things that could help:

- Learn to recognize your trauma reminders, your personal “triggers.” Sometimes we get really upset over things that seem small to other people. Sometimes we don’t even know *why* we’re so upset and people think we’re “overreacting.” When that happens, it usually means we’ve been reminded of something that happened in the past. Learn to know the things that remind/trigger you (for example, the way a grown-up talks to you or the way another youth looks at you).
- Identify your feelings. Figure out what you’re feeling *and* where you’re feeling it. For example, when you’re mad, does your heart beat really fast? When you’re nervous, do you feel it in your stomach? Your body often sends you messages about how you’re feeling. By tuning into your “body messages,” you can identify and then change the feelings you’re having in your body so that you don’t always have feel so tense, nervous, or “amped up.”
- Practice communicating your feelings to a caring friend or trusted adult in a way that they can “hear” you and want to help you. When you are hurt, avoid holding everything in or attacking or blaming a person you care about. Let people know what reminded/triggered your response so that they understand why you’re so upset.
- Find ways to “let go” of hurtful feelings or thoughts, or to express feelings in ways that provide relief. Try journaling, drawing, listening to music, slow breathing, yoga, or exercise.
- Try out new coping skills to see which ones help. Which ones work best for which feelings? Which ones work best when you have lots of energy? When you have low energy? When you are thinking really negatively about yourself? When you are feeling spacey or fuzzy?

3. Building Healthy Relationships

Everyone needs people in their lives. Complex Trauma often means that the people who were supposed to have your back, didn’t. Sometimes it means that adults close to you did not take care of you, protect you, or help you in tough times. That can make it hard to trust other people. While it is healthy to be careful about those you choose to trust, when people have been hurt, betrayed, or let down by others, they start believing there is no one who can be trusted. When that happens, it’s easy to give up and expect the worst from everyone. You might even start to put up with things that you shouldn’t. Sometimes, if you’ve gone through a lot of hard things, you might start to treat people the way you’ve been treated in the past.

Things that could help:

Relationships with siblings, peers, and adults take work. Some people prefer to have just one or two good friends; other people like to be surrounded by lots of people. It is important to find people who care about you, whom you can go to for support, whom you have fun with and feel safe with, and people who have your back when times are hard. The skills you need to build good relationships are (1) learning how to make and keep safe/healthy connections, (2) knowing what you want from other people, and (3) understanding what you want and can give to other people:

- ▶ Take a close look at all of your relationships. What have you liked—and not liked—in each of them? Questions to ask yourself? Is this a relationship I can count on? How do I act when I'm in this relationship? Am I proud of the person I am?
- ▶ Decide which relationships are worth keeping, and which ones might be causing problems or hurting you. Look for examples of good relationships in people you know or from ones described in books, TV, and movies, and try to picture what a “healthy” relationship would look like and feel like.
- ▶ What kind of people do you have in your life now? People can play many different roles in your life: friend, mentor, caregiver, to name a few. What do you need more of?
- ▶ Do you have enough sources of support? For instance, do you have someone you can count on for comfort? For advice? For fun, when you want to hang out? Someone who is a good listener when you have problems? Someone who can give you a hand or lend you things? You don't need one person to give you all types of support. You may find that it takes several people to meet your different needs.
- ▶ Practice your relationship skills with people you already count on. That might be your therapist or school counselor. When you are ready, try practicing these skills with at least two people whom you would like to know better than you hadn't thought of before, such as other people your age, cousins, adults in your family, other adults whom you trust.
- ▶ Think about building new friendships and relationships. For instance, identify something you like to do that other people might like and find out if they want to do it with you. Look for opportunities to try out new activities or go to new places that seem fun and safe and introduce yourself to new people. It takes a lot of courage, but you can do it. If you're unsure about a new person or group of people, ask an adult you trust to think it through with you.

4. Increasing Strengths and Positive Feelings

Many youth who have experienced Complex Trauma spend much of their time just getting by from day-to-day. This is exhausting and often means having more bad feelings than good ones. Good feelings—pride, excitement, curiosity, and hope—won't erase the hard times, but can help you get through them. Everyone deserves some joy in their life. Look for people and places in your community to do fun things. Learn to recognize positives about yourself and the people and things around you.

Things that could help:

- ▶ Take a look at what is getting in your way now. Sometimes there are things outside of us that get in the way—things like family obligations or not enough money. Sometimes things inside us get in the way—feeling guilty or uncomfortable with happy feelings, feeling that you don't deserve good things, or that things are hopeless.

- ▶ Find things you're good at, and do them. Take pride in your efforts. Feel good about working toward something. Maybe you're interested in sports? Dancing? Music? Drawing? Writing stories, lyrics, or poems? Singing? Being a good listener? Helping others? Taking care of animals? Cooking? Gardening? Building or fixing things?
- ▶ Learn how to do one thing at a time. Choose one thing to do, and focus all of your attention on it. Do it for two minutes. Don't do anything else and don't think about anything else. To start, you might try concentrating on slowing your breathing and breathing from your stomach. If you find your mind wandering, don't feel bad—just try again. The more you practice, the better you'll get. The more you practice doing one thing at a time, the easier it will be for you to stop worrying about bad things and start focusing on good things.
- ▶ Make a list of all the things you like to do and all the things you'd like to try. Make it as long as you can. Choose things that seem impossible and far off and things that are available right now.

5. Making Sense of the Past, Figuring Out Who You Are Now, and Taking a Lead Role in Shaping Your Future

When people live through a lot of bad stuff and not enough good stuff, they learn to react first, think later, and focus on survival. Over time, this can become a habit and feel like the only way to live. People can forget all about their wishes, goals, and dreams. Young people who have experienced Complex Trauma may not get a chance to develop goals; often, the only future they can imagine is more of the same bad stuff or no future at all. They can, however, learn to envision a better future, to feel more powerful, to think through difficult situations, and to make good decisions that solve problems and improve their lives.

Things that could help:

- ▶ Learn to understand and cope with your emotions. Don't just get rid of your feelings, but take control over them. You want to be able to size up a situation, figure out your choices, and make a good decision—instead of making things worse by acting on impulse. Every situation you face, even one that seems impossible, actually presents several solutions, including the choice to do nothing or walk away. It can be hard to know which choice is the right one. While it takes courage to ask for help, you may feel much better after seeking guidance from adults or friends who have earned your trust.
- ▶ Explore who you are, what matters to you, and what you want to be in the future. Examine your interests (what you do well, what makes you happy), your opinions, and discover what holds meaning for you. Try to understand what experiences in your life, good and bad, have influenced the person you have become so far. The more you know about yourself and why you do and feel the things you do, the more power you have to change things in your life.
- ▶ Make a list of your goals and work with adults you trust to map out “steps” to work toward them. Identifying your goals can help you make decisions that are right for you.
- ▶ Explore your experiences with someone you trust at a pace that feels right for you. You might identify something that frightens or upsets you and figure out why your reactions probably make sense—or made sense given your history—even if they get in your way. Learning to manage your responses to reminders of things in the past takes time and usually requires support from someone who helps you feel safe.

- ▶ Even the hardest times can lead to development of new strengths (resilience) in people who survive those times. Take an inventory of the strengths you already have developed.
- ▶ Exploring your experiences, paying attention to your life story, and looking at the whole you—not just the parts that feel bad, hurt, or messed up—can help build the strongest you.
- ▶ Remember, others can help spark strength in you and help give you tools to cope—but it is up to you to take it from there.
- ▶ Never give up on imagining a brighter future for yourself, even when everything seems impossible and you have to fight through hopeless feelings. You can't change everything, but you can find good things that make living your life worth it.

You can develop the power to make a difference in your own life. When you do, you will make things better for yourself and the important people in your life.



Activity 3: Making Things Better

Use this worksheet to explore actions you can take to help recover from trauma and thrive.

Areas of Focus	Personal Triggers or Vulnerabilities	Things I Can Do to Make Things Better Get Help & Support, Take Action, Rest & Regroup, or Make a Change!	Things I would Like Adults to Do to Help Make Things Better
Increasing Safety			
Managing Feelings			
Building Healthy Relationships			
Increasing Strengths & Positive Feelings			
Making Sense of the Past			
Building a Strong Identity			
Planning a Brighter Future			

Part V. For More Information

You can find lots of information about Complex Trauma on the website of the National Child Traumatic Stress Network: <http://www.nctsn.org/trauma-types/complex-trauma>.

For additional information about the long-term consequences of childhood trauma occurring within families, read the Adverse Childhood Experiences (ACE) studies conducted by the CDC: <https://www.cdc.gov/violenceprevention/acestudy/index.html>

Information about specific types of therapy for Complex Trauma is included on the NCTSN web page (<http://www.nctsn.org/resources/audiences/parents-caregivers/treatments-that-work>). Fact sheets describing many different types of therapies are also available (<http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices>).

Some of the Complex Trauma therapies to look into and ask more about include:

For children, adolescents, and young adults:

- ▶ ARC: Attachment, Regulation & Competency
- ▶ TST: Trauma Systems Therapy

For adolescents and young adults:

- ▶ ITCT-A: Integrated Treatment of Complex Trauma for Adolescents
- ▶ SPARCS: Structured Psychotherapy for Adolescents Responding to Chronic Stress
- ▶ TARGET-A: Trauma Affect Regulation: Guide for Education and Therapy—Adolescent

For children and their parents or caregivers:

- ▶ ITCT-C: Integrated Treatment of Complex Trauma for Children
- ▶ RHL: Real Life Heroes

For the entire family:

- ▶ SFCR: Strengthening Family Coping Resources

While not specifically designed for complex trauma, TF-CBT (Trauma-Focused Cognitive Behavioral Therapy) and CPP (Child-Parent Psychotherapy) have also been utilized effectively to reduce PTSD and related difficulties in select samples and treatment settings for children and adolescents impacted by complex trauma. Please consult with a certified trainer for guidance on how to adapt TF-CBT or CPP for complexly traumatized populations.



CULTURAL HUMILITY

is a process of openness, self-awareness, being egoless, and incorporating self-reflection and critique after willingly interacting with diverse individuals, resulting in mutual empowerment, respect, partnerships, optimal care, and lifelong learning.²

Embrace the complexity of diversity: Everyone occupies multiple positions with related identities and statuses, which intersect to distinguish us as individuals

Be open to individual differences and the social experiences due to these differences: Intersecting group memberships affect people's expectations, quality of life, capacities as individuals and parents, and life chances

Reserve judgment: Cultural humility encourages a less deterministic, less authoritative approach to understanding cultural differences, placing more value on others' cultural expressions

Relate to others in ways that are most understandable to them: Culturally appropriate communication and interaction skills enable people to describe their experience in their own words, reducing the need of mastering a wide range of cultural beliefs and practices

Consider cultural humility as a constant effort to become more familiar with the worldview of others: Treat this practice as an ongoing process rather than an outcome, including an awareness and appreciation of everyone's physical and social environment

Instill a spirit of collaboration: Encourage all staff to become involved in mutually beneficial, non-paternalistic, and respectful working relationships with others, as well as considering the factors at play when defining important priorities and activities needed to achieve common goals

Demonstrate familiarity with children and families' living environments, building on strengths while reducing negative factors: Learn to identify, understand, and build on the assets and adaptive strengths of children and parents and engage in efforts to disrupt or dismantle social forces that act to disenfranchise and disempower them

Know yourself and the ways in which biases interfere with an ability to objectively listen to or work with others: Use self-reflection and self-critique to engage in a process of realistic, ongoing self-appraisal of biases and stereotypes to challenge the ingrained behaviors and ideas that you have toward others

Critically challenge one's "openness" to learn from others: Assess the barriers our attitudes and behaviors present to learning from others

Build organizational supports that demonstrate cultural humility as an important and ongoing aspect of the work itself: Include an assessment of the organizational environment, policies, procedures, knowledge, and skills connected to organizational practices to identify ways to employ and promote a cultural humility perspective

¹Adapted from Ortega, R. M., & Coulborn, K. (2011). Training child welfare workers from an intersectional cultural humility perspective: A paradigm shift. *Child Welfare*, 90(5).

²Foronda, C., Baptiste, D. L., Reinholdt, M. M., & Ousman, K. (2016). Cultural humility: A concept analysis. *Journal of Transcultural Nursing*, 27(3), 210–217.

Healing the Hidden Wounds of Racial Trauma

Kenneth V. Hardy

A disproportionate number of children and youth of color fail in school and become trapped in the pipelines of treatment, social service, and justice systems. This article examines racial trauma and highlights strategies for healing and transformation.

All service systems for youth encounter young people of color who can be challenging to treat, reach, and teach. Our difficulty in meeting their needs is not just because of greater “pathology” or “resistance” as some assert. Rather, we fail to appreciate the ways in which race is entangled with their suffering.



Race-Related Trauma Wounds

Racial oppression is a traumatic form of interpersonal violence which can lacerate the spirit, scar the soul, and puncture the psyche. Without a clear and descriptive language to describe this experience, those who suffer cannot coherently convey their pain, let alone heal. The source of their hurt is often confused with distracting secondary symptoms ranging from hopelessness to acting out behavior. Racial oppression is seldom seen as contributing to these difficulties, and discussions of race are dismissed as manufacturing excuses, justifying bad behavior. As with other forms of trauma, we ask the wrong question about struggling youth of color. Instead of asking “What is wrong with them?” we need to ask the trauma-informed question, “What has happened to them?”

Rarely is unmasking and treating the hidden wounds of racial trauma a focal point of intervention. Instead, conventional approaches attend to family problems, individual psychological issues, behavioral problems, affect disorders, and substance misuse (Hardy & Qureshi, 2012). These are salient factors but skirt issues of race which are powerful dynamics in the lives of youth of color. These are insidious, mostly invisible, and virtually inextricable from the other difficulties that youth are experiencing. To work effectively with youth of color, we must understand, address, and ultimately heal the hidden wounds of racial oppression.

Internalized Devaluation

A toxic human mold, hard to see yet ever spreading, gnaws at the dignity of youth of color. They are oblivious to this infection but emotionally reactive to its effects (Hardy & Qureshi, 2012). *Internalized devaluation* is a direct by-product of racism, inextricably linked to the deification of whiteness and the demonization of non-white hues. It is perpetrated throughout society, including in the very systems with the stated mission of serving youth. For example, when youth of color are removed from their families and placed in a residential setting, they observe that most of their peers in care look like them. This reinforces a powerful message internalized since childhood—“I am bad and unworthy.” Racial devaluation is intertwined with other affronts to dignity such as neglect, abuse, and rejection. While

treatment protocols may be designed to address familial dynamics, scant or no attention is given to underlying racial wounds.

Profoundly devalued youth become hypervigilant about gaining respect (Hardy & Laszloffy, 2005). They intuitively understand that respect is the perfect elixir for devaluation. While they would be hard-pressed to explain why respect is so important, they seem to *know* experientially that respect reduces the intensity of the uneasiness of devaluation. To some of these youth, death is preferable to disrespect.

Racial oppression is a traumatic form of interpersonal violence which can lacerate the spirit, scar the soul, and puncture the psyche.

Assaulted Sense of Self

There is a second hidden trauma wound that is closely tied to internalized devaluation and ultimately racial oppression. The *assaulted sense of self* is the culmination of recurring experiences with internalized devaluation. Continual exposure to devaluation shapes how youth of color see themselves. It becomes very challenging to develop a healthy sense of self when one’s emotional-psychological milieu is inundated with the repeated race-related messages such as: *you are not as attractive as...not as smart as... too dumb to...not intelligent enough to... ain’t ever going to be anything...not college material...not welcomed here...*and so forth. The onslaught of devaluing messages makes it hard for youth to know who they really are—and easy to believe they are what others say. This is the essence of the assaulted sense of self. Unfortunately, it strikes at one of the most vulnerable stages of the life cycle: adolescence, when youth are forming their identities.

Internalized Voicelessness

The third hidden wound of *internalized voicelessness* erodes the ability to defend against a barrage of unwelcomed and unjustified negative, debilitating messages. While these wounds are described here in a linear and distinct fashion, they are experienced in a systemic, inter-tangled way. For example, voicelessness both results from and fuels internalized devaluation and an assaulted sense of self. While voicelessness does not literally render the youth silent, it impairs the ability to advocate for oneself. Angel, a seventeen-year-old Latino, shared this example with his therapist:

“Dog, it’s crazy out there as a Latino...; everybody looks at you all the time like something is getting ready to go down. I mean, I get on the E Train (subway) and suddenly all eyes are on you like you are a thief, rapist, or burglar. I see the looks.... I know the looks cuz they happen all the time. At times, I want to go over to them, you know, mostly white people, and say ‘hey, I know what you’re thinking and I ain’t no robber’. But I ain’t stupid. I know I can’t say s--- cuz the minute I try to say something like that, the next thing you know, the person start screaming and yelling, I am dead! You and I know what happens next...here comes the Po-Po and the next thing you know I’m on lock down for just trying to tell some racist M----- F-----, I ain’t trying to rob them. Man, it’s messed up out there!”

***Many youth of color,
like their adult counterparts,
suffer from the race-related
trauma wound of rage.***

Angel never mentions the word *voicelessness* but his experience on the subway describes it perfectly. He is both a victim and a prisoner of others’ perceptions of him. His options are severely limited, especially his ability to advocate for himself. From his perspective, he either speaks up and risks appearing to be threatening or remains silent and has his sense of self further assaulted. No matter how much he repudiates the views others have of him, he has little to no ability to effectively address or alter them. Consequently, he suppresses his feelings while planting the seeds of rage.

The Wound of Rage

Many youth of color, like their adult counterparts, suffer from the race-related trauma wound of rage. It is virtually impossible to be the depository of perpetual negative and debilitating messages and have one’s sense of self assaulted without experiencing rage. Rage can be a deep-seated emotional response to experiences of degradation and devaluation. Rage builds over time as a result of cumulative suppressed emotions precipitated by voicelessness. It is distinguishable from anger, which is an emotion connected to immediate experiences. Rage is a very complex emotion that can appear as anger, explosiveness, sadness, and depression. Youth of color are often prescribed anger management interventions, while rage from the hidden wound of racial oppression remains unaddressed.

The Case of a Nobody

Fourteen-year-old Assad sat nervously shaking his left leg while staring off to a far-off place. He appeared disengaged and verbally unresponsive to questions posed by his therapist while passively expressing disdain for having to be present. Intermittently, he would check the time on his cell phone which produced an audible sigh. After twenty minutes of attempts to engage Assad, a break-through finally came. He looked at his therapist and asked in a very soft voice: “Why are you wasting your time?”

“What do you mean?” his therapist responded.

“With me,” he stated flatly.

“Well, I don’t consider this a waste of time at all. In fact, there are ways in which you remind me of myself years ago,” the therapist noted.

Assad quickly dismissed the claim and noted, “There is no way I can remind you of you or anybody else!”

Surprised by Assad’s expression of such strong emotion, the therapist cautiously asked, “What do you mean?”

“I mean, I’m a NOBODY....I ain’t s--- and never gonna be s---...and that’s a fact, so you are wasting your time.”

“I just wonder whose voice that is that you are repeating, because that is not how I see you or what my experience with you has been. I see you as a gifted young brother.”

Assad became quickly animated and slightly agitated as he stated: “Then you are clueless Doc...and WHOSE voice? ...WHOSE voice? You wanna know whose voice? It’s everybody’s voice. It’s my mom’s voice, which is why she don’t come around more. It’s my dad’s voice, which is why he has never stepped up. It’s the f---in’ cops’ voices, which is why they just dis’ us, beat us, and kill us like we are a bunch of f---in’ animals. It’s the teachers’ voices who come right out and tell you in so many words that you dumb as s--- and you ain’t going to be nothing. C’m on Doc, you better get with it. You can’t be as dumb as you trying to sound, dog. Look at Obama and all those smarts that he has. He gets the same message. They let him know that ‘Yo, you might be President and s---, but you still ain’t nobody....as far as we are concerned you are just another nigger!’”

Beneath Assad's seemingly disjointed and accusatory "outbursts" are the hidden wounds of racial oppression. His sense of hopelessness, despair, and rage are the by-products of chronic and repeated experiences of being systematically devalued and having his sense of self assaulted. His "angry self-absolving rant" lacks psychological sophistication, appropriate usage of Standard English, or evidence of any understanding of the nameless condition that plagues him. Still, it accurately describes the world of a youth of color in a society that seems hopelessly organized by race. But since Assad is clueless about the hidden wounds that shape how he sees himself, he cannot see the wall-less prison that racial oppression has placed around him.

For many youth of color, such issues are central to their healing and transformation but seldom addressed. Traditional interventions designed to "help" Assad and those like him would focus on goals such as: a) being more accountable and taking responsibility for his actions; b) being more respectful and using less profanity; c) examining his usage of the "N" word; d) getting his mother more involved in the treatment process; e) processing his feelings regarding the loss of a relationship with his father; e) anger management; and f) setting more positive goals for himself. While these goals are highly germane to the "rehabilitation" and "transformation" of Assad, they do very little to address the hidden wounds of racial oppression.

Healing Hidden Wounds

We may not be able to prevent youth of color from being exposed to racially injurious and traumatizing conditions (Calvert, 1997). However, it is imperative that treatment protocols integrate steps to heal these hidden wounds. This does not require abandoning established treatment methods, but incorporating effective strategies to address racial oppression within standard operating procedures. Promoting healing involves eight critical and inter-related steps which are summarized below:

Step One: Affirmation and Acknowledgement. It is important for the helping professional to convey a general understanding and acceptance of the premise that race is a critical organizing principle in society. Through affirmation and acknowledgement, we allow conversations about race to emerge.

Step Two: Create Space for Race. Conveying a sense of openness and curiosity, we take a very proactive role in encouraging conversations about race. An effort is

made to identify race as a significant variable, and we encourage youth to talk openly and candidly about race and their respective experiences with it.

Step Three: Racial Storytelling. Young people are invited to share personal stories of racial experiences. This enables them to develop their voices and begin to think critically about their experiences growing up as youth of color. Examples of specific questions to encourage storytelling are: 1) Can you tell me a story about the first time you realized you were treated differently because of your race? 2) Can you tell me about a time when someone attempted to dis' you based on your race? 3) Can you tell me a story about a time when you felt proud to be (Asian, Latino, African American, Native American, etc.)? Youth gain a better understanding of how their lives are affected by race, and they expose hidden wounds embedded in their life stories.

Step Four: Validation. This is a tool for counteracting devaluation and an assaulted sense of self. Validation is much more specific and personalized than



the affirmation and acknowledgement process described in Step One. Rather than conveying a global knowledge about race, validation provides confirmation of a youth's worldview and worth. We also discover strengths and redeemable qualities of the young person, and the youth's small acts of heroism are pointed out. Although suffering from internalized devaluation and an assaulted sense of self, there is an untapped hero within that has been overshadowed by stereotyping, pathologizing, demonizing, and criminalizing. For example, when Angel shared his gut-wrenching experiences on the subway where he was presumed to be a criminal, it would be important to validate the *untapped hero within* who is perceptive, sensitive, and able to exercise incredible restraint during the midst of such painful and infuriating racial micro-aggressions.

Rechanneled rage can be a powerful energy source helping youth of color to discover and cultivate what is great in and about them.

Step Five: The Process of Naming. One of the most debilitating aspects of racial oppression is that this is a nameless condition, difficult to describe, quantify, or codify. Lacking a common language to convey what is happening deepens the self-doubt/self-denigration cycle. The major objective of this step is to affix words to racially based experiences. This offers external and consensual validation to racially oppressed youth and helps restore their voices. As we “name” the hidden wounds of racial oppression, we help youth understand how their lives are significantly impacted by them.

Step Six: Externalize Devaluation. This is a direct way to heal the wounds of internalized devaluation. Stated simply, we help youth understand why respect and the absence of respect are so important. They learn to recognize that devaluation and disrespect are directly connected to race and race oppression. Further, some of their problem behavior may have been counterproductive ways to try to gain respect. The goal is to increase their thirst for respect and to recognize that assaults on their dignity do not lessen their self-worth.

Step Seven: Counteract Devaluation. The process of externalization described above helps youth of color exhale and expunge the societal toxins regarding who they allegedly are. Step Seven endeavors

to provide an array of resources (emotional, psychological, and behavioral) that help build their strengths and provide a buffer against future assaults to their dignity and sense of self. This is vital if they are to successfully cope in the face of unrelenting messages from the broader society that can have a debilitating effect on their sense of self.

Step Eight: Rechanneling Rage. The pain of rage is a normal and predictable response to perpetual experiences with degradation, devaluation, and domination. It is the build-up and culmination of emotions that have been blocked expression (Gil, Vega, & Turner, 2002). As previously noted, there is a strong relationship between voicelessness and rage. Unless rage is properly channeled, it can be all-consuming, displaced, and destructive to self and others. Those who have rage are often enraged for good reasons. Thus, the goal of treatment is not to rid them of their rage but instead to help them be aware of it, gain control of it, and ultimately to redirect it.

Rechanneled rage can be a powerful energy source helping youth of color to discover and cultivate what is great in and about them. It drives them to stand again after they have been knocked down, to try again after not succeeding, and to believe in themselves when all others around them fail to do so. These are the positive outcomes of healing the hidden wounds of racial oppression.

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ISSUE BRIEF

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Immigration and Child Welfare

The strengths and skills immigrants bring to the United States help weave the rich tapestry of a diverse and innovative society. As people continue to seek better lives and opportunities by coming to this country, topics surrounding immigration are increasingly becoming a part of the national conversation, including in the field of child welfare. Immigrant families involved with child welfare may face a number of particular issues. These can include legal barriers to accessing services; child trauma resulting from difficult immigration or refugee experiences, extended separation from parents, or a parent's detention/deportation by immigration authorities; acculturation and language issues; and more. In order for child welfare professionals to provide the most useful and culturally competent services to immigrant families, it is important that they are aware of these issues and how they can impact service delivery. To that end, this issue brief addresses child welfare's work with immigrant children and families; examines current issues related to immigration and child welfare; provides examples of programs and promising practices; and points to resources for professionals, families, and youth.

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**Child Welfare
Information Gateway**

Children's Bureau/ACYF/ACF/HHS
800.394.3366 | Email: info@childwelfare.gov | <https://www.childwelfare.gov>



**Children's
Bureau**

Immigration and Child Welfare: Then and Now

To gain an overall perspective of the issues involved, it can be helpful for child welfare and related professionals to know how interactions between child welfare and immigration have evolved over time. In order to best serve immigrant families today, professionals should be aware of how current child welfare and immigration issues can intersect and of key legislation and directives that can impact child welfare practice.

A Brief History of Child Welfare and Immigration

Since its inception in 1912, the U.S. Department of Health and Human Services' (HHS's) Children's Bureau has worked to ensure children and families have the support and resources they need to better their lives. Often, this mission has included programs specifically for immigrant children. From pioneering activities in the 1920s that provided nutrition literature translated into numerous languages, to programs for unaccompanied children evacuated from Europe during World War II, to assistance for unaccompanied Cuban refugee children fleeing the Castro regime (HHS, 2013) in the 1960s, the Children's Bureau navigated the changing waters of child welfare to provide services for immigrant and refugee families and children.

Throughout the subsequent decades, the field of social work and child welfare continued to work toward more inclusive practices and policies, with an ever-increasing emphasis on the importance of cultural awareness, the need for cultural competency training, and the recruitment of minorities into the field (Tannenbaum & Reisch, 2001). Today, child welfare workers face many of the same—as well as some new—challenges in helping immigrant children and their families.

Child Welfare and Immigration Today

The latest data released by the American Community Survey, an annual national survey conducted by the U.S. Census Bureau, estimates that there were 40.8 million immigrants in the United States in 2012 (Nwosu, Batalova, & Auclair, 2014). According to the Annie E. Casey Foundation's Kids Count Data Center, approximately 17.8 million children in the United States, or about 24 percent of children, live in a home with at least one immigrant parent.¹ However, of the children living with at least one immigrant parent, approximately 15.8 million (or 89 percent) are U.S. citizens.²

The data available about immigrant families in child welfare are limited because information about child welfare's interactions with these families is not regularly collected at State or national levels. The National Survey of Child and Adolescent Well-Being (NSCAW), a nationwide longitudinal survey of children and families who have been investigated by Child Protective Services (CPS), provides some data about immigrant families. While the overall rate of maltreatment did not differ significantly between immigrant and nonimmigrant families, immigrant children were found to be more likely to suffer from emotional abuse, while nonimmigrant children were found more likely to suffer from physical neglect (Dettlaff & Earner, 2012).

The presence of certain risk and protective factors also differed sharply between immigrant and nonimmigrant families. Immigrant families tended to have a higher poverty rate than U.S.-born families because they often work low-wage jobs due to factors such as a lack of proficiency in English or a lower level of education (Lincroft & Dettlaff, 2010). However, they were also less likely to access services that could help alleviate some

¹ Kids Count Data Center. (2013). Children by family nativity. The Annie E. Casey Foundation. Retrieved from <http://datacenter.kidscount.org/data/Tables/115-children-by-family-nativity?loc=1&loct=1#detailed/1/any/true/868/any/445>

² Kids Count Data Center. (2014). Children in immigrant families who are U.S. citizens. The Annie E. Casey Foundation. Retrieved from <http://datacenter.kidscount.org/data/tables/5921-children-in-immigrant-families-who-are-us-citizens?loc=1&loct=1#detailed/1/any/false/868,867,133,38,35/any/12547,12548>

poverty-related stressors due to several factors (e.g., lack of eligibility due to immigration or legal status, fear that accessing services might bring a lack of legal status to authorities' attention) (Finno-Velasquez, 2014). Immigrants are also often referred to services for which they may not actually be eligible (Finno-Velasquez, 2014).

Relevant Legislation and Policies

There are several Federal laws and other policies that can affect immigrant families' eligibility for and access to public services. Child welfare professionals who work with immigrant families should be aware of the potential impact of these laws and policies on their cases. Some key legislation, policies, and directives that child welfare professionals working with immigrant families should know about are below.

Federal Child Welfare Legislation

The Adoption and Safe Families Act (ASFA) of 1997 prioritizes the reunification of families when it is in the best interest of the child and requires that jurisdictions make reasonable efforts to promote reunification. Immigrant families are entitled to receive reunification services; however, certain provisions of the Act may create barriers to reunification in cases involving undocumented immigrant families (Wessler, 2011). For example, States are required to initiate termination of parental rights proceedings after a child has been in foster care 15 of the previous 22 months, with some exceptions. States are able to begin these proceedings before 22 months if it is determined that a parent is not complying with the family's reunification plan (Wessler, 2011). This can be problematic for some immigrant parents because their situations may make it more difficult to comply with reunification plan requirements (e.g., parents who are not English proficient may not have ready access to services in their language of origin). Learn about ASFA's major provisions on Information Gateway at <https://www.childwelfare.gov/topics/systemwide/laws-policies/federal/search/?CWIGFunctionsaction=federallegislation:main.getFedLdgDetail&id=4>.

The Fostering Connections to Success and Increasing Adoptions Act of 2008 (P.L. 110-351) requires title IV-E agencies to identify and notify all adult relatives of a child, within 30 days of the child's removal, of the relatives' options to become a placement resource for the child. This should include adult relatives residing in the United States and in other countries (Park, 2014). Learn more at <https://www.childwelfare.gov/topics/systemwide/laws-policies/federal/fosteringconnections/>.

The Multiethnic Placement Act of 1994 (P.L. 103-382) prohibits State and federally funded entities from delaying, denying, or otherwise discriminating when making a foster care or adoption placement decision on the basis of the parent or child's race, color, or national origin. Learn more at <https://www.childwelfare.gov/topics/systemwide/laws-policies/federal/search/?CWIGFunctionsaction=federallegislation:main.getFedLdgDetail&id=46>.

Other Policies and Directives

The Facilitating Parental Interests in the Course of Civil Immigration Enforcement Activities Directive (Parental Interests Directive). This directive was issued by Immigration and Customs Enforcement (ICE) in 2013 for cases involving detained immigrant parents, guardians, or primary caretakers of minor children to encourage fair and humane enforcement of immigration laws while taking into account the rights and responsibilities of the detained parents and guardians. To read an overview of the directive, visit the ICE website at <https://www.ice.gov/about/offices/enforcement-removal-operations/parental-directive.htm>.

Federal Executive Actions on Immigration. Immigration policies and legislation have been much debated in recent years, and immigration policies and procedures can often change. These changes can and recently have included Executive Actions regarding immigration policies and programs, such as Deferred Action for Childhood Arrivals, which allows deferred action from deportation for certain unauthorized immigrants who came to the United States as children. For more information on recent Executive Actions, visit <http://www.uscis.gov/immigrationaction> or <http://www.adminrelief.org>.

Special Immigrant Juvenile Status. An immigration classification under Federal law, Special Immigrant Juvenile Status aims to help abused, abandoned, or neglected immigrant children who are unable to be reunited with their parents stay safely in the United States. To learn about eligibility and stipulations, visit <http://www.uscis.gov/green-card/special-immigrant-juveniles/special-immigrant-juveniles-sij-status>.

Federal Task Force to Strengthen Communities

In November 2014, President Obama created the White House Task Force on New Americans (Task Force). The goal of this interagency body—representing 16 Federal departments, agencies, and White House offices—is to strengthen Federal efforts toward the civic, economic, and linguistic integration of refugees and immigrants to the United States. Learn more about the Task Force by reading the White House factsheet *Strengthening Communities by Welcoming all Residents and Promoting Immigrant and Refugee Integration* (<https://www.whitehouse.gov/the-press-office/2015/04/15/fact-sheet-strengthening-communities-welcoming-all-residents-and-promoti>) and visiting the White House’s website for the New Americans Project (<https://www.whitehouse.gov/issues/immigration/new-americans>). Read the Task Force’s outline for Federal strategic goals in *Strengthening Communities by Welcoming All Residents: A Federal Strategic Action Plan on Immigrant and Refugee Integration* (https://www.whitehouse.gov/sites/default/files/docs/final_tf_newamericans_report_4-14-15_clean.pdf).

The Children’s Bureau published an Information Memorandum encouraging child welfare agencies and related professionals to work closely with immigrant families with parents who are at risk or in the process of detention and/or deportation to help ensure their safety, stability, and well-being. Learn more about the Children’s Bureau’s recommendations regarding working with detained or deported parents, the ICE Parental Interests Directive, Special Immigrant Juvenile Status, unaccompanied immigrant minors, workforce and provider competence development, and more by reading ACYF-CB-IM-15-02: *Case Planning and Service Delivery for Families With Parents and Legal Guardians Who Are Detained or Deported by Immigration Enforcement*, accessible at <http://www.acf.hhs.gov/programs/cb/resource/im-15-02>.

Working With Immigrant Children and Families

The following section addresses a number of factors that affect how child welfare and related professionals work with immigrant children and families. These include recognizing the strengths and challenges of immigrant families, issues within child welfare agencies, issues in working with immigration enforcement, and available services. This section also provides some examples of successful programs and practices.

Strengths of Immigrant Families

The act of emigrating,³ of leaving behind home, friends, family, and community, requires immigrant families to have a willingness to work through challenges and a determination to make a better life. These traits are reflected in a number of strengths often found in immigrant families:

- A strong work ethic
- An emphasis on education and its importance for children
- An emphasis and reliance on family (children of immigrant families often live near or in households with extended family members who can help with child care or offer other supports [Shields & Behrman, 2004])

Challenges Faced by Immigrant Families

Even with the help and support of friends and family, starting life in a new country can be daunting. Along with the everyday stresses of family life, immigrant families face additional challenges that may cause a great deal of stress:

- Many families are not able to migrate together. For example, one parent may come over first to find work and establish a situation in which bringing the rest of the family would be more feasible. These transnational families may deal with long periods of time, often years, in which parents and their children are separated.

³ To “emigrate” means to *leave* a country or region to live in another country or region; to “immigrate” means to *come into* a country or region in order to live there.

- If the family is able to reunite in the United States, they may have difficulty settling into new family dynamics and roles.
- Language barriers can make it difficult for parents to find a job and access services and for children to excel in their studies. Language can also cause family conflict if the children learn English faster than their parents.
- Some families may be fleeing dangerous or violent situations in their home countries, and they often face trauma-related issues that, if not addressed, may cause further stress in their daily lives.

Issues Within Child Welfare Agencies

There are several common systemic issues agencies often face when working with immigrant families. The following describes some of the more prevalent ones.

Child welfare workers and attorneys may be unfamiliar with immigration issues, policy, and enforcement. A lack of understanding regarding barriers faced by immigrants can cause professionals to create case plans that some families may not be able to complete. Undocumented immigrant parents may find it difficult or impossible to access needed services due to their legal status or language barriers. If they have been detained or deported, undocumented parents may not be able to complete the requirements for reunification as outlined in their case plan, such as visiting with their children or completing required parenting classes. A lack of understanding regarding reasons a parent might be detained or deported (e.g., assumptions of criminal activity vs. simple immigration issues) can affect the way a child welfare professional views the detained or deported parent, which in turn can impact the way the case is treated (Wessler, 2011).

Child welfare agencies may be reluctant to consider placing a child in kinship care if the family members are undocumented. Agencies may not realize that it is indeed permissible to place a child with undocumented kin. The frequent result is the unnecessary placement of a child in nonrelative foster care, even when there are family members willing to care for him or her (Wessler, 2011). Immigrant children who remain in nonrelative foster care for long periods of time can struggle with a loss of cultural identity and language of origin, which can bring up issues of cultural conflict within families and make the reunification process more difficult. To view examples of policies and procedures for placing children with undocumented kin, visit the California Child Welfare Indicators Project at http://cssr.berkeley.edu/ucb_childwelfare/lpac/Resources.aspx?topic=3&subTopic=22.

Child welfare agencies may not have in place adequate policies or procedures for reuniting children with deported parents (Wessler, 2011). International reunification options are often not considered when there is no clear policy to do so because of worker and/or agency biases against placing children, particularly U.S.-citizen children, abroad (Wessler, 2011). Agencies may cite a lack of supervisory control when reunification efforts and case plans must be carried out at a distance (Wessler, 2011). However, with the involvement of the foreign country's consulate, reunification between deported parents and their children in the United States is possible. Consulates can help agencies locate deported parents, help parents access the necessary services in their country, help coordinate home studies, and more (Wessler, 2011). Find sample memorandums of understanding (MOUs) between U.S. public child welfare agencies and foreign consulates as well as other examples of State documents for working with immigrant and transnational families on the California Child Welfare Indicators Project website (http://cssr.berkeley.edu/ucb_childwelfare/lpac/Resources.aspx?topic=3&subTopic=20) and via the Center on Immigration and Child Welfare, formerly the Migration and Child Welfare National Network (<http://cimmcw.org/state-specific-resources/>).

Unaccompanied Immigrant Minors

There has been an increase in the number of unaccompanied minor immigrant children (also known as unaccompanied alien children) fleeing situations of violence, poverty, and abuse in their home countries (mainly from Mexico and Central America). According to the Homeland Security Act of 2002, an unaccompanied alien child is a child who “has no lawful immigration status in the United States, has not attained 18 years of age, and who has no parent or legal guardian in the United States, or no parent or legal guardian in the United States available to provide care and physical custody.”⁴ Unaccompanied children brought to the attention of U.S. authorities are placed in the custody of the HHS Office of Refugee Resettlement (<http://www.acf.hhs.gov/programs/orr/programs/ucs/about>), and they are assessed for placement according to their needs while their legal cases are reviewed (Center on Immigration and Child Welfare, n.d.).

These children may be eligible for immigrant relief options such as Special Immigrant Juvenile Status, asylum, U visas for crime victims, or T visas for victims of human trafficking (Catholic Legal Immigration Network, Inc. [CLINIC], n.d.). However, as they are not entitled to receive government-funded legal assistance, many of these children face their immigration proceedings without legal representation in court. For more information, visit the Center on Immigration and Child Welfare at <http://cimmcw.org/unaccompanied-children/>. To learn about finding and providing appropriate legal services to unaccompanied immigrant minors, see CLINIC's online Toolkit for Working With Unaccompanied Children (<https://cliniclegal.org/resources/unaccompanied-migrant-children-toolkit>) and the American Bar Association's ProBAR Children's Project (http://www.americanbar.org/groups/public_services/immigration/projects_initiatives/south_texas_pro_bono_asylum_representation_project_probar/immigrant_childreassistanceprojectcap.html).

⁴ Neal, D. L. (2007). *Operating Policies and Procedures Memorandum 07-01: Guidelines for Immigration Court Cases Involving Unaccompanied Alien Children*. U.S. Department of Justice, Executive Office for Immigration Review. Retrieved from <http://www.justice.gov/eoir/efoia/ocij/oppm07/07-01.pdf>

Services for Immigrant Families

Like many other families, some immigrant families may need health, behavioral/mental health, legal, or education services or even child welfare services. A number of Federal laws are applicable in determining what services are available and required. However, mandating services and ensuring that families receive them can be two different things. There are several reasons why immigrant families may not access the services they need.

- Eligibility for certain services, such as employment assistance, can vary according to jurisdiction, both for documented and undocumented immigrants (Finno-Velasquez, 2014). Services based on federally defined requirements, such as housing assistance, are much more restrictive (Finno-Velasquez, 2014).
- Immigrant families may be afraid that accessing services will bring them to the attention of immigration enforcement personnel (Finno-Velasquez, 2014).
- Language barriers also make it difficult for immigrants to access services.

Just as there are many factors that may limit immigrant families' ability to access the helpful services they need, there are also many factors that can help determine an immigrant family's eligibility for services.

Child Welfare Services: What Works

There are many ways for child welfare systems and programs to work toward improving immigrant families' access to necessary services. Below are examples of State and local initiatives aimed at promoting immigrant child and family well-being through a focus on systemic improvements, family reunification efforts, parenting skills education, health-care access, and more. For more examples of promising and evidence-based strategies, visit the California Child Welfare Indicators Project at http://cssr.berkeley.edu/ucb_childwelfare/lpac/Resources.aspx?topic=2.

California's Reuniting Immigrant Families Act (SB1064)

prioritizes keeping families that have been impacted by the immigration system together. The bill provides an extended family reunification period for detained or deported parents, prohibits the exclusion of kinship placements based on immigration status, requires child welfare agencies to determine if a child is eligible for any immigrant relief, and requires State agencies to produce guidance on creating MOUs with foreign consulates (Lincroft, 2013). For more information, visit <http://www.sb1064.org/>.

Collaborative Partnerships to Enhance the Well-Being of Foreign-Born Children in New York City

is a collaboration between New York City's Administration for Children's Services (ACS) and immigrant advocacy groups that seeks to promote culturally competent and accessible public child welfare services. The program focuses on creating systemic changes to improve services for immigrants via training for ACS staff on issues faced by immigrant families; instructions for finding an appropriate interpreter; the creation of a handbook covering topics such as immigration status, child welfare agency policy on immigrant eligibility, and resources for immigrant families; and improved data collection. Learn more via Bridging Refugee Youth and Children's Services (BRYCS) at <http://www.brycs.org/promisingpractices/promising-practices-program.cfm?docnum=0036>.

Intercountry Home Studies, administered by the International Social Service-United States of America Branch, Inc. (ISS-USA), uses State, county, and private funding to assist U.S. and foreign child welfare systems in making placement decisions for children in care. In collaboration with foreign partners, ISS-USA helps gather information and assess national and international placement options and provides the information to the relevant court systems to ensure children are placed in the best and most beneficial environment, wherever that may be. Learn more via BRYCS at <http://www.brycs.org/promisingpractices/promising-practices-program.cfm?docnum=0071>.

The U.S. Department of Health and Human Services' Office of Minority Health (OMH) funded a National Umbrella Cooperative Agreement grant in 2012 to promote collaboration between organizations and Federal agencies. Migrant Health Promotion, Inc., one of its grantees, provides training and technical assistance to community-based organizations and health departments to help improve underserved Texas migrant workers' access to health care via Community Health Worker programs. To read about the project, visit OMH's website at <http://minorityhealth.hhs.gov/omh/content.aspx?ID=9653&lvl=2&lvlid=51>.

Yakima Valley Farm Workers Clinic is a local program in Washington State that provides Spanish-language parenting education classes to low-income migrant families. Funded by a Children's Bureau discretionary grant, the classes aim to help parents develop nonpunitive discipline skills, improve family and community protective factors, promote family communication, and show how programs serving children and families can work together. Learn more at <http://friendsnrc.org/tribal-and-migrant-grantees>. Read about the clinic's previous grant-funded activities on Information Gateway at <https://www.childwelfare.gov/topics/management/funding/funding-sources/federal-funding/cb-funding/cbreports/tribal/yakima/#tab=summary>.

Other Services

Health Care

Many provisions of the Patient Protection and Affordable Care Act (P.L. 111-148) and Health Care and Education Reconciliation Act of 2010 (P.L. 111-152), more commonly known as the Affordable Care Act (ACA), significantly impact immigrant children and families and the health-care services they are eligible to receive. Provisions require most U.S. citizens, legal permanent residents, refugees, and documented immigrants to have at least minimal health insurance coverage and stipulate that legal permanent residents and refugees shall have the same benefits as U.S. citizens (Dawes,

Rider, & Lambert, 2013). However, certain immigrant populations (e.g., undocumented immigrants, undocumented immigrant children granted Deferred Action for Childhood Arrivals status) will not have access to federally funded public services or be eligible to purchase health-care coverage through the insurance exchanges (Dawes, Rider, & Lambert, 2013). For more information on how the ACA affects different immigrant populations, visit the National Immigration Law Center website at <http://www.nilc.org/ACAfacts.html>.

Education

All children residing in the United States, regardless of their legal status, can receive free public education from kindergarten through grade 12. In 2014, the U.S. Department of Justice issued guidance for public school districts that reiterates districts' obligation to ensure equal education opportunities are available to all children, regardless of race, national origin, citizenship, or legal status or that of their parents (U.S. Department of Justice, 2014). To access the documents (available in English, Spanish, and Korean) visit the Department of Justice website at <http://www.justice.gov/crt/about/edu/documents/plyler.php>. To learn more about immigrants and access to education, including access and barriers to postsecondary education, read First Focus' brief *Access to Education: Challenges and Opportunities for Immigrant Students* at <http://firstfocus.net/resources/report/access-education-challenges-opportunities-immigrant-students/>.

Culturally Competent Practice

Differences in cultural perspectives and attitudes, both on the part of child welfare workers and of immigrant families, can significantly affect how issues are treated by both parties, as well as case and family outcomes. Therefore, it is important that child welfare systems and professionals work toward incorporating cultural competence into their practices and policies.

Agency Culture

A culturally competent agency is one that can effectively respond to the needs of all its clients—regardless of their race, ethnicity, culture, sexual orientation, faith, or class—while being respectful of clients’ diverse backgrounds, valuing their cultural experiences, and integrating their unique strengths into service plans.

In order for culturally competent practices and policies to be effective, they must be implemented and supported at the organizational level. A recent research brief from HHS’s Office of Planning, Research and Evaluation (OPRE) proposes a framework that illustrates how a culturally competent organizational climate can impact the cultural competence of staff and service providers, programs, and services (Calzada & Suarez-Balcazar, 2014). The brief outlines a number of concrete strategies agencies can use to promote cultural competence, such as providing staff training, collaborating with organizations and stakeholders within cultural communities, promoting discussions about effective practices for working with diverse clients, and taking part in self-assessment procedures (Calzada & Suarez-Balcazar, 2014). Access the brief at <http://www.acf.hhs.gov/programs/opre/resource/enhancing-cultural-competence-in-social-service-agencies-a-promising-approach-to-serving-diverse-children-and-families>.

Agencies’ practices can follow a similar path and include efforts to learn about and apply styles of communication that are more sensitive to cultural preferences. The following are examples:

- **Communicate in person** instead of via email because some families may value a face-to-face encounter over a more impersonal electronic message, or they may not have easy access to a computer or the Internet (Calzada & Suarez-Balcazar, 2014).
- **Recruit and promote minority and bilingual staff**, engage in community outreach efforts, provide educational materials in different languages and at appropriate reading levels, and ensure that trained and culturally competent translators/interpreters are available (Calzada & Suarez-Balcazar, 2014).

- **Include members of a child’s extended family** in meetings and discussions, as many immigrant groups consider family members that are outside of the traditional “core” family just as important to their family dynamics (Calzada & Suarez-Balcazar, 2014).
- **Use approaches that include and center on the family**, such as family group decision-making (FGDM). Find information on cultural competence in family-centered practice, including State and local examples, on the website for Information Gateway at <https://www.childwelfare.gov/topics/systemwide/cultural/services/famcentered/>.

Worker Biases

For child welfare professionals, cultural competence can mean learning to recognize and overcome attitudes and perceptions they as individuals may hold that could affect how they work with clients. It is important for workers to be aware of how cultural differences can affect their cases and the need to allow space for cultural adaptation. Different cultures can have widely varied beliefs about parenting practices and what constitutes child abuse and neglect. Kinship structures can also vary greatly, and it is important for professionals to be aware of traditional family structures and expectations. For example, in some cultures grandparents may play a larger role in family decisions, or parents may have different expectations of their children (e.g., traditionally, children may be expected to take on roles that are more mature than what is usually expected of children in the United States).

Child welfare professionals need also be aware of the feelings and perceptions that immigrant families may have toward child welfare services. Families may feel uncomfortable discussing personal issues with someone who is unfamiliar with their customs or beliefs. There may be a fear or mistrust of authority figures (particularly among refugees from violent or oppressive situations or undocumented immigrants), or cultural mores or taboos may exist that define what is and is not considered appropriate (e.g., regarding kinds of physical contact, such as handshakes, and particularly in terms of gender roles).

Professionals who work with immigrant families can work toward cultural competence by learning about the cultures in the communities they serve and working with families to ensure quality services. The following are examples (Calzada & Suarez-Balcazar, 2014):

- **Take part in awareness trainings** and think about how personal biases may be affecting the work at hand. Links to courses that aim to promote cultural competency are provided in the Training section (page 11) of this issue brief.
- **Learn from families** by asking questions about how to best work together in a respectful way (e.g., preferences for communication and how family members are addressed; individual family's beliefs, practices, and values).
- **Adapt services** to times and locations that are more comfortable for families and convenient to their schedules; find ways to alleviate barriers so that families can attend necessary services (e.g., childcare, family meals).
- **Include aspects of the family's culture and values** into services (e.g., family-centered programs; programs, classes, and materials in families' language of origin).

The Hmong Child and Family Team Meetings program, administered by North Carolina's Catawba County Social Services, Family and Children's Services Division, and the United Hmong Association of North Carolina, implemented a strength-based, family- and community-centered approach called Child and Family Team (CFT) meetings to help local agencies work with Hmong families. Based on a model of FGDM, the program found that the values emphasized by the CFT approach were similar to traditional Hmong family and community values, which helped workers build a more trusting and collaborative relationship with the families. Learn more via BRYCS at <http://www.brycs.org/promisingpractices/promising-practices-program.cfm?docnum=0043>.

Language Issues

Language issues can significantly impact immigrant families' access to services, as well as successful interventions on behalf of child welfare and related professionals. Limited English proficient parents and families can have difficulty communicating with staff that only speak English, and vice versa. This can lead to miscommunications between families and service providers, and it can also impact legal proceedings and family dynamics.

Because young children generally learn new languages more easily than adults, and immigrant children have access to full English-language immersion in schools, children in limited English proficient immigrant families tend to acculturate faster than their parents and are many times the first in their families to become proficient in English. These children are often put in the position of having to be their parents' interpreter; this is sometimes known as "language brokering" (Hua & Costigan, 2012). The practice of language brokering can have unintended psychological effects on the child as well as on the parent-child relationship. Language brokering can cause a child to feel great pressure to correctly relay information, and it can sometimes upset traditional views of familial hierarchical structures if the child is placed in decision-making positions on behalf of his or her parents (Hua & Costigan, 2012).

The kinds of issues that can involve a family with child welfare are often difficult and traumatic. In light of this, children should never be asked to serve as interpreters for their parents in any type of child welfare setting (BRYCS, 2009). Agencies should make an effort to hire bilingual and bicultural staff that can work with families, or ensure that professional and knowledgeable interpreters are available for a variety of languages. Agencies can also make an effort to provide written materials for families in various languages.

Training

When staff work in an environment that actively fosters cultural awareness, they can develop the knowledge and skills to better serve a diverse client base (Calzada & Suarez-Balcazar, 2014). Below are some examples of trainings and guidance to promote cultural competency.

Child Welfare Training Curricula for Staff Working With Refugees and Immigrants, on the BRYCS website, offers a number of training options from various organizations and States. <http://www.brycs.org/clearinghouse/Highlighted-Resources-Child-Welfare-Training-Curricula-for-Staff-Working-with-Refugees-and-Immigrants.cfm>

Culture and Parenting: A Guide for Delivering Parenting Curriculum to Diverse Families, from the University of California Cooperative Extension, helps practitioners evaluate the cultural sensitivity of their family programs and services and provides guidance on creating culturally sensitive parenting programs. <http://www.joe.org/joe/2006august/tt5.php>

Culturally Competent Practice With Latino Families, from Georgia's Division of Family and Children's Services, introduces the basic concepts of culturally competent practice and specific skills and knowledge for culturally competent practice with Latino families. http://dhr.state.ga.us/sites/dfcs.dhs.georgia.gov/files/imported/DHR-DFCS/DHR_DFCS-Edu/Files/Latino%20Module%201%20participant%20guide%204-25-07.pdf

Evidence-Based Practice in Child Welfare in the Context of Cultural Competence, from the University of Minnesota's School of Social Work, offers six online training modules on issues related to cultural competence, child welfare, and evidence-based practice. http://www.cehd.umn.edu/ssw/G-S/EBP-CC_Modules/index.html

Expanding the Family Circle, from the School of Social Welfare at the University at Albany, New York State, offers six modules addressing the vital concepts of cultural

competence and how to integrate them into practice and everyday life. This training was developed through a Children's Bureau Child Welfare Training grant. <http://www.albany.edu/ssw/efc/about-the-training.html>

Trauma-Informed Practice

Immigrant families may suffer from trauma-related issues for a number of reasons. There are aspects of the immigration process itself that can be very difficult for children and families to manage. Immigrants must leave behind family, social networks, and traditional support systems; upon arrival in the new country, they must learn a new language and culture. Some families face additional challenges during their immigration experiences that can cause stress and trauma. Sometimes, family members must immigrate separately. These families often face long periods of separation, or family members who were left behind may continue being exposed to the violent or dangerous situations that made the family want to emigrate. Family separation due to immigrant parent detention and/or deportation can also be incredibly traumatic for a child who may already be struggling with the stresses of immigration (Wessler, 2011). Even when families are able to emigrate from harmful situations and reunite with separated loved ones, the impact of the traumas they suffered can continue to cause stress and conflict.

To help immigrant families deal with trauma, child welfare agencies and related professionals can familiarize themselves with and implement evidence-based, trauma-informed practices. Trauma-informed systems and practices focus on strategies that take the impact of trauma on child development into consideration and strive to minimize its effects without causing additional trauma. One evidence-based treatment approach that can be implemented with traumatized immigrant children and families is trauma-focused cognitive behavioral therapy (TF-CBT). This approach has been shown to help children, adolescents, and caregivers overcome trauma-related difficulties and reduce negative emotional and behavioral responses following child sexual abuse, domestic violence, traumatic loss,

and other traumatic events. It incorporates elements of several therapeutic approaches and provides comprehensive treatment for the entire family.

A flexible approach that can be modified to fit families' needs, TF-CBT has successfully been adapted and used to help manage symptoms such as posttraumatic stress disorder in children from diverse cultures (National Child Traumatic Stress Network, 2004). For more information on TF-CBT, see Information Gateway's issue brief *Trauma-Focused Cognitive Behavioral Therapy for Children Affected by Sexual Abuse or Trauma* (<https://www.childwelfare.gov/pubs/trauma/>).

An approach that has roots in TF-CBT is Culturally Modified Trauma-Focused Treatment (CM-TFT). Developed for use with Latino children, this approach incorporates aspects of Latino cultural concepts into its treatment practices. For more information, see the National Child Traumatic Stress Network's factsheet on CM-TFT at http://www.nctsn.org/nctsn_assets/pdfs/promising_practices/CMTFT_General.pdf.

Conclusion

Immigrant families possess many strengths and skills that have made them an integral part of the United States' social fabric. They have the bravery and dedication to leave their countries for the dream of a better life. Like all families, however, immigrant families face stresses and challenges and sometimes may need child welfare services. It is important for child welfare professionals to be aware of the particular challenges immigrant families can face. These include barriers to services due to limited English proficiency, legal status, and other cultural factors; a lack of culturally accessible services; and issues related to immigration and trauma. With a growing national focus on immigration issues such as unaccompanied immigrant minors and mixed legal status immigrant families, child welfare continues to respond to the changing landscape of its field. By focusing on cultural competency training, working with immigrant family

strengths and helping families work through challenges, exploring promising practices, and collaborating with systems that affect immigrant children and families, child welfare systems can help ensure that the health and well-being of all children and families remain a priority.

Resources

For Professionals

About Unaccompanied Refugee Minors (Office of Refugee Resettlement, HHS) <http://www.acf.hhs.gov/programs/orr/programs/urm/about>

Barriers to Immigrants' Access to Health and Human Services Programs (Office of the Assistant Secretary for Planning and Evaluation, HHS) <http://aspe.hhs.gov/hsp/11/ImmigrantAccess/Barriers/rb.shtml>

Language Access: Translation and Interpretation Policies and Practices (Migration Policy Institute) <http://www.migrationpolicy.org/programs/language-access-translation-and-interpretation-policies-and-practices>

Noncitizen Youth in the Juvenile Justice System: A Guide to Juvenile Detention Reform (Annie E. Casey Foundation) <http://www.aecf.org/resources/noncitizen-youth-in-the-juvenile-justice-system/>

Resources in Spanish (Child Welfare Information Gateway) <https://www.childwelfare.gov/spanish/#tab=general>

Resources on ICE's Parental Interests Directive (Center on Immigration and Child Welfare) <http://cimmcw.org/resources/policy/parental-interest-directive/>

Self-Assessments (National Center for Cultural Competence) <http://nccc.georgetown.edu/resources/assessments.html>

Practice Toolkits for Working With Immigrant Families (Center on Immigration and Child Welfare) <http://cimmcw.org/resources/practice/practice-toolkits/>

State Policies and Examples (Center on Immigration and Child Welfare) <http://cimmcw.org/state-specific-resources/>

For Families and Foster Parents

Niños: A Guide to Help You Protect Your US-Born Child in the Event You Are Detained or Deported (J. Brent Helms and Legal Services Alabama) <http://www.jdsupra.com/post/documentViewer.aspx?fid=f929927d-244c-459c-9f8f-bd39cf516f60>

Questions & Answers for States, School Districts, and Parents and Community Members (U.S. Department of Justice) available in English, Spanish, and Korean: <http://www.justice.gov/crt/about/edu/documents/plyler.php>

Resumen de la Directiva de los Intereses de Padres (Overview of the Parental Interests Directive) (Immigration and Customs Enforcement [ICE])
English: <https://www.ice.gov/about/offices/enforcement-removal-operations/parental-directive.htm>
Spanish: <https://www.ice.gov/espanol/parentalInterest.htm>

What Immigrants and Refugees Need to Know About the Affordable Care Act (ACA) (Substance Abuse and Mental Health Services Administration) <http://beta.samhsa.gov/sites/default/files/immigrants-refugees-affordable-care-act-with-notes.pdf>

For Youth

¡Gradúate! A Financial Aid Guide to Success (*¡Gradúate! Una guía de ayuda financiera para el éxito*) (White House Initiative on Educational Excellence for Hispanics)
English: http://www.ed.gov/edblogs/hispanic-initiative/files/2014/04/English_-%C2%A1Grad%C3%BAate-Financial-Aid-Guide-to-Success.pdf
Spanish: <http://www.ed.gov/edblogs/hispanic-initiative/files/2014/04/Spanish.pdf>

Keeping Safe: A Teen Bilingual Guide (*Cúdense! Una guía bilingüe para jóvenes*) (BRYCS and HHS) <http://www.brycs.org/documents/upload/teens-bilingual-safety-guide.pdf>

Living in the United States: A Guide for Immigrant Youth (*Vivir en los Estados Unidos: Una guía para jóvenes inmigrantes*) (Immigrant Legal Resource Center)
English: <http://www.ilrc.org/for-immigrants-para-inmigrantes/living-in-the-us-guide>
Spanish: <http://www.ilrc.org/para-inmigrantes/vivir-en-los-estados-unidos-una-gu-a>

United We Dream, DREAM Educational Empowerment Program <http://unitedwedream.org/about/projects/education-deep/>

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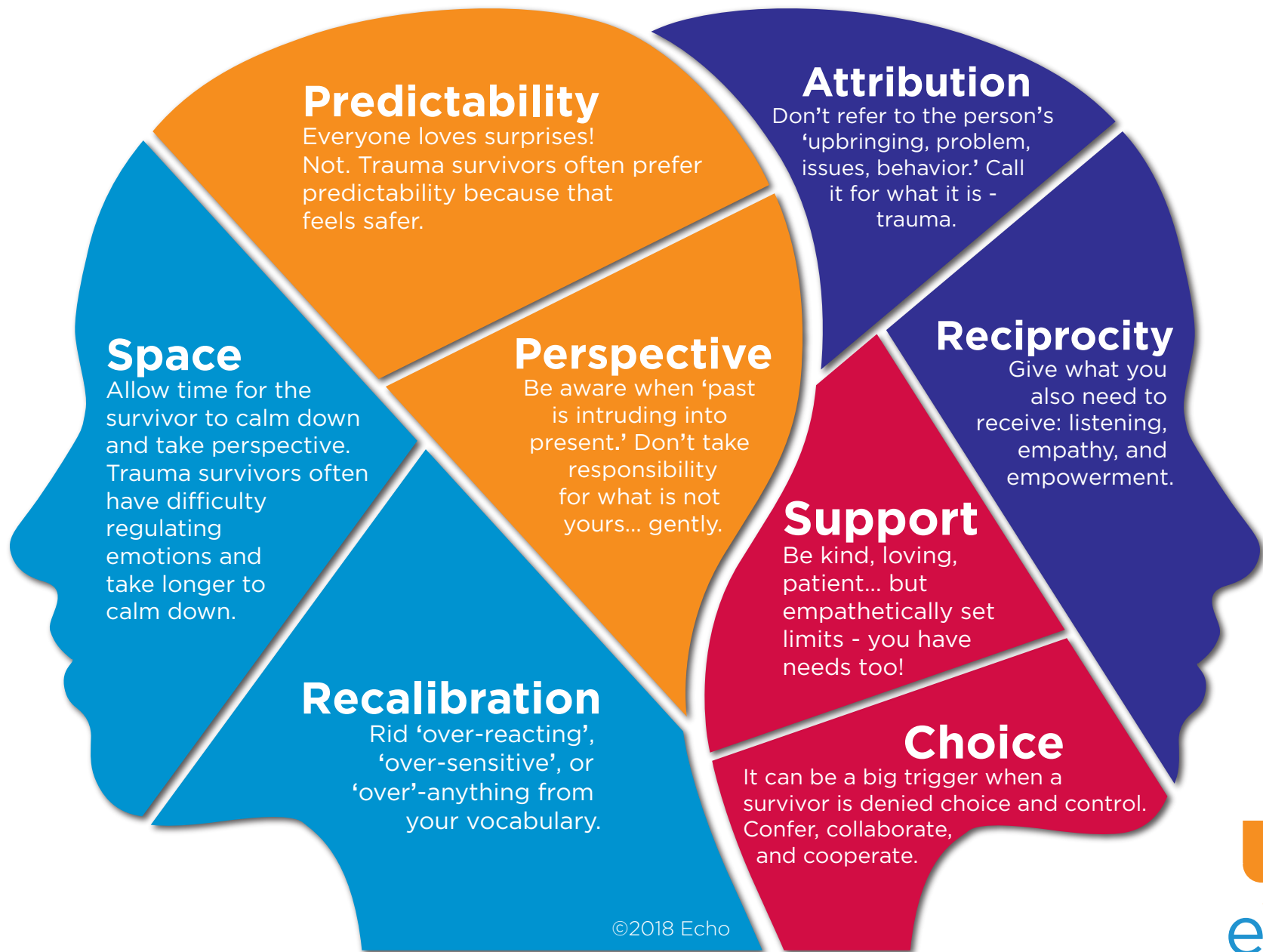
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U.S. Department of Health and Human Services
Administration for Children and Families
Administration on Children, Youth and Families
Children's Bureau



How to Support Someone Who Has Experienced Trauma



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Trauma-Informed Practice

CPS Family Assessments & Investigations

Trauma-informed Child Protective Services (CPS) practices involve both recognizing the varying impact of trauma 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 CPS assessment and investigative processes.

INTAKE

- Ask reporters 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 other child in the home?”
 - “Are you aware of any changes to the child’s behavior resulting from 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 interviews in advance. Find out as much information about the child and case as you can.
- Minimize the number of interviews for children through collaboration, precise documentation, and recording when required.
- 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.

- 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.
- Engage the child using the “Three Houses” tool during Family Assessments (avoid during Investigations).

The Three Houses is a 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 elicit more or different information than other interviewing strategies. To learn more about the Three Houses, see the Practice 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, offer predictability by explaining to and involving 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.
- When appropriate and safe, share the information gathered from the first interview with the child, including the “Three Houses” tool.
- Consider that the investigation or type of abuse/neglect alleged may trigger parents’/ caregivers’ own trauma history.
- Educate caregivers about common behavioral reactions related to trauma in children.

SAFETY PLANNING

- Safety plans should 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 & Support 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 the safety planning process includes identifying possible trauma triggers for the child and family.
- For parents with their own trauma histories, ensure that the safety planning process incorporates 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 safety 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.
 - If appropriate, involve the parent in the process and have them say goodbye.
- Walk the parent through next steps, including: (generally) where their child will be taken; (generally) 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.

QUESTIONS CHILDREN MAY HAVE ABOUT REMOVAL	TRAUMA-INFORMED RESPONSES
“Why can’t I stay with my parents?”	<p><u>For young children:</u> We know that leaving your parents is scary. Your mom/dad needs to do some things to make your home safe before you can stay with them.</p> <p><u>For school-aged children and adolescents:</u> We know that you have a lot of questions and this is a scary time. Keeping you safe is our first priority. Right now, you mom/dad needs some time to make a safe home for your family.</p>
“When can I see my parents again?”	<p><u>For young children:</u> 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.</p> <p><u>For school-aged children and adolescents:</u> 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.</p>
“How long will I be in foster care?”	<p><u>For young children:</u> 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.</p> <p><u>For school-aged children and adolescents:</u> 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. 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.</p>

After the Removal/Separation

- If possible, follow up with the parent about the safety and well-being of their child.

- Conduct a Family Partnership Meeting (FPM) as soon as possible, before the five-day court hearing.

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, including trauma history and related reactions and triggers.
- Provide the child with information (including photos) about placement in advance.
- When possible, provide parents with pre-approved information about the resource family at the time of placement to help alleviate 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 safe and 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.
- 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 & Support Network/Child and Family Team (CFT) and case planning process.
- Integrate work with building Safety & Support Networks for gathering information about, locating and contacting extended family members, friends, and lay helpers for potential support and/or placement resources.

- Educate parents about the importance of trauma-focused treatment for children (and/or for themselves) when current trauma reactions are present.
- 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 a screening tool and Child and Adolescent Needs and Strengths (CANS) 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

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"

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.

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.



Trauma-Informed Practice

In-Home and Foster Care Services

Trauma-informed practices in ongoing services 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 In-Home Services and Foster Care Services 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 biological 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 biological parents to talk with the child shortly after placement (within 24 hours) when appropriate.

TRAUMA-INFORMED STRATEGIES FOR COLLABORATING WITH BIOLOGICAL 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.

- Ask resource and biological 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 biological 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 biological 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 IN-HOME AND FOSTER CARE SERVICES

- 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 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.



Trauma-Informed Practice

Permanency Planning

Trauma-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. Trauma-informed strategies integrate with existing practices and are infused throughout the permanency planning process.

PERMANENCY PLANNING

- Participate in trauma training, coaching and ongoing support.
- Support the role of caregivers as healers through the use of training and coaching to encourage transfer of knowledge.
- Utilize the Child and Family Team (CFT) Meeting as a forum to reduce the likelihood of placement disruptions.
- Bring any placement concerns to your supervisor early on to prevent disruption.
- Ensure that parents and caregivers are receiving appropriate services, including trauma-informed services as needed, to address barriers to permanency.
- Educate parents and caregivers about secondary trauma and link them to support groups and treatment as needed.
- Ask resource and biological parents what you can do to support them during this process.
- Integrate other best practices throughout the entire permanency planning phase, including utilizing the three questions and safety networks.

REUNIFICATION

- Create or amend plans with the family, to include psychological safety (what makes the child feel safe and unsafe, and what parents can do to make the child feel safer).
- Convene CFT Meetings to establish expectations, address any physical or psychological safety concerns, and plan for the transition.

TIPS FOR HELPING CHILDREN REGULATE EMOTIONS DURING THE PERMANENCY PLANNING 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.

- Prepare parents for reunification by assisting them in understanding their own trauma as well as the trauma their child may have experienced.
- Consult your supervisor if you have any concerns regarding reunification; be sure to share reunification success stories that involved identifying and addressing parent and child trauma.
- Help parents create a crisis plan, including respite care.
- Schedule overnight/weekend family time prior to reunification to ease the transition for the child and family.
- Provide parents with the child's schedule/routine, including appointments, medications, etc.
- Encourage parents to attend appointments, especially therapy appointments, with the child prior to reunification.

TRAUMA-INFORMED AND THE THREE QUESTIONS

Utilizing the Three Questions is one effective strategy to gather critical information related to trauma.

1. **What are we worried about?** Listen for responses that suggest trauma exposure, such as fear of a caregiver due to concerns of violence and/or abuse, not feeling safe in the community, or other symptoms of trauma exposure.
2. **What is working well?** Conversely, responses to this question can suggest areas in which the child and caregiver is feeling safe and competent, respectively.
3. **What needs to happen next?** This question actively engages the child and caregiver in identifying solutions to increase their sense of safety and self-employment to make positive changes. In addition to the Three Questions, the Safety and Support Circles can help parents identify existing safety networks that they can turn to in need. Within a strong network, these individuals will be in their lives long after the child welfare case has closed.

- Keep children in the same school, when possible, to minimize disruption and promote ongoing peer support.
- Ensure that children and parents can continue therapy prior to and throughout the transition.
- Help children maintain their connection with the resource family, and actively facilitate and support connections between the biological and resource family prior to reunification to ease the transition for the child.

ADOPTION AND GUARDIANSHIP

- Provide training for adoptive parents and guardians that is especially focused on trauma and loss.
- Match children to adoptive families based on their individual needs, including trauma-related needs.
- Partner with courts to ensure judges and legal staff understand the nature and implications of trauma.

- Ensure ongoing connections for children.
- Ensure that adoptive families and guardians have all the information about the child's trauma history and reactions that they need to care for the child and meet their needs.
- Promote adoptive parent and guardian involvement in the child's therapy as well as conjoint or family therapy (where indicated) prior to adoption/guardianship.
- Prepare children for adoption/guardianship; let them transition at their own pace.
- Help children process their feelings about being adopted or entering into legal guardianship.
- Ensure that children have a voice and choice in the process.
- When it is in the best interest of the child, support ongoing contact with the biological family, siblings, relatives and kin connections; educate adoptive families and guardians as to the importance of maintaining connections for children.
- Help adoptive parents and guardians plan a special celebration for finalization of adoption/guardianship.
- Link families to resources and trauma-informed services.
- Consult with your supervisor if you have any concerns regarding the permanent placement.

POST-PERMANENCY SUPPORTS

- Work with partnering agencies and systems to ensure ongoing access to mental health and support services for families.
- Ensure ongoing access to trauma-informed therapy (individual and family) and services (including In-Home services) for families upon permanency/case closure.
- Ensure ongoing access to crisis intervention services, respite care, and support groups for children and caregivers, along with educational support, parent training, and financial assistance.
- Work with the family to prepare for change and provide tools for managing placement changes, worker changes and other significant transitions.
- Reduce the role of child welfare and professional services over time; facilitate an increased role for the family's network and natural supports.

TIPS FOR CREATING SAFETY THROUGHOUT THE PERMANENCY PLANNING 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.

- When placement or permanency changes are necessary, work to ensure that the CFT agrees with the plan, or, at minimum, understands why a decision is being made.
- Make sure that any referrals for continuing care or supportive resources are in place and working before the transition is complete.
- Prior to closing a case, ensure that appropriate supports are in place for the child and family to help them manage any residual trauma issues.

TRANSITIONING INTO ADULTHOOD

- Participate in training focused on the trauma of aging out of foster care without a permanent adult connection.
- Understand trauma-related behaviors youth may exhibit prior to transition.
- Evaluate independent living skills programs to ensure they are adequately preparing youth to succeed in life.
- Work with mental health providers to ensure ongoing access to trauma-informed mental health and substance abuse treatment for transitioning youth.
- Conduct a thorough assessment of youth needs, including trauma-related needs, as they prepare to exit the system. Engage youth in determining what services and supports are needed.
- Link transitioning youth to ongoing community support services, including mentorship programs and other programs that provide concrete services such as housing and financial support.
- Ensure that youth have permanent connections to supportive adults; help youth connect or re-connect with relatives, teachers, coaches and other supportive adults.

CRITICAL ELEMENTS OF TRANSITIONAL PLANNING

- 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 are prepared to succeed in college/ post-education and training.
- Youth in foster care have access to internships and meaningful work experiences that position them for successful careers.

Ten Things Every Juvenile Court Judge Should Know About Trauma and Delinquency

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Introduction

Studies also demonstrate that youth who have multiple exposures to violence or victimization are at higher risk for mental health problems, behavioral problems, substance abuse, and delinquent behaviors.

The majority of youth who develop a pattern of delinquent behaviors and experience subsequent juvenile court involvement have faced both serious adversities and traumatic experiences. Research continues to show that most youth who are detained in juvenile detention centers have been exposed to both community and family violence and many have been threatened with, or been the direct target of, such violence (Abram et al., 2004; Wiig, Widom, & Tuell, 2003). Studies also demonstrate that youth who have multiple exposures to violence or victimization are at higher risk for mental health problems, behavioral problems, substance abuse, and delinquent behaviors (Ford, Chapman, Hawke, & Albert, 2007; Ford, Elhai, Connor, & Frueh, in press; Saunders, Williams, Smith, & Hanson, 2005; Tuell, 2008).

The mission of the juvenile court is complex. The court is tasked with protecting society, safeguarding the youth and families that come to its attention, and holding delinquent youth accountable while supporting their rehabilitation. In order to successfully meet these sometimes contradictory goals, the courts, and especially the juvenile court judge, are asked to understand the myriad underlying factors that affect the lives of juveniles and their families. One of the most pervasive of these factors is exposure to trauma. To be most effective in achieving its mission, the juvenile court must both understand the role of traumatic exposure in the lives of children and engage resources and interventions that address child traumatic stress. Accordingly, the purpose of this technical assistance bulletin is to highlight ten crucial areas that judges need to be familiar with in order to best assist traumatized youth who enter the juvenile justice system.

1. A traumatic experience is an event that threatens someone's life, safety, or well-being.

Trauma can include a direct encounter with a dangerous or threatening event, or it can involve witnessing the endangerment or suffering of another living being. A key condition that makes these events traumatic is that they can overwhelm a person's capacity to cope, and elicit intense feelings such as fear, terror, helplessness, hopelessness, and despair. Traumatic events include: emotional, physical, and sexual abuse; neglect; physical assaults; witnessing family, school, or community violence; war; racism; bullying; acts of terrorism; fires; serious accidents; serious injuries; intrusive or painful medical procedures; loss of loved ones; abandonment; and separation.

KEY DEFINITIONS

Acute Trauma: "A single traumatic event that is limited in time. An earthquake, dog bite, or motor vehicle accident are all examples of acute traumas" (Child Welfare Committee (CWC)/National Center for Child Traumatic Stress Network (NCTSN) 2008, p. 6).

Chronic Trauma: "Chronic trauma may refer to multiple and varied (traumatic) events such as a child who is exposed to domestic violence at home, is involved in a car accident, and then becomes a victim of community violence, or longstanding trauma such as physical abuse or war." (CWC/NCTSN, 2008, p. 6).

Complex Trauma: "Complex trauma is a term used by some experts to describe both exposure to chronic trauma—usually caused by adults entrusted with the child's care, such as parents or caregivers—and the immediate and long-term impact of such exposure on the child." (CWC/NCTSN, 2008, p. 7).

Hypervigilance: "Abnormally increased arousal, responsiveness to stimuli, and scanning of the environment for threats" (Dorland's Medical Dictionary for Health Consumers, 2007). Hypervigilance is a symptom that adults and youth can develop after exposure to dangerous and life-threatening events (Ford et al., 2000; Sippelle, 1992). The American Psychiatric Association's diagnostic criteria manual (DSM-IV-TR) identifies it as a symptom related to Post Traumatic Stress Disorder (American Psychiatric Association, 2000).

Resiliency: "A pattern of positive adaptation in the context of past or present adversity" (Wright & Masten, 2005, p. 18).

Traumatic Reminders: "A traumatic reminder is any person, situation, sensation, feeling, or thing that reminds a child of a traumatic event. When faced with these reminders, a child may re-experience the intense and disturbing feelings tied to the original trauma." (CWC/NCTSN, 2008, p. 12).

A key condition that makes these events traumatic is that they can overwhelm a person's capacity to cope, and elicit intense feelings such as fear, terror, helplessness, hopelessness, and despair.

2. Child traumatic stress can lead to Post Traumatic Stress Disorder (PTSD).

Rates of PTSD in juvenile justice-involved youth are estimated between 3%-50% (Wolpaw & Ford, 2004) making it comparable to the PTSD rates (12%-20%) of soldiers returning from deployment in Iraq (Roehr, 2007).

While many youth who experience trauma are able to work through subsequent challenges, some display traumatic stress reactions. The impact of a potentially traumatic event is determined, not only by the objective nature of the event, but also by the child's subjective response to the event; something that is traumatic for one child may not be for another. The degree to which a child is impacted by trauma is influenced by his or her temperament; the way the child interprets what has happened; his or her basic coping skills; the level of traumatic exposure; home and community environments; and the degree to which a child has access to strong and healthy support systems.

Rates of PTSD in juvenile justice-involved youth are estimated between 3%-50% (Wolpaw & Ford, 2004) making it comparable to the PTSD rates (12%-20%) of soldiers returning from deployment in Iraq (Roehr, 2007). PTSD is a psychiatric disorder defined in the DSM-IV-TR, and several conditions or criteria must be met for an individual to receive the diagnosis. These criteria include: having been exposed to a threatening event, experiencing an overwhelming emotional reaction, and developing symptoms causing severe distress and interference with daily life. Further, individuals also must experience a sufficient number of the following three symptoms for more than one month: *avoidance* (i.e., avoiding reminders of the trauma); *hyperarousal* (i.e., being emotionally or behaviorally agitated); and *re-experiencing* (e.g., nightmares or intrusive memories). Since the PTSD diagnosis was developed initially to describe an adult condition, the definition is not a perfect fit for what professionals often see with children and youth who have experienced trauma. It is also important to understand that not all youth who are impacted severely by traumatic stress develop PTSD. Some youth may experience partial symptoms of PTSD, other forms of anxiety or depression, or other significant impairments in their ability to meet the demands of daily life (e.g., emotional numbness or apathy).

3. Trauma impacts a child's development and health throughout his or her life.

Traumatic experiences have the potential to impact children in all areas of social, cognitive, and emotional development throughout their lives. Trauma that occurs early in life, such as infancy or toddlerhood, strikes during a critical developmental period. The most significant amount of brain growth occurs between birth and two years of age. Exposure to child abuse and neglect can restrict brain growth especially in the areas of the brain that control learning and self regulation (DeBellis, 1999). Exposure to domestic violence has also been linked to lower IQ scores for children (Koenen, Moffitt, Avshalom, Taylor, & Purcell, 2003). In addition to critical periods of brain development, it is during early childhood that children develop the foundations for their future relationships. When young children are cared for by parents who protect them, interact with them, and nurture them, they can learn to trust others, develop empathy, and have a greater capacity for identification with social norms (Putnam, 2006). Loss of a caregiver or being parented by a significantly impaired caregiver can disrupt children's abilities to manage their emotions, behaviors, and relationships. Youth who experience traumatic events may have mental and physical health challenges, problems developing and maintaining healthy relationships, difficulties learning, behavioral problems, and substance abuse issues (Ford et al., 2007; Saunders et al., 2005). In other words, what occurs in the lives of infants and young children matters a great deal and can set the stage for a child's entire life trajectory.

The experience of either **acute trauma** (a single traumatic event limited in time), or **chronic trauma** (multiple traumatic events) can derail a child's development if proper supports or treatment are not accessed (Garbarino, 2000). It is not likely just one traumatic event will lead a youth to become violent or antisocial, rather it is both a series and pattern of traumatic events – occurring with no protection, no support, and no opportunities for healing – that places youth at the highest risk (Garbarino, 2000). It is this pattern of chronic trauma that affects many youth who come before the juvenile court system. Research also suggests that the impact of trauma can persist into adulthood and can increase risk of serious diseases, health problems, and early mortality (Felitti et al., 1998). Given that child traumatic stress can impact brain development and have such a profound influence throughout a person's lifespan, it is essential for courts and communities to work together to prevent traumatic events where possible (such as child abuse and neglect) and to provide early interventions to treat traumatic stress before a youth becomes entrenched in a pattern of maladaptive and problematic behavior.

Exposure to child abuse and neglect can restrict brain growth especially in the areas of the brain that control learning and self regulation (DeBellis, 1999).

4. Complex trauma is associated with risk of delinquency.

By recognizing and addressing the role of trauma in the lives of youth, the court and other systems can become more effective in meeting the needs of the justice-involved youth and the needs of the community.

The effect of trauma is cumulative: the greater the number of traumatic events that a child experiences, the greater the risks to a child's development and his or her emotional and physical health. Youth who experience **complex trauma** have been exposed to a series of traumatic events that include interpersonal abuse and violence, often perpetrated by those who are meant to protect them. This level of traumatic exposure has extremely high potential to derail a child's development on a number of levels. Youth who are victimized by abuse, and are exposed to other forms of violence, often lose their trust in the adults who are either responsible for perpetrating the abuse or who fail to protect them. Victimization, particularly victimization that goes unaddressed, is a violation of our social contract with youth and can create a deep disregard both for adults in general and the rules that adults have set (Cook, Blaustein, Spinazzola, & van der Kolk, 2003; Cook et al., 2005). Distrust and disregard for adults, rules, and laws place youth at a much greater risk for delinquency and other inappropriate behaviors.

Danny, a runaway who was interviewed in a residential treatment program, expressed anger and frustration with the fact that the juvenile court's first response was to quickly issue punitive consequences for his delinquent behavior, while being very slow to act and protect him from the physical abuse that he was suffering at the hands of his parent. He asserted that courts need to ask the questions, "Why is this kid running away? Why is he acting out like this?" It does not go unnoticed by youth when their safety and well-being is not addressed but their delinquent behavior is. These kinds of paradoxes and frustrations can increase the likelihood that youth will respond defiantly and with hostility to court and other professionals who are in positions of authority. System professionals would benefit from recognizing that imposing only negative or punitive consequences will likely do little to change the youth's patterns of aggression, rule breaking, and risky behaviors because such a response does not address the impact of traumatic stress on the child. By recognizing and addressing the role of trauma in the lives of youth, the court and other systems can become more effective in meeting the needs of the justice-involved youth and the needs of the community.

5. Traumatic exposure, delinquency, and school failure are related.

Academic failure, poor school attendance, and dropping out of school are factors that increase the risk of delinquency. Success in school requires confidence, the ability to focus and concentrate, the discipline to complete assignments, the ability to regulate emotions and behaviors, and the skills to understand and negotiate social relationships. When youth live in unpredictable and dangerous environments they often, in order to survive, operate in a state of **hypervigilance**. Clinical dictionaries typically describe hypervigilance as abnormally increased physiological arousal and responsiveness to stimuli, and scanning of the environment for threats. Individuals who experience hypervigilance often have difficulty sleeping and managing their emotions, and because they often see people or situations as a threat they are more likely to react in aggressive or defensive ways. The mindset and skills involved in hypervigilance fundamentally conflict with the skills and focus needed to succeed in school academically, socially, and behaviorally.

Unfortunately, school performance and attendance issues (whether trauma related or not), can be exacerbated by involvement in the juvenile justice or child protections systems. Studies in New York City and the State of Kentucky found that after being released from juvenile justice facilities, between 66%-95% of youth either did not return to school or dropped out (Brock & Keegan, 2007). Youth may experience absences while waiting for records to transfer, a delay in specialized services, inadequate educational planning, and poor service coordination between school systems, child welfare agencies, and juvenile justice systems. Also, it may be easier for youth to act out or give up than to continue failing in school. It is essential that the juvenile justice system work with other community partners to ensure that youth have the supports they need to attend and succeed in school. Without these supports and resources, uneducated youth face further adversities such as poverty, unemployment, and ongoing justice system involvement.

When youth live in unpredictable and dangerous environments they often, in order to survive, operate in a state of hypervigilance.

6. Trauma assessments can reduce misdiagnosis, promote positive outcomes, and maximize resources.

When there is a lack of thorough assessment, youth are provided treatment based on these behavioral diagnoses, without addressing the traumatic experiences that are contributing to the symptoms.

“Sixty-percent of youth involved in the juvenile justice system suffer from diagnosable mental health disorders” (Wood, Foy, Layne, Pynoos, & James, 2002, p. 129). Many of these youth have extensive histories of mental health treatment that may also include the use of psychotropic medication. Often youth who are exposed to chronic or complex trauma receive a diagnosis of Attention Deficit Disorder, Oppositional Defiant Disorder, Conduct Disorder, or other mental health disorders. These diagnoses are predominantly based on observable behaviors and symptoms. When there is a lack of thorough assessment, youth are provided treatment based on these behavioral diagnoses, without addressing the traumatic experiences that are contributing to the symptoms. In order to avoid this disconnect, trauma screenings and standardized assessments should be implemented at intake and at other points of contact. There are a number of assessments that assist in both identifying and tracking trauma histories, such as the Traumatic Events Screening Inventory (Daviss et al., 2000; Ford et al., 2000) and the Child Welfare Trauma Screening Tool (Igelman et al., 2007). There are also validated, standardized assessment tools that assist with identifying both mental health and behavioral symptoms and disorders related to traumatic experiences such as the UCLA Posttraumatic Stress Disorder Reaction Index (Steinberg, Brymer, Decker, & Pynoos, 2004) and the Trauma Symptom Checklist for Children (Briere, 1996). With such a strong body of knowledge and tools available, and so much at stake for youth and society, it makes good sense and is also ethically imperative to use evidence-based assessment tools to make accurate diagnoses that can inform appropriate responses and treatment for trauma-exposed youth.

7. There are mental health treatments that are effective in helping youth who are experiencing child traumatic stress.

A number of evidence-based practices (EBPs) are available to courts and communities for treating youth who are impacted by trauma. EBPs are practices that have been evaluated through rigorous scientific studies and have been found to be effective. It is a service provider's ethical responsibility to provide the highest standard of care and to use evidence-based practices whenever possible. It is also imperative that referrals for treatment be made to service providers that use trauma-focused EBPs, so that youth may receive both the best care and the most positive outcomes. The Centers for Disease Control indicates that the most highly effective treatments for traumatic stress are cognitive behavioral treatment models (Centers for Disease Control, 2008). Typically, trauma-focused, evidence-based treatments include the following components: psychoeducation, caregiver involvement and support, emotional regulation skills, anxiety management, cognitive processing, construction of a trauma narrative, and personal empowerment training. Judges can and should discuss the availability of EBPs with their treatment providers and advocate for the development of trauma-specific programming. (Please visit www.nctsn.org for a list of evidence-based trauma treatments and respective evidence, treatment components, and target populations.)

EVIDENCE-BASED TREATMENTS FOR WORKING WITH YOUTH WHO HAVE EXPERIENCED TRAUMA

There are a variety of treatments that research suggests are effective in working with youth who have experienced trauma. A comprehensive list of such treatments and supporting documentation is available at http://www.nctsn.org/nctsn_assets/pdfs/CCG_Book.pdf. Some of the more common evidence-based treatments, however, include (in no particular order):

Cognitive Behavioral Intervention for Trauma in Schools (CBITS): Tested with youth who have experienced violence and complex trauma. CBITS is provided in a group format in schools, residential programs, and other similar environments.

Trauma Affect Regulation: Guide for Education and Therapy (TARGET-A): TARGET-A shows evidence of effectiveness with youth who are in correctional facilities, residential settings, and community-based programs. This model can be practiced in group, individual, and family formats, which helps both youth and families to better understand trauma and stress, and to develop skills that help them to think through, and regulate, their emotional, cognitive, and behavioral responses to stress triggers.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): Youth (and their parents, possibly) are taught to process the trauma; manage distressful thoughts, feelings, and behaviors; and enhance both personal safety and family communication. It can be provided over a relatively short period of time in virtually any setting.

Sanctuary Model: The Sanctuary Model promotes system change based on the creation and maintenance of a nonviolent, democratic, productive community to help individuals heal from trauma. The model provides a common language for staff, clients, and other stakeholders, and can be adapted to several settings and populations.

It is also imperative that referrals for treatment be made to service providers that use trauma-focused EBPs, so that youth may receive both the best care and the most positive outcomes.

8. There is a compelling need for effective family involvement.

Families may need education about traumatic stress and treatments that work so they can be more supportive of their children, and for some families, this education will help them address their own traumatic experiences.

Youth who do not have helpful and consistent family support are at higher risk of violence and prolonged involvement in the court system (Garbarino, 2000). If juvenile courts are to enhance their success in rehabilitating juveniles who commit delinquent acts, they need to maximize opportunities to engage and partner with their caregivers. This means working to develop meaningful involvement of biological parents, extended family members, kinship caregivers, adoptive families, foster parents, and others.

Families may need education about traumatic stress and treatments that work so they can be more supportive of their children, and for some families, this education will help them address their own traumatic experiences. Kinship caregivers, foster parents, and adoptive families often regret not being involved sooner in a child's life so they could have prevented earlier traumatic events. Often out-of-home caregivers need more information about what specific traumatic events or adversities a child may have experienced prior to becoming part of their family so they can make sense out of the child's behaviors and find helpful ways to respond.

There can be obstacles and challenges to achieving successful family involvement. Sometimes families avoid interactions with the court system because of feelings of shame and fears of being criticized. Therefore, courts might wish to engage families in ways that can help them feel more valued, respected, and invited to participate in the court processes and their child's rehabilitation. Practical and economic issues can also play a significant role in limiting family involvement, including: too much distance from the child's home to the juvenile correction center, lack of reliable transportation, language and cultural barriers, and feelings of being overwhelmed and intimidated about interacting with a large public institution. When courts collaborate with community organizations and families, they may be able to find some practical ways to locate the resources that enable increased family participation. The best strategy to improve family involvement and partnerships is for the courts to take the time to ask them for guidance and solutions.

9. Youth are resilient.

Resiliency is the capacity for human beings to thrive in the face of adversity – such as traumatic experiences. Research suggests that the degree to which one is resilient is influenced by a complex interaction of risk and protective factors that exist across various domains, such as individual, family, community and school. Accordingly, most practitioners approach enhancing resiliency by seeking both to reduce risk (e.g., exposure to violence) and increase protection (e.g., educational engagement) in the lives of the youth and families with whom they work. Research on resiliency suggests that youth are more likely to overcome adversities when they have caring adults in their lives. Through positive relationships with adults, youth experience a safe and supportive connection that fosters self-efficacy, increases coping skills, and enhances natural talents. Parents and other important familial adults can help increase their children's ability to heal from trauma and promote prosocial behaviors by spending time at home together, talking, sharing meals, and “setting clear boundaries for behavior and reasonable disciplinary actions” (National Youth Violence Prevention Resource Center, 2007). Further, schools, courts, and communities can enhance resiliency by providing opportunities for youth to make meaningful decisions about their lives and environment, as well as investing in recreational programs, arts, mentorship, and vocational programs. The Search Institute, in Minneapolis, Minnesota, has developed a variety of tools to identify and promote developmental assets (www.search-institute.org).

Research on resiliency suggests that youth are more likely to overcome adversities when they have caring adults in their lives.

10. Next steps: The juvenile justice system needs to be trauma-informed at all levels.

To help sustain and ensure effectiveness of a trauma-informed juvenile justice system, data needs to be collected, evaluated, and used to determine the quality, fidelity, and effectiveness of the system changes.

Trauma-informed systems of care understand the impact of traumatic stress both on youth and families, and provide services and supports that prevent, address, and ameliorate the impact of trauma. It is essential that juvenile courts work to provide environments that are safe and services that do not increase the level of trauma that youth and families experience. For example, a trauma-informed juvenile justice system understands that youth who are chronically exposed to trauma are often hypervigilant and can be easily triggered into a defensive or aggressive response toward adults and peers. Such a juvenile justice system makes system-level changes to improve a youth's feelings of safety, reduce exposure to **traumatic reminders**, and help equip youth with supports and tools to cope with traumatic stress reactions. The provision of or referral to evidence-based trauma-informed treatment is essential within a trauma-informed system, as youth are less likely to benefit from rehabilitation services if the system they are involved in does not respond to their issues of safety and victimization.

Trauma-informed systems require successful and respectful partnerships between youth, families, professionals, and other stakeholders. To help sustain and ensure effectiveness of a trauma-informed juvenile justice system, data needs to be collected, evaluated, and used to determine the quality, fidelity, and effectiveness of the system changes. For example, there needs to be supervision and evaluation to ensure that trauma-informed interventions are being practiced the way they were designed in the particular evidence-based treatment model. Clinical outcome measures need to be used at least pre- and post-treatment to determine if a decrease in symptoms and/or increase in healthy coping have occurred during and after completion of the therapy model. Often juvenile detention centers have looked at rates of aggression, self-injury, and restraint and seclusion as data to help determine if the trauma-informed treatments are effective or in need of modification. All stakeholders need to be regularly informed on the status and quality of the outcomes of the system change efforts (Fixsen, Blase, Naoom, & Wallace, 2007). There are many resources that describe trauma-informed care in various service systems, such as juvenile justice, that can help guide interested systems through a transformation process.

Summary

Juvenile courts can benefit from understanding trauma, its impact on youth, and its relationship to delinquency. Research has repeatedly shown that the majority of youth in the juvenile justice system have experienced traumatic events; the juvenile court is disadvantaged if this fact is overlooked. By becoming trauma-informed, juvenile justice personnel aid the juvenile court in its mission of protecting and rehabilitating traumatized youth while holding them responsible for their actions. Rehabilitation resources also can be maximized by utilizing effective assessment and treatment strategies that reduce or ameliorate the impact of childhood trauma. Ultimately, such efforts will help promote improved outcomes for youth, families, and communities most in need of our help.

Research has repeatedly shown that the majority of youth in the juvenile justice system have experienced traumatic events; the juvenile court is disadvantaged if this fact is overlooked.

Resources

For more information about trauma, delinquency, or other issues of interest to juvenile and family courts, please contact the National Child Traumatic Stress Network (NCTSN) at info@nctsn.org or the National Council of Juvenile and Family Court Judges (NCJFCJ) at (775) 784-6012; e-mail jflinfo@ncjfcj.org. Other resources are available online at:

www.safestartcenter.org/cev/index.php

www.ojjdp.ncjrs.gov

www.search-institute.org

www.nctsnet.org

www.ncjfcj.org

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THE SUPREME COURT *of* OHIO

JUVENILE COURT TRAUMA-INFORMED PRACTICES

CONSIDERING TRAUMA IN CHILDREN

EXPOSURE TO TRAUMA

A traumatic experience may be defined as an event involving actual or threatened exposure to death, severe injury, or sexual abuse. Complex trauma, exposure to multiple or prolonged traumatic events, increases the likelihood and severity of a reaction to the trauma.

- Has the child been exposed to abuse, including physical or sexual, or domestic violence?
- Has the child been exposed to substance abuse in the home?
- Has the child experienced a severe accident or major illness?
- Has the child experienced significant grief due to a major loss?
- Has the child experienced a natural or man-made disaster?
- Has the child been subjected to community violence, including gang activity?
- Has the child experienced an assault, harassment, or bullying?
- Has the child experienced homelessness?
- Has the child been exposed to multiple or prolonged traumatic events?

EFFECTS OF TRAUMA

Trauma may cause children to act in “survival mode,” causing maladaptive coping behaviors such as defiance, superficial indifference, inappropriate smiling or laughter, extreme passivity, quickness to anger, and non-responsiveness to simple questions.

- Have previous sanctions against the child been unsuccessful?
- Does the child exhibit unusual behaviors in the courtroom or out in the community?
- Are there signs of distress in the parent-child relationship, e.g., a distant or disapproving relationship, inconsistent or inappropriate response to the child?
 - Does the birth parent have a history of trauma?
- Are the child’s caregivers helping or preventing the child from feeling safe?
 - Does the child have a protective caregiver?
 - Have the caregivers been a consistent presence in the child’s life?
- Are there people or places that do not make the child feel safe?
 - Is the environment chaotic or dangerous?
 - Is the child at risk of being re-exposed to trauma or triggered by reminders of traumatic experiences?

RELEVANT INFORMATION

- Does the court have all the information regarding the child's history, including child welfare reports and any other court proceedings involving the child?
- Is the court aware of all the professionals working with the child? Do they coordinate care and communicate with the court?
- Has the child been assessed for developmental delays, learning problems, or mental health diagnoses?
 - If not and concerns have been recognized, order appropriate evaluations.
- Has the child received trauma-informed, evidence-based evaluation and treatment?
- Has the child ever been placed outside of the home?
 - If so, was the child successful in the placement?
 - If previous disruptions, were the behaviors leading to disruption related to triggers that may be associated with the child's trauma history?
 - Were placement changes managed in a trauma-informed manner?
 - If child is in placement, has the caregiver provided any reports on the child's adjustment and behavior?

OUT-OF-HOME PLACEMENT

Placement, even if necessary, may be a traumatizing event. When making placement decisions, consider child's trauma history and the effect of the placement.

- What is the best placement option to recover from traumatic stress or loss? Will the child feel safe and secure?
- Will the child be harmed by being exposed to peers with similar histories of trauma or the potential of further exposure to traumatic events, i.e., aggression?
- Can safeguards be put into place to minimize the child's triggers, i.e., could isolation or physical restraint cause a traumatic response?
- Will disclosing the child's history of trauma to the caregivers or staff enhance care or re-victimize the child?
- Are the caregivers and staff knowledgeable about recognizing and managing trauma reactions to help support the child's safety and ability to recover from the traumatic stress?
- How will the child maintain contact with supportive adults, siblings, and peers, as appropriate?

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STRATEGIES FOR TRAUMA-INFORMED COURTS

COURTROOM PRACTICES¹

- Provide opportunities for education to all staff on the adverse effects of traumatic events on children and appropriate responses to prevent further traumatization and minimize the reactivation of traumatic response.
- Appoint legal representation who understand the effect of trauma on children and families.
- Apply procedural justice principles in all court proceedings, including explaining proceedings to the children and their families, inquiring about their needs, and asking their input, as appropriate.
- Promote diversion programs that result in the least restrictive level of court involvement.
- Develop cross-system collaboration.
- Identify treatment and other social service providers who have expertise in evidence-based trauma assessment and interventions.
- Implement procedures to identify children involved in multiple systems, e.g., crossover youth.
- Ensure that language barriers or cognitive limitations do not limit access to trauma-informed services.
- Promote opportunities to prevent and manage the effects of secondary traumatic stress, including access to resources, e.g., employee assistance programs.

PARENTS WITH TRAUMA HISTORIES²

Parents' own experience of trauma may impact their ability to act as parents.

- Traumatic experiences may present difficulty with:
 - Making appropriate safety judgments.
 - Meeting their children's emotional needs.
 - Forming trusting relationships, including with their children.
 - Managing their own and their children's emotions.
 - Managing other stresses, such as poverty, racism, substance abuse, and lack of social support.

Court experiences may trigger or re-traumatize parents, causing a parent to appear numb, disengaged, or defensive.

- Strategies that may be useful with traumatized parents include:
 - Let the parent know that attorneys and judges want to help them and their families, especially if the parents appear numb or disengaged.
 - Build on the parent's strengths and their desires to be effective.
 - Become familiar with providers who can perform trauma assessments and have experience treating trauma and co-occurring disorders, e.g., substance abuse and other mental health disorders, in adults.

1 National Child Traumatic Stress Network. (2016) Essential Elements of a Trauma Informed Juvenile Justice System.

2 National Child Traumatic Stress Network, Child Welfare Committee. (2011). Birth parents with trauma histories and the child welfare system: A guide for judges and attorneys. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress.

FOSTER RESILIENCE³

Adverse childhood experiences (ACEs) create toxic stress which may damage the developing brains of children and affect their mental and physical health.

- Identify services for parents and caregivers that promote problem-solving and healthy relationships.
- Identify services for parents and caregivers that provide education on ACEs and healthy child development.
- Support the nurturing relationships and attachments that children have with their caregivers and other adults.
- Look for ways to increase a child's social connections.
- Ensure the basic needs of the child are being met consistently.
- Consider supports or interventions that build social and emotional skills.
- Evaluate the children's support network to ensure they are physically and emotionally safe.
- Identify services for children that promote a safe environment to identify and manage emotions.

³ Community & Family Services Division at the Spokane (WA) Regional Health District. Stress and Early Brain Development: Understanding Adverse Childhood Experiences (ACEs).

Tip Sheet for Clinicians

Testifying in Court about Trauma: How to Prepare



“It is critical that therapists willingly go to court to try to impart their knowledge to the judge. The judge will only make a good decision if he or she has good information. Therapists have that information because of the intimate relationship they have with the kids they treat.”

Judge Michael Howard,
Stark County Family Court, Canton, Ohio

CASE EXAMPLE (Introduction):

Laura is a ten-year-old girl who experienced ongoing sexual abuse by her step-uncle. She lives with her parents, but was staying at her aunt's home when the last abuse incident took place. Laura finally told her aunt, who believed her and reported the abuse. The authorities were notified and, at a Children's Advocacy Center, Laura participated in a forensic assessment consisting of a trauma screen and standardized trauma symptom assessment instruments. Laura was referred for Trauma Focused Cognitive Behavioral Therapy (TF-CBT) to address her identified trauma. During the course of Laura's treatment, her mental health therapist Beth received a subpoena to testify in criminal court for the prosecution. Beth felt overwhelmed and wondered how she would manage to prepare testimony while simultaneously fulfilling her other clinical responsibilities. She also worried about having to disclose details of Laura's abuse in court and how that would affect Laura. However, as a seasoned clinician working within the field of child traumatic stress, Beth realized that appearing in court is not out of the ordinary scope of her duties and that court testimony is often required to support clients and to educate the court.

Your Role as a Witness

You may be called to testify in a variety of court cases, including family, dependency, delinquency, or criminal. While your role may be different in each of these types of cases depending on the circumstances, there is one common thread: You are likely to be asked to provide your opinion and share your professional knowledge about trauma. A therapist can use this opportunity to educate the judge about a client's mental health diagnosis, trauma symptoms, and other factors that will help the judge make trauma-informed decisions about such issues as placement, visitation, and services that support the client's recovery.

When You Are Asked to Testify

One of the parties to a case may ask you to testify about a client through their legal representative—your client’s attorney, the child welfare or other state agency’s attorney, or a parent’s attorney. The party requesting your testimony may or may not be an ally in the care of your client. As such, you should determine the role of the attorney making the request and make sure proper releases of information have been signed before providing any information.

When You Receive a Subpoena

Receiving a subpoena can be a stressful experience. The idea of being mandated to go to court and talk about issues your client has raised in confidence is unpleasant for most clinicians; it raises fears about disrupting the therapeutic relationship and causing additional trauma for the client. You may not wish to testify because of the effect it may have on the therapeutic relationship or because you feel that you are being asked to provide information that is beyond the scope of your involvement or expertise.

When you first receive a subpoena, you must determine the requested purpose and scope of your testimony. As a child trauma clinician, you may be asked to testify about how trauma affects children and what protective factors promote resiliency and recovery. Discuss with your supervisor, any designated agency personnel, or your personal legal advisor the type of case and what you expect to be asked, as well as whether you may have grounds to ask for the subpoena to be quashed (see call-out box). Carefully review the subpoena to see the documents you are required to present (see Clinical Records section below), and obtain supervision and independent legal advice on this issue. Discuss with your supervisor or independent legal advisor the materials in the clinical record and any additional materials that pertain to the client, such as trauma narrative, artwork, or assessment materials. If you feel that you cannot provide the type of information or opinion being asked for, let the attorney know. However, if you call the attorney, do not provide any information about your client unless your client has given you permission to do so. If you determine that you can provide the requested documents and if you work at an agency, ask your designated records custodian—if you have one—to initiate contact with the attorney who subpoenaed you and make arrangements to provide the requested records.

You may also have the right to be paid for your testimony, preparation time, and other related expenses. Discuss this issue with your supervisor, agency personnel, and the attorney.



Asking to Quash a Subpoena

If you feel that you have a valid reason not to testify—for example that testifying may not be in the best clinical interest of your client or that going to court might be a trauma reminder for your client—you can ask an attorney involved in the case to request that the court *quash* (cancel) the subpoena. It may also be possible for your client or your client’s legal representative to ask that your subpoena be quashed on the basis of privilege. If the subpoena is not quashed, then you must appear at court on the date and time listed on the subpoena (unless you have arranged an alternate date), or you may face consequences. At the time of your testimony, if you have not complied with any of the requests included in the subpoena, be prepared to explain your reasons for not doing so.

Attorneys are often very willing to accommodate the needs of the therapist and client. You have the right to ask the attorney to give a specific time for your testimony, to consider moving the time of the appearance, to allow you to testify telephonically, and/or to make special accommodations for your client based on clinical need.

Confidentiality and the Therapist-Client Privilege

On receiving a subpoena, clinicians are most concerned about respecting their client's right to confidentiality.



Confidentiality is an ethical rule that prevents therapists from disclosing client confidences. Client/clinician relationships are also protected by *privilege*, the legal rule of evidence that prevents therapists and their clients from being forced to reveal conversations between them.

- Depending on the laws or statutes in your jurisdiction, the communications between you and your client may be protected by privilege¹.
 - In general, it is your client who “holds” the privilege, and you cannot waive the privilege for your client; only he or she can refuse that protection.
 - Also (depending on your jurisdiction) you might be able to assert that privilege as long as your client (or his or her representative) has not waived it.
- However, depending on the type of case, the laws in your jurisdiction, and what has occurred in that case, a judge may require you to testify in court to confidential matters that you and your client discussed during your therapeutic relationship.
 - A judge might also require that you provide information *that may be protected by HIPAA*.
 - In many jurisdictions, the therapist-client privilege may not apply in child protection and delinquency cases or in when therapy is mandated by the court.

It is best for you to work with your organization to gain a full understanding of the laws and organizational guidelines and practices prior to going to court.

Your Clinical Record

Before you appear in court, review the clinical record and have a good understanding of your organization's policy about the clinical record contents. A typical clinical record includes a treatment plan, assessments, and progress notes. Some organizations include supplementary documents such as trauma narratives, client artwork, a medical summary, results of psychological or other testing, emails, and notes of telephone conversations or consultations. If the clinical record is subpoenaed, you must bring the entire record as permitted or required by your organization's policy. It is unethical to remove documents from the clinical record prior to court.

All documents (and conversations) created (or occurring) during the course of treatment are protected by the ethical and legal principle of confidentiality, which requires that all information that clients share with their clinician shall not be shared with others without the client's written permission. The exception to this principle is when that information conflicts with the clinician's duty to warn (as in the case of a threat of substantial bodily injury) or duty to protect (as in the case of suicidal ideation). Courts may

¹Privileged confidential communications are defined as statements made by certain persons within a protected relationship, such as doctor-patient or therapist-patient, which the law protects from forced disclosure on the witness stand at the option of the person protected by the privilege. The policy is to encourage frank disclosure by a person in need of services; therefore, the patient or client controls whether to waive the privilege and submit to a lawful requirement to release information or testify about the confidential communication. Most privileges are “qualified” which means that despite refusal to waive the privilege, the court may order disclosure in the interests of justice.

order a clinician's testimony in proceedings involving child custody or when a client's emotional condition is an important and relevant issue to the case.

Preparing to Testify about Your Client's Trauma

You will likely be asked to discuss your client's referral reason, diagnosis, psychological testing, medications, treatment plan, dates of treatment, progress, prognosis, and termination or discharge recommendations. You also may be asked whether you consulted with others, including professionals or family members, during your client's treatment. You will want to take the following steps to prepare for your testimony:

- Review your notes and the content of your client records.
- Be familiar with evidence-based or commonly-used psychotherapeutic techniques in your area of expertise and the treatment clinically indicated for your client's diagnoses.
- When discussing your client's diagnosis, refer only to diagnoses recognized in the current *Diagnostic and Statistical Manual of Mental Disorders* of the American Psychiatric Association.
- Be prepared to describe or explain the meaning of terms that are commonly used by therapists but may not be known or common to persons who are not mental health professionals.
- Be prepared to explain how your client's trauma exposure is prompting current symptoms and affecting his or her functioning at home, at school or work, and in the community. As the court will examine your client's conduct in the context of the case as a whole, this is your opportunity to make sure that the court will view the case from a trauma-informed perspective.



Preparing to Talk about General Principles of Trauma and Your Client

As a witness, you will speak about your client and the treatment you are providing. However, within that testimony, you may find opportunities to educate the court—and the parties to the case—about what trauma is and how it affects your client and drives his or her functioning and conduct. You might include some of the following points in your testimony:

- What is child traumatic stress
- What is trauma and complex trauma
- How child trauma is diagnosed
- How child trauma is treated
- The interplay between child trauma and other concerns—such as developmental delays, traumatic brain injuries, and addiction—and how these factors can exacerbate symptomology
- How trauma reminders can cause reactions that lead to oppositional or aggressive behavior
- How a child's attachment to caregivers can drive social, emotional, and relational development and result in maladaptive functioning in relationships

- How behavioral interventions and punishments may not be successful with children who have experienced trauma
- How re-exposure to a threatening or neglectful environment may affect a child socially and emotionally

Preparing Your Client and Caregivers for Your Court Appearance

It is important not only to prepare yourself for testifying in court, but also to prepare your client and/or caregivers for your appearance. Testifying can have many effects on your therapeutic relationship and on the healing process, both positive and negative. Be aware that a court hearing and your appearance could be a potential trauma trigger, but could also be a liberating and positive experience for your client. Here are some suggestions for client and caregiver preparation:

- Give your client factual information about the hearing in a developmentally-appropriate and therapeutic manner.
- Explain to your client your understanding of the purpose of the hearing, who will be present, what you are planning to say, and what may happen as a result of the hearing.
- Explore with your client, if appropriate, the possibility that you may have to reveal his or her trauma narrative and other personal information in order for the court to make a decision that is in his or her best interest.
- Alert caregivers and family members that, through hearing your testimony, they may learn details of your client's history and traumatic experiences that could be distressing for them. Plan how you will assist them, if needed, in managing their reactions to hearing such details, for example sitting down with them directly after court or meeting with them the following day.
- It may be helpful to revisit your client's trauma-informed safety plan with the client and family to assist with any reactions to trauma reminders that may occur as a result of the court proceedings.
- Review your planned testimony with children and parents, especially the history or recommendations that may be difficult for them to hear.

ETHICAL CONSIDERATIONS

- **Duty to Client:** It is your ethical responsibility to consider how your testimony will affect your client, the caregivers, and family members. Just the fact that you are testifying can upset—or serve as a reminder to—your client or caregiver. Testifying can involve disclosures of statements your client made with an expectation of your confidentiality and could lead to a breach of trust. Your court appearance might result in family members and caregivers learning new details of the traumatic event that could distress all concerned. Work to strike a balance between maintaining your client's confidences and providing the court with the necessary information to make an informed decision.
- **Scope of Practice:** It is unethical for clinicians to testify in matters that are outside the scope of their knowledge and training. Prior to court, do a self-assessment to determine topics you can and cannot speak to based on your knowledge and training.

■ **Self-assessment Questions**

1. Have I reviewed the client's psychosocial history?
2. Have I had direct contact with the client?
3. Have I interviewed or assessed collateral contacts (i.e., parents, caregivers, teachers, other providers)?
4. Have I reviewed current literature on the topic about which I will testify?
5. How would I define best practice models?
6. Do I have experience in treating traumatized children and their families?
7. Do I know my resume?

Presenting Therapeutic Work Products in Court

Professionals differ on what documents—such as a client's trauma narrative or artwork—belong in a clinical file. Some clinicians will present these materials in court to more accurately convey their client's trauma history. Before you bring a trauma narrative or other work products to court, obtain supervision and independent legal advice on what is clinically appropriate and legally required in your particular jurisdiction. Remember that while therapeutic work products are essential to the therapeutic process, they can be misinterpreted. Keep in mind that if the subpoena specifically mentions a document, you must bring it to court. If you feel your work product should not be presented to the court, you can share your professional opinion on this issue with the court at that time. Be prepared to explain to the court the difference between work products and factual information.

Theoretical Knowledge and Research

Knowing the current literature on child trauma—the validity of assessment instruments, disclosure patterns of maltreated children, common reactions of traumatized children, and the impact of trauma on children's functioning—demonstrates your qualifications and increases the credibility of your testimony. You can strengthen your testimony by describing your assessment tools, their validity, the results of testing, and the interpretation of scores. When asked to make recommendations, speak to the child's "best interest" or provide information about common characteristics of traumatized children as reflected in the current literature.

SELF-CARE TIPS

Testifying in court about a client's trauma history can be a stressful experience, so make sure that you take care of yourself and attend to your own physical and emotional needs during the preparation process. The court experience can be a trauma reminder for clinicians who have had to appear in court before for personal or professional reasons, and reviewing your client's trauma history and past experiences can lead to secondary traumatic stress. It can also be frustrating and stressful to ignore other responsibilities or rearrange your schedule to accommodate going to court. To increase your self-care through this process, consider the following:

- Speak to clinicians who have testified in court about their experiences. If you do not know other clinicians who have testified, contact local and national organizations for sources of peer support and advice.
- Address your fears and feelings about testifying (including secondary traumatic stress reactions that may arise as a result of your past experiences or from reviewing your client's trauma history) with your supervisor, or seek peer supervision or consultation.
- Identify your anxieties about testifying, and think about coping skills you can use to self-regulate during the court process.
- Practice proper self-care activities, such as adequate rest, nutrition, exercise, and stress reduction activities.



For additional information on secondary traumatic stress and prevention/intervention strategies, please review the NCTSN Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals.

CASE EXAMPLE (conclusion)

Beth was initially nervous when she received the subpoena summoning her to court and requiring her to bring Laura's chart. However, Beth's supervisor Joe reassured her that she did not have to reveal everything that her client had told her—only that which the court determined relevant. Joe pointed out that testifying could help Laura feel relief, knowing that her abuser was being brought to justice, and he reminded Beth that she is an experienced clinician with special training and expertise in treating children affected by trauma. Joe and Beth called Cindy, the prosecutor in the case, who explained to Beth why she was being called as a witness, on what she would be expected to testify, and the estimated length of time of her testimony—about an hour. Beth felt better about testifying knowing that the prosecutor was interested primarily in hearing how Laura was affected by the abuse and the type of treatment she was receiving. She felt supported by her supervisor and felt that she could go to him with questions and concerns. Now that she had the information she needed, Beth could begin preparing for her testimony.