

Policy Change to Support Trauma-Informed Care in Child Welfare

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Introduction to the Project

The Connecticut Department of Children and Families (DCF) is an integrated state agency with mandates to manage services for Connecticut's children across five areas: child welfare, behavioral health, prevention, juvenile justice, and education. DCF employs more than 3,000 staff and completed 44,158 investigations on more than 37,000 children in 2011. In that same year, DCF was awarded a 5-year grant from the Administration for Children and Families (ACF) to support development of a trauma-informed child welfare system in Connecticut. Made possible by the ACF grant, the Connecticut Collaborative on Effective Practices for Trauma (CONCEPT) is a collaboration between DCF, the Child Health and Development Institute of Connecticut (an intermediary organization that functioned as the CONCEPT Coordinating Center), and the Consultation Center at Yale University (project evaluator). The activities of the CONCEPT grant are described in more detail elsewhere (Lang, Campbell, Shanley, Crusto, & Connell, 2016). The remainder of this article describes the development of trauma-informed child welfare policy to support implementation of the goal of creating a trauma-informed child welfare system.

Framing the Major Issue

Increased recognition about the effects of childhood

trauma exposure on health, mental health, substance use, criminal justice involvement, and other negative outcomes has pushed child welfare and other child-serving systems to pursue trauma informed-care (TIC). While TIC is broadly intended to use research to improve outcomes for children at risk for and experiencing trauma exposure, the components of TIC have been defined in numerous ways and relatively little is known about its key components and effectiveness (Berliner & Kolko, 2016). Creating trauma-informed policies together with other practice changes is an important component of implementing TIC (Heffernan & Viggiani, 2015). In a review of TIC definitions, trauma-informed policy was identified as one of the 15 common components of TIC and one of those least likely to be implemented (Hanson & Lang, 2016).

Agency policies and procedures represent and communicate to staff the values of the agency, set the standards for practice, and serve as written norms of conduct for agency staff (O'Connor & Netting, 2011). For a change (such as TIC) to be effective, it must be embedded within the structure of the organization, including policy (Aarons, Hurlburt, & Horwitz, 2011; Fixsen, Blasé, Naoom, & Wallace, 2009; Kusmaul, Wilson, & Nochajski, 2015). Changes that are made and reflected in agency policies indicate an agency-wide commitment to the change (Heffernan & Viggiani, 2015).

A readiness and capacity assessment was conducted in

the first year of CONCEPT to assess the child welfare system's trauma-related strengths and needs, and its ability to support implementation of the CONCEPT grant activities. This assessment included an informal review of DCF's policies to determine the extent to which trauma was already acknowledged in policy and to identify strategies for further integrating trauma into policy through the grant. This assessment indicated little recognition about trauma in policy. For example, a keyword search for the word *trauma* across all the child welfare system policies found not a single mention (however, related terms such as *abuse* and *neglect* were found), despite the DCF Commissioner's recent addition of trauma-informed care to the seven guiding principles for agency practice. The assessment also identified many policies that were relevant to TIC, including foster care and adoption, immigration, and intake services, yet it included no description of how to put trauma-informed principles into child welfare practice. These findings indicated a clear opportunity to align policies with DCF's approach to implement TIC through CONCEPT and other activities. DCF leadership showed its commitment to advancing trauma-informed care by ultimately recommending that a formal review of all relevant policies from a trauma-informed perspective be conducted, and a new TIC practice guide would be developed to further inform worker practice about trauma.

Solution: Trauma-Informed Policy and Practice Guide Revisions

As CONCEPT began, DCF was beginning to separate longstanding agency policies into policies and practice guides. Policies were brief descriptions of legislative and administrative mandates, and practice guides were intended to provide more in-depth practice procedures and resources specific to each policy or program area. The DCF Commissioner mandated that all policies and practice guides being revised would be sent to a CONCEPT policy workgroup for review and recommendations to support TIC. The total number of policies governing child welfare practice included 44 overarching policy areas; although most were relevant to trauma-informed care (e.g., Child Protective Investigations and Foster and Adoption

Services), the minimally relevant ones (e.g., Fiscal and Engineering Services) were not reviewed.

Formal Review of All Policies

Trauma-informed policy workgroup. A key strategy for developing a trauma-informed system is inclusion of community stakeholders, consumers, and staff members in the planning and implementation of change processes (Substance Abuse and Mental Health Association, 2014). The diverse policy workgroup included DCF staff from a range of job functions and roles, grant staff to ensure integration with other trauma-related work, community stakeholders such as behavioral health providers, and family members (both previously involved with DCF and uninvolved). Involving staff and other stakeholders in policy development ensures that policies are useful to frontline staff in their everyday practice (Lambert, Richards & Merrill, 2016). To make access to the group easier for workgroup members, members were allowed to rotate in and out of the group as their availability permitted. This process gave staff without the ability to commit to long-term participation an opportunity to contribute, broadening the pool of participating staff.

For example, the workgroup recommended adding an extensive array of questions to the protocol used by the Careline Unit (which reviews reports of abuse/neglect for acceptance or screen-out) when answering calls from reporters of abuse/neglect. After the Director of the Careline Unit gave input, however, it became clear that the unit had limited opportunities to learn about trauma from a reporter of abuse/neglect given the often minimal knowledge a reporter may have about the family, including its trauma exposure. Based on this feedback, the recommendations for changes to the Careline policy were reduced, and additional information related to trauma and the initial contact with reporters was added to the accompanying practice guide as more informal considerations for practice.

Policy review tool. A policy review tool was developed based on the Chadwick essential elements of a trauma-informed child welfare system (Chadwick Trauma-Informed Systems Project, 2013), which is defined as

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Table 1. Chadwick’s Elements of a Trauma-Informed Child Welfare System.

Maximize physical and psychological safety for children and families	In addition to maximizing the child’s physical safety, it is also important to attend to the child’s sense of safety or the ability to feel safe within one’s self and safe from external harm.
Identify trauma-related needs of children and families	Screening and other methods of questioning a child and family about their trauma history and responses to trauma provides the worker with an understanding of how these issues affect the child and family’s current functioning and can help to identify their needs for intervention.
Enhance Child Well-Being and Resilience	Case planning should include interventions that can give the child the tools to manage the lingering effects of trauma exposure and to help them build supportive relationships to help the child grow and mature.
Enhance Family Well-Being and Resilience	Providing caregivers with trauma-informed education and services, including treatment for caregivers own trauma, enhances their protective capabilities for children.
Enhance the Well-Being and Resilience of Those Working in the System	A trauma-informed system must acknowledge the impact of primary and secondary trauma on the workforce and develop organizational strategies to enhance the resilience of its members.
Partner With Youth and Families	Youth and family members who have been involved in the child welfare system have a unique perspective and can also serve as partners by providing valuable feedback about how the system can better address trauma within children and families.
Partner With Agencies and Systems That Interact With Children and Families	Child welfare must reach out and coordinate with other systems so they too can view and work with the child and family through a trauma lens.

Source: Chadwick Trauma-Informed Systems Project, 2013.

...one in which all parties involved recognize and respond to the varying impact of traumatic stress on children, caregivers, and families, and those who have contact with the system. Programs and organizations within the system infuse this knowledge, awareness, and skills into their organizational cultures, policies, and practices. They act in collaboration, using the best available science, to facilitate and support resiliency and recovery. (p. 5)

each element were included in the review tool to assist reviewers with understanding how elements related to child welfare practice. Workgroup members were trained to use the tool by practicing as a group to review one policy with the tool. Additional questions about how to use the tool were answered after members began to review policies with the tool.

Even though the Chadwick elements guided all policy reviews, formal use of the tool was eventually phased out not only because most group members had become familiar with the Chadwick elements but also to expedite the process when there was limited time to complete a review. However, the definition and

The policy review tool was based on Chadwick’s definition of a trauma-informed system and the associated elements listed in Table 1. Examples of

elements of a trauma-informed child welfare system continued to guide the additions made to policies and practice guides to make them more trauma-informed.

Trauma-informed care practice guide.

In addition to the review of all relevant policies, the workgroup created a stand-alone “Trauma-Informed Care Practice Guide.” This information is intended to supplement the trauma training all staff receive and to assist staff with putting knowledge about trauma into practice in their daily work. For example, the Guide provides an overview of trauma, child traumatic stress reactions, and coping responses; strategies for talking with children, families, and behavioral health providers about trauma; information about evidence-based practices; information about secondary traumatic stress; and a list of web-based resources related to trauma. The Guide is available at <https://tinyurl.com/ycf9hsv>.

Results of Policy Review

The workgroup reviewed the 23 policies and associated practice guides between 2012 and 2015. Recommended changes were made and accepted for 11 policies and 17 practice guides of the 23 that were reviewed. When changes were not made or accepted, this was typically due to policies having legislatively mandated information that could not be changed (time frames, required forms), the entire policy/practice guide was eliminated, or there was limited time to complete the policy review. A review of the modified and approved policies and practice guides showed that the word trauma appeared 41 times in the 11 policies and 61 times in the 17 practice guides.

Table 2 provides a sample of the policies and practice guides that were reviewed by the workgroup and gives examples of recommendations that were made and ultimately approved and included in policy. Each policy is also linked to the applicable element of a trauma-informed child welfare system, which helped to guide the recommended modifications. For example, one element of a trauma-informed child welfare system is actively identifying and screening children for trauma exposure and symptoms. Reflecting the implementation of trauma screening in the Multi-Disciplinary Evaluation (MDE) of children in care, the MDE policy was changed to include

procedures for completing a trauma screen.

A trauma-informed child welfare system also includes a workforce that considers the impact of trauma on child behaviors in various settings. Various policies, such as Adolescent Services, were amended to include various types of knowledge, from how trauma affects children to the knowledge and skills needed by an Adolescent Services Specialist. Trauma-informed child welfare also acknowledges and addresses the impact trauma has on staff. During the policy review process, DCF developed a policy that established the Worker Support and Wellness Community of Practice and local support teams to address the issue of worker wellness and secondary traumatic stress. This policy and the accompanying practice guide required no amendments by the workgroup.

Accompanying practice guides provided more in-depth coverage of the changes made to policies, including suggestions for introducing the topic of trauma with clients and providing links to more extensive materials on trauma related to the policy topic.

Lessons Learned and Recommendations

Based on key themes that emerged throughout the policy review process, the following recommendations have been made for developing trauma-informed policy in the child welfare system or other child-serving systems.

Diverse group members. The diversity of workgroup staff in role and job function, together with those with expertise in trauma, family members, and the Policy Sponsor, facilitated the group’s success. Implementation of trauma-informed care requires involvement of all staff through shared decision making and teamwork (Heffernan & Viggiani, 2015; Kusmaul et al., 2015). Child welfare staff and the Policy Review Unit (including attorneys) also advised about policy elements that could not be changed due to legislative or other mandates. In addition, policy change efforts that include staff at all levels built frontline employee buy-in and provided motivation to implement changed practices as intended (Cao,

Bunger, Hoffman, & Robertson, 2016). Further, participants were thought more likely to share their positive feelings about an initiative with peer staff, thus contributing to the spread of new ideas and practices (Cao et al., 2016).

Challenge of relying on staff volunteers.

Soliciting volunteer child welfare staff with an interest in trauma is recommended; however, the policy workgroup was also challenged with relatively high turnover of group members due to changing demands and system-wide fiscal challenges and increases in caseloads. This sometimes created delays in finishing policy reviews as time was taken to explain the review process to new group members, or efforts had to be undertaken to recruit new members when former members rotated out of the group. Because limited commitment was required for a minimal term of service to the group, the number of group members diminished over time, placing the responsibility for reviewing entire policies and practice guides on only a few members. Even though flexibility in membership is important, we recommend that group members and their supervisors commit to a minimal term of service in the group up front. Providing back-up support to cover emergencies on member caseloads while they participate in the workgroup could provide the support needed to commit to a term of service.

Leadership support. Involvement of agency leadership is a key element of any successful organizational change to provide support and communicate the importance of the change initiative to staff (Fixsen et al., 2009; Cao, et al., 2016). In CONCEPT, the DCF Commissioner indicated her support of the policy workgroup by mandating that all policies and practice guides be reviewed by the group prior to forwarding the policy for final approval. This was done through written communication to all policy developers about the change to the policy development process that included a review by the policy workgroup and an identification of the workgroup chair as the person to whom policies would be directed. She also instructed the staff person who was responsible for the final review of all policies to ensure that they had been reviewed by the workgroup and to send them back to the policy developer if they had not.

Throughout the review process, the Commissioner and her staff supported the workgroup chair's efforts to track down specific policies that the workgroup selected for review. The Commissioner sustained her commitment to the trauma review process by requiring that the review of all policies for trauma language be embedded in the ongoing policy practice of the agency after the grant ended. The Commissioner also signaled to the staff the value she placed on developing practical policies that reflected the true nature of trauma-informed practice in child welfare by approving and encouraging staff from all levels of the agency to participate in the review process.

Additional leadership was provided by the agency program managers and supervisors. Commitment to participating in the policy development process was modeled by those program managers and supervisors who participated in the process themselves. In addition, leaders who reminded their staff about opportunities to participate in the process emphasized the importance of the process. Finally, program managers and supervisors, who recognized staff who participated in the process in emails or staff meetings, communicated to all staff their belief in the process.

Using a framework to review policy. As the policy workgroup was being created, knowledge among DCF staff about how to design a trauma-informed child welfare system was limited, so the availability of the Chadwick framework, which included the recommended elements of a trauma-informed child welfare system, was invaluable to the policy review process. The Chadwick framework provided common language and definitions for group members to apply to different policies and practice guides, rather than having to develop this framework themselves. The initial development of the policy workgroup was also facilitated by the use of a standardized tool to review policies and provided a method of orienting new members to the group process as they rotated into the group. The identification and use of an existing framework for reviewing and amending policies and procedures served as a valuable resource to facilitate the initiation and sustainment of a newly-developed review process.

Next Steps

The policy review process has been continued through an extension of the CONCEPT grant and will be completed by the end of 2018. The CONCEPT trauma-informed policy review process has been adopted by DCF and will continue beyond the grant for each policy that is amended or developed. Though a formal evaluation of staff use of the trauma-informed policies has not been conducted, anecdotal evidence indicates that DCF supervisors use policies during staff meetings or individual supervision with staff to inform staff about changes made or new policies. They also refer to policies when incidents occur in the field that require clarification for how to proceed. Supervisors and program managers also take time to review components included in practice guides, such as the “Trauma-Informed Care Practice Guide,” to provide suggestions on how to improve practice.

Commentary on the Trauma Policy Review Process

Practice in child welfare is driven by federal, state, and local policies. It is no surprise to learn, therefore, that internal agency policies are also instrumental in driving frontline practice. Though changes made to practice in child welfare agencies, usually facilitated through large scale initiatives, are often communicated to staff through agency-wide training and other written updates and leadership communications, staff may not always know how to put new changes into place. Agency policies provide needed direction to supervisors and frontline social workers when they are challenged to know exactly how new initiatives, such as trauma-informed care, are put into practice. Amending internal policies to reflect trauma-informed principles also help to ensure that all aspects of the agency are moving toward trauma-informed care as well as support the changes workers are making to practice.

The trauma policy review workgroup was established in the Connecticut Department of Children and Families (DCF) as part of the CONCEPT grant. It provided an outlet through which DCF could

communicate specifically how to put trauma-informed care into each aspect of child welfare practice. The Trauma-Informed Care Practice Guide developed by the group has also supported the trauma training that all child welfare staff receive as part of their orientation training, reminding staff how to identify trauma and refer children to trauma assessments, if needed. The Guide also provides links to additional information that can further inform staff about trauma and its impact on the children and families we serve.

The interest Connecticut’s DCF has developed in ensuring that services provided to children and families are trauma-informed is reflected in the inclusion of trauma-informed care as one of its seven cross-cutting themes to guide practice and its interest in pursuing mechanisms for advancing trauma-informed care in practice, such as securing the CONCEPT grant. This interest in advancing trauma-informed care in practice was also evidenced in the development and support of an agency process for reviewing all new agency policies and practice guides for trauma-informed language throughout the CONCEPT grant. The development of such a process highlighted the need for such work as the agency continued its journey toward a trauma-informed agency. As a clear commitment to the ongoing support of trauma-informed care, DCF has established the trauma policy review group as a permanent fixture in the process of reviewing and finalizing amended and new policies developed within the agency.

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Table 2. Policy Workgroup Policies Reviewed and Outcome of Reviews.

Policy Title	Policy Description	Sample Trauma-Informed Language Recommended by Policy Workgroup	Chadwick’s Essential Elements of a Trauma-Informed Child Welfare System
Policies Approved by DCF Leadership With Trauma Language Recommendations			
Adolescent Services	Services provided by units in DCF Area Offices, which specialize in issues related to adolescents.	Added “ Adolescent Specialists shall be trained in the impact of trauma in early childhood and its impact on the adolescent ” to the list of criteria describing the Adolescent Specialist position.	Identify trauma-related needs of children and families.
Case Planning	The process and actions involved in developing the case plan for youth and families.	Added “ trauma history, impact on functioning and current trauma-related assessment and treatment needs of the child and parents ” to a list of items social workers should address in the case plan.	Identify trauma-related needs of children and families.
Child and Family Permanency Teaming (CF-PT)	The processes involved in the Child and Family Team Meetings when a child is in need of a permanency plan. Child and Family Team Meetings are meetings in which DCF social workers meet with the family members identified by the family as supportive, and potentially other service providers working with the family to develop a permanency plan for a child in care.	Added “ Children experience trauma when they are separated from their families. When children must be removed to be protected, their trauma is lessened when they can remain in their own neighborhoods and maintain existing connections with families, schools, friends, and other informal supports ” to a description of how services should be trauma-informed.	Enhance child well-being and resilience.

Table 2. Policy Workgroup Policies Reviewed and Outcome of Reviews, cont.

Policy Title	Policy Description	Sample Trauma-Informed Language Recommended by Policy Workgroup	Chadwick’s Essential Elements of a Trauma-Informed Child Welfare System
Considered Removal: Child and Family Team Meetings	The processes involved in the Child and Family Team Meetings when a child is at risk of removal from the home. Child and Family Team Meetings are meetings in which DCF social workers meet with the family that is the subject of DCF intervention, members identified by the family as supportive, and potentially other service providers working with the family to discuss alternatives for a potential out of home placement.	Added “ The social worker should alert the [family teaming] Facilitator to the child’s trauma history exposure and any known child traumatic stress symptoms currently exhibited by the child, including whether or not the child is receiving any trauma-specific assessment or treatment services. If the latter is occurring, DCF should determine what role, if any, the treating therapist might play [in the teaming]. ”	Maximize physical and psychological safety for children and families. Partner with agencies and systems that interact with children and families.
Early Childhood Education	DCF eligibility criteria for early childhood education programs for children in care and details of the enrollment process.	Added “ including the child’s exposure to traumatic events and his or her stress reactions ” to issues to consider when identifying an early education program for a child in care.	Maximize physical and psychological safety for children and family.
Family Assessment Response (FAR)	A differential response process for families who are in need of services but do not meet the criteria for an abuse or neglect report. The policy and practice guide outline the procedures of this service.	Added “ trauma history and symptoms ” to list of items the social worker should assess for at the initiation of services.	Identify trauma-related needs of children and families.

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Table 2. Policy Workgroup Policies Reviewed and Outcome of Reviews, cont.

Policy Title	Policy Description	Sample Trauma-Informed Language Recommended by Policy Workgroup	Chadwick’s Essential Elements of a Trauma-Informed Child Welfare System
<p>Health and Wellness Practice Guide: HIV Testing</p>	<p>A sub-category of the “Standards and Practice Regarding the Health Care of Children in DCF’s Care,” which describes the standards and procedures for HIV testing of youth in care.</p>	<p>Added “being diagnosed with a life-threatening illness has been characterized as a traumatic stressor” as an additional reason for addressing coping with the emotional consequences of test results in post-test counseling.</p>	<p>Identify trauma-related needs of children and families.</p>
<p>Health Care of Children Practice Guide- Multidisciplinary Evaluation (MDE)</p>	<p>A description of the evaluation conducted with children within 30 days after placement in care. The areas included in the evaluation are physical, dental, developmental, educational, behavioral, emotional, and child traumatic stress components.</p>	<p>Added “documentation of any trauma exposure history and any current child traumatic stress symptoms, as well as administration of the Connecticut Trauma Screen for those children ages 7 and above” to what should be included in the MDE.</p>	<p>Identify trauma-related needs of children and families.</p>
<p>Juvenile Services (Parole)</p>	<p>Services provided to youth whose behavior does not conform to the law or to acceptable community standards.</p>	<p>Added “ensure that the caregiver(s) are informed about potential trauma triggers or reminders and can identify the strategies and safety plan management of emotional and behavioral issues including trauma triggers and reminders” to a list of items to consider when approving an initial pass supervised by a family member.</p>	<p>Partner with youth and families.</p> <p>Maximize physical and psychological safety for children and families.</p>

Table 2. Policy Workgroup Policies Reviewed and Outcome of Reviews, cont.

Policy Title	Policy Description	Sample Trauma-Informed Language Recommended by Policy Workgroup	Chadwick’s Essential Elements of a Trauma-Informed Child Welfare System
Permanency Placement Services Program (PPSP)	Describes services provided to a child/youth preparing for permanency. It includes placement planning with youth along with home study evaluation of placement.	Added “ communication about traumatic events in the child/youth’s developmental history that will promote the caregiver’s ability to have a positive relationship and understand the child emotionally ” to a list of items to include in casework services for placement planning.	Partner with agencies and systems that interact with children and families. Maximize physical and psychological safety for children and families.
Prison Rape Elimination Act (PREA) Compliance	The process for investigating all allegations of sexual abuse and sexual harassment generated by youth residing in a facility operated or contracted by DCF, in compliance with the Prison Rape Elimination Act.	Added “ and through the use of trauma screenings and assessment ” to the recommendations for medical and psychological assessments of a child after being victimized.	
Runaway	The notification and follow-up process for youth who are identified as runaways from foster homes and congregate care programs that serve DCF-involved children or youth.	Added <ul style="list-style-type: none"> • “What is the child’s trauma history?” • Is it likely that the runaway event may have been triggered by a trauma reminder?” to issues to consider when securing a child in care who has run away.	Identify trauma-related needs of children and families.

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Table 2. Policy Workgroup Policies Reviewed and Outcome of Reviews, cont.

Policy Title	Policy Description	Sample Trauma-Informed Language Recommended by Policy Workgroup	Chadwick’s Essential Elements of a Trauma-Informed Child Welfare System
<p>Standards and Practice Regarding the Health Care of Children in DCF’s Care</p>	<p>Describes the standards and practices of health care provided to children in DCF care.</p>	<p>Added “complex medical conditions are also a source of traumatic stress for children and youth. Therefore, the mental health needs of children with complex medical needs must continually be assessed for the presence of traumatic stress and an action planned developed to address the mental health needs of the child/youth” to a section with information about caring for a child’s complex medical needs.</p>	<p>Identify trauma-related needs of children and families.</p>
<p>Therapeutic Foster Care</p>	<p>The policies and practices related to services with DCF-contracted providers of therapeutic foster care. Therapeutic foster care is foster care provided for children with social, emotional, or psychological issues that require a higher level of care than traditional foster care.</p>	<p>Added “address the trauma of placement of children” to a list of activities of contractors serving children through the Therapeutic Foster Care Program.</p>	<p>Enhance child well-being and resilience.</p>
<p>Permanency Placement Services Program (PPSP)</p>	<p>The role of DCF in the purchase of permanency placement services contracted by DCF. Permanency placement services are those related to services for children in care who are in need of the realization of a permanency plan.</p>	<p>Added “communication about traumatic events in the child’s developmental history” to a description of what should be included in the introduction of the child and family in the placement planning services that should be provided by the DCF-contracted provider agency.</p>	<p>Enhance child well-being and resilience.</p>

Table 2. Policy Workgroup Policies Reviewed and Outcome of Reviews, cont.

Policy Title	Policy Description	Sample Trauma-Informed Language Recommended by Policy Workgroup	Chadwick’s Essential Elements of a Trauma-Informed Child Welfare System
Working With Transgender Youth and Caregivers	DCF policy and processes for practice with Transgender Youth and Caregivers, based on P.A. 11-55, which added gender identity or expression to the list of protected classes within Connecticut’s civil rights statutes.	Added “ Trauma History: If the child has experienced trauma, determine if there is a connection to his or her gender expression or identity. Has the child been shamed or abused specifically due to gender behaviors? At what developmental stage and by whom? ” to areas to explore with family of transgendered youth.	Identify trauma-related needs of children and families.
Worker Support-Secondary Traumatic Stress	Describes services available within DCF to support the wellness of staff and to prevent and/or address secondary traumatic stress	Added “ preparedness and estimation of exposure to primary and secondary trauma ” to a list of action steps to be taken by supervisors	Enhance the well-being and resilience of those working in the system.
Policies Currently Under Review by DCF Policy Unit			
		assure the safety of employees.	
Foster and Adoption Services	The policies and practices of placing children into foster or adoptive homes, monitoring their progress, supporting foster and adoptive parents, and working with birth parents while children are in foster care.	Added “ understand that multiple placements are traumatic for a child so it is important to work hard to maintain the child’s placement and access supportive resources to help address issues that may lead to placement disruption ” to list of criteria to consider when selecting foster or adoptive parents.	Maximize physical and psychological safety for children and families.

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Table 2. Policy Workgroup Policies Reviewed and Outcome of Reviews, cont.

Policy Title	Policy Description	Sample Trauma-Informed Language Recommended by Policy Workgroup	Chadwick’s Essential Elements of a Trauma-Informed Child Welfare System
Immigration Issues	The services provided to undocumented children who come to the attention of DCF.	Added “ The traumas associated with the journey to the U.S. border are often severe and have life-long implications. Therefore, it is important that workers engage Unaccompanied Alien Children (UAC) from a trauma-informed framework, assess them, and refer them to appropriate behavioral health treatment services to address the symptoms. ”	Maximize physical and psychological safety for children and families. Identify trauma-related needs of children and families.
Interstate Compact on the Placement of Children (ICPC)	A uniform law enacted by all 50 states, the District of Columbia, and the U.S. Virgin Islands to ensure protection and services to children who are placed across state lines for foster care or adoption.	Added “ Help protect the safety of children while minimizing the potential trauma to children caused by interim or multiple placements while ICPC approval to place with a parent or relative is being sought through a more comprehensive home study process ” to potential reasons to expedite the interstate placement of a child in care.	Maximize physical and psychological safety for children and families.

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Table 2. Policy Workgroup Policies Reviewed and Outcome of Reviews, cont.

Policy Title	Policy Description	Sample Trauma-Informed Language Recommended by Policy Workgroup	Chadwick’s Essential Elements of a Trauma-Informed Child Welfare System
Standards and Practice Regarding the Health Care of Children in DCF’s Care	The practices related to accessing health care for youth in DCF care.	Added “ Complex medical conditions are also a source of traumatic stress for children and youth. Therefore, the mental health needs of children with complex medical needs must continually be assessed for the presence of traumatic stress and an action planned developed to address the mental health needs of the child/youth ” to issues to consider when working with children in care with complex medical conditions.	Enhance child well-being and resilience.
Voluntary Services	Provides an overview of procedures included in evaluating families for voluntary service eligibility and monitoring family progress under these services.	Added “ Review the child/youth’s history of trauma exposure and their reaction to the trauma ” to a list of items to include in an initial assessment for service eligibility.	Identify trauma-related needs of children and families.

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