

ADVISOR

May 2022



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Improving Outcomes for Children
During Challenging Times



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The American Professional Society on the Abuse of Children in Partnership with the New York Foundling

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Since being established in 1986, APSAC has served the field of child maltreatment as an interdisciplinary professional society. APSAC's Mission "is to improve society's response to the abuse and neglect of its children." APSAC's Vision is a world where all children and their families have access to the highest level of professional commitment and services to prevent and address child maltreatment. APSAC pursues its mission through expert training and educational activities, policy leadership, the production and dissemination of public education materials, collaboration, and consultation that emphasize theoretically sound research and evidence-based principles. APSAC's members are attorneys, social workers, law enforcement personnel, forensic interviewers, educators, researchers, and medical and behavioral health clinicians, and professionals from allied disciplines.

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Education personnel make up the largest source of Child Protective Services referrals. Yet with the ongoing disparities evident in the child welfare and education systems, we can no longer look the other way and ignore systemic issues inherent in these systems. Schools are an important partner in promoting the safety **and** well-being of children. Therefore, acknowledging the role of colorblind racial ideology in propagating disparities against Black and Brown students is necessary. This is important in understanding and reflecting on how teachers interpret, and respond to, students' emotions in the classroom, especially if students have a history of adversity. We end the article by offering guiding questions for our members to reflect on their own practice and encourage the reappraisal of thoughts, feelings, and action around the intersection of race, trauma, and education.

page [“They are just baby teeth; they will fall out anyway.” Questions Child Protection Services Workers Should Ask If There Is Suspected Dental Neglect](#) | *Katheryn Goldman DMD, MPH, ABD;*

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Children with untreated dental disease may routinely go unrecognized. Many non-dentists may not realize that a child's tooth infection can have serious, if not deadly, consequences. In clinical practice, dental neglect through willful intent is already difficult to demonstrate for someone who has dental knowledge. The generic questions asked by child welfare caseworkers regarding concerns for cases of child abuse or neglect may not necessarily address the specific complexities of dental neglect. With all of these nuances in mind, this article presents a list of questions that could be utilized in clinical practice and for child welfare caseworkers receiving reports to critically analyze whether dental neglect is occurring and whether the family has been given adequate accommodations and opportunities for care.

page [Comparison of State Online Mandated Reporter Trainings](#) | *Danielle Somerville, BS; Sarah Dore, MPA; Kathryn L. Humphreys, PhD, EdM; Nicole Verdiglione, MA; Shouhao Zhou, PhD; Robert Hamm, PhD; Rick Fiene, PhD; Karl Kapp, EdD; Benjamin H. Levi, MD PhD FAACP*

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This article presents the results of a comparative analysis of online mandated reporter trainings regarding child abuse. Programs from 47 U.S. states and the District of Columbia were reviewed and their content and features compared with iLookOut for Child Abuse's Core Training. Significant variation was identified in terms of the scope, content, didactic approach, delivery method, and outcome measures across different trainings. These findings raise concern that while all children need protection from abuse, not all mandated reporters are receiving comparable preparation to fulfill this important moral and legal responsibility.

page [The Cycle of Student Trauma, Teacher Stress, and Teacher–Student Relational Support: A Case for Supporting Teachers’ Self-Care](#) | *Amanda M. Ferrara, MS; Kimberly Kohler, PhD; Karen Rizzo, PhD; Rebecca Bertuccio, PhD; Carlomagno C. Panlilio, PhD*
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Students’ experiences of prior trauma may adversely affect their academic, social, and behavioral functioning in the classroom, resulting in necessary additional relational support from teachers. However, this additional support often depletes teachers’ personal resources, resulting in heightened levels of burnout and compassion fatigue. These teacher responses to stress can make it challenging to provide the increased relational support required to best support students who have experienced trauma, thus exacerbating students’ poor self-regulation and academic performance in the classroom, as well as teacher stress. This article reviews ways teachers can be supported in the development and maintenance of self-care practices and activities to reduce stress and burnout as well as explores avenues to foster meaningful teacher–student relationships and promote positive student outcomes.. Site respondents reported that grandparent-caregivers struggled with suspended parental visitations and childcare during the pandemic.

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Keep Soaring Throughout 2022

*Lisa Schelbe, PhD, MSW,
Editor-in-Chief*

I have never been one for New Year's resolutions, but I do select a word or phrase for the year to guide my intentions. This year, I chose "keep soaring." I first got the idea while watching a frigatebird fly up from the ocean. It flapped its wings until it reached a height where it caught the wind like a kite. Even though it was no longer flapping its wings, it continued to rise. It was stunning to watch the large seabird soar.

I mulled around adopting "keep soaring" as my 2022 phrase over the next week as I watched birds that are plentiful in my neighborhood and reflected on my life. The phrase resonated with me because I don't always take the opportunity to spend time effortlessly gliding after working hard. "Keep soaring" reminds me that we need to recognize our accomplishments and enjoy where we are. After we have worked hard (flapping our metaphorical wings), we can allow ourselves to pause. In those moments, we are not going to plummet. In fact, with the rest and reflection that happens at those moments, we often increase our potential to accomplish more. We can soar and achieve new heights.

With the pandemic, along with all of the other stress and ambiguity over the last two years, we have been working really hard, flapping our

wings. It's been a ton of effort, often in both our professional and personal lives, to stay in the air. While we remain flying, we are exhausted. As life has changed over the last couple of years, some of our priorities with work have changed. I see this in the *Advisor* with interactions with authors and reviewers. (And to be completely transparent, I see it in myself!) In the last year, the editorial team has experienced more challenges getting back timely reviews, and we have had lower submission numbers. It makes sense, and I'm not complaining. In fact, I'm quite inspired. Looking at social media and reading the news and academic journals about responses to covid, it is abundantly clear that we are experiencing a collective trauma. I'm pleased to have the authors and reviewers that we have who are committed to the *Advisor*.

The editorial team planned to have more articles in this issue, yet we decided to move forward with those we had and have a shorter issue. This is not stepping away from the *Advisor's* standards. Rather, it was making sure to share quality work with APSAC membership. It also allows our authors, reviewers, and the editorial team a chance to keep soaring. We are allowing ourselves the opportunity to celebrate where we are and know that we will continue to work more. Maybe we're not where we wanted to be with the number of publications, but we are excited to share these quality articles with the potential to inform policy and practice.

In this issue, Panlilio and colleagues' commentary on the bias of teachers and other professionals shapes their interpretation of Black children's emotions, and subsequently, this shapes the children's experiences. I appreciate the authors' candidness and challenging us to think about racial equity and justice and how we professionals need to accept responsibilities and reflect on our actions. Like other articles in this issue, it encourages us to think about topics we may not always consider daily. Drs. Goldman and Pollack explore dental neglect and present a compelling argument of the importance of considering dental disease in their article, *"They are just baby teeth; they will fall out anyway."* *Questions Child Protection Services Workers Should Ask If There Is Suspected Dental Neglect*. They offer concrete recommendations for clinical practice. In the article *Comparison of State Online Mandated Reporter Trainings*, Somerville and colleagues present a comparative analysis of online training for mandated reporters of maltreatment. They describe variation across the trainings and highlight potential areas of concern. Ferrara and colleagues highlight another area of concern: the impact of students' trauma on teachers' well-being in *The Cycle of Student Trauma, Teacher Stress, and Teacher-Student Relational Support: A Case for Self-Care Supported via Professional Development*. In the article, the authors argue that teachers are supported to develop self-care strategies to mitigate the impact of burnout, compassion fatigue, and secondary traumatic stress. This issue also includes a reflection about APSAC written by APSAC's Director of Publications and Members Services,

Bri Stormer. I invited her to share her thoughts as she is transitioning to a new job outside of APSAC.

I am tremendously excited for the children, families, and communities that Ms. Stormer will be able to impact in her next position. I wish her the very best and know that this is an excellent professional opportunity. I am eternally grateful for all of the work that Ms. Stormer has done over the years for APSAC, especially that related to the *Advisor*. It has made it possible for the *Advisor* to reach new heights!

The editorial team has big plans for this year for the *Advisor*. We will have a special issue focused on confronting systemic racism and bias as they impact disproportionality and injustice experienced by African American families in child welfare. As APSAC celebrates its 35th Anniversary this year, we have invited new authors to interview APSAC's pioneers and presidents and write commentary about the past and future of APSAC. These articles will be featured in a special issue. To encourage new voices within the *Advisor*, the editorial team is hosting a writing group for new authors. Additionally, we continue our efforts to have more presenters at the APSAC colloquium to translate their presentations into papers for the *Advisor* to make the information they share more readily available with APSAC members. There is a lot of work going into making all of this possible. I thank all of those who are invested and working on these projects and very much look forward to soaring with you in 2022!

About the Editor-in-Chief

Lisa Schelbe, PhD, MSW, is Associate Professor at Florida State University College of Social Work and a Faculty Affiliate at the Florida Institute for Child Welfare. She serves as Co-editor in Chief of the Child and Adolescent Social Work Journal. Her research focuses on young people transitioning out of foster care and services to assist with their transition out of care. She is a qualitative methodologist with experience working on interdisciplinary teams. She has published over 30 referred journal articles and coauthored a book titled *Intergenerational Transmission of Child Maltreatment* (Springer, 2017). Dr. Schelbe received her doctorate in social work from University of Pittsburgh, where she was a Doris Duke Fellow for the Promotion of Child Well-being.

Race, Trauma, and the Education System

*Carlomagno C. Panlilio, PhD; Charles Alvarado, MA;
Samantha Ellner, BA*

Abstract

Education personnel make up the largest source of Child Protective Services (CPS) referrals. Yet with the ongoing disparities evident in the child welfare and education systems, we can no longer look the other way and ignore systemic issues inherent in these systems. Schools are an important partner in promoting the safety **and** well-being of children. Therefore, acknowledging the role of colorblind racial ideology in propagating disparities against Black and Brown students is necessary. This is important in understanding and reflecting on how teachers interpret, and respond to, students' emotions in the classroom, especially if students have a history of adversity. We end the article by offering guiding questions for our members to reflect on their own practice and encourage the reappraisal of thoughts, feelings, and action around the intersection of race, trauma, and education.

As I (CP) sat and pondered the beginning of this commentary, I recalled the days gone by working as a clinical family therapist with one particular 9-year-old boy who was referred to me for “behavior problems” displayed in school and in his foster home. Given that the transition to foster placement is often a difficult time for children, it was an area that we spent a lot of time exploring; and I wanted to acknowledge him and ensure that he felt heard and understood. We examined how emotion-eliciting experiences, particularly negative-valenced emotions, organized his behavioral responses in a functional manner reminiscent of his earlier abuse history. Yet despite the functional nature of his self-regulation strategies, the incongruency between his goal of emotional security (Davies & Martin, 2013) and the goals of his foster caregiver and teachers of “behaving” (however these were defined by them at that time) resulted in conflict.

Guided by principles of cognitive-behavioral therapy (CBT), our work therefore focused on understanding what these antecedent events were (e.g., boundary-setting such as bedtime routines, homework) that elicited negative-valenced emotional responses (e.g., frustration, anger, sadness), the strategies selected to manage such emotions (e.g., outbursts such as yelling, physical aggression, running away), evaluation of the strategy's effectiveness (e.g., feelings of relief from the emotion but increased conflict or relief and positive interactions), and selection of alternative regulatory strategies as needed—and begin the cycle of strategy evaluation once again. By including his foster caregiver in sessions as an active partner in shifting not just the child's behaviors but also the home environment, we achieved positive results in the home and maintained placement stability. School was a different story...

Given the intensity of my client’s learning and behavioral needs (as defined by school assessments prior to my involvement), he was referred for special education services and placed in a self-contained classroom with a lower student-teacher ratio to ensure access to tier 1 (i.e., individual targeted learning interventions) support. Having agreed to work with his special education teacher after securing appropriate consent and release forms, I set out to work with him in a similar way to the CBT approach that helped at home. This was a time before the push for more trauma-informed approaches in schools, and so our initial psychoeducation component focused on helping the teacher understand the consequences of maltreatment with the goal of helping her contextualize my client’s functional behaviors. She agreed to engage in a

similar process outlined above, but after a couple of weeks, she began expressing frustration with the lack of positive results. I would often model some of the strategies that worked in the home and point out my client’s positive responses, yet the teacher would often state that she implemented the same strategies in the classroom without the positive results. After some time, the teacher became more and more exacerbated, and I became more and more perplexed as to why things were not going as planned. And then it hit me...

Despite years of practice, despite attending many trainings in cultural competencies, and despite being a Filipino American therapist who “should have known better,” my naivete and failure to recognize my color-blindness in the situation prevented me from seeing how race was such an important factor



that should have been considered from the start. Had I reflected on this sooner, I would have realized that perhaps the positive result at home was due to the fact that my 9-year-old African American client was placed in a home with an African American foster caregiver who was heavily invested in his success and who understood the nuances of my client's behaviors and experiences as a Black person. On the other hand, my client's White teacher, who was also well-intentioned and invested in my client's success, may not have been privy to the experiences of many students of color, particularly those who have been involved with the child welfare system.

Colorblind Racial Ideology and Schools

A difficult concept to grapple with is the idea that we can be good people and still have harmful biases about race. Although our intentions may be benign, we must begin to acknowledge that our actions are a reflection of our social and cultural histories and that these influences have the potential to racially charge how we interact with those around us. In an educational setting, especially one that services a diverse student population, these interactions can have dire day-to-day and long-term consequences. Because classrooms house, if only temporarily, an amalgamation of students and teachers, they also serve as a point of intersectionality for their perceptions and experiences with race that actively shapes the learning environment. Due to this reality, simply approaching education and educational practices with a colorblind ideology is not enough.

According to Bonilla-Silva (2017), *colorblind racial ideology* obscures racialized structures that maintain inequalities and decentralizes race, racism, and racial discrimination from the educational, social, political, economic, and historical contexts to diminish the experiences of marginalized people and focuses on victim blaming. In the field of psychology, colorblind racial ideology consists of two related dimensions: (1) *color evasion*, a strategy focused on the idea that everyone is the same and adopting a race-neutral perspective and (2) *power evasion*, a strategy to minimize the role of power dynamics in perpetuating

inequities and racial disparities and includes minimization/denial of experiences related to overt interpersonal racism, institutional racism, and racial privilege (DeCuir-Gunby et al., 2020).

Indeed, such a harmful ideology continues to be perpetuated in the education system. For example, the adoption of zero tolerance policies in K–12 schools aimed at decreasing “behavior problems” have increased the use of exclusionary practices (e.g., expulsion and suspension; Borman & Pyne, 2016) for minor offenses that subsequently pave a faster way toward the school-to-prison pipeline, especially for Black and Latinx students (Weathers et al., 2021). Although attention to the use of these exclusionary practices across grades K–12 is now being recognized as a salient factor in the widening achievement gap between White students and students of color, this problem begins much earlier. Preschool expulsion, typically understood as an adult decision in response to children’s “behavior problems” (Owens & McLanahan, 2020), disproportionately affects young Black children, especially boys (Gilliam & Reyes, 2018; Gilliam et al., 2016). Given that most of these disciplinary practices are initiated by teachers, it is therefore important to understand the role of implicit bias related to teachers’ perceptions and attitudes toward behavioral and emotional expressions of students of color. More important, educators need to acknowledge the role that White privilege may play in some of these decisions to use exclusionary practices (i.e., power-evasion strategy) as a means of removing “others” that do not conform or belong.

Further, as idealistic as it is to believe schools are safe spaces for every student, many schools instead function as a possible source of trauma for a number of students, particularly if we do not recognize the systemic bias inherent in this system. In schools, some students can be exposed to a combination of microaggressions (i.e., derogatory or negative racial slights and insults) from other students and teachers alike (Torino et al., 2018). In such instances, students could be the target of malicious comments and inappropriate jokes that are inherently harmful. Students can also be victims of covert and overt racism at schools, such as when racial terminology

(e.g., *n-word*, *terrorist*) is used against students of color. Notably, as the number of experiences with microaggression increases, some researchers have found trauma symptoms also increase (Nadal et al., 2019). When these situations occur, teachers have a responsibility to check on students who have been victimized by racially charged events at school and guide difficult conversations around race with their other students. Handling race as an inconsequential construct in schools (i.e., color-evasion strategy) runs the threat of perpetuating the educational disparities (e.g., academic deficits, higher rates of discipline) among Black and Latinx students when compared with White students. To mitigate the impact of these potentially traumatic experiences around race, teachers should aim to foster strong student–teacher relationships and build a sense of community in the classroom in light of evidence showing that belongingness is an important protective factor for children.

At the Intersection of Race, Emotions, Schools, and Child Welfare

Within schools, public displays of emotions can be considered disruptions that carry a stigma due to the perception that the student may suffer from severe emotional disturbance or serious mental illness (DeCuir-Gunby & Williams, 2007). Students of color are oftentimes expected to silently restrain their emotions, especially in relation to racism, with their emotions being targets of social control when others around them are not comfortable with such expressions (DeCuir-Gunby & Williams, 2007). Unfortunately, instead of seeing the role that racialized structures and racist ideologies play in these emotionally-laden experiences, students of color get blamed and suffer the consequences. The responsibility of addressing inequities need to move from students to teachers, acknowledging the power dynamics inherent in the education system that often punish students of color. This means that teachers will need to be comfortable acknowledging their own emotions around race-related issues and reflect

on their role (purposeful or not) in perpetuating inequities. Indeed, DeCuir-Gunby and colleagues (2020) found that preservice teachers who espoused colorblind racial ideology struggled with regulating their own emotions, which led to psychological inflexibility that made it difficult to change their attitudes and beliefs about race. Furthermore, the authors found that teachers who suppressed their emotions about race allowed them to maintain their colorblind ideologies.

Unfortunately, early experiences of maltreatment, which have been associated with dysregulated emotional responses in children (Kim & Cicchetti, 2010; Panlilio et al., 2020), add a layer of complexity to how emotions and race are interpreted and responded to by teachers. This is particularly problematic given the disproportionate number of Black children referred to Child Protective Services (CPS) and substantiated as victims (U.S. Department of Health & Human Services [USDHHS], 2020). Even more concerning is that educators make up the largest referral source to CPS (USDHHS, 2020), begging the question of whether such referrals were made because of unforeseen or unrecognized bias in the interpretation of Black children’s behaviors and emotions.

Back to my 9-year-old client... What I noticed with the teacher’s ever-increasing levels of frustration was that she could not get my client to comply. In my attempts to understand the problem, I realized that although I interpreted my client’s expression of emotions as appropriate given the challenge brought about by the class assignment, the teacher saw his emotions as “too much.” She did not recognize the inherent bias in her emotional response to my client’s emotional expression. When pressed to respond about her strategy use and expectations, she espoused colorblind ideologies such that she treated all her students the same way and did not engage in differential treatment. This was, instead, the fault of my client for “not listening” or “not behaving” or “not paying attention.” When his behaviors got “out of hand,” she outlined her classroom strategies that increased in intensity from warnings to what

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she termed a “time out.” I came to find out that this supposed time-out method was further exclusion from the classroom for “safety” and that my client was placed in a windowless room, which of course triggered his previous traumatic experiences in his biological home.

Such an appalling strategy employed is an example of how schools can become another source of trauma for children. Furthermore, the documentation provided of ever-increasing intensity of intervention and lack of response would have led to the expulsion of my client, exemplifying victim blaming. Instead, the teacher should have reflected upon her own ideology and the expectations imposed upon my client, especially in light of his previous abuse experiences and because of his race. I have often reflected on this experience and how my own failure to recognize the ubiquity of colorblind racial ideology in the many interactions between my client and the school may have limited my ability to advocate more for my client. However, this and many similar experiences over the years working with my clients in foster care have allowed me to engage in an ongoing work to ensure that I recognize and advocate against color-blind ideologies within systems I work with.

What Can We Do Moving Forward?

From our experiences as teachers (CA and SE) and working with teachers (CP), we have undergone such reflections and recognize and empathize about the difficulties of such endeavors. Some of the suggestions we offer in this section were borne out of our own personal experiences in the field and hope that these could help initiate these difficult conversations. We recognize that these suggestions are not exhaustive, nor would they always be applicable. We welcome APSAC members to also engage in this dialogue and offer other suggestions found to be helpful.

Understanding the damage of colorblind racism is only the first step, however. Teachers must become comfortable with using that knowledge to become

better teachers. This can be done in two ways. First, teachers need to engage critically with their own experiences of race and the inherent power dynamics. Assessing one’s own beliefs about race is a difficult yet necessary step to improving racial relations in schools. Teachers’ perceptions of race are altered by media portrayal and societal lessons regarding individuals of color. Given that the majority of teachers currently working in the field are White, a large proportion of teachers may be working off of a White supremacy-constructed narrative about people of color. None of the suggestions in this remaining section will be fruitful without deep self-reflection regarding one’s learned beliefs about race.

Teachers need to question and critically think about their own thought processes regarding race and how these thoughts may affect their interaction with children of color while teaching. Colorblind racial ideology promoted in our society has taught us to diminish the inequities faced by individuals of color to maintain White supremacy and privilege. White teachers need to take it upon themselves to identify and question racist ideals they have unknowingly internalized. Interfering with these thought patterns may allow for teachers to then begin altering their behaviors that are unknowingly racist. This is not easy; it requires serious critical thinking, empathy, and humility. White teachers need to reconcile with the fact that they have had racist thoughts, they have made racist choices, and they probably will again in the future. Accepting this and vowing to try to interfere with thoughts and behaviors is the only way to begin moving forward.

Once teachers have a better understanding of their own ideas and misconceptions about race, they need to then use this newfound approach to race and practice speaking about these issues. Thinking critically about race and speaking openly about it may help teachers better assess their own actions and how they may be racially influenced, creating a feedback loop (i.e., reflection encourages behavior, which then adds to opportunities for reflection, etc.). All children have questions about race, and all too often White teachers are out of their comfort zone when discussing race with White children—who

are accustomed to speaking about race in abstract terms—and children of color—who are accustomed to having a more realistic perspective about race and race relations.

These critical thinking practices are not limited to race. Teachers can also use this approach to better understand how maltreatment and experiences of trauma may alter a child's experiences in school. Implementing and improving trauma-informed practices relies on a teacher's ability to identify a child who has experienced trauma and how that trauma may interfere with their schooling (Loomis & Felt, 2020).

In the interest of addressing the needs of traumatized and marginalized children in schools, there are strategies teachers can apply to improve their responses to externalized behaviors to prevent harmful labeling of students as “dangerous” and promote their own emotional regulation during difficult exchanges with students. Not all strategies are created equal, however. Webb et al. (2012) conducted a meta-analysis of emotional regulation strategies (i.e., attentional deployment, cognitive change, response modulation domains) whose effectiveness was graded using experiential, behavioral, and physiological measures. As a broad domain, on the one hand, attentional deployment strategies such as encouraging concentration on or distraction away from an emotion were found to be overall ineffective at changing participants' experience, behavior, or physiological responses. On the other hand, strategies that encourage cognitive reappraisal had more consistent results at improving participants' emotional condition. Considering the result of this study in conjunction with the results presented by DeCuir-Gunby et al. (2020), we encourage teachers to engage in cognitive restructuring and reappraisal of their thought patterns when they interact with students of color who may have been traumatized in or outside of school. Approaching this exercise from a race-conscious perspective can have large implications to reframing how students and their behaviors are understood and responded to.

Often, the path of least resistance when topics of race and trauma arise can be found outside of ourselves. Not centralizing the influence of race and trauma in a classroom can no longer be a viable option for educators at all levels. Teachers must begin to challenge themselves and think critically about race and trauma and how their worldview and abilities to self-regulate impact their response to students who are different. Teachers are important change agents in the lives of children and can be an even more important ally in addressing systemic racism, especially in education. Having a sense of urgency to address issues of racism in schools can circumvent the cycle of racial injustice, create opportunities to prevent additional trauma, and provide a safe and supportive environment for learning. If our goal is to keep children safe in school, it begins with the leaders of the classroom, the teachers. Moving forward we would like teachers and other caregivers to reflect on the following questions posed by Adam Alvarez (Alvarez et al., 2016) to encourage reappraisal of thoughts, feelings, and action around the intersection of race, trauma, and education:

1. How does my race influence my work as a teacher with students, especially my students of color?
2. As a teacher, what is the effect of my race on my thinking, beliefs, actions, and decision making?
3. How do I, as a teacher, negotiate the power structure in my class to allow students to feel a sense of worth regardless of their background?
4. How do I situate and negotiate students' knowledge, experiences, expertise, and race with my own? (p. 36)

As members of the APSAC community, therefore, we should strive to use our expertise in trauma and commitment to diversity, equity, and inclusion to work collaboratively with teachers and support the needs of children and families of color. In doing so, we can help ensure that schools remain a safe and supportive environment for students' growth, development, and learning.

About the Authors

Carlomagno C. Panlilio, PhD, is Assistant Professor in the Educational Psychology program and a faculty member with the Child Maltreatment Solutions Network at the Pennsylvania State University. His work looks at how early maltreatment experiences and other contextual factors impact children's learning-related processes responsible for later academic challenges. In addition, Dr. Panlilio's research involves the development and evaluation of trauma-informed practices in the classroom.

Charles Alvarado, MA, is a doctoral student in the Educational Psychology, Counseling, and Special Education department at the Pennsylvania State University. He takes from his experiences in neuroscience and education, as a former middle-school science teacher, to research how childhood maltreatment affects students' attentional processing and language development.

Samantha Ellner, BA, is a doctoral student in the Educational Psychology, Counseling, and Special Education department at the Pennsylvania State University. She brings in her many years of experience having taught language arts at a language-based learning disability high school in Massachusetts. Her research focuses on how experiences of maltreatment affect language and reading abilities.



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“They are just baby teeth; they will fall out anyway.” Questions Child Protection Services Workers Should Ask If There Is Suspected Dental Neglect

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Keywords: dental neglect, child welfare

Abstract

Children with untreated dental disease may routinely go unrecognized. Many non-dentists may not realize that a child’s tooth infection can have serious, if not deadly, consequences. In clinical practice, dental neglect through willful intent is already difficult to demonstrate for someone who has dental knowledge. The generic questions asked by child welfare caseworkers regarding concerns for cases of child abuse or neglect may not necessarily address the specific complexities of dental neglect. With all of these nuances in mind, this article presents a list of questions that could be utilized in clinical practice and for child welfare caseworkers receiving reports to critically analyze whether dental neglect is occurring and whether the family has been given adequate accommodations and opportunities for care.

Routinely, children with untreated dental disease go unrecognized. Many people who are not oral health professionals do not understand that a child’s tooth infection can be life threatening. Take the case of 12-year-old Deamonte Driver of Maryland, who died in 2008 of complications from an untreated tooth infection that spread to his brain (Otto, 2017). Unlike cases of intentional neglect, Deamonte’s family was actively seeking care for their child and had issues with insurance access. However, there are also scenarios in which caregivers are given education, opportunities, and accommodations to present for care for their child, yet they still fail to do so (Otto, 2017).

The American Academy of Pediatric Dentistry (2021) defines *dental neglect* as “willful failure of a parent or guardian to seek and follow through with treatment necessary to ensure a level of oral health essential for adequate function and freedom from pain and infection (p. 16).”

Aside from pain and infection, unmet dental needs have been associated with issues of nutrition such as failure to thrive, premature tooth loss that can affect a child’s ability to bite, speech, missed school, hospitalizations and emergency room visits (Mouradian et al., 2000). In clinical practice, willful intent is already difficult to demonstrate for someone who has dental knowledge. Accordingly, the generic questions asked by child welfare caseworkers

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regarding concerns for cases of child abuse or neglect may not necessarily address the specific complexities of dental neglect. Similarly, it is important to parse out in these instances when families could use assistance with social programming and care utilization—such as Deamonte’s case—and when families have been given opportunities and accommodations but still fail to follow through with care. These psychosocial barriers to care may include lack of access to care such as issues with transportation or geographic location, financial costs including lack of insurance coverage, and dental anxiety of the caregiver (Freeman, 1999). In these circumstances, the parent or guardian may be well-intended but may not have the tools to follow through with dental care.

A shared societal concern, the well-being and safety of children, is a daily focus of child welfare professionals on a 24-hour per day basis. On a federal level, since the early 1990s, a key training tool for these and other Child Protective Services (CPS) workers has been the Child Abuse and Neglect User Manual Series. Written by the U.S. Department of Health and Human Services (DHHS), Office on Child Abuse and Neglect (OCAN), Children’s Bureau of the Administration for Children and Families (ACF), the series is constantly updating best practice in the child protection field. In the latest publication of *Child Protective Services: A Guide for Caseworkers* (2018), dental neglect is passingly mentioned, just twice. This article offers suggestions to help prepare child welfare caseworkers and clinicians to garner appropriate and relevant information to ascertain if a case of dental neglect has occurred (USDHHS & Capacity Building Center for States, 2018).

Only a small number of states have mandated dental screening laws for school entry, and among those states the criteria and guidelines are variable (Fleming, 2019). Even states that have adopted these laws have reported difficulty enforcing them, thus rendering the laws to be voluntary participation (Fleming, 2019). Routine dental exams are not only important to evaluate for signs of dental caries and

infection but also allow for evaluation of growth and development and provide opportunities for dental hygiene and nutrition. While primary care providers may be able to identify signs of dental disease, appropriate treatment still must be conducted by a dental provider, which requires families to present to a dental provider and follow through with treatment recommendations. Due to a lack of mandatory requirements for dental screening upon school entry, children may routinely go without dental care without the ability of school-based social workers or educational professionals to intervene. Because there are virtually no checks and balances to ensure that a child is receiving appropriate dental care, dental needs should be routinely incorporated into every case assessment. A referral should be made to an oral health professional for a screening examination to identify otherwise potentially undisclosed treatment needs.

With all of these nuances in mind, this article presents a list of questions that could be utilized in clinical practice and for child welfare caseworkers receiving reports to critically analyze whether dental neglect is occurring and whether the family has been given adequate accommodations and opportunities for care. The questions are not an exhaustive list. They provide a roadmap to obtain background on the following: a timeline of the child’s caries progression, the impact of dental health on the child’s function and quality of life, opportunities for the family to access care, areas of communication with the family, and barriers to care that may be the underlying cause for poor follow-through. These questions should be asked to an individual calling to file a dental neglect report as well as oral health providers involved in a child’s dental care. Often in these cases, families will seek emergency services at multiple locations, and a dental service history may be required from the family or insurance company to obtain a comprehensive history.

Questions dental providers and CPS investigators should ask if they suspect dental neglect:

1. When did the child first present to the dental office? For how long has the child been with untreated or incomplete treatment of dental caries?
2. Has the child's current oral health status led to significant loss of function and/or quality of life, including inability to sleep or difficulty with eating and drinking?
3. Have attempts been made to contact the family to inform them that the child has significant untreated dental caries that require treatment? How many attempts and in what capacity? Was contact made with the family during these attempts?
4. Has the family failed multiple appointments, leaving the child with significant untreated dental caries, after reasonable accommodations have been made to provide access to care? If so, how many appointments?
5. Does the child have a history of odontogenic infection (arising from the teeth) due to untreated caries or lack of follow-up for care, including facial swelling or abscess?
6. To your knowledge, has the child missed school due to pain or other symptoms of untreated or incomplete treatment of dental caries?
7. Are there any specific psychosocial barriers to access to care that have been identified by the family that have led to an inability to follow through with care, and has the dental office done anything to assist in addressing these barriers?

The response of child welfare to these questions relates to the extent and timeframe in which the disease process has progressed with inadequate or inappropriate intervention. Although each case should be evaluated on an individual basis, three overarching principles need to be followed. Primarily, dental disease that poses risk of acute infection or severe pain that affects a child's quality of life or function requires an immediate response by child welfare workers to help connect the family to the appropriate dental health services. Second, if

it is identified by the evaluating dental or medical professional reviewing the answers to the preceding questions that the child has significant dental disease, and if reasonable accommodations have been made to assist the family in obtaining care, a child welfare investigation should be opened for dental neglect. Fisher Owens and colleagues (2017), through the official publication of the American Academy of Pediatric Dentistry, stated, "If parents fail to obtain therapy after barriers to care have been addressed, the case should be reported to the appropriate child protective services agency as concerning dental neglect" (p. 281). Third, if psychosocial barriers have not been or were inadequately addressed, the family should be referred to social services to assist with resources to address the barriers to care within a time frame appropriate to the child's state of dental disease as determined by the medical/dental professional evaluating the case report. If the family refuses resources or assistance to address these barriers within the timeframe or does not obtain appropriate care for the child with the given assistance and resources within the timeframe, then a subsequent investigation of child dental neglect should be opened.

The strength of a report of dental neglect relies heavily not only on the appropriate background knowledge given by the provider but also on the information collected by the caseworker, who will need to pass the information to the appropriate reviewers. These questions help to improve protocols and procedures that need to be designed to alert the appropriate authorities that a potential dental neglect situation may be occurring.

The questions in this article aim to help dental providers organize a child's case to determine if barriers and opportunities have been addressed, as well as to assist child welfare caseworkers who may have limited exposure to oral health knowledge.

Each child really is as distinctive and special as their smile.

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Comparison of State Online Mandated Reporter Trainings

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Key words: Mandated reporter training; Online learning; Child abuse, Child protection; Evidence-based training

Abstract

This article presents the results of a comparative analysis of online mandated reporter trainings regarding child abuse. Programs from 47 U.S. states and the District of Columbia were reviewed and their content and features compared with iLookOut for Child Abuse's Core Training. Significant variation was identified in terms of the scope, content, didactic approach, delivery method, and outcome measures across different trainings. These findings raise concern that while all children need protection from abuse, not all mandated reporters are receiving comparable preparation to fulfill this important moral and legal responsibility.

Introduction

As individuals required by law to report suspected *child abuse* (a term used here to denote all forms of child maltreatment, including neglect), mandated reporters play an important role in protecting victimized and at-risk children (Child Welfare Information Gateway, 2019). Though most states require mandated reporters to complete state-approved training on how to recognize and report suspected child abuse, there are currently no standards for such training in terms of content or delivery (Kenny et al., 2016). The lack of national consensus for child abuse training along with the potential for major differences in training across jurisdictions raise concern that not all mandated reporters are receiving comparable

preparation and that some are being inadequately prepared (Kenny, 2015). Many states use online training for instruction in mandated reporting, but little is known about how these trainings vary in terms of content and delivery. This article reports on the findings of such a comparison and discusses some of the implications of the variability that was found.

Research has shown that online training is effective for educating adults and that it has particular advantages over in-person training (John et al., 2020). Specifically, online training is accessible (in terms of both timing and content), enables standardized evaluations of learning and satisfaction, facilitates storage and analysis of data, and can readily promote continuous learning (Kenny et al., 2016; Scott et al., 2016; Shendell et al., 2016).

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Particularly when in-person training is not feasible, well-designed evidence-based online training can ensure that quality education is available to a multitude of people.

In response to the need for evidence-based online mandated reporter training (Ayling et al., 2019), a research team at the Penn State College of Medicine developed the iLookOut for Child Abuse (iLookOut) Core Training—a free online, interactive learning program designed to help mandated reporters better recognize, report, and respond to suspected child abuse (www.ilookoutproject.org). iLookOut also delivers an Advanced Training module. Although the iLookOut training was initially developed for early childhood professionals, it includes general information to meet the needs of all mandated reporters (e.g., in Pennsylvania) and can be adapted for use in any state. iLookOut's Core Training uses an experiential learning framework, a video-based storyline, and gamification to engage users (Levi et al., 2019). In addition to a standard registration page, the iLookOut Core Training includes validated pre/post measures that evaluate (1) knowledge and attitudes about child abuse and its reporting, (2) individuals' sense of preparedness (to identify and report suspected abuse), and (3) learners' satisfaction with the iLookOut Core Training. In-depth descriptions have been published on iLookOut's content and structure, practical and conceptual considerations in creating iLookOut, and its strategy for ensuring that its educational material is fully integrated (Kapp et al., 2020; Levi et al., 2019; Levi et al., in press). Also published are data from a randomized controlled trial (n=741) and a real-world study (n=11,065) demonstrating that the iLookOut Core Training significantly improves knowledge and changes attitudes regarding child abuse and its reporting compared with a standard mandated reporter training (Humphreys et al., n.d.; Mathews et al., 2017; Yang et al., 2020). While the iLookOut learning program's effects are well documented, there is little research on the effectiveness of other online mandated report trainings. In light of these findings, we sought to compare iLookOut's Core Training with

other existing online mandated reporting trainings in all 50 U.S. states.

Methods

A primary reviewer from the iLookOut research team performed a comparative analysis of 48 online mandated reporter trainings, including the iLookOut Core Training, and the findings were then reviewed and confirmed. Specifically, the primary reviewer registered for and completed (in full) each and every online training examined, and the reviewer then binary coded (present or absent) each of the 40 characteristics for every training. The process for generating the list of characteristics is described in the next section. Each training was further assessed for overall Level of Engagement, based on the presence or absence of several interactive features (see Table 4) as well as the scope of information present in each training. The initial coding process was completed by the primary reviewer, cross-checked for accuracy by two additional reviewers (no disagreements were identified), and discussed and confirmed according to the findings by a larger multi-disciplinary team.

Identification of Training

The initial step to identify online mandated reporter (MR) training for each state involved querying the Child Welfare Information Gateway (2019), a service of the U.S. Department of Health and Human Services that provides online resources to professionals in child welfare and related fields. Their webpage, State Training Resources for Mandatory Reporters of Child Abuse and Neglect, provides a state-by-state list of online MR trainings and other resources (e.g., toolkits, guidelines, protocols) for mandated reporters of child abuse. For the 35 states for which this listing identified a specific state-sponsored, publicly available MR online training, that training was used for the present comparison.

For states where no such program was identified, a subsequent search was performed for trainings sponsored by non-profit agencies whose primary focus was child protection/child abuse prevention, such as CARE House, Michigan (CARE House of Oakland County, 2020). If this search did not identify an online MR training, a new search was conducted for MR trainings offered by more broad-based organizations, such as SafeSchools Training, Ohio (SafeSchools, 2020), for whom child protection was not the primary focus. For states in which there were multiple state-*approved* MR trainings, but no state-*sponsored* MR trainings, the state-*approved* training that was both most accessible (e.g., free, user-friendly) and most extensive (in terms of content and delivery/presentation) was selected for inclusion and comparison. The various state trainings and their classifications are shown in Tables 1 and 2.

Inclusion/Exclusion Criteria

Only MR trainings that were publicly available online (either open access or with registration) were examined. With the exception of Kansas, Nebraska, and Oklahoma (which charged \$5, \$15, and \$15, respectively), none of the trainings required a fee for access or to obtain a certificate of completion. All sites were accessed between January 3, 2020, and October 26, 2020. To enable maximal comparability, only English-version trainings were evaluated; however, Table 2 identifies states that also provided MR training in multiple languages.

Subject Matter for Comparison

According to expert recommendations (Damashek et al., 2011; Chen et al., 2013), effective MR training should (1) imbue *knowledge* about the various types of child abuse, risk factors, and the long-term epidemiology and impact of child abuse and also (2) cultivate *skills* for recognizing both physical signs of abuse and behavioral indicators of child abuse (for both children and perpetrators). Based on published

recommendations, and using iLookOut as the reference training, an iteratively constructed list of 40 characteristics was created to account for the kinds of content and functionality present in each training. The list was developed by the primary reviewer in collaboration with a multi-disciplinary team whose research focuses on child protection. Content, which accounted for 21 of those 40 characteristics, included both fact-based information (e.g., types of abuse, risk factors for abuse, legal responsibilities of mandated reporters, steps for making a report) as well as education about processing (e.g., how to ask better questions, respond to disclosures by children, interpret “reasonable suspicion”). Matters involving Delivery/Functionality accounted for the remaining 19 characteristics and included the presence of a pre- and/or post-test, handouts, videos, voice narration, links to resources, as well as elements that promoted engagement (e.g., user-friendly format, interactive games, stories). A full list and description of these 40 characteristics can be found in Table 3.

MR trainings were then categorized as Limited, Basic, Moderate, or Advanced based on their level of engagement, as per the inclusion criteria shown in Table 4. Because there are no published consensus criteria for grading MR trainings, these three categories were intended to broadly categorize the different tiers of training as they currently stand. It is our hope that the present examination encourages others in the field to develop evidence-based, outcomes-driven criteria for a quality rating system of MR trainings.

Results

Format

In addition to the iLookOut Core Training, MR trainings were identified and examined for all U.S. states plus Washington, D.C., with the exception of Mississippi, Rhode Island, and Wyoming, for which no online MR trainings were identified. A list of all 49 trainings examined and the agencies and organizations that sponsored each training are

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included in Table 2. The amount of time it took to complete each MR training ranged from 30 minutes to 3 hours. While some of the trainings allowed users to click through modules at their own pace, others required users to remain in a given module

for a fixed amount of time. Most provided some form of overview to orient the user (n=32), and most included video-based content (n=32). However, over one third of MR trainings (n=17) presented information using only slides or text.

Table 1. Providers of Online Mandated Reporter Trainings.

Type of training	Number of states	Which states
State-sponsored mandated reporter trainings (*provided by state university)	35	AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, HI, IL, IN, IA, KS, LA, ME, MD, MN, NV, NJ, NM*, NY, ND, OK, OR, PA, SC, SD, TN, TX, VT, VA, WA, WI
Non-profit, primary focus on child abuse	11	ID, KY, MA, MI, MO, MT, NC, NE, NH, UT, WV,
Non-profit, broader focus on child well-being	2	GA, OH
No online training found	3	MS, RI, WY

Table 2. State Mandated Reporting Training Sources.

State	Agency
Alabama	Alabama Dept. of Human Resources https://aldhr.remote-learner.net/ Last accessed: July 2020
Alaska	Alaska Department of Health and Human Services http://training.dhss.alaska.gov/mandatoryreporter/training/multiscreen.html Last accessed: July 2020
Arizona	Arizona Child Abuse Info Center – Children’s Justice Program https://childhelpinfocenter.org/ Last accessed: July 2020
Arkansas	Arkansas Commission on Child Abuse, Rape and Domestic Violence https://ar.mandatedreporter.org/UserAuth/Login!loginPage.action Last accessed: July 2020
California	California Department of Social Services https://mandatedreporterca.com/ (also available in Spanish) Last accessed: August 2020
Colorado	Colorado Department of Human Services https://coloradocwts.com/mandated-reporter-training Last accessed: July 2020
Connecticut	Connecticut Department of Children and Families https://www.proprofs.com/training/course/?title=connecticut-mandated-reporter-training-for-community-providers-jan-2020-version-3_5e260a8c470e8 Last accessed: July 2020
Delaware	Delaware Office of the Child Advocate https://ocade.server.tracorp.com/novusii/application/login/

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State	Agency
District of Columbia	District of Columbia Children and Family Services Agency https://dc.mandatedreporter.org/pages/Welcome.action Last accessed: July 2020
Florida	Florida Department of Children and Families https://fl-dcf.org/RCAAN/_media/RCAAN/index.html#SPLASH Last accessed: July 2020
Georgia	Georgia Division of Family and Children's Services https://www.prosolutionstraining.com/store/product/?tProductVersion_id=1093 (also available in Spanish) Last accessed: August 2020
Hawaii	Department of Human Services- Social Services https://humanservices.hawaii.gov/ssd/home/child-welfare-services/ Last accessed: July 2020
Idaho	IdahoStars https://idahostars.org/portals/61/Docs/Providers/ApprovedTrain/ICCP/ICCP_ReportAbuse_Inst_2018.pdf Last accessed: July 2020
Illinois	Illinois Department of Children and Families https://mr.dcfstraining.org/UserAuth/Login!loginPage.action Last accessed: July 2020
Indiana	Indiana Department of Child Services https://reportchildabuse.dcs.in.gov/ Last accessed: August 2020
Iowa	Iowa State University Extension and Outreach https://training.hs.iastate.edu/course/view.php?id=731#section-2 Last accessed: July 2020
Kansas	Kansas Child Care Training Opportunities https://kccto.org/product/strengthening-families-through-positive-connections/ Last accessed: August 2020
Kentucky	Kosair Charities® https://education.ky.gov/teachers/Documents/CANtraining_FaceIt.pdf Last accessed: April 2020
Louisiana	Louisiana Department of Children and Families http://www.dcf.louisiana.gov/index.cfm?md=newsroom&tmp=detail&articleID=575#undefined Last accessed: April 2020
Maine	Maine Office of Child and Family Services https://www.maine.gov/dhhs/ocfs/mandated-reporters.shtml Last accessed: April 2020
Maryland	Maryland's Resource for Mandated Reporters https://training.reportabusemd.com/ Last accessed: August 2020
Massachusetts	Middlesex Children's Advocacy Center https://51a.middlesexcac.org/ Last accessed: April 2020
Michigan	CARE House of Oakland County https://mandatedreportertraining.carehouse.org/welcome/?profession=1 Last accessed: July 2020
Minnesota	Minnesota Department of Human Services https://mn.gov/dhs/people-we-serve/children-and-families/services/child-protection/programs-services/mandated-reporting-training-overview.jsp Last accessed: July 2020
Missouri	Missouri Kids First https://protectmokids.com/ Last accessed: July 2020
Montana	Child Care Resources, Inc. https://www.childcaretraining.org/mod/page/view.php?id=4007 Last accessed: July 2020
Nebraska	Project Harmony https://projectharmony.learnupon.com/store?utf8=%E2%9C%93&ss=1&ct=93426&commit=Filteraining.org/?pageid=84 Last accessed: September 2020

Mandated Reporter Training

State	Agency
Nevada	The Nevada Registry http://www.nevadaregisNtry.org/ Last accessed: April 2020
New Hampshire	Know and Tell https://knowandtell.org/educate/ Last accessed: April 2020
New Jersey	New Jersey Department of Education https://www.state.nj.us/education/students/safety/socservices/abuse/training/ Last accessed: April 2020
New Mexico	New Mexico State University https://swrtc.nmsu.edu/educators/
New York	New York State Office of Children and Family Services http://www.nysmandatedreporter.org/ Last accessed: April 2020
North Carolina	Prevent Child Abuse North Carolina https://preventchildabusenc-lms.org/ (also available in Spanish) Last accessed: April 2020
North Dakota	North Dakota Department of Human Services http://www.pcand.org/NDDHS/mandatedreportertraining/index.html Last accessed: April 2020
Ohio	SafeSchools Training https://www.safeschools.com/courses/child-abuse-mandatory-reporting-ohio/ Last accessed: April 2020
Oklahoma	The University of Oklahoma Health Sciences Center https://www.ouhsc.edu/okcantraining/Online-Training Last accessed: July 2020
Oregon	Oregon Department of Human Services https://www.oregon.gov/DHS/ABUSE/Pages/mr_employees.aspx Last accessed: April 2020
Pennsylvania	Pennsylvania KeepKidsSafe https://www.reportabusepa.pitt.edu/webapps/portal/execute/tabs/tabAction?tab_group_id=91_1 Last accessed: April 2020
South Carolina	University of South Carolina School of Law https://dss.sc.gov/child-well-being/mandated-reporters/ Last accessed: April 2020
South Dakota	South Dakota Department of Social Services https://apps.sd.gov/SS60ReporterVideoTraining/Introduction.aspx Last accessed: September 2020
Tennessee	Tennessee State Government https://www.tn.gov/dcs/program-areas/training/tpd/cw-resources/cwr/mandated-reporter-training.html Last accessed: October 2020
Texas	Texas Dept. of Family and Protective Services http://www.dfps.state.tx.us/training/reporting/ (also available in Spanish) Last accessed: July 2020
Utah	Prevent Child Abuse Utah https://pcautah.org/ Last accessed: July 2020
Vermont	KidsSafe Collaborative, Vermont Agency of Human Services https://goto.webcasts.com/starthere.jsp?ei=1087433 Last accessed: April 2020
Virginia	Virginia Department of Social Services https://www.dss.virginia.gov/abuse/mr.cgi
Washington	Washington State Department of Children, Youth and Families https://www.dcyf.wa.gov/safety/mandated-reporter Last accessed: April 2020
West Virginia	Prevent Child Abuse West Virginia https://teamwv.org/prevent-child-abuse-wv-landing/mandated-reporter-training-information/ Last accessed: April 2020
Wisconsin	Wisconsin Child Welfare Professional Development System https://media.wcwpds.wisc.edu/mandatedreporter/ Last accessed: April 2020

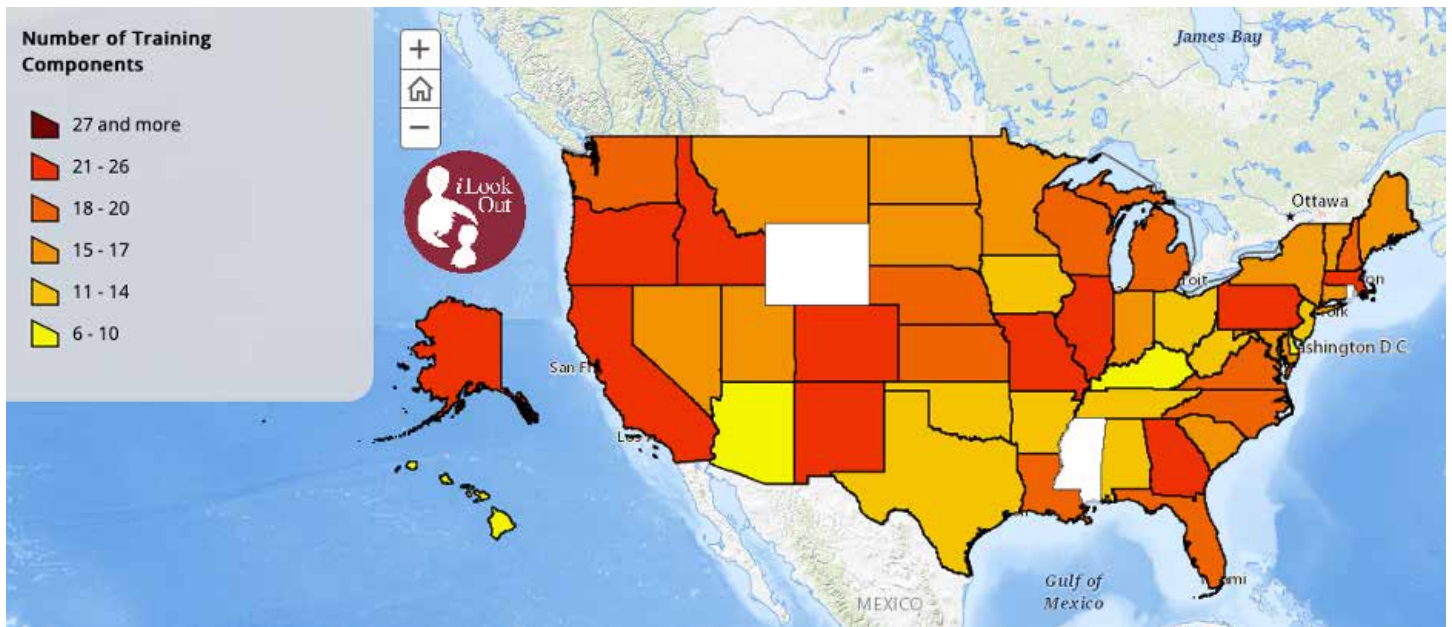
Testing

Knowledge checks (i.e., fact-based questions) were present at various junctures in 30 of the MR trainings, while only nine MR trainings included *skill-testing activities* (e.g., recognizing abuse, identifying risk factors for abuse). Though 30 of the MR trainings included a *post-test* to evaluate user knowledge, only 12 of these contained a *pre-test* such that they could measure pre-/post-test changes in knowledge. *Real-world scenarios* in the form of short stories and multiple-choice questions (Errington, 2008) were present in 24 MR trainings, and 32 trainings included some element of voice narration, but only seven MR trainings provided any form of extended *scenario-based storyline*.

Content

MR trainings also varied considerably in terms of specific content. The vast majority (n=42) provided detailed information about the process for *making a report* of child abuse, but only 10 MR trainings provided explanations about interpreting the statutory threshold for when mandated reporting is required (colloquially referred to as *reasonable suspicion*) (Levi & Loeben, 2004). Relatively few MR trainings included information about *domestic violence* or *animal abuse* being risk factors for child abuse (n=13), how to determine when *reasonable suspicion* is present (n=8), or what kinds of questions are *better* (n=17) or *worse* (n=14) to ask when responding to a child's disclosure of abuse.

Figure 1. Number of Training Components by State.



(States colored white do not have an online MR training.)

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Table 3. Training Components and Their Presence in State MR Trainings.

Component	Definition	States that have this component	States
Training features			
Pre-test	Pre-training fact-based questionnaire that tested knowledge about child abuse and its reporting	14 (29%)	AZ, AR, DC, GA, IL, IA, KS, LA, MO, MT, NH, OK, UT, iLookOut
Post-test	Post-training fact-based questionnaire that tested knowledge about child abuse and its reporting	30 (61%)	AL, AK, AZ, AR, CO, DC, GA, ID, IL, IN, KS, LA, ME, MD, MI, MO, NE, NV, NH, NC, OH, OK, OR, PA, SC, TN, TX, UT, VT, iLookOut
Training overview	Introduction that explains the purpose, content, and format of the training	32 (65%)	AK, CA, CO, DE, DC, FL, GA, ID, IL, IN, KS, LA, MA, MI, MN, MO, MT, NE, NH, NJ, NY, OH, OR, OK, PA, SC, TX, VT, VA, WV, WI, iLookOut
Individualized learning path	Individualized pathway that learners choose to guide their training content	2 (4%)	CO, ND
PDF handouts	Informational handouts that can be downloaded	10 (20%)	FL, ID, IA, MO, NJ, OK, OR, WA, WI, iLookOut
Reporting worksheet	Form that can be downloaded and used to take notes in preparation for making a report	4 (8%)	FL, OR, WI, iLookOut
Questions/knowledge checks throughout training	Short quizzes that follow each lesson	30 (61%)	AL, AR, CA, CO, CT, DC, GA, IL, IN, IA, KS, ME, MA, MI, MO, MT, NE, NV, NJ, NM, NC, ND, OR, PA, SC, TX, UT, VT, VA, iLookOut
Skill testing activities	Interactive games or activities (i.e., matching activity, crossword puzzle) that test knowledge of various topics	9 (18%)	CO, GA, MO, NM, NY, OR, SC, WI, iLookOut

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Component	Definition	States that have this component	States
Feedback/explanation after questions	Explanations of correct/incorrect answers following knowledge checks	18 (37%)	AL, CA, CO, CT, DC, ID, IN, ME, MA, MO, NE, NM, OH, OR, PA, UT, VT, iLookOut
Real-world scenarios	Real-world applications that provide context for training content	24 (49%)	AL, AK, AR, CO, DE, GA, IL, IN, LA, MI, MT, NE, NH, NM, NC, ND, OR, PA, SC, SD, UT, VA, WI, iLookOut
Scenario-based storyline	A storyline used to engages learners in the training	7 (14%)	AL, AK, MI, NM, ND, WI, iLookOut
Voice narration	A spoken commentary accompanies text throughout the training	32 (65%)	AL, AK, CA, CO, CT, DC, FL ID, KY, LA, ME, MD, MA, MI, MN, MO, NE, NV, NY, NC, ND, OK, OR, SD, TN, TX, UT, VT, VA, WA, WI, iLookOut
Videos	Informational videos included throughout the training	32 (65%)	AL, AK, AZ, CA, CO, DC, HI, ID, KY, MD, MA, MI, MN, MO, MT, NE, NV, NH, NM, NY, ND, OH, OK, OR, SC, SD, TN, TX, VT, WA, WI, iLookOut
Videos with real actors	Video scenarios that are acted out by live actors	7 (14%)	AK, KS, NH, NM, TX, VT iLookOut
Audio clips	Short voice-clips to narrate slides and/or modules	12 (24%)	CO, CT, IL, IN, IA, ME, MO, NJ, NM, NC, WI, iLookOut
Links to online resources	Links to additional resources such as state laws, definitions, or further information about the topics covered in training	21 (42%)	AK, CA, CO, CT, DC, FL, GA, ID, IL, IN, KS, MD, MI, NH, NM, OR, PA, SC, SD, TX, iLookOut
Resources for ongoing training (ie, micro-learning)	Resources that promote on-going learning beyond the initial training (e.g., follow-up micro-learning activities)(18).	1 (2%)	iLookOut

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Component	Definition	States that have this component	States
Evaluation of mandated reporter training	A survey given at the end of the training to gauge the user's overall experience	15 (31%)	DC, GA, ID, IL, KS, LA, NE, NH, NC, PA, SC, SD, UT, VT, iLookOut
Discussion forum	An online forum that allows for ongoing discussion between learners	1 (2%)	KS
Mandated reporter content	Content		
Types of abuse	Definition of the main types of child abuse/neglect, as state definitions	48 (98%)	AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, iLookOut
Common signs and symptoms of abuse	Common signs and symptoms of each of the main types of child abuse/neglect	44 (90%)	AL, AK, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, LA, ME, MD, MA, MI, MN, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OR, PA, SC, SD, TN, VT, VA, WA, WV, WI, iLookOut
Risk factors	Factors that put certain children/families at greater risk for experiencing maltreatment	20 (41%)	AR, CA, CO, CT, DC, GA, ID, IL, KY, LA, ME, MA, MO, NE, OR, PA, UT, VT, VA, iLookOut
Red flags/indicators for abuse	Physical/behavioral indicators that should raise concern about child abuse	41 (84%)	AL, AK, CA, CO, CT, DC, FL, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OR, PA, SC, SD, UT, VT, VA, WA, WV, iLookOut

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Component	Definition	States that have this component	States
Things that should NOT raise concern	Physical/behavioral signs that should NOT raise concern about child abuse (i.e., Mongolian spots, normal locations where toddlers bruise)	17 (35%)	AR, CA, CO, GA, IL, KS, ME, MN, MT, NM, NC, ND, VT, VA, WA, WI, iLookOut
Parent/caregiver behavior that should raise concern	Behavior seen in child care providers that should raise concern about possible abuse	24 (49%)	AK, CA, DE, DC, FL, ID, KS, KY, LA, MI, MO, NE, NV, NH, NY, NC, ND, OR, PA, SC, UT, VT, WA, iLookOut
Prohibited child care provider behavior	Behavior seen in parents or caretakers that should raise concern about possible abuse	1 (2%)	ID
Epidemiology of child abuse	Statistics that describe the scope of child maltreatment on a national or state level	25 (51%)	AK, CA, DE, DC, GA, IN, IA, KS, LA, ME, MD, MA, MO, NE, NV, NH, NM, OH, OR, PA, TN, UT, VA, WV, iLookOut
Long-term impact of child abuse	Long-term physical, psychological or behavioral consequences of child maltreatment, as well as costs to society as a whole	23 (47%)	AL, AK, CA, DE, GA, ID, KS, LA, ME, MD, MA, MI, MN, MO, NV, NH, ND, OH, OR, PA, UT, WV, iLookOut
Domestic violence/animal abuse	Domestic violence and/or animal abuse presented as risk factors for abuse	13 (27%)	CA, CT, DC, IL, ME, MN, MT, NH, NM, NC, VT, WA, iLookOut
Explication of reasonable suspicion mean	Explanation of what "reasonable suspicion" means (with regard to making a report of suspected abuse)	10 (20%)	AZ, CT, FL, MA, MO, NM, NY, OK, PA, iLookOut
Determining whether reasonable suspicion is present	Examples are given of how to determine whether or not a situation rises to the level of reasonable suspicion	8 (16%)	FL, ID, MT, NY, OK, PA, VT, iLookOut

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Component	Definition	States that have this component	States
Information gathering—good questions	Examples of better questions to ask when responding to a disclosure of child maltreatment from a child	17 (35%)	AK, AZ, FL, GA, IL, KY, ME, MA, MO, NE, NH, UT, VA, WA, WV,WI, iLookOut
Information gathering—bad questions	Examples of worse questions to ask when responding to a disclosure of child maltreatment from a child	14 (29%)	AK, GA, ID, IL, MA, MO, NE, NH, TN, VA, WA, WV, WI, iLookOut
How to respond to disclosures by children	How to talk to a child who has disclosed that they have been abused	32 (65%)	AK, AZ, AR, CA, CO, DE, DC, FL, GA, ID, IL, KY, LA, MD, MA, MO, MT, NE, NV, NH, NM, NC, OH, SC, SD, TN, UT, VA, WA, WV, WI, iLookOut
Legal responsibilities of mandated reporters	State laws that designate which professionals are required to report cases of suspected child abuse/neglect	44 (90%)	AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, ID, IL, IN, IA, KS, LA, ME, MD, MA, MI, MN, MO, MT, NE, NV, NH, NM, NY, NC, OH, OK, OR, PA, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, iLookOut
Consequences for failing to report	Penalties for mandated reporters who fail to report cases of suspected child abuse/neglect	37 (76%)	AZ, AR, CO, CT, DC, FL, GA, HI, ID, IL, IN, IA, KS, LA, ME, MD, MA, MI, MN, MO, MT, NE, NV, NJ, NY, NC, OH, OK, OR, PA, SC, SD, TN, VT, VA, WA, iLookOut
Legal protection for good faith reports	Explanation that mandated reporters are protected from liability if a report is made in good faith, regardless of the outcome of the report	41 (84%)	AL, AK, AZ, AR, CA, CO, CT, FL, GA, HI, ID, IL, IN, IA, LA, ME, MD, MA, MI, MN, MO, MT, NE, NV, NJ, NM, NY, NC, ND, OH, OK, OR, PA, SC, SD, TN, TX, UT, VA, WI, iLookOut

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Component	Definition	States that have this component	States
Preparing to make a report	Specific information that should be gathered before making a report of suspected child abuse	43 (88%)	AL, AK, CA, CO, CT, DE, DC, FL, GA, HI, ID, IN, IA, KS, LA, ME, MD, MA, MI, MN, MO, MT, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, SC, SD, TN, TX, UT, VA, WA, WV, WI, iLookOut
Mechanics of making a report	Specific steps involved in making a report of suspected abuse to child protective services	42 (88%)	AL, AK, AR, CA, CO, CT, DE, DC, FL, GA, ID, IL, IN, IA, KS, LA, MD, MA, MI, MN, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OK, OR, PA, SC, SD, TN, TX, VA, WA, WV, WI, iLookOut
Explanation of what happens after a report is made	Description of the process following the mandated reporter's conversation with a child protective services intake worker (i.e., potential outcomes of the report, timeline for next steps)	40 (82%)	AL, AK, AR, CA, CO, CT, DC, FL, GA, ID, IL, IN, IA, KS, ME, MD, MA, MI, MN, MO, MT, NV, NH, NJ, NM, NY, NC, ND, OK, OR, PA, SD, TN, TX, VT, VA, WA, WV, WI, iLookOut

Additional Resources

A smattering of MR trainings provided additional resources to promote ongoing learning, such as *PDF handouts* that reinforced important learning points (n=10), *reporting worksheets* to help guide users through the process of making a report of suspected child abuse (n=4), and *links to online resources* such as government websites and state laws (n=21). Despite strong evidence that learning requires reinforcement—ideally using spaced retrieval and spaced practice (Burns & Gurung, 2020; Karpicke & Bauernschmidt, 2011)—only iLookOut provided additional learning exercises designed to reinforce and augment its MR training. These micro-learning exercises comprise iLookOut’s Advanced Trainings

1 and 2 (Kapp et al., 2020; Levi et al., 2019), which learners can access following the completion of the iLookOut Core Training. For a comprehensive inventory of characteristics of the 49 mandated reporter trainings reviewed, see Table 3 and also <https://webgis.pop.psu.edu/iLookOut/>.

Gamification and Engagement

In the context of education and learning, gamification (e.g., storylines with hidden information, badges, points, avatars, matching exercises) has been shown to improve learner engagement and motivation, and contribute to higher learning outcomes (Dichey & Dicheva, 2017; Jang et al., 2015; Mohammed et al., 2018). Of the

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49 MR trainings in this comparative assessment, only nine made use of gamified activities. From an experiential standpoint, trainings were categorized based on their overall level of engagement. Of the

49 MR trainings reviewed, six were evaluated as Limited, 33 Basic, nine Moderate, and one Advanced. As detailed in Table 4, what distinguished more engaging MR trainings was their scope and use of audio-visual content and interactivity.

Table 4. Level of Engagement.

Level of engagement	Definition	States at this level	States
Advanced	Training includes multiple interactive* features, engaging multi-media formats, a wide array of resources, a scope that is considerably broader than just mandated reporting (e.g., trauma-informed care, mindfulness, critical thinking, support for families), both pre- and post-tests, and interactive feedback on knowledge test.	1 (2%)	iLookOut
Moderate	Training includes one or more interactive* features, requires participant engagement through frequent knowledge checks, may include a pre- or post-test, and includes information that goes beyond mandated reporter training.	9 (19%)	CA, GA, IN, KS, MD, MO, NM, UT, WI,
Basic	Training includes videos or audio-clips, a few minor interactive* features, and expanded information (typically as text) related to mandated reporting, such as legal requirements, signs of abuse, and prevention.	33 (67%)	AL, AK, AZ, AR, CO, CT, DC, FL, ID, IL, IA, LA, ME, MA, MI, MN, MT, NE, NH, NV, NY, NC, ND, OH, OR, PA, SC, SD, TX, VT, VA, WA, WV

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Level of engagement	Definition	States at this level	States
Limited	Training does not include interactive* features and presents information simply as text, a slideshow, and/or a single video.	6 (12%)	DE, HI, KY, NJ, OK, TN

Discussion

This comparative assessment identified significant variation in both content and delivery/functionality among 49 online (English language) mandated reporter (MR) trainings. Because all children deserve protection from abuse regardless of where they live, such variation raises concern over just how many mandated reporters in the U.S. have access to comprehensive preparation for recognizing and reporting suspected child abuse. This is particularly relevant if in-person MR training is not easily accessible, be it due to cost, timing, location, or other barriers.

iLookOut was designed to provide an evidence-based, standardized MR training that can be adapted to meet any given state’s laws and policies. Included in this design is an emphasis on helping learners develop and apply critical thinking skills as they apply to suspected child abuse and, more generally, promoting child well-being. Whether it involves distinguishing poverty from neglect or raising awareness about cultural differences, we believe that well-designed MR trainings should include strategies for countering systemic racism and implicit bias. There was no ready metric for coding MR trainings on this goal, and so it was not evaluated in this comparative assessment.

Clearly, not all online MR trainings are created equal with regard to educating, engaging, and motivating mandated reporters. Perhaps the most glaring finding from this study is that 37 MR trainings failed to include both a pre- and post-test, and 17 MR trainings contain neither. This means that it is not possible to measure whether any one of these

37 state-approved MR trainings has any effect on mandated reporters’ knowledge about child abuse and its reporting. In fact, a subsequent literature review found no published evaluation or outcomes studies for any of the 48 online MR trainings that we compared with iLookOut’s Core Training. Further, for those MR trainings that had a pre- or post-test, we found no evidence that any of these other than iLookOut (Levi, et al., in press; Panlilio et al., in press) had validated their measures—as is needed to ensure that question items are truly evaluating their intended construct. So, too, no MR training other than iLookOut employed gamification or spaced retrieval/practice to promote learner engagement. To the extent that we want to both engage mandated reporters and optimize knowledge gain and retention, online trainings should take advantage of evidence-based practices shown to improve knowledge, change attitudes, and (ideally) affect people’s actual behavior.

Limitations

Despite the breadth of our examination, there are several limitations to the present study. First, because only English versions of online MR training were reviewed, the content and functionality of MR trainings in other languages were not assessed. Second, because we did not continue searching MR training programs after identifying a state-sponsored training, it is possible that higher quality MR trainings exist in those states that had a state-sponsored MR training. Third, because there are no established criteria of what components should be included in MR training, the list of 40 components used to code the trainings may be neither

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comprehensive nor quintessential. Finally, because there is no existing standard for evaluating a MR training's level of engagement, there may be more appropriate criteria than were used in this study.

Conclusion

The findings of this comparative assessment show major state-to-state differences in the content and delivery/functionality of state-approved mandated reporter trainings. Because, as has been noted in prior research (Mathews & Kenny, 2008), there are non-trivial differences between the states in terms of policy, legal definitions, and reporting requirements, some amount of variability is to be expected. That being said, if it is worth investing the time, energy, and resources to educate mandated reporters, it is certainly worth ensuring that key concepts and strategies for protecting children are conveyed effectively. Otherwise, there may be little reason to believe that such training will actually help mandated reporters protect children.

Recommendations

Based on the study findings, we recommend the following suggestions to practitioners and policy makers:

- Establish national standards for what should be covered in MR training.
- Establish a national standard for rating the quality of online MR training, including criteria for what counts as an evidence-based training.
- Increase funding to develop MR training that incorporates best practices for online learning (e.g., spaced retrieval/practice) as well as innovations (e.g., gamification) that make such training genuinely engaging (and thereby more effective) for users.
- Encourage states to accept only MR training that is evidence based.
- Develop online evidence-based training that helps parents and other caregivers better understand the parameters of child abuse and its reporting.



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The Cycle of Student Trauma, Teacher Stress, and Teacher–Student Relational Support: A Case for Supporting Teachers’ Self-Care

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Abstract

Students’ experiences of prior trauma may adversely affect their academic, social, and behavioral functioning in the classroom, resulting in necessary additional relational support from teachers. However, this additional support often depletes teachers’ personal resources, resulting in heightened levels of burnout and compassion fatigue. These teacher responses to stress can make it challenging to provide the increased relational support required to best support students who have experienced trauma, thus exacerbating students’ poor self-regulation and academic performance in the classroom, as well as teacher stress. This article reviews ways teachers can be supported in the development and maintenance of self-care practices and activities to reduce stress and burnout as well as explores avenues to foster meaningful teacher–student relationships and promote positive student outcomes.

Early adverse experiences, or traumatic events prior to age 18, have a powerful potential to negatively influence the trajectory of children’s lives in several domains of functioning, including socioemotional, behavioral, and cognitive self-regulation as well as academic achievement (e.g., Hanson et al., 2017; Heleniak et al., 2016; Panlilio et al., 2018; Teicher et al., 2016). These negative effects on students create a burden on teachers and can result in teacher burnout or compassion fatigue. Then, teacher burnout and compassion fatigue are likely to lead to lessened teacher–student relational support, which in turn may ultimately exacerbate the effects of traumatic events on students.

Thus, teachers are often caught in a vicious cycle of addressing the effects of student trauma and their own stress responses, leading to poor teacher–student relational support. Sustained self-care activities and practices can help mitigate this cycle by addressing feelings of burnout and compassion fatigue. Moreover, this article aims to (a) briefly review the effects of traumatic events on students and their need for increased relational support, (b) review how working with students who have experienced trauma places teachers at risk for burnout and compassion fatigue, (c) discuss how burnout and compassion fatigue can create a negative cycle of poor teacher–student relational support and negative student outcomes, (d) highlight the importance of self-care in mitigating the cycle of stress and trauma,

(e) briefly review domains and strategies of self-care, and (f) suggest ways teachers can be supported in their self-care practices.

The Effect of Traumatic Events on Students

Early adverse or traumatic experiences include, but are not limited to, child maltreatment (i.e., physical, sexual, or emotional abuse and physical or emotional neglect); interpersonal violence in the home; living with an adult with mental health or substance abuse problems; death or absence of a caregiver; poverty; parental divorce; community and school violence; and natural disasters. Such traumatic events are a widespread and costly public health problem (Substance Abuse and Mental Health Services [SAMHSA], 2014). In fact, the 2018–2019 National Survey of Children’s Health reported that approximately 22% of children from birth to 17 years of age have experienced at least one traumatic event, and approximately 18% have experienced two or more (Child and Adolescent Health Measurement Initiative, 2019). Traumatic events can overwhelm a child’s capacity to cope (Lieberman & Knorr, 2007) and often culminate in long-lasting negative effects on a child’s development (SAMHSA, 2015). In the classroom context, poor self-regulation processes and academic challenges are two consequences of student-level trauma that require increased relational support (i.e., meaningful, close, safe relationships) from teachers.

Experiences of trauma can affect students’ socioemotional, behavioral, and cognitive self-regulation. In terms of socioemotional regulation, children who have experienced traumatic events demonstrate elevated emotional reactivity and impulsive reactions to stress (Heleniak et al., 2016), low emotion regulation (Schatz et al., 2008), problems understanding others’ emotional cues (Teisl & Cicchetti, 2008), and social problems (Jimenez et al., 2016). Challenges with socioemotional regulation may indicate that teachers need to support students who have experienced adversity by helping them understand the emotions of their peers as well as

identifying ways to react in non-disruptive ways.

In terms of behavior regulation, students who have experienced trauma are more likely to demonstrate externalizing and internalizing symptoms (Rosen et al., 2018; Hanson et al., 2017) as well as aggression (Teisl & Cicchetti, 2008). On the one hand, externalizing symptoms are often thought of as “acting out” and may include physical aggression, irritability, defiance, and temper tantrums. As such, students who have experienced trauma have been found to have more referrals to school social workers for behavior problems than their peers (Jonson-Reid et al., 2012). Teachers may need to design individual behavior management plans for these students and provide increased support to interrupt potentially dangerous behavior. Internalizing symptoms, on the other hand, may include crying, anxiety, depression, clinginess, and social withdrawal. Teachers may need to provide extra motivation for students to engage in schoolwork and provide structured opportunities to increase connection with their peers.

Finally, students with experiences of trauma may demonstrate difficulties with cognitive regulation and attention (Jimenez et al., 2016). Challenges with cognitive regulation may mean that students require differentiated instruction and increased support following multi-step directions or processes. In addition, students may require remediated instruction in reading and math, because difficulties in regulation across all domains of functioning (i.e., socioemotional, behavioral, cognitive) are negatively associated with reading and mathematics achievement for students who have experienced traumatic events (Panlilio et al., 2018; Schatz et al., 2008; Schelble et al., 2010; Schultz et al., 2009). Overall, the negative effects of poor self-regulation on academic achievement may require teachers to develop specialized instruction or provide increased relational support to help children succeed in school. However, increased responsibilities beyond curricular demands may inundate teachers’ resources in the classroom, leading to burnout or fatigue.

Teacher Burnout and Compassion Fatigue

Addressing student challenges associated with self-regulation and academic achievement increases the demands on teachers, as they must navigate balancing an understanding of trauma with holding students accountable for their behaviors. In addition, since students with histories of trauma require more adult support than the average child due to their difficulties with self-regulation and academic achievement, teachers who work with such students may experience increased stress (Friedman-Krauss et al., 2014). This increased support takes a considerable amount of time, expertise, and energy, which, even with appropriate knowledge and training, can lead to the depletion of teachers' physical, psychological, and reflective teaching resources. Depletion of such resources in teachers has been linked to feelings of burnout (Bermejo-Toro et al., 2015) and compassion fatigue (Figley, 1995).

Burnout, a consequence of ongoing job-related stress, includes feelings of emotional exhaustion, which may lead to increased cynicism or depersonalization and a lessened sense of professional competence (Maslach & Jackson, 1981). For teachers, ongoing feelings of burnout are associated with adverse physiological and psychological outcomes (e.g., pain, depression), a lessened sense of overall well-being, increased absenteeism, and negative student outcomes (Brunsting et al., 2014; Steinhardt et al., 2011). Feelings of burnout are common among teachers (Iancu et al., 2018; Hozo et al., 2015), and teachers who work with students with histories of trauma may be at further risk of emotional stress, a main factor of burnout and attrition (Billingsley & Bettini, 2019).

Compassion fatigue, a particular type of burnout, is a global term used to describe the significant physical, emotional, and mental exhaustion that caregivers who work with traumatized individuals experience over time (Figley, 1995). Compassion fatigue symptoms include psychological issues (e.g., depression, anxiety), desensitization toward

students and their needs, diminished quality of student-level care (e.g., instruction, support), and changes in empathy and compassion shown toward others (Figley, 1995). Although more prevalent and well-documented in other helping professions, such as nursing (Hinderer et al., 2014), mental health care (Turgoose & Maddox, 2017), and social work (Cocker & Joss, 2016), one study suggested that teachers are at an increased risk for compassion fatigue (Hoffman et al., 2007). Teachers may be at particular risk of experiencing compassion fatigue due to significant increases in the number of young students with histories of trauma, especially in at-risk populations (i.e., racially and economically segregated communities, homeless youth; National Child Traumatic Stress Network [NCTSN], 2008).

The Cycle of Teacher Burnout and Compassion Fatigue, Teacher–Student Relationships, and Student Self-Regulation and Academic Achievement

Meaningful teacher–student relationships can positively shift students' trajectories and increase their learning, adjustment, and relationships with peers, as well as decrease challenging behaviors (Rudasill et al., 2010; Quin, 2017). Evidence suggests that authentic, caring student–teacher relationships that are individualized and attuned to emotional states positively impact the health and well-being of students who have experienced trauma (Dods, 2013). Furthermore, research notes that teachers' increased relational capacity for students is one necessary component of implementing a trauma-informed approach leading to positive outcomes (Brunzell et al., 2019; Wall, 2020; Whitaker et al., 2019). This is consistent with Jennings and Greenberg's (2009) framework, which proposes that both teachers' and students' respective levels of socioemotional competence (i.e., awareness and management of one's own and others' emotions and interpersonal interactions) bidirectionally affect teacher–student relationships. That is, teachers with greater socioemotional competence and feelings of well-

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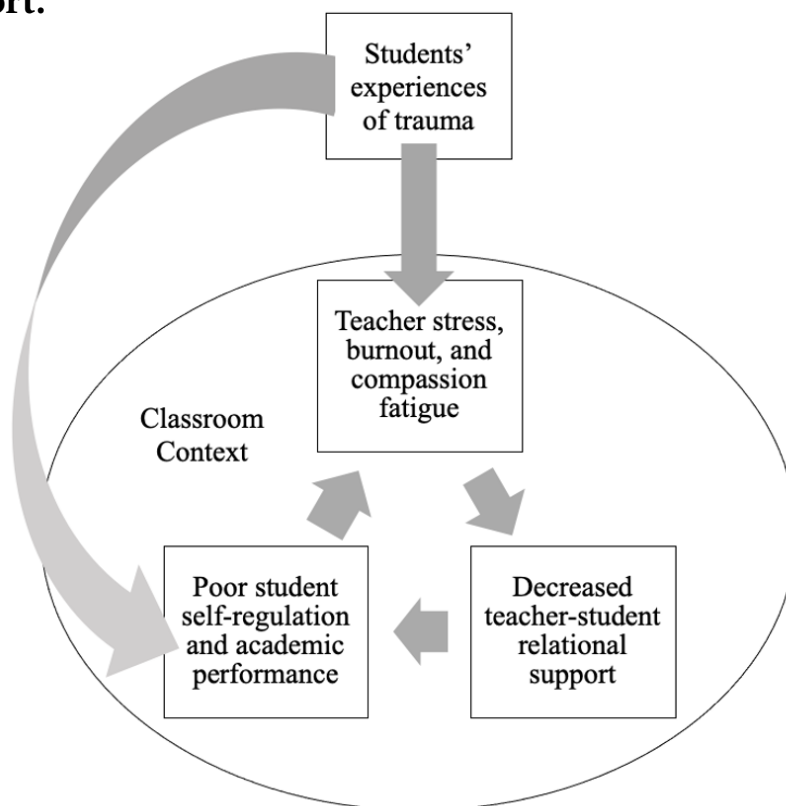
being are better able to engage in positive teacher–student relationships, which increases students’ own socioemotional functioning. In addition, students’ increased socioemotional competence strengthens teacher–student relationships and serves to promote teachers’ sense of efficacy and well-being.

Although the bidirectional relationship between student and teacher socioemotional competence can have a positive effect on teacher–student relationships, when teachers’ and students’ feelings of well-being and socioemotional competence are compromised, as in the case of student-level trauma, the bidirectional effect can become negative (Jennings & Greenberg, 2009, NCTSN, 2008). The effects of burnout and compassion fatigue may diminish teachers’ socioemotional competence and abilities to proactively and compassionately respond to challenging situations within the school environment (Christian-Brandt et al., 2020). Thus, when students who have experienced trauma present additional stressors (e.g., poor self-regulation

and academic performance), teachers may be less equipped to provide appropriate supports or resources they require, which can exacerbate negative student responses to trauma (see Figure 1).

Following a domino effect, teachers who experience some burnout or compassion fatigue in response to child-level trauma are limited in both the amount and quality of support they can offer to their students (Madigan & Kim, 2021). In the absence of adequate support, students may lack the appropriate skills and strategies necessary to regulate their emotions and behaviors, which are likely already challenging to manage as a result of the original trauma (Quin, 2017; Rosen et al., 2018). Poor regulation among children may then continue to perpetuate responses of stress among teachers in the students’ immediate environment, fueling a vicious and contagious cycle of trauma, stress, and inadequate support. Ultimately this can limit children’s future success. However, self-care may be able to mitigate the negative effects of this cycle by decreasing teacher stress responses.

Figure 1. Cycle of Student Trauma, Teacher Stress, and Inadequate Teacher–Student Relational Support.



The Importance of Self-Care

For teachers who work with students with histories of trauma, it is important to consider self-care strategies and practices that combat the negative outcomes of stress, burnout, compassion fatigue because these teachers may be more susceptible to experience such responses (NCTSN, 2008). In addition to facilitating positive teacher outcomes, teacher self-care may serve as a protective factor for students. Teachers who are able to reduce the negative outcomes of stress via self-care may be better able to offer support to students to bolster various areas of functioning and learning (Tugade et al., 2004). However, failure to practice self-care may perpetuate negative symptoms associated with stress and may further exacerbate negative symptomology in students, which may ultimately create more teacher stress.

We argue that the practice of self-care is not only beneficial for supporting teacher well-being but also is essential to buffering negative effects in the cycle seen in Figure 1 by reducing teachers' stress response. Moreover, it is important for teacher self-care to be a major focus of professional development in education. Research conducted with individuals from other helping professions showed improved symptoms of burnout and compassion fatigue when self-care was prioritized (e.g., Hevezi, 2016; Thompson et al., 2014). Therefore, maintained self-care can provide a way for teachers to address their feelings of burnout and compassion fatigue. It is important that teachers learn appropriate strategies for self-care via professional development to ensure their own well-being, as well as their students' well-being.

Self-Care Domains for Teachers

Self-care can be conceptualized as “activities individuals undertake in promoting their own health, preventing their own disease, limiting their own illness, and restoring their own health” (Levin & Idler, 1983, p. 181). In other words, self-care is taking care of oneself to live in balance. Simply put, teachers must foster the time, attention, and practice it takes to care for themselves in order to have the resilience to effectively teach and care for students. Although teacher preparation programs and school district professional development opportunities provide teachers with evidence-based instructional practices, as well as innovative ways to address a wide range of student needs, there is a continuing lack of emphasis on the importance of stress management, emotion regulation and coping strategies, self-efficacy, and self-care for teachers (Fives et al., 2007; Schonert-Reichl et al., 2017). Moreover, unlike other caring professions (e.g., social work, psychology) in which awareness of negative effects of practitioner mental and physical health on clients is highlighted within a code of ethics (e.g., American Psychological Association, 2018), the importance of teacher well-being is seldom emphasized in education.

Physical, psychological, interpersonal, and reflective self-care approaches for teachers can cultivate greater well-being and positive teacher–student relationships (see Table 1 for an overview), which can in turn positively influence students' self-regulation and academic achievement. Physical self-care includes enriching the body through exercise, nutritious food, proper hydration, adequate sleep, and recuperation; these practices are important steps toward increased well-being. Even small changes in one's routine may have significant effects on heart health, immunity, cognition, and resilience to stress (Horswill & Janas, 2011; Mandolesi et al., 2018; Sheehan et al., 2019).

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Table 1. Overview of Self-Care Domains, Activities and Practices, and Supporting Research.

Self-Care Domain	Overview of Domain	Associated Activities and Practices	Supporting Research
Physical	Activities and practices that support optimal physiological health and functioning.	Movement or exercise; adequate hydration; well-balanced diet; rest and repair (e.g., adequate sleep)	Physical self-care activities and practices are associated with greater cardiovascular health, immunity, attention, cognition, and overall well-being (Horswill & Janas, 2011; Mandolesi et al., 2018; Sheehan et al., 2019).
Psychological	Activities and practices that help strengthen psychological resources and overall resilience to stress and adversity.	Deep breathing; mindfulness and meditation; compassion practices (e.g., loving kindness); gratitude; cultivating positive emotions (e.g., joy, happiness, optimism)	Psychological self-care activities and practices are associated with greater resilience, connection with others, and overall well-being (Chong et al., 2011; Hevezi, 2016; Ma et al., 2017; Perciavalle et al., 2017).
Interpersonal	Activities and practices that build stronger, more positive relationships with others (e.g., students, parents, colleagues, community).	Deep (mindful) listening; active listening	Interpersonal self-care activities and practices are associated with greater compassion and overall well-being, as well as increased tolerance and the ability to take the perspective of another (Krasner et al., 2009; Moll et al., 2015; Omilion-Hodges & Swords, 2016).

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Self-Care Domain	Overview of Domain	Associated Activities and Practices	Supporting Research
Reflective	<p>Reflective self-care is most commonly connected with the development of self-regulated/self-directed teaching. Reflective self-care can also employ the skills of monitoring, assessing, and evaluating individual teacher self-care practices for the purpose of increase self-care behaviors/practices.</p>	<p>Using agenda book, calendar, journal, apps or other tools to monitor self-care practices (i.e., water intake, exercise, mindfulness); reviewing the data to inform personal self-care goals; explicitly (through writing, dialogue, or reflective thought) connecting self-care practices to impacts on teaching behaviors and student interactions</p>	<p>The result of employing such skills can lead to improved self-regulated practice, wellness, modeling for students, and sustained, positive student interactions (Black & William, 2009; Capa-Aydin et al., 2009; Chatzistamatiou et al., 2014; Meusen-Beekman et al., 2015).</p>

Psychological self-care includes activities and strategies that help strengthen mental resources and foster resilience, a way to “bounce back” or adapt in the face of stress, trauma, or adversity. Greater psychological resilience is associated with lower stress, greater coping abilities, increases in immune system functioning, and overall improved well-being (Tugade et al., 2004). Although there are many avenues to foster greater psychological self-care, research indicates that diaphragmatic breathing, contemplative practices (e.g., mindfulness, yoga), compassion or gratitude practices, and cultivating positive emotions (e.g., happiness, optimism) may have significant effects on one’s overall well-being (Chong et al., 2011; Ma et al., 2017; Perciavalle et al., 2017). More specifically, mindfulness is theorized to safeguard from feelings of burnout in the long term by targeting day-to-day physical and emotional health; the practice of mindfulness may be accomplished by fostering greater present moment attention as well as increasing one’s self-awareness, emotion regulation, and compassion for oneself and others. These prosocial skills allow for a more robust, proactive coping process (Abenavoli et al., 2013; Roeser et al., 2012).

Interpersonal self-care via cultivating positive relationships with students, parents, colleagues, other service providers, administrators, and community members may also increase well-being. In fact, positive social support is associated with greater self-reported physical health and decreased stress, regardless of income and geographic region (Kumar et al., 2012). Further, interpersonal self-care and activities, such as mindful (deep) listening, are associated with an increased ability for perspective taking, tolerance, compassion, and sense of well-being (Krasner et al., 2009; Moll et al., 2015; Omilion-Hodges & Swords, 2016). Evidence from a study on professional chaplains found that supervisory and family social support was negatively related to feelings of burnout (Galek et al., 2011). Therefore, it is important for teachers to cultivate positive relationships both in and out of the classroom.

Another important aspect of self-care and general well-being is to employ reflective skills and strategies that foster balance at work. Teachers’ ability to reflect on their practice lays a foundation, or pathway, for reflective self-care. Self-reflection leads to a self-

regulated teaching practice, which can be defined as the process of setting, planning, enacting, monitoring, and adjusting goals in teaching for the purpose of improving student and teacher learning (Butler et al., 2013). In doing so, teachers are able to reflect on their experiences with a child who has experienced trauma, evaluate the interaction, and drive development and learning via proximal processes within the school context.

Supporting Teachers' Self-Care Through Professional Development, Interventions, Mentoring, Preparation, and Partnerships

Although teachers are increasingly more knowledgeable of effective trauma-informed classroom practices, to date, minimal attention has been placed on cultivating greater teacher well-being and preparing future educators for the realities of the classroom environment. Supporting students with histories of trauma may have profound effects on educators as it relates to their feelings of burnout and compassion fatigue (Christian-Brandt et al., 2020). Therefore, it is essential for educators to foster not only a greater understanding of effective trauma-informed classroom practices but also increased awareness of the distal effects of student-level trauma on their own well-being (Loomis & Felt, 2020). Such awareness, understanding, and support may occur through different avenues including in-service professional development opportunities, teacher-level interventions, mentorships for early-career teachers, pre-service teacher training, and partnerships with community mental health professionals.

In-service professional development opportunities may be important avenues for school systems to explore to address the effect of student-level trauma on educators. However, often these trainings are brief and school systems may opt to incorporate more intensive teacher-level interventions to address areas of challenge and necessary support. For example,

Mind-Body Group for Teacher Stress (MBGTS) is an intervention that is specifically designed for teachers to decrease stress, increase skills in self-care and coping, and address trauma-related stress among students (Eyal et al., 2019). Other evidence-based professional development programs, such as Cultivating Awareness and Resilience in Educators (CARE for Teachers; Jennings, 2016), Stress-Management and Relaxation Techniques in Education (SMART in Education; Roeser et al., 2013), and Mindfulness-Based Stress Reduction (MBSR; Santorelli et al., 2017), may also be considered as avenues to address more generalized feelings of stress and burnout among education professionals. Most notably, stakeholders may need to collaborate with policymakers to establish these types of educator self-care programs and initiatives at the district and state levels.

Another option to increase teacher self-care and well-being is mentorships for early-career teachers, which are associated with a greater sense of commitment to the teaching profession, more effective instructional practices, and higher student achievement (Ingersoll & Strong, 2011). More specifically, early-career teachers who were part of informal or formal mentorships with other education professionals noted a greater sense of well-being, efficacy, and resilience (Kutsyuruba et al., 2019; Squires, 2019). Although a majority of schools offer early-career teachers mentorship opportunities, application and effectiveness of such partnerships remain inadequate in many circumstances (Garcia & Weiss, 2019). Thus, implementing effective strategies and programs to increase teacher resiliency to the stressors of the classroom continues to hold great importance moving forward.

School systems and teacher-preparation colleges may also wish to implement preparation coursework and pre-service teacher training dedicated to topics surrounding effective stress management, emotion regulation, and social-emotional competence, as this is often lacking in pre-service teachers' education (Schonert-Reichl et al., 2017). Evidence indicates that feelings of stress and burnout may

manifest well before teachers step foot into their own classrooms (Fives et al., 2007). Given the emotional nature of the classroom (Keller et al., 2014), further cultivation of relational skills, stress management, emotion regulation, and coping skills during teacher preparation may lead to greater resilience to the stressors of the classroom.

Finally, evidence suggests that self-care may not be appropriate to address all types of teacher stress (Bober & Regehr, 2005), and teachers may require additional professional mental health counseling or therapy. A key part of self-care is the awareness of when professional care may be necessary. Thus, school systems may consider partnering with mental health professionals in their community to provide workshops, consultation, or coaching services.

Regardless of the direction a school system may take, it remains essential to surround teachers with critical resources and professionals to support their growing resilience through self-care practices. To more fully understanding the effects of student-level trauma on teacher stress and overall well-being, a needs assessment may help stakeholders to identify areas for growth and can tailor support for teachers accordingly. Teachers are a key to the academic, social, emotional, and behavioral function of their students. For teachers who work with students with histories of trauma, their role becomes all the more significant. Therefore, it would be wise for important stakeholders to take the desirable steps to ensure the physiological and psychological needs of their teachers are met. In the end, by meeting the needs of teachers, one can be assured the needs of students are more effectively addressed.



Conclusion

Self-care is critical to teachers' well-being and resilience to stressors experienced in the classroom. More notably, to respond to challenging situations in the school setting, particularly in the case of student-level trauma, it is critical for teachers to develop and maintain self-care practices. Often, teachers are recognized as being the number one influence on student learning; however, it is important to remember that the reverse also holds true. Students are a major influence on teacher practice, as their actions and responses shape teachers' actions and responses. The negative cycle of trauma, teacher

burnout and compassion fatigue, and inadequate relational support can be buffered via teacher self-care, which combats teacher stress responses. Self-care supports provide simple, yet powerful, actions teachers can do for their own good and for the well-being of their students. However, teachers cannot be expected to engage in self-care in the absence of systematic support. In-service professional development opportunities, teacher-level interventions, mentorships for early-career teachers, pre-service teacher training, and partnerships with community mental health professionals provide options for stakeholders to provide support to teachers in this endeavor.

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Reflections of My Time With APSAC and the *Advisor*

Bri Stormer, MSW

I've recently announced that I will be moving on from my position at APSAC to join Illinois Action for Children as the Project Manager of their Community Parenting Support Saturation Program. The new program is a pilot project designed to saturate target communities with high-touch, medium touch, and low-touch universal parent support strategies for parents and caregivers of 0–5-year-olds with the goal of increasing kindergarten readiness. While I am thrilled to be helping such an exciting project grow, I will miss my colleagues at APSAC tremendously.

As my time with APSAC comes to a close, Drs. Schelbe and Panlilio were kind enough to invite me to share reflections on both the organization and the journal. I'm sure I could run out of digital ink sharing every lesson I've taken from my five years here, so I've focused this essay on a few parting thoughts:

1. The mission of APSAC remains as important as the day it was founded.

As we prepare to celebrate 35 years of incorporation, there will be many opportunities to reflect on APSAC's legacy on the field, as well as look to the organization's role in the future of child maltreatment. I will leave it to the experts to capture the achievements of the last 35 years, but I will say a few words about our future.

APSAC's mission is "to improve society's response to the abuse and neglect of its children." APSAC has always been unique in its multidisciplinary approach to its mission—not only bringing together

child-serving professionals but also working to unify the best research evidence with practice and policy. As we prepare to enter year three of a global pandemic, a coordinated, evidence-based response to child maltreatment prevention and intervention is as important and as challenging as ever. We are all experiencing a global trauma that strains our mental and emotional resources while managing practical barriers to the ways we used to work and interact. At the same time, we are grappling with the knowledge that our child- and family-serving systems were set up in a white supremacist society and will continue to reinforce white supremacy (despite the best efforts of many well-meaning individuals) until we work together to overhaul those systems. This moment, perhaps more than any other since APSAC's founding, requires professionals across disciplines to work together to support child-serving professionals—promoting research that meets our current needs, translating that evidence and making it accessible to workers on the front lines, and offering opportunities for connection through virtual platforms. As we work to meet these needs, we must also envision better child- and family-serving systems, free of white supremacy, and develop and implement practical steps toward making that work possible. It is a tall order, but I believe APSAC can meet that moment because:

2. APSAC's members are tireless in their convictions to make the world a better place for children.

Truly the highlight of my time at APSAC has been getting to know its membership. APSAC's members are some of the smartest and hardest working people

I have ever met. I never cease to be amazed by the generosity with which they share their time and their expertise. If any group of people can come together and meet the needs of this moment, I believe that group is APSAC members. While I will no longer be on staff, I will be honored to count myself among you as a member and will work to develop my own expertise so that I may find new ways to give back to this organization and its members. One way I hope to give back in the future is through contributions to the *Advisor*, as I believe that:

3. The **APSAC Advisor** is a vital publication for the field.

In my time at APSAC, I've worked on each of its publications, but the *Advisor* holds a unique and special place in my heart. It is an extraordinary publication with an extraordinary history (all of which is available in APSAC's [members-only library](#), for those interested in learning about the history of the field and watch experts' thinking grow and change over the course of three-and-a-half decades). The practice focus of the *Advisor* provides those working on the front lines with much-needed translations of evidence, innovations in practice

and policy, and rapid-response articles that can be published quickly to address current priorities (see the [open-access special issue on COVID-19](#) for an excellent example). The *Advisor* creates a space for difficult conversations without easy answers (see [this issue with a special "contested issues" section](#) focusing on the issues of whether substance use in pregnancy should be considered abuse and whether the Indian Child Welfare Act protects the best interests of Indian children in its current form). It also allows professionals to share evidence-based and evidence-informed practice models that practitioners can use in their communities (see [this issue with a special section on the work of the National Initiative to End Corporal Punishment](#) and [this issue outlining the major forensic interview models](#)).

Few of the articles mentioned here would find a home in the more traditional academic journals, but the information outlined within them is necessary to improve practice. Without the *Advisor*, the field would be missing a space for professionals across disciplines to come together with the primary goal of improving practice among child maltreatment professionals. This is an especially exciting time for the *Advisor*, because:



4. I can think of no better team to lead the **APSAC Advisor** through this moment than Drs. Schelbe and Panlilio

APSAC could not be luckier to have this editorial team at the helm of the *Advisor*. Both are academics with a commitment to improving practice, highlighting the best of what the *Advisor* has always offered. They are also deeply committed to stepping up to the challenges of this particular moment in our history, having completed a special issue on COVID-19 and identifying two extraordinary guest editors—Drs. Jessica Pryce and Reiko Boyd—to lead a special issue on systemic racism (currently in production). Their commitment to ending systemic racism does not begin and end with a special issue, however, as they have committed to including a commentary on the topic in each issue they produce. Keeping this topic at the forefront and integrating it with other special issue topics help professionals reframe their thinking from the idea that systemic racism is a single issue in child maltreatment policy and practice and instead see it as a part of every issue, something we should always be considering and working to dismantle.

What makes Drs. Schelbe and Panlilio unique, however, is their commitment to going the extra mile to develop new voices. They understand the challenges of academic publishing and work to make the *Advisor* a space that brings down a number of those barriers. From offering webinars on writing for the *Advisor* and holding writing groups to specifically instructing reviewers to be constructive in their feedback, Drs. Schelbe and Panlilio are creating space for individuals whose valuable work may not otherwise have an outlet. This commitment will be especially pronounced in an upcoming 35th Anniversary special issue, in which new voices interview pioneers in the field. None of the authors will have ever written for the *Advisor* in the past, providing a unique opportunity for the trailblazers and the next generation of leaders to come together to reflect on the important work that's been done

and the important work still to do. This is what Drs. Schelbe and Panlilio do best—highlighting the best of what the *Advisor* has always been while realizing their unique vision for the publication, which is why I implore you:

5. If you've been on the fence about writing for the **Advisor**, there is no better time than now.

I will borrow from Dr. Jon Conte's words in the first issue of the *Advisor*, published in 1988. “[F]ull vitality comes as members voluntarily take up the work of APSAC.... [W]rite *The Advisor* if you have a problem or an issue that you want help with. Your question is probably shared by many other professionals. Alternatively, write *The Advisor* when you have information other professionals should have (Conte, 1988, p. 1).” In this time of great challenges and great innovation, the contribution of APSAC's members to the field of knowledge is necessary to move forward. Tell APSAC about your new and exciting programs, write a commentary on a topic close to your heart, and share the preliminary evidence that can help inform other members' practice. If you are new to this type of writing, know that you will be supported in bringing your ideas to print. I have no doubt that many of you have something to share that others would benefit from learning about.

Final Thoughts

It has been my honor to work on behalf of you—the APSAC membership. I have been lucky to find APSAC in a period of extreme growth and change, and am proud to have been a part of it.

I could never name all of the people I've met through APSAC that I am thankful for, but know that if we know one another, I count you among them. If you'd like to keep in touch (and I hope you will!), please feel free to [email me](#).

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Reflections of My Time With APSAC and the *Advisor*

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About the Author

Bri Stormer, MSW, is Project Manager of the Community Parenting Support Saturation Program at Illinois Action for Children. Until recently, she was Director of Publications and Member Services with APSAC, where she managed production of the peer-reviewed journal *Child Maltreatment*, the peer-reviewed practice journal the *APSAC Advisor*, the quarterly news blast *the*, and APSAC's *Practice Guidelines*, among other duties. Bri earned her Bachelor of Arts in psychology and theatre from Case Western Reserve University and her Master's in social work with a concentration in community organizing, planning, and administration from University of Southern California. Contact: bri.stormer@gmail.com



APSAC Welcomes Our Newest Members!

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AP SAC Research to Practice Brief

Study Title: The Cumulative Prevalence of Termination of Parental Rights for U.S. Children, 2000–2016

Study Authors: Christopher Wildeman, Frank R. Edwards, & Sara Wakefield

Brief Author: Ciara M. Collins, MA, LMFT

Introduction

In this study, data on the entire population of children in foster care in the United States for the years 2000 to 2016 were used to estimate the cumulative risk of termination of parental rights. The authors used a demographic technique called the synthetic cohort life table, which has been used with increasing frequency in the child welfare domain to estimate the cumulative prevalence rate of (1) having a Child Protective Services (CPS) investigation, (2) having a confirmed maltreatment case, and (3) being placed in the foster care system. Instead of following the same group of people over time (e.g., following a cohort of children from birth to age 18), synthetic cohorts use population level data to estimate the cumulative risk of experiencing any event over a lifetime (or in this case childhood) based on age-specific first event rates for a range of ages over any period. Determining the cumulative prevalence is useful because it tells us the likelihood that a child will experience their parents' rights being terminated at any point in childhood as opposed to just in a given year. Because the cumulative risk over childhood is higher than the annual risk, synthetic cohort life tables can provide a better understanding of the actual risk children face.

Findings from previous studies show that CPS contact is extremely common across all contexts even for more advantaged groups, despite

inequalities in contact. This article focuses on termination of parental rights, because although significantly less common than other stages of CPS contact, termination is hypothesized to be more consequential because it signals the end of reunification attempts and the potential shift toward adoption.

Research Questions

What percentage of American children would ever have parental rights terminated if the rates in any given year held constant throughout their entire childhood?

Data and Analytic Strategy

The data for this study came from the Adoption and Foster Care Analysis and Reporting System (AFCARS). AFCARS collects annual case-level data on all children in foster care and those adopted with title IV-E agency involvement. The dataset for the current study includes information on every American child placed in the foster care system at any point between the beginning of fiscal year 2000 and the end of fiscal year 2016. The variables used for this analysis were child's age, date of termination of maternal rights, date of termination of paternal rights, and date of termination of parental rights for the second parent. Because AFCARS only collects data on children exposed to the foster care system, this study did not include children in the general

population who had one parent's rights terminated but no contact with the foster care system (e.g., parents who voluntarily sign over rights, parents who lose custody in a divorce or child support proceedings).

Synthetic cohort life tables were used to estimate the cumulative risk of termination of parental rights. The authors produced 17 different synthetic cohort life tables, one for each year from 2000 to 2016, to address potential sensitivity to yearly fluctuations in risk. The authors pooled results for all 17 years for state-level analyses and created a table showing reasonable lower and upper bounds to highlight sensitive estimates, as state year estimates for small population groups are likely to be unstable.

Findings

The first set of analyses computed the national estimates of the cumulative prevalence of termination of parental rights by age 18 for all American children and for five racial/ethnic groups (American Indian/Alaska Native, African American, Hispanic, White, and Asian American/Pacific Islander) for each year from 2000 to 2016. The cumulative prevalence of having parental rights terminated for all children was 0.7% in 2000 and 1.1% in 2016, a nearly 60% increase over the study period. While there were fluctuations from year to year, there was a steady increase from 2012 on. African American children had the highest risk in 2000 (1.9%), followed by American Indian/Alaska Native children (1.1%), Hispanic children (0.6%), and White children (0.5%). By 2016, American Indian/Alaska Native children had the highest risk (2.7%), followed by African American children (1.7%), White children (1%), and Hispanic children (0.9%). Asian/Pacific Islander children had the lowest risk and remained fairly stable over time at 0.2%. African American children disproportionately experienced every stage of CPS contact (i.e., investigation, substantiation, placement, and termination) compared with White children (around 2 times the rate of White children). American Indian/Alaska Native children were less likely to experience a CPS investigation than White children,

but they were 3 times more likely to experience foster care placement and termination of parental rights.

The second set of analyses pooled age-specific risks of parental rights termination for all American children and the five racial/ethnic groups. Similar to the other stages of CPS contact, the risk of termination of parental rights was highest in the first year of life (0.2% of all children in the United States). The risk was higher for children from minority groups, particularly American Indian/Alaska Native children, who were twice as likely to have their parents' rights terminated in their first year of life as Asian/Pacific Islander children were over their entire childhoods. Similarly, American Indian/Alaska Native children were half as likely to have their parents' rights terminated in the first year of life as White and Hispanic children were over their entire childhoods.

The third set of analyses pooled state-level estimates of the cumulative prevalence of termination of parental rights by age 18 for all American children and the five racial/ethnic groups, as well as racial and ethnic inequalities in the cumulative prevalence of termination of parental rights. The cumulative probability of experiencing the termination of parental rights varies greatly across states and by race/ethnicity. The states with the overall greatest risk are Alaska (2.1%), West Virginia (2.1%), and Oklahoma (2%), while the state with the lowest risk is Maryland (0.3%). Thus, children in states with the highest risk are 6–7 times more likely to experience termination of parental rights than children in states with the lowest risk. Southeast states as a region had the lowest risk of termination of parental rights with no state over 1%.

State variation in risk is the highest for American Indian/Alaska Native children. American Indian/Alaska Native children in states with the highest risk are 30 times more likely to experience termination of parental rights than American Indian/Alaska Native children in states with the lowest risk. The variation of risk is similar for African American children; however, there is a smaller range between the highest- and lowest-risk states compared with American Indian/Alaska Native children.

Regular Features

In all but two states (Tennessee and Vermont), African American children were at higher risk than White children. Washington, D.C., showed the highest level of African American/White inequality in the nation with African American children being 28 times more likely to have their parents' rights terminated than White children. American Indian/Alaska Native children were at higher risk than White children in 28 states (in states with the greatest disparities, American Indian/Alaska Native children are 5 times more likely than White children to have their parents' rights terminated). Inequalities for African American and American Indian/Alaska Native children were greatest in the Midwest and Mountain West, and lowest in the Southeast.

Asian/Pacific Islander and Hispanic children were at or below the risk faced by White children in nearly all states. Although a few states showed high rates of termination of parental rights for Hispanic children (e.g., Maine at 6.6%; Montana at 2.1%), the state rates of risk are generally low. There were very few states where White and Asian/Pacific Islander children experienced high cumulative risks, and no state showed risk above 2% for White children or above 1.6% for Asian/Pacific Islander children.

Recommendations

The prevalence estimates in this study call for investigations of the causes and consequences of the increasing and disproportionate use of parental rights termination policies. Additionally, this study shows the importance of analyzing data by stage of CPS contact, especially regarding racial disparities because they vary greatly by race/ethnicity and stage. For example, American Indian/Alaska Native children were more likely to experience foster care placement and termination of parental rights than White or African American children, which is not the case for the CPS stages of investigation and substantiation. Child welfare agencies do not often have the resources to explore the nuances of their data, such as differential outcomes by stage and race/ethnicity like in this study. Agencies also often hesitate to share data with external entities out of a fear of how poor outcomes will be interpreted.

However, child welfare staff and families involved with the child welfare system are the best positioned to provide meaning to the findings and help identify the causes and consequences. Thus, future research in this area needs intentional and caring collaborations between researchers and child welfare agencies to identify nuanced outcomes, understand the causes and consequences, and create policies and practices that reduce negative outcomes and increase positive outcomes for children and families.

Bottom Line

Parental rights termination (i.e., a parent's permanent loss of access to their children) is a common occurrence that warrants the attention of the entire social science research community. One percent of the entire population of children in the United States will experience the termination of their parents' rights by the time they turn 18, with American Indian/Alaska Native (3%) and African American (1.5%) children experiencing the highest risk. Risks are highest in the first few years of life and vary greatly by state and region of the United States. More research is needed to understand why these disparities exist across race/ethnicity, stage of CPS, and region of the U.S., as well as what methods (e.g., federal/state/local policy, child welfare agency policy, case worker training, etc.) will address these disparities.

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