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PRACTICE NOTES

BARRIERS TO TRAUMATIC STRESS SCREENING IN CHILD WELFARE SETTINGS

Many children entering the child welfare system have been exposed to traumatizing events or situations that can have profound adverse effects, including unstable behaviors, cognitive difficulties, problematic relationships, and mental health issues. Unfortunately, multiple factors hinder efforts to screen for traumatic stress in child welfare. It is paramount to identify these children so that they can receive appropriate interventions and services in a timely manner.

Understanding Trauma in Child Welfare

Before reaching the age of 16, an estimated two thirds of children in the United States have experienced a traumatic life event (e.g., maltreatment, domestic violence, traumatic losses, etc.).[1] Children involved with the child welfare system are often affected by trauma and many lack access to appropriate trauma assessment and treatment. Unfortunately, fewer than one tenth of affected children receive successful, evidence-based interventions.[2] In fact, some individuals may deny how trauma has affected them even after being asked direct questions about distressing events. If trauma exposure is not identified, then children will not receive the critical support and care they need to heal, severely increasing their risk for long-term physical and mental health consequences.

> "IF TRAUMA EXPOSURE IS NOT IDENTIFIED, THEN CHILDREN WILL NOT RECEIVE THE CRITICAL SUPPORT AND CARE THEY NEED TO HEAL, SEVERELY INCREASING THEIR RISK FOR LONG-TERM PHYSICAL AND MENTAL HEALTH CONSEQUENCES."

Children and caregivers may not be forthcoming about trauma because they do not consider a particular event or their response to it as traumatic. Not surprisingly, children may be uncomfortable processing distressing memories or feelings with a strange adult in an unfamiliar setting. Children may also show reluctance acknowledging and reporting traumatic experiences because they have feelings of shame or guilt, or fear of retaliation by others involved in the trauma (e.g., in cases of child maltreatment). Another concern in trauma assessment is that caseworkers may be reluctant to inquire about a trauma history due to fear of re-traumatization. Furthermore, a lack of time and resources may hinder efforts to address suspected cases of trauma. Providers and caseworkers report feeling ill-equipped to discuss trauma-related problems due to lack of training or supervision.[3]

Including a universal trauma screening for all children as part of standard intake procedures is a first step in overcoming some of the barriers to effective identification. A brief screening instrument that uses language easily understood by children and adolescents to probe for trauma symptoms can go a long way to help child welfare workers identify a potential problem and support a path to recovery. The Traumatic Stress Screen for Children and Adolescents (TSSCA) is one example of a brief trauma screening instrument. The TSSCA tool was designed for practitioners to screen children that have or may have experienced a traumatic event.

CASE EXAMPLE

Child Protective Services received a report of neglect for 12-year-old Seth. The reporter stated that Seth's father left him home alone for days at a time with no food and no supervision. Through the investigation, it was discovered that Seth's father struggled with chemical and mental health issues. Seth's school reported that he had missed many days of school this year. The social worker could not reach Seth's father and discovered that Seth had been taking care of himself for many days. Seth's mother died when he was 6 years old. Since there were no other relatives able to care for Seth, he was taken into a shelter and then placed in a non-relative foster home. He was very withdrawn and anxious during visits with the social worker, who became worried about his well-being during this and wanted to understand more about what Seth had experienced.

- How might the research you've read about in this issue of *Practice Notes* apply to this situation?
- Is it necessary to use a trauma screening tool with Seth?
- What might be important for Seth's foster parents to discuss with him during this difficult transition?
- What are some questions you might ask to understand Seth's experiences and how he feels about them (e.g., mother's death, father's struggles, being removed from his home)?

Practice Considerations

Common Barriers Perceived by Social Workers	How to Overcome Barriers
 **Lack of Training**	Take advantage of the many free resources available online for trauma screening and assessment: **TSSCA Module Series** The Traumatic Stress Screening for Child Welfare Professionals Module Series helps child welfare professionals understand trauma screening and assessment with a step by step guide. http://z.umn.edu/tsscamodules **Ambit Network Training** The Ambit Network, provides training in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) to community partners using the Learning Collaborative (LC) model (12- to 16-months of formal training). http://z.umn.edu/ambittraining
 **Lack of Time**	Build in a few extra minutes to administer a brief screening (e.g., TSSCA). If screening is positive for trauma exposure, it is critical to follow up and gather more information (e.g., trauma assessment; referrals if agency is unable to provide appropriate care). Also consider at which point in a case trauma screening might be most effective and efficient.
 **Feeling Helpless**	Access opportunities to learn more about child trauma and well-being, and become more comfortable with the resources available within your agency and in the community. Simply being a source of non-judgmental support and concern is an important part of helping children on the path to healing. The WIT-Y is a helpful tool to use when discussing well-being with youth: http://z.umn.edu/wellbeingindicator
 **Fear of Offending**	Ask families what they know about trauma. Remember that some cultures may not recognize trauma in language or practice. Explain that trauma impacts everyone differently and offer screening to everyone regardless of socio-econimic status, age, race, culture, ethnicity, religion, gender, or sexual identity. Watch this training module on Child Complex Trauma and Parental Belief Systems to learn more about this issue: http://z.umn.edu/complextrauma
 **Unsure of Interventions**	Work to become more knowledgeable about the resources available in the community and provide referrals for children as needed. Utilize the Ambit network for an extensive resource list of trauma providers: http://z.umn.edu/traumaproviders
 **Discomfort**	Acknowledge that caring individuals often feel uneasy addressing the issue of child trauma. However, for the sake of best practice with clients, it is important to make every effort to overcome these feelings of discomfort and anxiety. Use this resource for tips on how to talk to children and youth about trauma: http://z.umn.edu/talkabouttrauma

Summary

Work with youth and families offers the opportunity to intervene with children, their caregivers, and other professionals. Practitioners can take the research knowledge found in this issue of *Practice Notes* and share it with colleagues, integrate it into practice with children and families, and look for creative solutions for assisting children in their relationships and environments. Review the following questions for reflection as you take this research knowledge into your daily child welfare practice.

Reflection Questions

1. How might you bring this research/information into your work team(s) or supervision?
2. What are some difficulties you've encountered in your agency when trying to help a child you suspect has been exposed to trauma? Are there standard procedures in place at your agency?
3. Considering previous or current cases with children who have experienced trauma, what practices and interventions have been successful? Why do you think they worked?
4. In what are ways can you share this information with the collaborative professionals working with the families on your caseload (resource family, kinship family, guardian ad litem, etc.)?

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