

Catawba County

What we are doing as an agency relative to becoming more trauma informed:

- We have on-site therapists (Family NET- our mental health arm of child welfare) and their supervisors who are trained in counseling children with trauma focused cognitive behavior therapy ([TF-CBT](#)) who have experienced trauma as a result of child abuse and neglect. These therapists consistently stay on the front end of new information on trauma that may inform their practice with children.
- Currently working with Casey and the Duke Endowment regarding assessing the [Attachment, Self-Regulation and Competency \(ARC\)](#) program for our County to improve trauma informed training and services to our foster parents, kinship families, bio families, post care services, foster home cottage parents, and onsite mental health clinicians.
- All mandated child welfare services staff are required to complete the [Child Welfare Trauma Toolkit](#) Training that is offered three times annually.
- We provide trainings for all levels of staff (support staff to clinical staff) around what is trauma and how being informed can improve our practice.
- All children ages 3-17 are referred to our clinicians for a trauma assessment within 5 days of entering care, with recommendations staffed with the assigned social worker.
- A trauma screening tool was recently developed and tested with CPS caretakers to identify underlying trauma that may contribute to patterns of neglect/abuse and targeted Trauma Informed Therapy for those individuals.
- Foster parents, including kinship families are required by our agency to attend [Caring for Children Who Have Experienced Trauma](#), a curriculum of The National Child Traumatic Stress Network. This is taught by our agency staff who are trained as trainers.
- Foster parents and their social workers participate together one-on-one in [Practical Solutions](#), a hands- on trauma focused approach to caring for our children in foster care. This is authored by Laura Phipps, Clinical Instructor Family and Children's Resource Program, Jordan Institute for Families UNC-Chapel Hill, School of Social Work, and is taught onsite by our staff who are trained as trainers.
- We are in the process of implementing the [3-5-7 Model](#) authored by Darla L. Henry and Associates, Inc. Designed for social workers and therapists, this is a practice approach to permanency that helps children work through 3 tasks, 5 conceptual questions, and 7 skills that lead to actualization of safety and feelings of belonging.

- We have created a trauma checklist for parents of children involved with Family In-Home and Foster Care and are creating a protocol to complete this on all parents/caregivers as a means to identify barriers to effective parenting, refer those identified as having significant trauma for a comprehensive mental health assessment and to counseling, if appropriate.
- We provide adoption competency training ([TAC](#)) for adoptive families which incorporates trauma based guidance.
- Use of [Signs of Safety](#) (focus on behaviors and underlying motivation – less concern about blame and making sure family/parents/supports believe abuse or neglect took place, and more focus on what family and their supports can do to keep children safe.)
- We have created a resilient workforce committee that is looking at policy and practice around supporting staff with secondary/vicarious trauma.
- We hold Critical Incident debriefings monthly for child welfare staff.
- We provide training for our judges at least 1-2 times per year for our judges. We provide the “[bench cards](#)” for our judges to better help them look through a trauma lens provided by the National Child Traumatic Stress Network).
- We meet regularly with our school superintendents and also train their counselors and social workers about how trauma impacts children and their ability to learn. The last training we held was to show how trauma impacts brain development.
- Provided [Mental Health First Aid](#) to school personnel and school resource officers

Why it is important from a staff perspective:

- Children need to be able to focus more quickly on healing from the trauma of child abuse and neglect, and it takes a trained and skilled professional community to help them do this.
- Children need to experience their caregivers understanding of their behaviors and guide them effectively toward feeling safe and nurtured.
- Staff understand and respond to crisis with a better perspective for past trauma and it better equips them for patience and understanding for caretaker and child behaviors and decreases judgments, knee jerk reactions such as unnecessary removals or placement changes.
- The better the staff understand this dynamic, the better they can assist in explaining to the family support network and or relative/foster care placement.

- We all have trauma and staff desire to better understand how their peers approach the work and why they may approach the work differently as it relates to past traumas – leads to improved working relationships and potentially to increased retention.
- A collective trauma focus early on for both children and their caregivers can lead to earlier and more solid reunification or other permanency. They will feel the success along with the family, and feel as if they are truly doing “social work” as it’s meant to be.