

APSAC Research to Practice Brief

Study Title: Building Capacity for Trauma-informed Care in the Child Welfare System: Initial Results of a Statewide Implementation

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Introduction:

The study examined the effectiveness of a change strategy to create a statewide trauma-informed child welfare system (CWS). Trauma-informed treatment is especially important in the CWS because of the high prevalence of trauma in children in state and tribal CWSs and because exposure to childhood trauma is a major public health concern. Because there is no consensus about what constitutes a trauma-informed system, the Administration for Children and Families (ACF), a division of the U.S. Department of Health and Human Services, funded the development and evaluation of trauma-informed CWSs to improve child well-being.

The article describes one model used to create a trauma-informed CWS—including workforce development, trauma screening, policy change, and improved client access to evidence-based, trauma-focused treatments—during a three-year implementation and evaluation in the state of Connecticut.

Research Questions:

The primary question was whether the CWS could become a trauma-informed system. This was measured by the Trauma System Readiness Tool (TSRT), which that utilized 90 items to measure twelve domains of trauma informed care. These domains included: 1) trauma training & education; 2) staff trauma knowledge and practice; 3) individual trauma knowledge and practice; 4) trauma supervision and support; 5) staff supports child relationships; 6) birth family trauma support; 7) resource family trauma support; 8) staff addresses child psychological safety; 9) agency trauma assessment; 10) access to trauma informed services; 11) local agency collaboration, general; 12) local agency collaboration, trauma. Changes in system readiness and capacity to deliver trauma-informed care were evaluated using a stratified random sample of staff prior to and two years following implementation.

Findings:

Components of the change model were: the creation of multi-disciplinary teams; identification of “trauma champions” to be early adopter liaisons; implementation of screening and assessment procedures; and education on evidence-based practice (EBPs) for trauma-focused interventions. It

was found that training must be on-going (that is, it is hard to sustain change when it is seen as “one more thing” and no relief is provided from other responsibilities). Researchers also found that support for worker wellness and secondary trauma needs further attention.

Mean scores on the TSRT increased significantly across nearly all domains from Year 1 to Year 3. Among the components studied, greatest improvements were observed for trauma supervision and supports, access to trauma-informed services, and trauma-related supports for birth and resource families. Moderate gains were seen across all other scales, with the exception of general collaboration with local mental health agency staff. Improvements in trauma training and education, birth family support, resource family support, and child relationship support were greatest among staff working directly with clients and less so for managers and supervisors, who had less direct contact.

The authors note that lighter than national average caseloads and higher salaries in CT led to long-term staff stability (avg. tenure was 13.5 years vs. a national turnover of CWS staff of 23-60% annually). The effect of staff stability on implementation of a trauma-informed CWS needs further study.

Recommendation:

The study makes five recommendations for implementing systemic organizational change: (1) Sufficient financial and staffing resources need to be assessed and committed for a five year plan that includes, training, IT-infrastructure for reporting, evaluation team, and work-flow modeling; (2) Leadership at the highest level needs to be fully committed long-term to the change; (3) Organizational readiness and initial capacity need to be evaluated with sufficient time to plan implementation; (4) Formal and informal “champions” at all levels of the organization need to be identified and encouraged; lastly (5) State and federal policy changes and funding opportunities supporting trauma-informed care can accelerate the change. It is also important to create a feedback process to strengthen the connection between organizational parts to a shared vision. Leadership needs to frequently share successes to help the teams focus on the bigger reasons for making the change – that is, better client outcomes through the processing of trauma.

Bottom Line:

Trauma-informed CWSs are needed to better serve youth, who frequently have a trauma history that negatively impacts their physical and mental health throughout their lives. This study suggests that creating a trauma-informed CWS is possible. The model implemented in the Connecticut CWS provides a roadmap to making the necessary changes system-wide. State and national policy changes to accelerate the adoption of trauma-informed CWSs should be identified and implemented, keeping in mind the holistic nature of a trauma-informed CWS and ensuring organizational readiness for this level of change.

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About the Student Research to Practice Brief Author

Keith Geiselman, MSJ, MDiv, LLMSW, is a 2018 graduate of the University of Michigan School of Social Work. He interned at Washtenaw County (Michigan) Community Mental Health and is minister and therapist in group practice.

This brief was produced as part of a collaboration between a SW708 at the University of Michigan and APSAC. The goal of this project is to teach a real-world application of research translation, offer an early opportunity for professional publication, and introduce students to how professional organizations can serve as an ongoing source of knowledge throughout their careers. By distributing the briefs among child maltreatment and child welfare professionals at all career stages, APSAC seeks to speed the dissemination of evidence-based practices and increase access to applied research findings for front line workers, while also helping to shape policy for organizations. If you would like to bring this project to your classroom, [contact Bri Stormer, MSW](#).