

APSAC Research-to-Practice Brief – Effectiveness of a Trauma-Informed Care Initiative in a State Child Welfare System: A Randomized Study

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Background

In the past 20 years, trauma-informed care (TIC) initiatives have gained increased interest in the social service arena. Interest in trauma by child welfare agencies is fitting; children entering the child welfare system have often experienced trauma such as abuse, neglect, and witnessing domestic violence. The child welfare system itself can also be traumatic, such as when children are removed from their homes, placed in foster care, and experience placement disruptions. Children involved in the child welfare system have significantly higher rates of trauma than children in the general population.

TIC initiatives have gained interest, but TIC’s definition, measurement, impact, and ability to be cost effective are still unclear.

The purpose of this study is to rigorously examine, using a randomized, matched-pairs, crossover design, whether a 5-year, multi-pronged, statewide trauma-informed care initiative in a child welfare agency changed trauma-informed attitudes, skills and behaviors, and perceptions of system performance related to trauma among child welfare staff. The state system studied was the New Hampshire Division for Children, Youth and Families (DCYF), which includes both the child protective and juvenile justice systems.

Intervention

Ten district offices of DCYF were randomly assigned to either Cohort 1 (early intervention group) or Cohort 2 (late intervention group). Data were collected three times: Time 1 was prior to any intervention, Time 2 was post-intervention for Cohort 2, and Time 3 was post-intervention for Cohort 3.

Interventions included (1) monthly training focused on principles of TIC and their application to child welfare and juvenile justice, along with training in using the Mental Health Screening Tool, (2) installation and implementation of a new web-based Mental Health Screening Tool, (3) weekly consultative support to each district office for 3 months after training to provide guidance for staff members implementing the TIC practices in their work, (4) identifying and providing advanced training to three staff members (Trauma Specialists) responsible to maintain application of TIC practices, and (5) subcommittee work to review and implement system-level processes and policies on TIC (i.e., establish formal policies to integrate the new screening, case planning, and progress monitoring).

Measures

Measures were based on self-report of involved staff. Six TIC domains were measured:

1. trauma screenings (frequency and proficiency),
2. case planning (frequency),
3. referrals for trauma-informed treatment and involving families in meeting behavioral needs of the child (frequency),
4. progress monitoring (i.e., frequency of rescreening, updating case plans, communication with mental health providers for child's progress),
5. collaboration between DCYF staff and mental health providers (i.e., information sharing, attitudes toward a shared vision), and
6. system-level TIC practices (attitudes about the state child welfare system carrying out several TIC practices).

Results

At Time 1, 51.3% of eligible staff responded to the survey; after certain responses had been eliminated for not meeting the criteria of working with children and families or for missing data, 145 were included: 77 in Cohort 1 and 68 in Cohort 2.

Linear mixed modeling was used to examine the effect of the intervention on the six outcome variables. There were significant findings in three areas: initial case planning and communication, trauma screenings, and perceptions of DCYF's TIC system performance.

Across all three domains, there was little change for Cohort 1 across all three time points. For Cohort 2, ratings dropped from Time 1 to Time 2, and then increased significantly at Time 3. Researchers hypothesize that the TIC intervention may have buffered Cohort 1 from the effects of an increasing number of stressors on the child welfare system, from Time 1 to Time 2. For Cohort 2, the intervention improved attitudes and behaviors for trauma screening, case planning, and TIC system performance at Time 3. While Cohort 2 was receiving the intervention, the child welfare system was burdened with even more stressors. Researchers hypothesize that staff in Cohort 2 District Offices were particularly receptive to a TIC approach and the additional support provided via the project given the continued opioid crisis and more children entering the child welfare system.

The mixed findings are consistent with the mixed findings of prior studies. With few significant results, the authors question if such a comprehensive TIC intervention is cost effective. The authors acknowledge that the ongoing systemic challenges in child welfare, such as budget reductions, increased need for services partly due to the opioid crisis, and chronic workforce shortages, are a factor in any TIC initiative being effective in child welfare services. Further research is warranted, perhaps to identify whether certain domains of TIC are more effective than others and can achieve measurable, objective child and family outcomes.

Bottom Line

While these results were mixed, showing effects in three of the six measured domains (case planning, trauma screening, and perceptions of TIC), the authors maintain support for adopting a "trauma lens" in the child welfare and juvenile justice systems. They also acknowledge that the effects will likely be limited if these systems continue to face challenges such as under-funding, increased need for service, and issues with workforce shortages and turnover. Until a larger effort is made to address the core issues facing child welfare, the authors suggest TIC interventions must take into consideration the challenges child welfare inevitably faces.

About the Research-to-Practice Brief Author

Areesah Abdus-Shakur, LMSW, has been a social worker for 25 years in a variety of community based services. She is currently working with Quality Assurance for Behavioral Health Services within county government. She resides in Pennsylvania.