Understanding Trauma-Informed Care in the Texas Child Welfare System

Data and Recommendations from the Field

October 2015

TEXASCASA
Court Appointed Special Advocates
FOR CHILDREN

STRENGTHENING THE VOICES OF CASA STATEWIDE

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Introduction

This report represents findings and recommendations gathered from the Texas Court Appointed Special Advocates (CASA) *Workforce Survey on Trauma-Informed Care within the Child Welfare System in Texas*. This project and survey were developed with generous funding and support from the Supreme Court of Texas Permanent Judicial Commission for Children, Youth and Families (the Children's Commission).

Texas CASA and the Children's Commission recognized the need for this type of statewide survey while serving on the Texas CASA Mental Health Task Force, which was funded by a generous two-year grant from the Hogg Foundation for Mental Health at the University of Texas. The Mental Health Task Force was comprised of physical and mental health care practitioners, judges, social workers, psychologists, attorneys and state agency personnel who came together to address the variety of mental health issues facing children and youth in the child welfare system. The Task Force met numerous times between August 2013 and December 2014 and was charged with:

- Identifying problems facing children and youth in state custody in regards to their mental health;
- Developing actionable solutions (recommendations) to improve the well-being of children and youth in foster care; and
- Advocating for those solutions.

A consistent subject of discussion by the members of Texas CASA's Mental Health Task Force was the recognition that children in substitute care have experienced trauma. Additionally, efforts to establish a trauma-informed child welfare system in Texas have been slow and disconnected and have varied in how trauma-informed care is defined. Although the Task Force identified a number of training organizations and efforts related to trauma-informed care, the lack of meaningful, system-wide data on training practices related to trauma-informed care limited recommendations made by the Task Force. In addition to the lack of information on training practices, the question remained whether the training led to any impact on practice with children and youth in the child welfare system. Finally, it was unknown to the Task Force what types of trauma-informed treatments or assessments are being utilized in behavioral and medical health settings across the state.

The following report is an analysis of data and information gathered by Texas CASA related to trauma-informed training, services and practice. The goal of this report is to inform stakeholders and policy-makers about the current status of trauma-informed care in Texas' child welfare system so that they may be strategic and thoughtful about how to improve the care, services and advocacy that abused, neglected and traumatized children receive.

Executive Summary

Children who enter the child welfare system have often experienced trauma, whether it is from abuse or neglect by their families prior to removal or the separation from their families after removal from their homes. There are many additional circumstances that can cause trauma to a child, but one of the most damaging is the relational trauma that they experience—the trauma of being hurt or neglected by the person or people whom they trust the most. This type of trauma often occurs in families across generations and can be especially difficult to overcome.[1] Numerous research articles and studies detail the impact of trauma on developing children and youth. Trauma can cause both short and long-term problems for children, including "…difficulties with learning, ongoing behavior problems, impaired relationships and poor social and emotional competence. Children and youth exposed to trauma, especially violence, experience more learning and academic difficulties and behavioral and mood-related problems."[2]

Despite this daunting reality, many factors help bolster resiliency in children and youth and combat the long-term effects of trauma. Research has shown that if children are surrounded by protective factors, they are more likely to develop a sense of resiliency that might alter the impact trauma has on their development and long-term outcomes.[3] These protective factors occur across different aspects of the child's daily life at the community, relationship and individual levels and are interrelated.[4] The impact these factors have on each other adds to the challenges of those trying to understand trauma and how to help children who have experienced trauma in their lives. Because these issues are so complex, yet affect many children and youth in state care, it is essential that everyone who interacts with these children receives training to recognize trauma symptoms and behaviors and to help children in practical, appropriate ways.

Recognizing this important need, the Texas Legislature has passed laws over the past several years requiring several groups to receive training on trauma and its impact on children and youth. This includes requirements for certain staff of county and state juvenile facilities, foster parents, adoptive parents, kinship caregivers, and Department of Family and Protective Services (DFPS) caseworkers and supervisors. Additionally, several state and community level initiatives have developed in recent years to help change the way that child-serving professionals interact with children who have experience trauma. A number of free training resources on trauma have also been developed and made accessible to professionals across the Texas child welfare system.

To effectively develop recommendations and strategies to better address trauma and help children begin to heal, stakeholders need a realistic picture of the current state of trauma-

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[1] *Children and Relational Trauma*. Ackerman Institute for the Family, 2014. Web. 12 Dec. 2014. <https://www.ackerman.org/centers/children-and-relational-trauma/>.
[2] Cooper, Janice L. "Facts about Trauma for Policymakers: Children's Mental Health." *National Center for Children in Poverty*. Columbia University Mailman School of Public Health Department of Health Policy & Management, July 2007. Web. 4 Dec. 2014.
[3] "40 Developmental Assets for Adolescents." *Discovering What Kids Need to Succeed*. Search Institute, 2007. Web. 4 Dec. 2014.
[4] "Promoting Protective Factors for In-Risk Families and Youth: A Brief for Researchers." The Administration on Children, Youth and Families, 2014. Web. 4 Dec. 2014.

informed care in the child welfare system. Texas CASA set out to gain a better understanding of the current state of trauma-informed care training, interventions and services across the Texas child welfare system by meeting with relevant stakeholders, conducting research about resources available and deploying a system-wide survey. The Texas CASA *Workforce Survey on Trauma-Informed Care within the Child Welfare System in Texas* was distributed to the following groups across the state:

- Attorneys ad litem
- CASA volunteers and staff
- Children's Advocacy Centers staff
- Child Protective Services (CPS) caseworkers
- Foster parents
- Family law judges
- Medical health providers
- Mental or behavioral health providers
- Kinship caregivers
- Residential treatment center, shelter or group home staff

The state and community-level move toward creating a trauma-informed system was mirrored in some of the responses that we received in the Texas CASA *Workforce Survey on Trauma-Informed Care within the Child Welfare System in Texas.* In fact, 83% of survey respondents reported receiving at least some training on trauma and its impact on children. The majority of respondents also reported feeling that they understand how trauma impacts children's behaviors. Additionally, most participants indicated having secondary trauma support to help them manage the stress and emotional intensity of their jobs.

Despite these encouraging findings, the survey identified many ongoing challenges. This includes an overwhelming majority of respondents who reported a shortage of adequate trauma-informed services or lack of knowledge about these services in their area. While most mental and behavioral health providers reported training in one or more trauma treatment models, a majority reported that they are not certified in those models or using them to fidelity in practice. Another challenge reported was the need for more training, especially training that is in-person, practical and accessible (in terms of distance, schedule and cost) is needed most.

The Texas CASA *Workforce Survey on Trauma-Informed Care within the Child Welfare System in Texas* also sought recommendations from respondents regarding training and policy needs. Overwhelmingly, participants felt that foster parents have the greatest need for training, followed by CPS caseworkers. When given a list of 13 options for recommendations for policy-makers to help make the child welfare system more trauma-informed, survey respondents overwhelmingly selected the following three recommendations:

1. Increase trauma training requirements for foster parents
2. Increase trauma training requirements for CPS caseworkers
3. Increase access to trauma-focused treatments for children in child welfare

A summary of the Texas CASA recommendations, as a result of this survey and project, includes:

1. Gather more information about training and support for kinship caregivers and foster parents
2. Create a standard definition of trauma-informed care to be utilized across state agencies and systems throughout Texas
3. Increase training accessibility and opportunities, especially for populations who have not received any training on trauma
4. Improve and expand existing trauma-informed care training resources and trauma-informed care services throughout Texas

Utilize research on achieving better child outcomes and cost savings to restructure financial contracts with providers.

I. Background on Trauma-Informed Care in Texas

Because many children in substitute care have experienced trauma, it is extremely important for all professionals in the child welfare system to understand the impact of trauma on child development and behavior. However, not every professional needs comprehensive psychosocial training to help children recover and heal from trauma. Dr. Howard Bath argues that children need three primary things in order to begin to heal from trauma, none of which require intensive training in mental health interventions:

- The development of safety;
- The promotion of healing relationships; and
- The teaching of self-management and coping skills.[5]

Feelings of safety and self-regulation skills are both highly dependent on the connections that children and youth are able to form with the adults in their lives, especially those closest to the children's daily lives, such as foster parents and kinship caregivers, but also others like mental and physical health providers, legal professionals, child advocates and child welfare staff.

While some aspects of trauma-informed care practices are more readily available to an individual with formal training in counseling or social work, "much of the healing from trauma can take place in non-clinical settings…[and] there is some evidence to suggest that trauma-informed living environments in which healing and growth can take place are a necessary precursor to any formal therapy that might be offered to a traumatized child."[6] Therefore, those involved with the entire child welfare system must to begin to look at the children in state care through a trauma-informed lens as they make decisions about placements and needed services, as well as when they evaluate children's behavior and developmental progression. It can be difficult for child welfare professionals to have a clear understanding of what they can do to support children who have experienced trauma if they are not equipped to provide the types of evidence-based trauma interventions that mental and behavioral health providers often provide.

To address this challenge, the Travis County Collaborative for Children has developed practical examples of what child welfare professionals can do to support children who have experienced trauma in the context of their specific role or environment:

Courtrooms	• Judges and attorneys are informed of research-based, trauma-informed responses. • Where possible, court orders allow adequate time for children and families to prepare for a transition to a new placement. • Placement decisions are based on ensuring connection, safety, and regulation.
Caseworker	• Caseworkers are connected emotionally with the children they serve.

[5] Bath, Howard. "The Three Pillars of Trauma-Informed Care." *Reclaiming Children and Youth* 17.3 (2008): 17-21. 2008. Web. 5 Dec. 2014. <https://reclaimingjournal.com/sites/default/files/journal-article-pdfs/17_3_Bath.pdf>.
[6] Ibid.

Environment	• Caseworkers have sensory items available for children to use if desired. • Nutritious snacks and water are available. • Caseworkers have skill-sets that are informed by research-based trauma-informed response and practices.
Medical Provider Offices	• Medical providers are aware of how trauma can emotionally, behaviorally, and physically affect children. • Medical providers understand that a pharmacological response alone cannot meet the needs of vulnerable children.
Residential Treatment Centers	• Nutritious snacks are available on request, not locked or used as rewards for good behavior. • Sensory rooms are available for children to use when they request or choose to. • All staff and volunteers are trained on research-based, trauma-informed responses and practices. • Behavioral correction strategies are trauma-informed; caregivers and staff understand the role of fear in behavior. • Children may use sensory techniques/items during instructional time; they may move and use other strategies to help them feel in control physically.
Homes	• Caregivers focus on the relational needs of children, with special attention towards building and strengthening secure attachments. • Behavioral correction strategies are trauma-informed; caregivers understand the role of fear in behavior. • Caregivers create an environment of physical, psychological, and social safety. • Children have nutritious food and water available at regular intervals throughout the day to maintain stamina and focus. • Children are given the opportunity for a break and "re-do" after disruptive behavior. • Caregivers are self-aware and are able to use proactive strategies for behavioral change.
Houses of Worship	• Wrap around support is available for children and families who have experienced trauma. • Learning and worship settings are conducive to physical, psychological, and social safety.
Classrooms	• Students may use sensory techniques/items during instructional time; they may move and use other strategies to help them feel in control physically. • Students have nutritious food and water available at regular intervals throughout the day to maintain stamina and focus. • Students are given the opportunity for a break and "re-do" after disruptive behavior rather than having a mark moved or other penalty imposed. [7]

[7] Defining a Trauma-Informed Organization, Program or System. (2015). Retrieved October 1, 2015, from http://media.wix.com/ugd/34f85b_500749dbe84e433abc819e626bb22791.pdf.

Current Training Requirements

Over the past several legislative sessions, legislators have begun to acknowledge the role that trauma plays in the child welfare, juvenile justice and mental health systems, and have taken steps to help move each of those fields toward being more trauma-informed. The majority of the legislation has required requiring trauma training for professionals who work with children in these populations. Three important trauma bills are: Senate Bill 1356, Senate Bill 219 and Senate Bill 125.

Senate Bill 1356 was passed in 2013, requiring trauma-informed care training for certain staff of county and state juvenile facilities, including probation officers, supervision officers, correctional officers, parole officers and court-supervised community-based program personnel. The training must include best practices in behavior management, as well as appropriate restraint techniques, which should only be used in emergencies as a last resort.[8] The bill was designed to ensure that juvenile justice staff understands how trauma affects detainees' behavior, especially those who have experienced traumatic events, such as violence, neglect or abuse.

These juvenile justice training requirements came on the heels of Senate Bill 219, passed during the previous legislative session in 2011. Senate Bill 219 amended the Texas Family Code to mandate that the Department of Family and Protective Services (DFPS) "shall include training in trauma-informed programs and services in any training the department provides to foster parents, adoptive parents, kinship caregivers, department caseworkers and department supervisors."[9] As a result of Senate Bill 219, DFPS formed a trauma-informed practice workgroup, which addressed four specific issues:

- Training;
- Assessment and screening;
- Kinship caregiver support; and
- Secondary traumatic stress for direct care staff.

This workgroup was responsible for several key activities aimed at improving the child welfare system's understanding of trauma. These activities included but were not limited to:

- Developing a curriculum and training requirements for caseworkers on trauma;
- Developing a kinship newsletter to provide kinship caregivers with information on trauma and to link them to resources; and
- Contracting with researchers from Texas Christian University to develop a curriculum on secondary trauma.[10]

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[8] Harris, E. (2013, June 12). Texas Senate Bill 1356 and Trauma-Informed Care Training. Retrieved October 1, 2015, from http://www.crisisprevention.com/Blog/June-2013/Texas-Senate-Bill-1356-and-Trauma-Informed-Care-Tr.

[9] Texas Family Code. (n.d.). Retrieved October 1, 2015, from http://www.statutes.legis.state.tx.us/Docs/FA/htm/FA.264.htm#264.015.

[10] III-C. Health Care Oversight and Coordination Plan. (n.d.). *The State of Texas Title IV-B Child and Family Services Plan Child and Family Services Plan Fiscal Years 2015-2019, ACYF-CB-PI-14-03*. Retrieved October 1, 2015, from http://www.dfps.state.tx.us/About_DFPS/Title_IV-B_State_Plan/2010-2014_State_Plan/Health_Care_Oversight_and_Coordination_Plan.pdf.

Senate Bill 219 also required that all DFPS caseworkers complete an initial, in-person training on trauma-informed care during their basic skills development training and complete an online refresher course annually.[11]

As of September 1, 2015, DFPS requires all caregivers and employees who are subject to the Residential Child Care Contract and who provide direct care to children to complete at least eight hours of trauma-informed care training prior to being the only caregiver responsible for children. The training must:

- Provide practical information that prepares the caregiver to put into practice what they have learned;
- Include at least one of the DFPS approved trauma-informed care trainings;
- Include a component on adverse child experiences (ACEs); and
- Include training and resources related to prevention and management of secondary traumatic stress and compassion fatigue.[12]

These caregivers and employees must also complete at least two hours of trauma-informed care training annually, and contractors may select their own curriculum/model for the annual refresher course.[13]

During the most recent legislative session in 2015, the Texas Legislature passed Senate Bill 125, which requires DFPS to institute a comprehensive psychosocial assessment tool to assess all children within 45 days of their entries into foster care. The tool must include a trauma assessment and an interview with at least one individual who knows the child.[14] DFPS plans to implement a modified version of the Child and Adolescent Needs and Strengths Assessment (CANS), which is already being utilized by the Department of State Health Services (DSHS) and many child-serving agencies across Texas. In September 2015, DFPS contracted with Dr. John Lyons, a clinical psychologist and inventor of the CANS assessment, to develop a version of the tool that is specific to Texas and to the unique needs of children and families in the Texas child welfare system. DFPS anticipates that the CANS tool will be available for use beginning in March 2016.

The CANS will help stakeholders:

- Communicate information about the needs and strengths of each child;
- Create a trauma-informed case plan;
- Make informed placement decisions;
- Decrease the number of unnecessary assessments that children who enter the system undergo;
- Make informed service level determinations; and
- Provide recommendations for further evaluation and services.[15]

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[11] Ibid.
[12] Form 2282cx. (2015). *Residential Child-Care Contract*. Retrieved October 1, 2015, from http://www.dfps.state.tx.us/PCS/Residential_Contracts/contract_forms.asp.
[13] Ibid.
[14] SB 125. (2015, May 15). Retrieved October 1, 2015, from http://www.legis.state.tx.us/BillLookup/History.aspx?LegSess=84R&Bill=SB125.
[15] Lyons, J. (2012). Child and Adolescent Needs and Strengths (CANS) for Texas: Comprehensive Multisystem Assessment Children and Youth 6 to 17. *Manual Version 1.0*.

DFPS is working with DSHS to align the assessment that children in child welfare will receive with the assessment that DSHS uses with its clients, which will help create more seamless communication across state agencies where these children are likely to be served. Senate Bill 125 also requires child welfare system stakeholder training on trauma and on the CANS assessment tool, including how to employ the tool to make trauma-informed decisions on behalf of children and families; this training has yet to be developed. While DFPS is still working with stakeholders to create an implementation and training plan for this important legislation, this new assessment has the potential to bring trauma to the forefront of decision-making for children and youth in care.

Trauma-Informed Care Training Opportunities in Texas

While it is beyond the scope of this report to reference all stakeholder training opportunities, some are mentioned here to provide context for what is currently available at the state and local levels.

One underutilized, free training resource in the child welfare community is STAR Health, which is the Medicaid provider for all children and youth in the Texas foster care system. STAR Health is managed by Cenpatico and its trainers are regionally assigned across Texas to partner with local child welfare stakeholders to provide free in-person training to caregivers, caseworkers, teachers, therapists, judges and others who are involved in the lives of children in foster care. All trainings include a trauma-informed perspective and address supportive topics such as the Adverse Childhood Experiences (ACEs) study, attachment, childhood traumatic grief, providing culturally affirming care, stress management and others. STAR Health has also helped to address common barriers to accessing training, such as caregivers not having child care or living in rural areas, by creating CenpaticoU. Online, interactive, facilitated trainings hosted live by STAR Health trainers, as well as national experts in the child welfare field, are available at www.cenpaticoU.com and are open to all foster care stakeholders free of charge.[16] Many are offered in the evening as well, so training can be conveniently accessed by caregivers or professionals at home or in their office outside of traditional work hours. For questions about available training or to be connected to a STAR Health trainer, call 866.912.6283 for more information.

There are several other free online trainings available to stakeholders in Texas, including one by DFPS (http://www.dfps.state.tx.us/training/trauma_informed_care/). Stakeholders may also access a significant amount of free training from the National Child Traumatic Stress Center in its online learning center, which boasts more than 200 online webinars, more than 50 speakers and more than 300 hours of free continuing education certificates (http://learn.nctsn.org/).[17] Additionally, DSHS collaborated with the Texas Health and Human Services Commission to create the Texas Health Steps training on Childhood Trauma and Toxic Stress, which can be accessed by Texas Health Steps providers and other

[16] (2015). Retrieved October 1, 2015, from http://www.cenpaticou.com/.
[17] The Learning Center. (n.d.). Retrieved October 1, 2015, from http://learn.nctsn.org/.

interested health care professionals.[18] Texas Lawyers for Children, a free online training and support resource for Texas judges and attorneys handling child welfare cases, also has several trainings available on topics related to trauma (http://www.texaslawyersforchildren.org/).[19]

Trauma training is also offered at conferences for a number of other child welfare stakeholders, including CASA, judges, youth services workers and others who have an interest in trauma-informed care. Professionals may do an internet search of trauma-informed care training or conferences in Texas; this search often identifies several different events available to the child welfare community across the state. Conferences and in-person workshops vary in cost from free to hundreds of dollars, depending on the venue and provider.

Statewide Initiatives

A number of effective statewide efforts to address trauma in the child welfare system exist in Texas.

Children's Advocacy Centers

One example is the practice model of local Children's Advocacy Centers' (CACs). While they only serve a small portion of children in the state's care, CACs provide critical intervention services directed towards addressing the trauma associated with child abuse in an effort to mitigate the potential long-term symptoms associated with adverse childhood experiences. There are currently 69 CACs in Texas that serve approximately 40,000 children each year. Of these children, 71% are victims of sexual abuse, 13% are victims of physical abuse, 8% are considered at-risk children, 6% have witnessed a homicide, domestic violence or other violent crime, and 2% are victims of neglect.[20]

In 2013, the Texas Legislature codified language that raised the standard for mental health services in CACs, requiring that all mental health services be trauma-focused and evidence-based. Additionally, mental health services must be provided by professionals who have a master's degree and are licensed, or who are students in an accredited graduate program and supervised by a licensed mental health professional. In fiscal year 2014, CACs provided mental health services to more than 16,000 children and 8,000 non-offending caretakers, with 76% of these services provided on-site at local CACs. To support the expansion of local mental health programming, the Children's Advocacy Centers of Texas (CACTX), the statewide membership association that represents all of the local children's advocacy centers, has trained more than 200 CAC staff and contracted mental health professionals. The modalities predominantly used by CACs across Texas include Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) and Parent-Child Interaction Therapy (PCIT). CACs are a leader in implementing TF-CBT, with 78% of TF-CBT certified clinicians

[18] Childhood Trauma and Toxic Stress. (2014, August 1). Retrieved October 1, 2015, from http://www.txhealthsteps.com/cms/?q=catalog/course/2115.
[19] Texas Lawyers for Children: The Child Protection Connection for Texas. (2014). Retrieved October 1, 2015, from http://www.texaslawyersforchildren.org/.
[20] CACTX FY 14 Statistics collected from member CACs/.

in Texas employed by or under contract with a CAC and 67% of all TF-CBT certified clinicians in Texas trained by CACTX[21]. Additionally, all CAC services are trauma-informed, including forensic interviewing, family advocacy, and medical and mental health services. The impact of trauma on children and families is addressed in all trainings offered by CACTX.

Department of State Health Services

In 2012, the National Child Traumatic Stress Initiative of the Substance Abuse and Mental Health Services Administration awarded the DSHS a 4-year cooperative grant. This initiative, known as the Texas Children Recovering from Trauma (TCRFT) initiative, focuses on transforming the existing children's mental health services into trauma-informed care services. The target population of this grant is children and youth ages 3 to 17 who have been exposed to or witnessed trauma or who are children of military families. The initiative's objectives will be achieved by training the workforce on trauma-informed care and cultural competency, enhancing policies and practices, and increasing the number of mental health professionals trained in TF-CBT and PCIT.[22]

The DSHS project began with an intensive pilot in collaboration with the Heart of Texas Region MHMR Center in the Waco area.[23] DSHS recently expanded their efforts to 16 additional pilot sites across Texas, referred to as the Trauma-Informed Care Organizational Transformation Pilot and Learning Collaborative. The sites include several local mental health authorities, some substance abuse treatment providers, one tribal nation and the DSHS state office. By the end of the yearlong learning community, participants will have completed the Organizational Self-Assessment© and a Secondary Traumatic Stress Organizational Assessment, created a sustainable core implementation team and will be deeply immersed in implementing trauma-informed approaches to working with children, families and other clients.[24]

STAR Health

In addition to hosting many free trainings, STAR Health is equally focused on strengthening its professional provider network delivering treatment to children in foster care. STAR Health supports evidence-based practices designed to address trauma, such as TF-CBT, PCIT and Child-Parent Psychotherapy, and provides trainings in these practices to contracted behavioral health community throughout Texas. In addition, STAR Health recently began offering consultation visits following the trainings to assist providers in achieving efficacy and certification in the applicable model.[25]

While STAR Health does not currently require certification or training in these trauma treatment modalities for its providers, it has done a significant amount of work to

[21] Official TF-CBT National Therapist Certification Program, https://tfcbt.org; percentages reflect data as of September 2015.
[22] Children Recovering from Trauma Initiative. (2012, November 1). Retrieved October 2, 2015, from http://www.dshs.state.tx.us/mhsa/cmh/trauma/.
[23] Acosta, M. (2013, July 22). Trauma-Informed Care Transformation in Texas. Retrieved October 2, 2015, from https://www.texinstitute.com/wordpress/wp-content/uploads/2013/07/7.22_Monday_3.30_Trauma-Informed-Care-Transformation_Acosta.pdf.
[24] ETCADA to Participate in Statewide Trauma Informed Care Transformation Pilot Program. (2015). Retrieved October 2, 2015, from http://www.etcada.com/events/etcada-to-participate-in-statewide-trauma-informed-care-transformation-pilo.
[25] TF-CBT Training. (2015). Retrieved October 2, 2015, from http://www.cenpaticou.com/provider-edu/tf-cbt-training/.

incentivize its providers across Texas to receive training and pursue certification in the trauma treatment modalities, especially in Trauma-Focused Cognitive Behavioral Therapy. STAR Health has created a "Trauma-Informed Care Specialty Network," which allows its providers to document the trauma training they attended and helps caseworkers, caregivers and others in the child welfare community identify providers who have been trained in trauma-informed care in the STAR Health network. The network only lists providers who do not meet the criteria or have not received special training on trauma.[26] Cenpatico, which manages STAR Health, has made "trauma-informed" a searchable feature in their provider directory under "specialty" in its behavioral health services directory. This model has made it easier and more convenient for the child welfare community to get a sense of the resources and experts on trauma in their communities.[27]

Community-Level Initiatives

Travis County Collaborative for Children

The Travis County Collaborative for Children (TCCC) Project is an ambitious initiative led by the Texas Christian University Institute of Child Development (ICD), intending to bring system-wide change to the way foster children in Travis County are cared for during and after their time in state custody. TCCC's ultimate goal is to accelerate healing and speed to permanency for children in foster care utilizing ICD's evidence-based Trust-Based Relational Intervention (TBRI®) principles and practices. The project aims to equip as many child welfare professionals, volunteers, teachers, church leaders, and others who come into contact with foster children with cutting-edge, yet approachable tools and techniques shown to bring healing to children who have experienced trauma, abuse and neglect. The project also has an important research element, part of which is to carefully track a small number of children as they navigate their time in care and to determine if their outcomes are improved due to the application of TBRI.[28] According to early research results published in August 2015, the TCCC has trained more than 343 individuals in Travis County and improved outcomes in three areas of focus:

- Increasing organizational capacity;
- Implementing trauma-informed environments; and
- Healing children.[29]

The Mental Health Connection

In 2011, a group of professionals began meeting to discuss the issue of trauma-informed care in Tarrant County. The work of this group built on efforts by the Mental Health Connection Trauma Implementation Team, originally formed to bring TF-CBT to the community. This group examined other issues surrounding trauma, including research

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[26] Curtis, K. (2012). Join the STAR Health Trauma-Informed Care Specialty Provider Network. Retrieved October 2, 2015, from http://cenpatico.com/files/2012/09/TXTX_TICNetworkGuidelines_ENG.pdf.

[27] Provider Search. (2009). Retrieved October 2, 2015, from https://portal.centenesecure.com/portal/public/cbhnatl/welcome/provider/provider_directory_cbhtx_iframe/!ut/p/c5/04_SB8K8xLLM9MSSzPy8xBz9CP0os3gvNw83T38TE0N3H28XA09LS0P3YFNjIwNHM6B8JG55dxOSdBuEmRoaeBo6uQWbe7oYeAcZEdDtpR-VnpOfBHSln0d-bqp-QW5oRKWjoiIAq-YjoA.

[28] Travis County Collaborative for Children. (2014). Retrieved October 2, 2015, from http://www.tccc-tx.org/#!tccc/csgz.

[29] Travis County Collaborative for Children: Healing and Permanency for Children in Foster Care. (2015, August). Retrieved October 2, 2015, from http://media.wix.com/ugd/34f85b_5e7073ed76024faa984b15446d994482.pdf.

showing that many behaviors attributed to mental illnesses may result from traumatic experiences. To help parents and others understand the causes and symptoms of and treatments for post-traumatic stress in children, the Mental Health Connection launched a public awareness campaign in May 2013 called "Recognize Trauma." The campaign included movie ads, bus ads and billboards, brochures, posters and wallet cards.[30] All of the materials encouraged people to visit the website created by the committee: www.recognizetrauma.org. The website offers comprehensive information about causes and symptoms of trauma, a list of trauma therapies, publications and statistics and a list of services offered in the Tarrant County area.[31]

The Trauma-Informed Care Consortium

The Trauma-Informed Care Consortium of Central Texas (TICC) was established in 2013 through the generous support of St. David's Foundation. Led by Austin Child Guidance Center, the TICC brings together professional organizations throughout Central Texas to address the trauma needs of children and families. Comprised of a variety of professionals and organizations in Central Texas that work with children, the TICC includes mental health clinicians, school personnel, medical/nursing professionals, occupational/physical therapists, law enforcement and juvenile justice professionals. The consortium meets quarterly to network, share information, coordinate trainings and maintain its website (http://www.traumatexas.com/). The website seeks to provide the Central Texas community with information about trauma through online resources and a quarterly newsletter, to clearly present online access to trauma-informed services in the area, and to display a centralized calendar for trainings available for professionals, parents and others geared toward those seeking trauma-related information in Central Texas.[32]

[30] Trauma-Informed Care. (2006). Retrieved October 2, 2015, from http://www.mentalhealthconnection.org/trauma.php.
[31] Recognize Trauma: Change a Child's Future. (n.d.). Retrieved October 2, 2015, from http://www.recognizetrauma.org/.
[32] Trauma-Informed Care Consortium of Central Texas. (n.d.). Retrieved October 2, 2015, from http://www.traumatexas.com/.

II. Survey Methodology

In order to design and implement the *Workforce Survey on Trauma-Informed Care within the Child Welfare System in Texas*, Texas CASA began by meeting with child welfare stakeholder groups to gather information about their initiatives around trauma-informed care training and services and to obtain feedback about the types of information the survey should collect. Over the course of several months, Texas CASA met with leaders representing the following organizations:

- The Children's Commission;
- The Department of Family and Protective Services;
- Cenpatico;
- The Texas Network of Youth Services;
- The Department of State Health Services;
- The Travis County Collaborative for Children;
- The Texas Christian University Institute of Child Development;
- The Trauma-Informed Care Consortium of Central Texas;
- The Children's Advocacy Centers of Texas;
- Texas Lawyers for Children; and
- The Texas Institute for Excellence in Mental Health at the University of Texas at Austin.

During these initial meetings, Texas CASA invited many of the organizations to participate on an advisory committee to oversee the creation of the survey, commit to helping disseminate the survey across the state, provide feedback on the data collected and make recommendations regarding what material to include in the formal project report.

Many groups provided significant technical assistance to Texas CASA, especially the Texas Institute for Excellence in Mental Health (TIEMH) at the University of Texas at Austin. TIEMH offered pro bono support to the project, hosted the survey on its university system using Qualtrics software and sponsored Texas CASA in its submission for its Institutional Review Board (IRB) application, which was sought to ensure that the project was conducted in accordance with all federal, institutional and ethical guidelines. The survey was approved by the IRB at the University of Texas at Austin for research on human subjects (Application #2015-06-0029) on July 2, 2015. TIEMH also provided assistance in data analysis.

Participants

This project targeted the child welfare system workforce in Texas, including:

- Attorneys (ad litem, parent's, district or state)
- CASA (volunteers and staff)
- Children's Advocacy Center staff
- Child Protective Services caseworkers (including, but not limited to Conservatorship, Family Based Safety Services, Adoption, Investigation, Kinship, Preparation for Adult Living, etc.)
- Foster parents

- Kinship caregivers
- Family law judges
- Medical health providers (including psychiatrists)
- Mental or behavioral healthcare providers
- Residential treatment center, shelter or group home staff

Procedure

Members of the advisory committee and stakeholders distributed the survey by emailing to lists (listservs) of representatives of each of the populations above. Survey participants were also encouraged to broadly share the survey with persons involved with the Texas child welfare system. The survey platform was open from July 6, 2015 to July 31, 2015. After the survey platform closed, data was extracted, coded and analyzed by research staff at Texas CASA in collaboration with TIEMH staff.

Participants consented to participation before accessing or answering the survey and were informed that participation was anonymous, confidential and able to be stopped at any point during the survey. Participants were also apprised that they could decline to answer any question at any time. After completing the survey, participants had the opportunity to enter in a random drawing to win one of five $100 Amazon.com gift cards. Participation in this drawing was optional. Winning contestants were contacted on August 21, 2015.

Measures

Participants answered a general questionnaire, then were directed to a population-specific questionnaire depending on how participants self-identified their roles on the first question. For example, if participants identified themselves as part of the "CASA volunteer or staff" population, they answered a general questionnaire and additional questions addressing specific trauma-informed care issues pertaining to their role as a CASA volunteer or staff.

The general questionnaire contained a maximum of 22 questions (see Appendix A for survey questions) and a minimum of 15 questions (some individuals answered more questions, depending on their responses to YES or NO questions). The population-specific questionnaires ranged from three to nine additional questions, depending on the population. For example, Children's Advocacy Center staff were asked a maximum of five population-specific questions, foster parents and kinship caregivers were asked a maximum of nine population-specific questions, etc.

General Questionnaire

Most items were answered on a Likert scale ranging from "strongly disagree" to "strongly agree" ("strongly disagree", "disagree", "agree", "strongly agree"). Three of the items were answered by indicating "Yes" or "No". There was a "Decline to answer" option for each question in the survey.

Three of the questions on the general questionnaire were aimed at identifying and describing the population surveyed. Additionally, the general questionnaire assessed three primary areas:

- Training: These questions collected information regarding if, what type of, where and how trauma training is being accessed across Texas.
- Impact on Practice: These questions explored if the trauma training received by individuals changed their practice. Participants ranked their agreement with statements about key components of trauma-informed care. These seven questions tested knowledge about components or terms commonly taught in trauma-informed care training modalities.
- Recommendations from the Field: Three of the questions in the general questionnaire gathered information from participants about their recommendations on how to improve trauma-informed care training and services in the Texas child welfare system.

Population-Specific Questionnaire

Most items were answered on a Likert scale ranging from "strongly disagree" to "strongly agree" ("strongly disagree", "disagree", "agree", "strongly agree"). Some of the items were answered by indicating "Yes" or "No". There was a "Decline to answer" option for each question in the survey.

The population-specific questionnaires had questions with varying objectives, depending on the population. However, in general, the questions were aimed at:

- Evaluating if training had an impact on practice;
- Learning the thoughts and opinions of participants about their own practice of trauma-informed care, including advocating for trauma-informed care services; and
- Learning from participants about perceived support from their communities or employer on trauma-informed care related matters.

Additionally, some populations were surveyed on:

- Perceived support from their communities or employers on secondary trauma; and
- Screening for trauma.

III. Survey Results

Description of Participants

A total of 1,758 professionals across the state responded to the Texas CASA *Workforce Survey on Trauma-Informed Care within the Child Welfare System in Texas*. The majority of the respondents self-identified as CASA volunteers or staff (N=879) making up 50% of all respondents. Those who responded "Other" were primarily individuals who identified as CASA board members, child placing agency staff, parent educators and other professionals who play a specific role in the child welfare system (i.e. domestic violence shelter staff or courtroom staff).

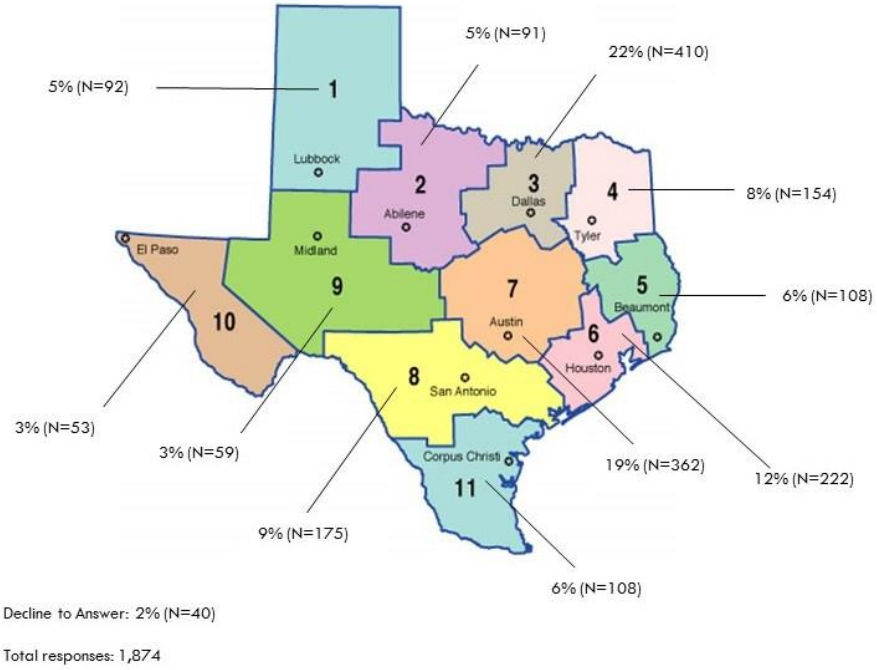
Participation by Role in Child Welfare

Role	N	%
CASA	879	50%
Mental or behavioral health care provider	175	10%
Attorney	117	7%
CPS Caseworker	107	6%
Foster parent	61	3%
Children's Advocacy Centers staff	59	3%
RTC, shelter, or group home staff	44	3%
Judge	42	2%
Medical health provider or psychiatrist	22	1%
Kinship caregiver	9	1%
Other	230	13%
Decline to answer	13	1%
Total	1,758	100%

Respondents were asked to indicate the DFPS region or regions where they serve in their work within the Texas child welfare system. They could indicate serving in more than one of the 11 regions shown on the map below. Once participants selected the region(s) they serve, they were then directed to select the county or counties where they serve in the indicated region. Some participants selected several of the 254 counties, as most respondents who work in rural areas of the state serve multiple counties.

The region where most respondents indicated they serve was Region 3 (N=410), followed by Region 7 (N=362) and Region 6 (N=222). Each region had at least 50 respondents and every county was served by at least one respondent, with the exception of eight rural counties in Region 9. Sixty-three participants indicated that they serve in more than one region in the state. Thirty percent of the respondents reported serving in child welfare for 10 years or more, while only 12% reported serving for one year or less.

Participation by Region



Decline to Answer: 2% (N=40)

Total responses: 1,874

Training

Training Hours

While 83% of survey respondents reported that they received "some" training on trauma and its impact on children, only 69% said that they received "enough" training on trauma that it changed their practice with children. Additionally, 72% agreed or strongly agreed that they feel confident they have the tools and skills they need to help children heal from trauma. Of the individuals who said they received training on trauma and its impact on children, 63% indicated that their training was paid for or provided by their employer, and 59% of respondents indicated that they have sought training that was not provided or paid for by their employer. The following charts indicate how many hours of training that participants have received.

Please estimate how much trauma training you have received (that was paid for or provided by your employer)

	N	%
1-2 hours	93	11%
3-6 hours	216	25%
7-9 hours	115	13%
10 or more hours	438	50%
Decline to Answer	12	1%
Total	874	100%

Please estimate how much trauma training you have received (that was not paid for or provided by your employer)

	N	%
1-2 hours	105	13%
3-6 hours	213	27%
7-9 hours	110	14%
10 or more hours	349	44%
Decline to Answer	9	1%
Total	786	100%

Training Delivery

The majority of respondents indicated that the primary way they received their training was at a one to four-hour workshop or training or at a multiple-day training (two days or more). Participants that sought training on their own were more likely to receive it from a pre-recorded online training or live webinar. If training was paid for or provided by an employer, less than 8% of respondents indicated they received their training from a pre-recorded online training or live webinar. Comparatively, 18% of participants who received training that was not paid for or provided by their employer indicated that they got it from a pre-recorded online training or live webinar.

Training Providers

Participants were also asked to indicate which training organizations they have received training from, as well as indicate the types of trauma-focused training they have received. The advisory committee suggested the options for this question based on the primary statewide training organizations known to them and the resources they had identified for each of their respective population groups. The committee discussed the limitations of this question at length, acknowledging that each of the items on the question could lead to a variety of possible options and assumptions for respondents. For example, Cenpatico offers a wide range of trainings, from their Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) trainings to their online trainings, so it would be difficult for the survey data collectors to differentiate the trainings provided by Cenpatico. Additionally, it was a challenge to determine whether participants who marked "TF-CBT" received it from Cenpatico or from another provider. However, despite the limitations of this question, the committee felt that it was important to attain a broad sense of where professionals access this type of training across the state.

Have you received any training from the following providers or on the following types of trauma-focused training?

Training	N
DFPS	557
Other	492
TF-CBT	312
TBRI	308
Cenpatico	211
Child Trauma Academy	107
DSHS	105
Empower to Connect	102
State Bar of Texas	97
Child Welfare Trauma Training Toolkit	92
Parent Child Interaction Therapy	77
Texas Center for the Judiciary	62
Seeking Safety	55
Resource Parents Curriculum	39
Decline to answer	65

Although only 107 DFPS caseworkers responded to the survey, the chief training provider for the population surveyed was DFPS (N=557). Other than DFPS caseworkers, CASA volunteers and staff and foster parents were the primary other populations who indicated that they received their training from DFPS. In fact, 28% of the CASA volunteers and staff and 58% of foster parents who responded indicated that they have received training from DFPS. Respondents primarily listed CASA, Texas Network of Youth Services, Children's Advocacy Centers, academic training (MSW, nursing, counseling, etc.) and child-placing agencies as the "Other" training providers.

Training Barriers

The survey also asked participants about training barriers and found that the majority of participants who indicated that they had not received any training on trauma and its impact on children were attorneys and CASA staff and volunteers. Thirty-two percent of the attorneys and 20% of CASA volunteers and staff surveyed marked that they have not had any training in this area. The primary obstacle to accessing training that participants identified was that they simply did not know where to access training. Some of the "Other" responses included barriers such as significant distance to face-to-face trainings, lack of available face-to-face trainings and prohibitive costs of training.

What is your main obstacle to accessing training on trauma and its impact on children?

	N	%
I do not know where to get training	154	55%
Other	62	22%
I do not have time to get training	25	9%
My employer will not pay for me to get training	13	5%
My employer will not provide me with time away from work to get training	10	4%
I do not see the need/value in getting training	4	1%
Decline to Answer	11	4%
Total	279	100%

Trauma-Informed Care Services and Practices

Availability of Services

One of the important findings was the perceived lack of adequate trauma-informed services across the state. Overwhelmingly, each of the child welfare groups who were asked about the availability of trauma-informed services in their area indicated a lack of adequate services or noted that they were unsure about the adequacy of services in their area. Foster parents represented a small outlier in this group, with only 54% of foster parents surveyed responding "no" or "not sure", while the other groups ranged from 71-86% indicating "no" or "not sure". The survey responses to this question are noteworthy because the populations who were asked this question are the primary groups responsible for advocating for services for children in care.

There are adequate trauma-informed services in my area

	Attorneys		CAC Staff		Caseworkers		Foster Parents		CASA	
	N	%	N	%	N	%	N	%	N	%
Yes	9	8%	15	28%	17	17%	23	45%	102	13%
No	54	48%	28	52%	49	49%	14	27%	219	28%
Not Sure	47	42%	10	19%	34	34%	14	27%	459	58%
Decline to Answer	2	2%	1	2%	0	0%	0	0%	6	1%
Total	112	100%	54	100%	100	100%	51	100%	786	100%

Emphasis on Trauma-Informed Care in Practice

Fifty-seven percent of judges who responded to the survey stated that they do not require DFPS, CASA or the attorney ad litem to ask potential placements about their trauma-informed care training. Additionally, 47% of attorneys who participated do not ask potential placements about their trauma-informed care training and approach to working with children in their care. Also, 14% of CASA volunteers and staff surveyed and 18% of DFPS caseworkers indicated that they do not include information about trauma or the child's needs related to trauma in their court reports. However, 74% of attorneys, 75% of caseworkers, 87% of judges and 97% of Residential Treatment Center (RTC), shelter and group home staff surveyed felt that they understand how trauma impacts children's behaviors.

Secondary Trauma Support

When asked about their support to cope with the secondary trauma they experience as a result of working with traumatized children, 95% of Children's Advocacy Center staff, 69% of DFPS caseworkers, 87% of CASA volunteers and staff and 79% of RTC, shelter and group home staff feel they have support from their supervisors when they feel stressed or overwhelmed at work. Of note, 67% of foster parents surveyed indicated that they have systemic support when they are stressed or overwhelmed and 93% of foster parents said that they have ways to manage the stress they sometimes feel as a caregiver.

Trauma Assessments and Treatment Models

Trauma Assessments

The survey provided important information about the types of trauma assessments and treatment models behavioral health providers utilize across the state. Ninety-one percent of respondents who identified themselves as mental and behavioral health providers indicated that they screen children for trauma or traumatic events during their initial visit. "Other" responses primarily included the Adverse Childhood Experiences (ACEs) questionnaire and a variety of anxiety scales.

Trauma assessment(s) for children used in your practice (mark all that apply)

	N	%
Informal Questions	66	25%
Trauma Symptoms Checklist for Children	52	20%
Child Behavior Checklist for Young Children	40	15%
Child & Adolescent Needs & Strengths	36	14%
Trauma Events Screening Inventory	20	8%
UCLA Post-Traumatic Stress Disorder Reaction Index	17	6%
Youth Outcome Questionnaire	6	2%
Harvard Trauma Questionnaire	1	0.4%
Other	23	9%
Decline to Answer	5	2%
Total	266	100%

*144 participants responded to this question, some selected multiple assessments

Trauma Treatment Models

Less than 3% of respondents indicated that they are not using any child trauma treatment models in their practices. Thirty-four percent of behavioral health providers who responded to the survey indicated they received training in Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), whereas 14% have been trained in Seeking Safety and another 14% have training in Parent-Child Interaction Therapy (PCIT). Only 158 providers responded to this question, but 343 responses were received, indicating that most, if not all providers have been trained in more than one modality.

I have received training on the following child trauma treatment models (choose all that apply)

	N	%
Trauma-Focused Cognitive Behavioral Therapy	115	34%
Seeking Safety	49	14%
Parent-Child Interaction Therapy	47	14%
Trust-Based Relational Intervention	39	11%
Dialectical Behavioral Therapy	35	10%
Eye-Movement Desensitization and Reprocessing	19	6%
Somatic Experiencing	14	4%
Other	16	5%
None	8	2%
Decline to Answer	1	0.3%
Total	343	100%

Many of the providers who responded that they have received training in a child trauma model also indicated that they lack certification in that model. Most of the providers also noted that they do not always use the models they were trained in to fidelity in their practices. This is an important point for child welfare advocates to understand—simply because mental or behavioral health providers in communities receive training in a treatment modality, it does not mean that they are certified in the modality or using it in the way it was intended to be used in their practices.

I am certified in the indicated child trauma treatment model.

	N	%
Yes	44	30%
No	65	44%
There is no certification for the indicated child trauma treatment model	30	20%
Decline to Answer	10	7%
Total	149	100%

I use the indicated child trauma treatment model to fidelity in my practice.

	N	%
All the time	42	28%
Sometimes	65	44%
I do not use the model to fidelity	29	19%
Decline to answer	13	9%
Total	149	100%

Training Needs and Policy Recommendations from the Field

Needs

In order to keep the survey succinct to encourage participation, Texas CASA included only one open-ended question in its survey. This question allowed the survey participants to relay their needs related to trauma-informed care. Nearly 500 participants (N=499) responded to the question: "What else do you need to further develop your tools and skills to be effective in helping children in child welfare heal from trauma?"

The overwhelming majority of individuals who responded stated they need more training, especially training that is in-person, practical and accessible (in terms of distance, schedule and cost). Many respondents observed that some trainings proved redundant or did not include updates regarding new brain research or any practical information how to address challenging behaviors exhibited by children who have a history of trauma. Many individuals said they understand how trauma impacts behavior, but they need information about how to negotiate that behavior. Several individuals stated they want specific trauma training focused on the following topics:

- How the child protection system works, especially related to its role in healing trauma;
- Different types of trauma (relational abuse, sexual abuse, neglect, etc.);
- How to identify behaviors as reactions or triggers to trauma experiences;
- How to talk/interact with children or adolescents who have suffered trauma; and
- How to advocate for children (where to refer, what types of services, how to get help).

Additionally, some respondents said they wanted support groups or people they could call to talk through how to help a child in crisis. Others discussed the challenges they face because they are the only person who has training on trauma-informed care in the child's life and feel that their efforts are negated by others working with the child. Others listed groups that they perceive to need more training, including foster parents, providers, kinship caregivers, attorneys and others. Some individuals expressed desire for more collaboration between child serving agencies, organizations and individuals on matters related to trauma-informed care. This included collaboration between parents, foster parents, therapists, teachers, attorneys, caseworkers and others. Some respondents

indicated the need for additional legislation and policies to force the system to be more trauma-informed, including increased reimbursement and incentives for providers and child advocates who seek out training and provide services that are trauma-informed.

Recommendations from the Field Regarding Training and Policy Changes

Respondents were asked to indicate which groups they feel have the greatest need for training and to select their top three recommendations for policy-makers on how to make the child welfare system more trauma-informed from a list of 13 recommendations proposed by the Advisory Committee. Interestingly, participants' recommendations for groups most in need of training were identical to their top selections for recommendations for policy-makers. Overwhelmingly, participants felt that foster parents had the greatest need for training, followed by CPS caseworkers. Looking at the data by population, approximately 50% of attorneys, CASAs, CPS caseworkers, foster parents and mental health providers surveyed indicated that foster parents have the greatest need for training. Fifty percent of judges, 41% of attorneys, 32% of CASAs and 28% of CPS caseworkers indicated they believe CPS caseworkers have the greatest need for training.

These mirror the responses from participants regarding recommendations for policy-makers, as shown below. In addition to the recommendations for policy makers about increasing training for foster parents and caseworkers, 42% percent of attorneys, 40% of CPS caseworkers, 38% of foster parents and 31% of mental health providers also selected the recommendation to increase access to trauma-focused treatments for children in child welfare as one of their top three choices.

In your opinion, which groups that work with children in child welfare have the greatest need for training on trauma and its impact on children? Please select your top two groups.

Population	N
Foster Parents	851
CPS Caseworkers	558
Kinship caregivers	412
CASA	291
Teachers or school staff	235
Mental or behavioral healthcare providers	154
Attorneys	134
Judges	131
RTC, Shelter or group home staff	101
CACs	62
Other	62
Medical Health Providers or psychiatrists	51

What should policy-makers do to help make the child welfare system in Texas more trauma-informed? Please select your top three ideas.

Recommendation	N
Increased trauma training requirements for foster parents	812
Increased trauma training requirements for CPS caseworkers	618
Increase access to trauma-focused treatments for children in child welfare	583
Require training for CASA staff/volunteers on trauma and its impact on children	414
Require training for judges and attorneys on trauma and its impact on children	364
Improve and change state policies to be more trauma-informed	343
Require continuing education on trauma for licensed providers	303
Support communities and agencies to improve and change their policies to be more trauma-informed	256
Require that all trauma training for child welfare groups use an evidence-based curriculum	232
Increase family and youth voice in the child welfare system	152
Increase reimbursement rates for individuals and agencies that are trauma-informed	146
Create a committee to develop a plan to make the child welfare system more trauma-informed	102
Develop program to increase self-care for child welfare staff	59

This information proved helpful since it overwhelmingly matched with what was indicated throughout the rest of the survey. For example, the vast majority of the qualitative feedback received from the open-ended question highlighted the need for additional training. Additionally, out of the responses from participants regarding trauma-informed services, most groups indicated that they were not aware of trauma-informed services in their area or felt they were inadequate. This helps highlight the need to increase access to trauma-focused treatments for children in the child welfare system.

IV. Recommendations

Gather More Information

As this survey was the first of its kind in the child welfare system in Texas, the process revealed challenges and new areas in which further research is needed. For example, only six kinship caregivers responded to the survey and it is unclear how many kinship caregivers received the survey. This may be due, in part, to the fact that DFPS did not disseminate the survey to its caseworkers or kinship caregivers, due to their over-burdened schedules. The caseworkers and kinship caregivers who responded to this survey received it from other stakeholders rather than from the agency. Kinship caregivers currently form approximately 40% of the current placements for children in child welfare and, as Family Finding initiatives and emphasis on parental-child safety placements increase through the DFPS Transformation and other efforts, this population likely will continue to grow.[33] More information is needed to gain a better understanding about caseworkers' and kinship caregivers' training and their knowledge of trauma and its impact on children.

Similarly, only 61 foster parents across the state responded to the survey, which resulted in limited insight into the amount and types of training they receive. Some additional information on this population will be available to advocates with the recent passage of House Bill 781, which requires DFPS to determine and evaluate the training and screening that child placing agencies utilize across the state. The legislation also requires DFPS to post the curriculum and topics covered in training for foster parents by each child placing agency and increases the required pre-service training hours for foster parents from 16 to 35 hours. The legislation does not apply to kinship caregivers, but represents a significant step in the right direction and will result in greater knowledge about foster parent training. Even with this important legislation being implemented, more information about these populations must be gathered to gain a clear understanding of their needs and to identify any specific barriers to these groups receiving trauma-informed care training.

Standardize Definitions

Because trauma-informed care is being integrated into services across Texas, it is important for state agencies, systems and stakeholders to develop a common understanding and definition to utilize in their work with families and service providers, as well as in their advocacy at the local and state level. Currently, there is not a consistent definition used across systems. One frequently cited definition of trauma-informed care comes from the National Child Traumatic Stress Network:

> "A trauma-informed child- and family-service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies.

[33] DFPS data warehouse report SA_09 and SA_63, includes youth over 18 who are still in substitute care.

> They act in collaboration with all those who are involved with the child, using the best available science, to facilitate and support the recovery and resiliency of the child and family."[34]

The Travis County Collaborative for Children has developed a similar, more expansive definition of trauma-informed care, which can be found on its website under the resource tab: http://www.tccc-tx.org/#!tccc/csgz.

Having a common definition disseminated across the state and across systems will cut through any confusion about what is meant by the term "trauma-informed care" and will help shift the focus of conversation toward better providing trauma-informed care training and services. The Health and Human Services Commission should formally adopt a definition as part of its rule-making process. This definition would broadly apply to the majority of child-serving programs in Texas, with the exception of the Juvenile Justice community, who would have to adopt the definition separately.

Increase Training Accessibility and Opportunity

Another significant challenge that was identified throughout this project was the lack of awareness about available training and resources. During meetings with the Advisory Committee overseeing the development for the survey, committee members regularly commented that they do not have broad knowledge of some of the work of the other groups represented on the committee. Child serving agencies, child advocacy organizations and state agencies must all do a better job of sharing resources and promoting existing resources across networks. For example, one underutilized training opportunity is the free online and face-to-face training opportunities that are available through STAR Health. Given the barriers to training that were identified by respondents, especially prohibitive cost and distance for face-to-face trainings, this resource should be more heavily promoted throughout the system.

Since many CASA volunteers and staff and attorneys indicated they have not received any training on trauma-informed care, training promotion efforts and opportunities should specifically focus on these populations. As advocates for what children want and what is in their best interest in their legal case, it is essential for these groups to have training in trauma and its impact on children to ensure that children's needs are understood and relayed to the courts. Texas CASA must be a leader for its network in this area and ensure that training is available and accessed, including its most rural programs. Additionally, it is important for Texas CASA and other groups to partner with attorneys ad litem to ensure they have the support and resources they need to receive training on trauma-informed care that is relevant to their role in the system.

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[34] Creating Trauma-Informed Systems. (n.d.). Retrieved October 2, 2015, from http://www.nctsn.org/resources/topics/creating-trauma-informed-systems.

As trauma-informed care training and services continue to grow across the state, it is essential for DFPS, child advocates and others to be thoughtful about additional populations that need training in this area, especially because of their regular interaction with children in the child welfare system. Other populations beyond the scope of the survey need training on trauma-informed care, including school faculty and staff, staff and officers in juvenile justice facilities, and child care and after-school program staff. As new positions are created within the child welfare system, such as foster care liaisons in school districts and the new ombudsman for foster youth at the Health and Human Services Commission, training on trauma-informed care should be mandated and available. The system should promote moving toward best practices on addressing trauma and implementing trauma-informed care, and child advocates and Texas legislators should be ready to push for what the system cannot or will not do on its own. As outlined in this report, there are many existing resources and initiatives addressing trauma-informed care, yet there is a growing, significant need for more and better training for all of the groups who interact with children in the Texas child welfare system.

Improve and Expand Current Resources and Services

Additionally, Texas CASA recommends improving current training resources available within the system. For example, many respondents indicated that they accessed training through DFPS. One of the primary training resources DFPS offers is its free online training, which serves as the annual "refresher" course for all DFPS caseworkers. This training has not been updated in several years and participants are able to quickly click through the PowerPoint to take a simple quiz at the end. The desire for new and practical information in trainings was repeated throughout the survey respondents' qualitative feedback. If this training had a few improvements, including an annual update with new information, a voice-over PowerPoint with time controls and a protection from printing multiple certificates at one time, it would vastly improve a widely used, free training resource available to child welfare stakeholders in Texas.

A consistent theme throughout the survey data was the lack of awareness and access to trauma-informed services. STAR Health is working to train its providers in TF-CBT and other treatment models, but those trainings are not mandatory and many who receive the training do not follow through to get the certification by engaging in ongoing consultation and supervision. Additionally, it is not clear whether stakeholders know that they can search for trauma-informed providers in the Cenpatico provider search online. Beyond expanding training and certification for trauma-informed services to children and youth in child welfare, child welfare stakeholders need training on what behavioral health services are available through STAR Health, including how to access the services. Without clear knowledge of what services are available and how to access them, it is more difficult for children to be connected with the growing array of trauma-informed services across Texas.

Utilize Research to Restructure System

As the Travis County Collaborative for Children (TCCC) advances its research on the impact that trauma-informed care services and practices have on improving child outcomes and creating cost-savings opportunities, there is a substantial opportunity for the child welfare community to restructure its policies and procedures. The current level-of-care system pays providers higher rates for children who display challenging behaviors. However, preliminary results of the TCCC study indicated that when children are placed in trauma-informed environments, there is an average of 49% decreased maladaptive behavior, including a reduction in power struggles and an increase in social growth.[35] The challenge with this type of result in the current system is that as a child's behavior improves, the funding support that the provider caring for the child receives decreases. This not only creates a financial disincentive for providers to work toward healing children, but it could also prevent providers from accessing training and support to continue their trauma-informed work because many training and consultation models are costly. The system must find a way to restructure its financial contracts with providers in a way that promotes healing and best practices that lead to better permanency outcomes and, ultimately, increased cost savings for the system overall.

[35] Travis County Collaborative for Children: Healing and Permanency for Children in Foster Care. (2015, August). Retrieved October 2, 2015, from http://media.wix.com/ugd/34f85b_5e7073ed76024faa984b15446d994482.pdf.

V. Conclusion

One of the most important lessons from this project was the clear indication that trauma-informed care is beginning to permeate the child welfare system in Texas: in training, in practice and in the types of services that children receive. Legislation and regulatory changes over the past several years indicate that policy-makers and child welfare stakeholders widely recognize the need for trauma-informed care training for the populations that interact with children in the Texas child welfare system. There has also been a clear shift in beginning to push the system toward this goal. The notion, concept and desire for trauma-informed care is not a trend, but reflective of a deeper understanding of a complex problem. The overwhelming majority of respondents have already received training of some kind on this topic, but it is clear that they would like more and better training in the future.

Texas CASA believes that as the Texas child welfare system becomes more trauma-informed, children will have a better opportunity to heal and experience the permanency and positive outcomes they deserve.

Appendix A: Survey Questions

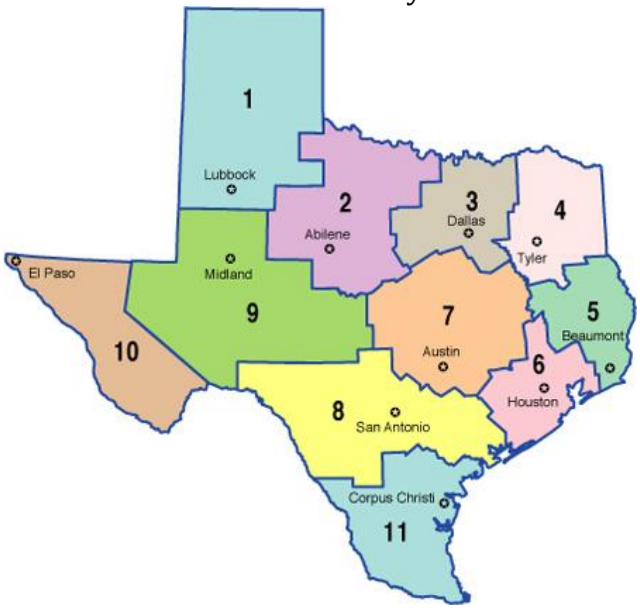
Workforce Survey on Trauma-Informed Care within the Child Welfare System in Texas

A. **General questions for all groups**

1. Please select which title best describes your role in the child welfare system:
   [Attorney (ad litem, parent's, District or State Attorney)]
   [CASA (volunteer, staff)]
   [Children's Advocacy Centers (CACs) staff]
   [CPS Caseworker (CVS, FBSS, Adoption, Investigation, Other (Kinship, PAL, etc.))]
   [Foster parent]
   [Judge]
   [Medical health provider or psychiatrist]
   [Mental or behavioral health care provider]
   [Kinship caregiver]
   [RTC, shelter or group home staff]
   [Other (input box)]
   [Decline to Answer]

2. How many years of experience do you have in the Texas child welfare system?
   [Less than 1]
   [1-2]
   [3-5]
   [6-9]
   [10 or more]
   [Decline to Answer]

3. Please select the part of the state where you currently work or volunteer with children in the child welfare system:



[Please select the county in which you primarily work or volunteer with children in the child welfare system] [Drop down box list with counties from selected region]
[Decline to Answer]

4. Please rank your agreement with the following statement:
   "I feel confident that I have the tools and skills I need to help children heal from trauma."
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

5. Have you received **any training** on trauma and its impact on children?
   [Yes]
   [No]
   [Decline to Answer]
   i. IF YES:
      Please rank your agreement with the following statement:
      "I have received enough training on trauma that I have greatly changed how I work with children and youth in the child welfare system."
      [Strongly Disagree]
      [Disagree]
      [Agree]
      [Strongly Agree]
      [Decline to Answer]

   ii. IF YES: Was the trauma training **paid for or provided by your employer**?
      [Yes]
      [No]
      [Decline to Answer]

      i. If YES:
         Please estimate how much trauma training you have received (that was **paid for or provided by your employer**):
         [1-2 hours]
         [3-6 hours]
         [7-9 hours]
         [10 or more hours]
         [Decline to Answer]

      ii. If YES:
         Please choose how you received **most** of your trauma training (that was **paid for or provided by your employer**):
         [Live Webinar]

[Pre-Recorded Online Training]
[1-4 Hour Workshop or Training]
[1-Day Conference or Training]
[Multiple-Day Training (2 days or more)]
[Decline to Answer]

iii. If YES:
Have you received trauma training that was **not paid for or provided by your employer**?
[Yes]
[No]
[Decline to Answer]

i. If YES:
Please estimate how much trauma training you have received (**that was not paid for or provided by your employer**):
[1-2 hours]
[3-6 hours]
[7-9 hours]
[10 or more hours]
[Decline to Answer]

ii. If YES:
Please choose how you received **most** of your trauma training (that was **not paid for or provided by your employer**):
[Live Webinar]
[Pre-Recorded Online Training]
[1-4 Hour Workshop or Training]
[1-Day Conference or Training]
[Multiple-Day Training (2 days or more)]
[Decline to Answer]

iv. If YES:
Have you received any training from the following providers or on the following types of trauma-focused training? [Choose all that apply]:
[Cenpatico]
[Department of Family and Protective Services]
[Department of State Health Services]
[State Bar of Texas]
[Texas Center for the Judiciary]
[Child Trauma Academy]
[Seeking Safety]
[Parent Child Interaction Therapy]
[Trust-Based Relational Intervention]
[Empower to Connect]
[Trauma-Focused Cognitive Behavioral Therapy]

[Child Welfare Trauma Training Toolkit]
[Resource Parents Curriculum]
[Other [input box]]
[Decline to Answer]

v. If YES:
What else do you need to further develop your tools and skills to be effective in helping children in child welfare heal from trauma?
[Input box]
[Decline to Answer]

vi. If NO:
What is your main obstacle to accessing training on trauma and its impact on children?
Please choose all that apply.
[I do not know where to get training]
[My employer will not pay for me to get training]
[I do not have time to get training]
[I do not see the need/value in getting training]
[My employer will not provide me with time away from work to get training]
[Other [input box]]
[Decline to Answer]

6. Please rank your agreement with the following statements:
   i. *"Children who have experienced trauma often have behaviors that look like the behaviors of children who have attention deficit disorder (ADD) or oppositional defiant disorder (ODD)."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [I don't know]
   [Decline to Answer]

   ii. *"Children who have a good relationship with you will share information about traumatic experiences when they are ready."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [I don't know]
   [Decline to Answer]

   iii. *"A child's memories of a traumatic event can be triggered by sensory experiences, such as tastes and smells."*
   [Strongly Disagree]

[Disagree]
[Agree]
[Strongly Agree]
[I don't know]
[Decline to Answer]

iv. *"Children cannot remember traumatic events that happened to them before the age of one."*
[Strongly Disagree]
[Disagree]
[Agree]
[Strongly Agree]
[I don't know]
[Decline to Answer]

v. *"One traumatic event in a child's life has the same negative impact as many traumatic events."*
[Strongly Disagree]
[Disagree]
[Agree]
[Strongly Agree]
[I don't know]
[Decline to Answer]

vi. "*People working with children in child welfare may cause further trauma to the children they serve if they are not aware of the impact of their actions."*
[Strongly Disagree]
[Disagree]
[Agree]
[Strongly Agree]
[I don't know]
[Decline to Answer]

vii. *"Events like shootings, gang fights, etc. in a child's community are often more harmful to a child than ongoing trauma caused by his/her family."*
[Strongly Disagree]
[Disagree]
[Agree]
[Strongly Agree]
[I don't know]
[Decline to Answer]

7. In your opinion, which groups that work with children in child welfare have the greatest need for training on trauma and its impact on children? **Please select your top two groups.**
[Attorneys (ad litem, parent's, District or State]

[CASA volunteers or staff]
[Child Advocacy Centers (CACs) staff]
[CPS Caseworkers (CVS, FBSS, Adoption or Investigation)]
[Foster parents]
[Judges]
[Medical health providers or psychiatrists]
[Mental or Behavioral health care providers]
[Parent or Kinship caregivers]
[RTC, Shelter or Group Home staff]
[Teachers or School staff]
[Other (input box]
[Decline to Answer]

8. What should policy-makers do to help make the child welfare system in Texas more trauma-informed? Please select your top three ideas.
[Increase trauma training requirements for foster parents]
[Increase trauma training requirements for CPS caseworkers]
[Require training for CASA staff/volunteers on trauma and its impact on children]
[Require training for judges and attorneys on trauma and its impact on children]
[Require that all trauma training for child welfare groups use an evidence-based curriculum]
[Require continuing education on trauma for licensed providers]
[Develop programs to increase self-care for child welfare staff]
[Improve and change state policies to be more trauma-informed]
[Support communities and agencies to improve and change their policies to be more trauma-informed]
[Create a committee to develop a plan to make the child welfare system more trauma-informed]
[Increase access to trauma-focused treatments for children in child welfare]
[Increase reimbursement rates for individuals and agencies that use trauma-focused treatments]
[Increase family and youth voice in the child welfare system]
[Other [input box]]
[Decline to Answer]

Attorney (ad litem, parent's, district or state)

Please rank your agreement with the following statements:

1. *"I have the skills I need to engage or handle cases with children who have experienced trauma."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

2. *"There are adequate trauma-informed services in my area."*
   [Yes]
   [No]
   [Not sure]
   [Decline to Answer]
   a. IF YES: *"I regularly advocate for the children in my cases to have access to the trauma-informed services in my area."*
      [Strongly Disagree]
      [Disagree]
      [Agree]
      [Strongly Agree]
      [Decline to Answer]

3. *"I ask potential placements about their trauma-informed care training and approach to working with children in their care."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

4. *"When possible, children need transition plans for moving between one placement and the next."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

5. "*I understand how trauma impacts children's behaviors."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

CASA volunteer or staff

Please rank your agreement with the following statements:

1. *"I have the skills I need to work with and provide effective advocacy for children who have experienced trauma."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

2. *"There are adequate trauma-informed services in my area."*
   [Yes]
   [No]
   [Not sure]
   [Decline to Answer]
   a. IF YES: *"I regularly advocate for the children in my cases to have access to the trauma-informed services in my area."*
      [Strongly Disagree]
      [Disagree]
      [Agree]
      [Strongly Agree]
      [Decline to Answer]

3. *"I include information about trauma and the child's needs related to trauma in my court report."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

4. *"I feel supported by my CASA program on matters related to trauma."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

5. *"I have the training I need to recognize the possible impact of trauma on birth parents and use this knowledge in my interactions with them."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

Children's Advocacy Centers (CACs) staff

Please rank your agreement with the following statements:

1. *"I have the skills I need to work with and provide effective services for children who have experienced trauma."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

2. *"There are adequate trauma-informed services in my area."*
   [Yes]
   [No]
   [Not Sure]
   [Decline to Answer]

   a. IF YES: *"I regularly advocate for the children I serve to have access to the trauma-informed services in my area."*
      [Strongly Disagree]
      [Disagree]
      [Agree]
      [Strongly Agree]
      [Decline to Answer]

3. *"My program encourages a trauma-informed approach in my work with children."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

4. *"I have support from my employer when I feel stressed or overwhelmed about my job."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

CPS Caseworkers (CVS, FBSS, Adoption, Investigation or Other)

Please rank your agreement with the following statements:

1. *"I have the skills I need to work with and provide effective services for children who have experienced trauma."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

2. *"There are adequate trauma-informed services in my area."*
   [Yes]
   [No]
   [Not Sure]
   [Decline to Answer]

   a. IF YES: *"I regularly advocate for the children I serve to have access to the trauma-informed services in my area."*
      [Strongly Disagree]
      [Disagree]
      [Agree]
      [Strongly Agree]
      [Decline to Answer]

3. *"I feel supported by my supervisor on matters related to trauma-informed care for the children I work with."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

4. *"I have support from my employer when I feel stressed or overwhelmed about my job."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

5. *"I include information about trauma and the child's needs related to trauma in my court report."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

6. *"I have the training I need to recognize the possible impact of trauma on birth parents and use this knowledge in my interactions with them."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

7. "*I understand how trauma impacts children's behaviors."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

Foster Parents

Please rank your agreement with the following statements:

1. *"I have the skills I need to provide effective care and help children who have experienced trauma to heal."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

2. *"There are adequate trauma-informed services in my area."*
   [Yes]
   [No]
   [Not Sure]
   [Decline to Answer]

   a. IF YES: *"I regularly advocate for the children in my care to have access to the trauma-informed services in my area."*
      [Strongly Disagree]
      [Disagree]
      [Agree]
      [Strongly Agree]
      [Decline to Answer]

3. *"I actively use trauma-informed responses with the children in my care when they misbehave or become upset."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

4. *"I can count on my case manager and my child placing agency to help me understand and address the challenging behaviors of children in my care who have experienced trauma."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

5. *"I have support when I feel stressed or overwhelmed as a foster parent."*
   [Strongly Disagree]
   [Disagree]
   [Agree]

[Strongly Agree]
[Decline to Answer]

6. *"I have ways to manage the stress I sometimes feel as a foster parent."*
[Strongly Disagree]
[Disagree]
[Agree]
[Strongly Agree]
[Decline to Answer]

7. *"Misbehavior in my household is normally handled through enforcement of house rules and discipline."*
[Strongly Disagree]
[Disagree]
[Agree]
[Strongly Agree]
[Decline to Answer]

8. "*I work to establish an emotional connection with the children in my care."*
[Strongly Disagree]
[Disagree]
[Agree]
[Strongly Agree]
[Decline to Answer]

Judges

Please rank your agreement with the following statements:

1. "*I have the skills I need to talk with traumatized children in court or in chambers.*"
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

2. *"I require DFPS, CASA and the attorneys ad litem to ask potential placements about their trauma-informed care training and approach to working with children in their care."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

3. *"I regularly ask parties, advocates and witnesses what they are doing to help address the trauma that children on my docket have experienced."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

4. "*I understand how trauma impacts children's behaviors."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

5. *"I actively look for information regarding trauma and trauma-informed services in the court reports that I review."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

Medical Health Providers or Psychiatrists

Please rank your agreement with the following statements:

1. *"I have the skills I need to work with and provide effective services for children who have experienced trauma."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

2. *"I screen children for trauma and/or traumatic events during their initial visit."*
   [Yes]
   [No]
   [Decline to Answer]
   a. If YES: Please indicate which trauma assessment(s) for children you use in your practice [Mark all that apply]:
      [Trauma Events Screening Inventory]
      [Youth Outcome Questionnaire]
      [Harvard Trauma Questionnaire]
      [UCLA Post-Traumatic Stress Disorder Reaction Index]
      [Child Behavior Checklist for Young Children]
      [Child & Adolescent Needs & Strengths]
      [Trauma Symptoms Checklist for Children]
      [Informal Questions]
      [Other [Input Box]]
      [Decline to Answer]

3. *"I understand how emotional and relational trauma can affect a child's physical health."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

4. *"I believe prescribing medication is the best way to help children who have experienced trauma."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

Mental and Behavioral Health Providers

1. I screen children for trauma and/or traumatic events during their initial visit.
   [Yes]
   [No]
   [Decline to Answer]
   b. If YES: Please indicate which trauma assessment(s) for children you use in your practice [Mark all that apply]:
      [Trauma Events Screening Inventory]
      [Youth Outcome Questionnaire]
      [Harvard Trauma Questionnaire]
      [UCLA Post-Traumatic Stress Disorder Reaction Index]
      [Child Behavior Checklist for Young Children]
      [Child & Adolescent Needs & Strengths]
      [Trauma Symptoms Checklist for Children]
      [Informal Questions]
      [Other [Input Box]]
      [Decline to Answer]

2. I have received training on the following child trauma treatment models [choose all that apply]:
   [Trauma-Focused Cognitive Behavioral Therapy]
   [Dialectical Behavioral Therapy]
   [Seeking Safety]
   [Trust-Based Relational Intervention]
   [Somatic Experiencing]
   [Eye-Movement Desensitization and Reprocessing]
   [Parent-Child Interaction Therapy]
   [Other] [Input Box]
   [None]
   [Decline to Answer]

   i. If YES: *"I am certified in [the indicated child trauma treatment model]."*
      [Yes]
      [No]
      [There is no certification for the indicated child trauma treatment model]
      [Decline to Answer]

   ii. If YES: "*I use the [indicated child trauma treatment model] to fidelity in my practice."*
      [All the time]
      [Sometimes]
      [I do not use the model to fidelity]
      [Decline to Answer]

Please rank your agreement with the following statements:

1. *"I understand how emotional and relational trauma can affect a child's physical health."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

2. *"I believe prescribing medication is the best way to help children who have experienced trauma."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

Kinship Caregivers

Please rank your agreement with the following statements:

1. *"I have the skills I need to provide effective care and help children who have experienced trauma to heal."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

2. *"There are adequate trauma-informed services in my area."*
   [Yes]
   [No]
   [Not Sure]
   [Decline to Answer]

   a. IF YES: *"I regularly advocate for the children in my care to have access to the trauma-informed services in my area."*
      [Strongly Disagree]
      [Disagree]
      [Agree]
      [Strongly Agree]
      [Decline to Answer]

3. *"I actively use trauma-informed responses with the children in my care when they misbehave or become upset."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

4. *"I can count on my CPS caseworker to help me understand and address the challenging behaviors of children in my care."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

5. *"I have support when I feel stressed or overwhelmed as a caregiver."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

6. *"I have ways to manage the stress I sometimes feel as a caregiver."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

7. *"Misbehavior in my household is normally handled through enforcement of house rules and discipline."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

8. "*I work to establish an emotional connection with the children in my care."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

RTC, Shelter or Group Home Staff

Please rank your agreement with the following statements:

1. *"I have the skills I need to provide effective care and help children who have experienced trauma to heal."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

2. *"I actively use trauma-informed responses with the children in my care when they misbehave or become upset."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

3. *"I understand how trauma can affect a child's physical health."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

4. *"Physical restraint is necessary to address disruptive behaviors."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

5. *"Misbehavior is normally handled through enforcement of rules and discipline."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

6. "*I am able to provide individualized support and interventions for the children in my care."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]

[Decline to Answer]

7. "*I understand how trauma impacts children's behaviors."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

8. *"I have support when I feel stressed or overwhelmed."*
   [Strongly Disagree]
   [Disagree]
   [Agree]
   [Strongly Agree]
   [Decline to Answer]

Appendix B: Survey Data

i. Who were our Respondents?

Participation by Role in Child Welfare

Role	N	%
CASA	879	50%
Mental or behavioral health care provider	175	10%
Attorney	117	7%
CPS Caseworker	107	6%
Foster parent	61	3%
Children's Advocacy Centers staff	59	3%
RTC, shelter, or group home staff	44	3%
Judge	42	2%
Medical health provider or psychiatrist	22	1%
Kinship caregiver	9	1%
Other	230	13%
Decline to answer	13	1%
Total	1,758	100%

Role in CASA

	N	%
Volunteer	663	76%
Staff	215	24%
Total	878	100%

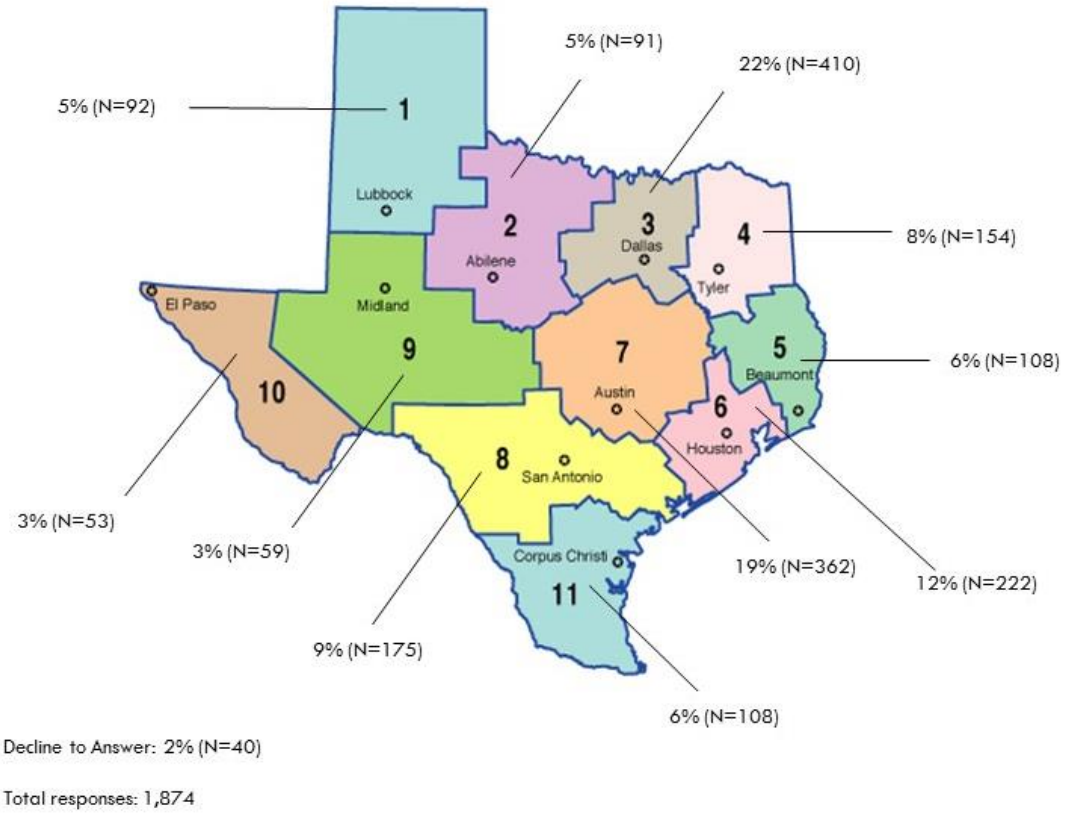
Attorney Primary Legal Role in the Child Welfare System

	N	%
Attorney ad litem	66	57%
Parent's attorney	19	16%
State attorney	12	10%
District attorney	12	10%
Family attorney	7	6%
Total	116	100%

Type of Caseworker

	N	%
CVS	40	37%
Other	33	31%
Kinship	12	11%
Investigation	9	8%
Adoption	7	7%
FBSS	6	6%
Total	107	100%

Participation by Region



*63 participants chose more than one region.

How many years of experience do you have in the Texas child welfare system?

Years of experience	N	%
Less than 1	202	12%
1 to 2	317	18%
3 to 5	421	24%
6 to 9	272	16%
10 or more	515	30%
Decline to answer	15	1%
Total	1742	100%

ii. General Questions

1. I feel confident that I have the tools and skills I need to help children heal from trauma.

	N	%
Strongly Disagree	64	4%
Disagree	380	22%
Agree	846	50%
Strongly Agree	377	22%
Decline to Answer	25	14%
Total	1692	100%

2. Have you received any training on trauma and its impact on children?

	N	%
Yes	1410	83%
No	264	16%
Decline to Answer	18	1%
Total	1,692	100%

A. IF YES (to question 2): I have received enough training on trauma that I have greatly changed how I work with children and youth in the child welfare system.

	N	%
Strongly Disagree	30	2%
Disagree	388	28%
Agree	682	49%
Strongly Agree	279	20%
Decline to Answer	23	2%
Total	1402	100%

B. IF YES (to question 2): Was the trauma training paid for or provided by your employer?

	N	%
Yes	879	63%
No	489	35%
Decline to Answer	34	2%
Total	1402	100

I. IF YES (to question B): Please estimate how much trauma training you have received (that was paid for or provided by your employer).

	N	%
1-2 hours	93	11%
3-6 hours	216	25%
7-9 hours	115	13%
10 or more hours	438	50%
Decline to Answer	12	1%
Total	874	100%

II. IF YES (to question B): Please choose how you received most of your trauma training (that was paid for or provided by your employer).

	N	%
Multiple-Day Training (2 days or more)	354	41%
1-4 Hour Workshop or Training	268	31%
1-Day Conference or Training	174	20%
Pre-Recorded Online Training	37	4%
Live Webinar	34	4%
Decline to Answer	7	1%
Total	874	100%

C. IF YES (to question 2): Have you received trauma training that was not paid for or provided by your employer?

	N	%
Yes	825	59%
No	544	39%
Decline to Answer	25	2%
Total	1394	100%

I. IF YES (to question C): Please estimate how much trauma training you have received (that was not paid for or provided by your employer).

	N	%
1-2 hours	105	13%
3-6 hours	213	27%
7-9 hours	110	14%
10 or more hours	349	44%
Decline to Answer	9	1%
Total	786	100%

II. IF YES (to question C): Please choose how you received most of your trauma training (that was not paid for or provided by your employer).

	N	%
Live Webinar	54	7%
Pre-Recorded Online Training	90	11%
1-4 Hour Workshop or Training	351	45%
1-Day Conference or Training	0	0%
Multiple-Day Training (2 days or more)	268	34%
Decline to Answer	23	3%
Total	786	100%

D. IF YES (to question 2): Have you received any training from the following providers or on the following types of trauma-focused training? (Choose all that apply).

Training	N
DFPS	557
Other	492
TF-CBT	312
TBRI	308
Cenpatico	211
Child Trauma Academy	107
DSHS	105
Empower to Connect	102
State Bar of Texas	97
Child Welfare Trauma Training Toolkit	92
Parent Child Interaction Therapy	77
Texas Center for the Judiciary	62
Seeking Safety	55
Resource Parents Curriculum	39
Decline to answer	65

Write-in responses for "Other" (on question D)

Training
Academic training (PhD, M.A., nursing, special education, counseling, psychology, continuing education credits)
Art Therapy
Brain Gym
CASA or Texas CASA (workshops, conference, webinar, local program training, volunteer or staff training)
Casey Family Programs
Child placing agencies or foster agencies
Child serving agencies (TNOYS, ACGC, TexProtects, CACs, SAMSHA)
Circle of Security
Crimes Against Children conferences
Crisis Response Consulting
DePelchin Children's Center
Eye Movement Desensitization and Reprocessing therapy training
Health centers (hospitals, mental health centers, MHMRs, Timberlawn)
Hypnotherapy
Institute for Restorative Justice and Restorative Dialogue, UT
Jane & Jane seminar
National Alliance on Mental Illness
National Association of Social Workers
National Council of Juvenile and Family Court Judges
National Traumatic Stress Network (conferences, webinars, workshops)
Natural Lifemanship - Trauma Focused Equine Assisted Psychotherapy
Play therapy training (Association for Play Therapy, Flexisequential)
Reaching Teens
Religious organizations (Christian Alliance for Orphans, Catholic Charities, independent churches, STARRY)
Runaway and Homeless Youth Training and Technical Assistance Center
Sanctuary Institute (trauma informed model)
School district or [public] school system
Self-learning through books and groups
Sexual trauma workshops
Somatic Experiencing or Sensorimotor psychotherapy
Spirit Reins
Support for Students Exposed to Trauma training
Texas Juvenile Justice Department
ViaHope

E. IF NO (to question 2): What is your main obstacle to accessing training on trauma and its impact on children?

	N	%
I do not know where to get training	154	55%
Other	62	22%
I do not have time to get training	25	9%
My employer will not pay for me to get training	13	5%
My employer will not provide me with time away from work to get training	10	4%
I do not see the need/value in getting training	4	1%
Decline to Answer	11	4%
Total	279	100%

iii. Trauma-Related Statements

1. Children who have experienced trauma often have behaviors that look like the behaviors of children who have attention deficit disorder (ADD) or oppositional defiant disorder (ODD).

	N	%
Strongly Disagree	36	2%
Disagree	25	2%
Agree	681	43%
Strongly Agree	758	48%
Don't know	81	5%
Decline to Answer	11	1%
Total	1,592	100%

2. Children who have a good relationship with you will share information about traumatic experiences when they are ready.

	N	%
Strongly Disagree	26	2%
Disagree	177	11%
Agree	869	55%
Strongly Agree	411	26%
Don't know	91	6%
Decline to Answer	18	1%
Total	1,592	100%

3. A child's memories of a traumatic event can be triggered by sensory experiences, such as tastes and smells.

	N	%
Strongly Disagree	31	2%
Disagree	3	0%
Agree	546	34%
Strongly Agree	937	59%
Don't know	61	4%
Decline to Answer	14	1%
Total	1,592	100%

4. Children cannot remember traumatic events that happened to them before the age of one.

	N	%
Strongly Disagree	191	12%
Disagree	758	48%
Agree	227	14%
Strongly Agree	42	3%
Don't know	357	22%
Decline to Answer	17	1%
Total	1,592	100%

5. One traumatic event in a child's life has the same negative impact as many traumatic events.

	N	%
Strongly Disagree	64	4%
Disagree	390	24%
Agree	647	41%
Strongly Agree	250	16%
Don't know	217	14%
Decline to Answer	24	2%
Total	1,592	100%

6. People working with children in child welfare may cause further trauma to the children they serve if they are not aware of the impact of their actions.

	N	%
Strongly Disagree	22	1%
Disagree	15	1%
Agree	585	37%
Strongly Agree	912	57%
Don't know	45	3%
Decline to Answer	13	1%
Total	1,592	100%

7. Events like shootings, gang fights, etc. in a child's community are often more harmful to a child than ongoing trauma caused by his/her family.

	N	%
Strongly Disagree	134	8%
Disagree	842	53%
Agree	233	15%
Strongly Agree	71	4%
Don't know	284	18%
Decline to Answer	28	2%
Total	1,592	100%

iv. Recommendations from the Field

1. In your opinion, which groups that work with children in child welfare have the greatest need for training on trauma and its impact on children? Please select your top two groups.

Population	N
Foster parents	851
CPS caseworkers	558
Kinship caregivers	412
CASA	291
Teachers or school staff	235
Mental or behavioral healthcare providers	154
Attorneys	134
Judges	131
RTC, Shelter or group home staff	101
CAC staff	62
Other	62
Medical Health Providers or psychiatrists	51

2. What should policy-makers do to help make the child welfare system in Texas more trauma-informed? Please select your top three ideas.

Recommendation	N
Increased trauma training requirements for foster parents	812
Increased trauma training requirements for CPS caseworkers	618
Increase access to trauma-focused treatments for children in child welfare	583
Require training for CASA staff/volunteers on trauma and its impact on children	414
Require training for judges and attorneys on trauma and its impact on children	364
Improve and change state policies to be more trauma-informed	343
Require continuing education on trauma for licensed providers	303
Support communities and agencies to improve and change their policies to be more trauma-informed	256
Require that all trauma training for child welfare groups use an evidence-based curriculum	232
Increase family and youth voice in the child welfare system	152
Increase reimbursement rates for individuals and agencies that are trauma-informed	146
Create a committee to develop a plan to make the child welfare system more trauma-informed	102
Develop program to increase self-care for child welfare staff	59

v. Specific Questions: CASA volunteers and staff

1. I have the skills I need to work with and provide effective advocacy for children who have experienced trauma.

	N	%
Strongly Disagree	15	2%
Disagree	254	32%
Agree	427	54%
Strongly Agree	82	10%
Decline to Answer	8	1%
Total	786	100%

2. There are adequate trauma-informed services in my area.

	N	%
Yes	102	13%
No	219	28%
Not Sure	459	58%
Decline to Answer	6	1%
Total	786	100%

A. IF YES (to question 2): I regularly advocate for the children in my cases to have access to the trauma-informed services in my area.

	N	%
Strongly Disagree	0	0%
Disagree	11	11%
Agree	57	56%
Strongly Agree	26	25%
Decline to Answer	8	8%
Total	102	100%

3. I include information about trauma and the child's needs related to trauma in my court report.

	N	%
Strongly Disagree	8	1%
Disagree	103	13%
Agree	491	63%
Strongly Agree	126	16%
Decline to Answer	56	7%
Total	784	100%

4. My program encourages a trauma-informed approach in my work with children.

	N	%
Strongly Disagree	4	1%
Disagree	163	21%
Agree	439	56%
Strongly Agree	109	14%
Decline to Answer	69	9%
Total	784	100%

5. I have support from my supervisor when I feel stressed or overwhelmed about my work with children who have suffered trauma.

	N	%
Strongly Disagree	15	2%
Disagree	34	4%
Agree	375	48%
Strongly Agree	309	39%
Decline to Answer	51	7%
Total	784	100%

6. I have the training I need to recognize the possible impact of trauma on birth parents and use this knowledge in my interactions with them.

	N	%
Strongly Disagree	16	2%
Disagree	322	41%
Agree	330	42%
Strongly Agree	70	9%
Decline to Answer	46	6%
Total	784	100%

vi. Specific Questions: Mental and behavioral health providers

1. I have the skills I need to work with and provide effective services for children who have experienced trauma.

	N	%
Strongly Disagree	1	1%
Disagree	19	12%
Agree	79	50%
Strongly Agree	58	37%
Decline to Answer	1	1%
Total	158	100%

2. I screen children for trauma and/or traumatic events during their initial visit.

	N	%
Yes	144	91%
No	10	6%
Decline to answer	4	3%
Total	158	100%

A. IF YES (to question 2): Please indicate which trauma assessment(s) for children you use in your practice (mark all that apply).

	N	%
Informal Questions	66	25%
Trauma Symptoms Checklist for Children	52	20%
Child Behavior Checklist for Young Children	40	15%
Child & Adolescent Needs & Strengths	36	14%
Trauma Events Screening Inventory	20	8%
UCLA Post-Traumatic Stress Disorder Reaction Index	17	6%
Youth Outcome Questionnaire	6	2%
Harvard Trauma Questionnaire	1	0.4%
Other	23	9%
Decline to Answer	5	2%
Total	266	100%

3. I have received training on the following child trauma treatment models. (Select all that apply).

	N	%
Trauma-Focused Cognitive Behavioral Therapy	115	34%
Seeking Safety	49	14%
Parent-Child Interaction Therapy	47	14%
Trust-Based Relational Intervention	39	11%
Dialectical Behavioral Therapy	35	10%
Eye-Movement Desensitization and Reprocessing	19	6%
Somatic Experiencing	14	4%
Other	16	5%
None	8	2%
Decline to Answer	1	0.3%
Total	343	100%

A. IF YES (to question 3): I am certified in the indicated child trauma treatment model.

	N	%
Yes	44	30%
No	65	44%
There is no certification for the indicated child trauma treatment model	30	20%
Decline to Answer	10	7%
Total	149	100%

B. IF YES (to question 3): I use the indicated child trauma treatment model to fidelity in my practice.

	N	%
All the time	42	28%
Sometimes	65	44%
I do not use the model to fidelity	29	19%
Decline to answer	13	9%
Total	149	100%

4. I understand how emotional and relational trauma can affect a child's physical health.

	N	%
Strongly Disagree	1	1%
Disagree	1	1%
Agree	66	42%
Strongly Agree	90	57%
Decline to Answer	0	0%
Total	158	100%

5. I believe prescribing medication is the best way to help children who have experienced trauma.

	N	%
Strongly Disagree	47	30%
Disagree	104	66%
Agree	1	1%
Strongly Agree	1	1%
Decline to Answer	5	3%
Total	158	100%

vii. Specific Questions: Attorneys

1. I have the skills I need to engage or handle cases with children who have experienced trauma.

	N	%
Strongly Disagree	4	4%
Disagree	27	24%
Agree	64	57%
Strongly Agree	13	12%
Decline to Answer	4	4%
Total	112	100%

2. There are adequate trauma-informed services in my area.

	N	%
Yes	9	8%
No	54	48%
Not sure	47	42%
Decline to Answer	2	2%
Total	112	100%

A. IF YES (to question 2): I regularly advocate for the children in my cases to have access to the trauma-informed services in my area.

	N	%
Strongly Disagree	1	11%
Disagree	1	11%
Agree	2	22%
Strongly Agree	5	56%
Decline to Answer	0	0%
Total	9	100%

3. I ask potential placements about their trauma-informed care training and approach to working with in their care.

	N	%
Strongly Disagree	5	4%
Disagree	48	43%
Agree	33	29%
Strongly Agree	3	3%
Decline to Answer	23	21%
Total	112	100%

4. When possible, children need transition plans for moving between one placement and the next.

	N	%
Strongly Disagree	1	1%
Disagree	2	2%
Agree	45	40%
Strongly Agree	62	55%
Decline to Answer	2	2%
Total	112	100%

5. I understand how trauma impacts children's behaviors.

	N	%
Strongly Disagree	1	1%
Disagree	24	21%
Agree	71	63%
Strongly Agree	12	11%
Decline to Answer	4	4%
Total	112	100%

viii. Specific Questions: CPS caseworkers

1. I have the skills I need to work with and provide effective services for children who have experienced trauma.

	N	%
Strongly Disagree	3	3%
Disagree	18	18%
Agree	64	64%
Strongly Agree	11	11%
Decline to Answer	4	4%
Total	100	100%

2. There are adequate trauma-informed services in my area.

	N	%
Yes	17	17%
No	49	49%
Not sure	34	34%
Decline to Answer	0	0%
Total	100	100%

A. IF YES (to question 2): I regularly advocate for the children I serve to have access to the trauma-informed services in my area.

	N	%
Strongly Disagree	0	0%
Disagree	2	12%
Agree	11	65%
Strongly Agree	4	24%
Decline to Answer	0	0%
Total	17	100%

3. I feel supported by my supervisor on matters related to trauma-informed care for the children I work with.

	N	%
Strongly Disagree	2	2%
Disagree	10	10%
Agree	52	52%
Strongly Agree	33	33%
Decline to Answer	3	3%
Total	100	100%

4. I have support from employer when I feel stressed or overwhelmed about my job.

	N	%
Strongly Disagree	8	8%
Disagree	20	20%
Agree	47	47%
Strongly Agree	22	22%
Decline to Answer	3	3%
Total	100	100%

5. I include information about trauma and the child's needs related to trauma in my court report.

	N	%
Strongly Disagree	3	3%
Disagree	15	15%
Agree	47	47%
Strongly Agree	10	10%
Decline to Answer	25	25%
Total	100	100%

6. I have the training I need to recognize the possible impact of trauma on birth parents and use this knowledge in my interactions with them.

	N	%
Strongly Disagree	4	4%
Disagree	21	21%
Agree	56	56%
Strongly Agree	11	11%
Decline to Answer	8	8%
Total	100	100%

7. I understand how trauma impacts children's behaviors.

	N	%
Strongly Disagree	1	1%
Disagree	2	2%
Agree	70	70%
Strongly Agree	25	25%
Decline to Answer	2	2%
Total	100	100%

ix. Specific Questions: Foster parents

1. I have the skills I need to provide effective care and help children who have experienced trauma to heal.

	N	%
Strongly Disagree	2	4%
Disagree	0	0%
Agree	40	78%
Strongly Agree	9	18%
Decline to Answer	0	0%
Total	51	100%

2. There are adequate trauma-informed services in my area.

	N	%
Yes	23	45%
No	14	27%
Not sure	14	27%
Decline to Answer	0	0%
Total	51	100%

A. IF YES (to question 2): I regularly advocate for the children in my care to have access to the trauma-informed services in my area.

	N	%
Strongly Disagree	1	4%
Disagree	1	4%
Agree	15	65%
Strongly Agree	3	13%
Decline to Answer	3	13%
Total	23	100%

3. I actively use trauma-informed responses with the children in my care when they misbehave or become upset.

	N	%
Strongly Disagree	0	0%
Disagree	0	0%
Agree	32	63%
Strongly Agree	18	35%
Decline to Answer	1	2%
Total	51	100%

4. I can count on my case manager or caseworker to help me understand and address the challenging behaviors of children in my care who have experienced trauma.

	N	%
Strongly Disagree	4	8%
Disagree	9	18%
Agree	21	41%
Strongly Agree	15	29%
Decline to Answer	2	4%
Total	51	100%

5. I have support when I feel stressed or overwhelmed as a foster parent.

	N	%
Strongly Disagree	6	12%
Disagree	10	20%
Agree	23	45%
Strongly Agree	11	22%
Decline to Answer	1	2%
Total	51	100%

6. I have ways to manage the stress I sometimes feel as a caregiver.

	N	%
Strongly Disagree	0	0%
Disagree	3	6%
Agree	35	69%
Strongly Agree	12	24%
Decline to Answer	1	2%
Total	51	100%

7. Misbehavior in my household is normally handled through enforcement of house rules and discipline.

	N	%
Strongly Disagree	1	2%
Disagree	12	24%
Agree	26	51%
Strongly Agree	7	14%
Decline to Answer	5	10%
Total	51	100%

8. I work to establish an emotional connection with the children in my care.

	N	%
Strongly Disagree	2	4%
Disagree	0	0%
Agree	40	78%
Strongly Agree	9	18%
Decline to Answer	0	0%
Total	51	100%

x. Specific Questions: Children's Advocacy Center staff

1. I have the skills I need to work with and provide effective services for children who have experienced trauma.

	N	%
Strongly Disagree	1	2%
Disagree	1	2%
Agree	24	44%
Strongly Agree	28	52%
Decline to Answer	0	0%
Total	54	100%

2. There are adequate trauma-informed services in my area.

	N	%
Yes	15	28%
No	28	52%
Not sure	10	19%
Decline to answer	1	2%
Total	54	100%

A. IF YES (to question 2): I regularly advocate for the children I serve to have access to the trauma-informed services in my area.

	N	%
Strongly Disagree	0	0%
Disagree	0	0%
Agree	8	53%
Strongly Agree	6	40%
Decline to Answer	1	7%
Total	15	100%

3. My program encourages a trauma-informed approach in my work with children.

	N	%
Strongly Disagree	1	2%
Disagree	1	2%
Agree	14	26%
Strongly Agree	37	70%
Decline to Answer	0	0%
Total	53	100%

4. I have support from my supervisor when I feel stressed or overwhelmed about my work with children who have suffered trauma.

	N	%
Strongly Disagree	1	2%
Disagree	1	2%
Agree	21	40%
Strongly Agree	29	55%
Decline to Answer	1	2%
Total	53	100%

xi. Specific Questions: RTC, Shelter & Group Home staff

1. I have the skills I need to provide effective care and help children who have experienced trauma to heal.

	N	%
Strongly Disagree	0	0%
Disagree	4	11%
Agree	14	37%
Strongly Agree	20	53%
Decline to Answer	0	0%
Total	38	100%

2. I actively use trauma-informed responses with the children in my care when they misbehave or become upset.

	N	%
Strongly Disagree	0	0%
Disagree	1	3%
Agree	15	39%
Strongly Agree	21	55%
Decline to Answer	1	3%
Total	38	100%

3. I understand how trauma can affect a child's physical health.

	N	%
Strongly Disagree	0	0%
Disagree	1	3%
Agree	8	21%
Strongly Agree	29	76%
Decline to Answer	0	0%
Total	38	100%

4. Physical restraint is necessary to address disruptive behaviors.

	N	%
Strongly Disagree	6	16%
Disagree	19	50%
Agree	12	32%
Strongly Agree	1	3%
Decline to Answer	0	0%
Total	38	100%

5. Misbehavior is normally handled through enforcement of rules and discipline.

	N	%
Strongly Disagree	6	16%
Disagree	18	47%
Agree	9	24%
Strongly Agree	4	11%
Decline to Answer	1	3%
Total	38	100%

6. I am able to provide individualized support and interventions for the children in my care.

	N	%
Strongly Disagree	0	0%
Disagree	2	5%
Agree	12	32%
Strongly Agree	23	61%
Decline to Answer	1	3%
Total	38	100%

7. I understand how trauma impacts children's behaviors.

	N	%
Strongly Disagree	0	0%
Disagree	1	3%
Agree	9	24%
Strongly Agree	28	74%
Decline to Answer	0	0%
Total	38	100%

8. I have support when I feel stressed or overwhelmed.

	N	%
Strongly Disagree	2	5%
Disagree	5	13%
Agree	9	24%
Strongly Agree	21	55%
Decline to Answer	1	3%
Total	38	100%

xii. Specific Questions: Judges

1. I have the skills I need to talk with traumatized children in court or in chambers.

	N	%
Strongly Disagree	0	0%
Disagree	11	30%
Agree	22	59%
Strongly Agree	2	5%
Decline to Answer	2	5%
Total	37	100%

2. I require DFPS, CASA and the attorney ad litem to ask potential placements about their trauma-informed care training and approach to working with children in their care.

	N	%
Strongly Disagree	1	3%
Disagree	20	54%
Agree	11	30%
Strongly Agree	1	3%
Decline to Answer	4	11%
Total	37	100%

3. I regularly ask parties, advocates and witnesses what they are doing to help address the trauma that children on my docket have experienced.

	N	%
Strongly Disagree	0	0%
Disagree	10	27%
Agree	19	51%
Strongly Agree	5	14%
Decline to Answer	3	8%
Total	37	100%

4. I understand how trauma impacts children's behaviors.

	N	%
Strongly Disagree	0	0%
Disagree	4	11%
Agree	28	76%
Strongly Agree	4	11%
Decline to Answer	1	3%
Total	37	100%

5. I actively look for information regarding trauma and trauma-informed services in the court reports that I review.

	N	%
Strongly Disagree	0	0%
Disagree	8	22%
Agree	24	65%
Strongly Agree	4	11%
Decline to Answer	1	3%
Total	37	100%

xiii. Specific Questions: Medical health providers & Psychiatrists

1. I have the skills I need to work with and provide effective services for children who have experienced trauma.

	N	%
Strongly Disagree	0	0%
Disagree	4	25%
Agree	7	44%
Strongly Agree	4	25%
Decline to Answer	1	6%
Total	16	100%

2. I screen children for trauma and/or traumatic events during their initial visit.

	N	%
Yes	12	75%
No	3	19%
Decline to answer	1	6%
Total	16	100%

A. IF YES (to question 2): Please indicate which trauma assessment(s) for children you use in your practice (mark all that apply).

	N	%
Informal Questions	8	36%
Child Behavior Checklist for Young Children	4	18%
Child & Adolescent Needs & Strengths	3	14%
Trauma Symptoms Checklist for Children	2	9%
Trauma Events Screening Inventory	1	5%
UCLA Post-Traumatic Stress Disorder Reaction Index	1	5%
Harvard Trauma Questionnaire	1	5%
Youth Outcome Questionnaire	0	0%
Other	2	9%
Decline to Answer	0	0%
Total	22	100%

3. I understand how emotional and relational trauma can affect a child's physical health.

	N	%
Strongly Disagree	0	0%
Disagree	0	0%
Agree	7	44%
Strongly Agree	8	50%
Decline to Answer	1	6%
Total	16	100%

4. I believe prescribing medication is the best way to help children who have experienced trauma.

	N	%
Strongly Disagree	5	31%
Disagree	9	56%
Strongly Agree	1	6%
Agree	0	0%
Decline to Answer	1	6%
Total	16	100%

xiv. Specific Questions: Kinship caregivers

1. I have the skills I need to provide effective care and help children who have experienced trauma to heal.

	N	%
Strongly Disagree	0	0%
Disagree	2	33%
Agree	4	67%
Strongly Agree	0	0%
Decline to Answer	0	0%
Total	6	100%

2. There are adequate trauma-informed services in my area.

	N	%
Yes	2	33%
No	2	33%
Not sure	2	33%
Decline to Answer	0	0%
Total	6	100%

A. IF YES (to question 2): I regularly advocate for the children in my care to have access to the trauma-informed services in my area.

	N	%
Strongly Disagree	0	0%
Disagree	1	50%
Agree	1	50%
Strongly Agree	0	0%
Decline to Answer	0	0%
Total	2	100%

3. I actively use trauma-informed responses with the children in my care when they misbehave or become upset.

	N	%
Strongly Disagree	0	0%
Disagree	2	33%
Agree	3	50%
Strongly Agree	1	17%
Decline to Answer	0	0%
Total	6	100%

4. I can count on my case manager or caseworker to help me understand and address the challenging behaviors of children in my care who have experienced trauma.

	N	%
Strongly Disagree	1	17%
Disagree	2	33%
Agree	2	33%
Strongly Agree	1	17%
Decline to Answer	0	0%
Total	6	100%

5. I have support when I feel stressed or overwhelmed as a caregiver.

	N	%
Strongly Disagree	0	0%
Disagree	1	17%
Agree	2	33%
Strongly Agree	3	50%
Decline to Answer	0	0%
Total	6	100%

6. I have ways to manage the stress I sometimes feel as a caregiver.

	N	%
Strongly Disagree	0	0%
Disagree	0	0%
Agree	3	50%
Strongly Agree	3	50%
Decline to Answer	0	0%
Total	6	100%

7. Misbehavior in my household is normally handled through enforcement of house rules and discipline.

	N	%
Strongly Disagree	0	0%
Disagree	0	0%
Agree	5	83%
Strongly Agree	1	17%
Decline to Answer	0	0%
Total	6	100%

8. I work to establish an emotional connection with the children in my care.

	N	%
Strongly Disagree	0	0%
Disagree	0	0%
Agree	2	33%
Strongly Agree	4	67%
Decline to Answer	0	0%
Total	6	100%

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