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CHILDHOOD TRAUMA WITHIN THE CHILD WELFARE SYSTEM

Valarie Schulz

Angelica Bautista

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CHILDHOOD TRAUMA WITHIN THE
CHILD WELFARE SYSTEM

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Angelica Bautista
Valarie Schulz
June 2020

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Approved by:

Dr. Janet Chang, Faculty Supervisor, Social Work

Dr. Armando Barragán, M.S.W. Research Coordinator

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ABSTRACT

Childhood trauma among children in foster care is a major concern in the child welfare system and its impacts often go unaddressed. The purpose of this study was to gain knowledge from a social worker's view on early trauma intervention for children in foster care and their successful transition into adulthood. This study used an exploratory qualitative method to collect data through face-to-face interviews with 7 social workers who have experience working with foster children. This approach gained participant's unique insights pertaining to their experiences working with children impacted by childhood trauma.

Data obtained from this study identified early trauma intervention is essential for children in foster care to contribute to their successful transition into adulthood. This study also found foster parents play a critical role in trauma interventions. Therefore, policies should be established to ensure foster parents and social workers are receiving adequate training. Further research would be beneficial to improve barriers in policy which challenge early trauma interventions.

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Angelica Bautista

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Valarie Schulz

DEDICATION

First and foremost, I would like to dedicate this accomplishment to the children involved with the child welfare system. I would also like to dedicate this research project to my family, friends and colleagues who have provided me with support, motivation and encouragement throughout this journey. Thank you for being there for me during the entire graduate program. A special thank you to my daughter, Kiara who has been my greatest motivation to overcome challenges.

Angelica Bautista

I would like to dedicate this to my husband, Jeremy and children Jenna and Andrew, for their love and support during my educational journey. They motivated me to never give up, even on the hardest of days. Thank you for believing in me, before I believed in myself. I would also like to thank my family and friends, I am forever grateful for your support and encouragement. Lastly, I would like to dedicate this to all the professionals who make an impact to protect our vulnerable population from abuse and neglect.

Valarie Schulz

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CHAPTER ONE

INTRODUCITON

Problem Formulation

Childhood trauma is any negative event experienced by children that is emotionally painful, which can have lasting effects into adulthood. This includes domestic violence, child abuse, neglect, and separation of families (Child Welfare Information Gateway, 2014). In 2016, 676,000 children were identified to have been maltreated (United States Department of Health and Human Services, 2016). When children become part of the child welfare system as result of maltreatment, they continue to face the impact of their traumatic experiences.

These issues are often overlooked in the child welfare system because of an array of demands expected by social workers, including high caseloads and inadequate resources (Social Work Policy Institute, 2010). Thus, their ability to thoroughly assess childhood adverse experiences becomes impacted. Social workers find difficulties in building a positive relationship with children in care who suffer from trauma which minimize behavior related placement changes (James, 2004). Consequently, social workers are faced with numerous children in the system who suffer from the impacts of trauma (Azzi-Lessing, 2016). It is vital to examine the factors contributing to complications that hinder social work practice in the child welfare system.

Children who become dependents of the court are susceptible to the removal process and placement with foster parents who often do not understand

the struggles children endure (Chadwick Center for Children and Families, 2012). The chances of developing behavior issues as a result of traumatic events are higher for children in foster care (Rubin, O'Reilly & Localio, 2007). Children in foster care are faced with placement moves, change in schools, separation of support systems, and re-occurrence of traumatic events (James, 2004).

Children who have experienced childhood trauma are more likely to be involved in the criminal justice system, engage in risky behaviors, become victimized or suicidal (Center for Disease Control and Prevention, 2018). Indeed, research found that suicide probability is linked with childhood trauma (Ay & Erbay, 2017). These social problems will continue into adulthood if no proper intervention has taken place resulting in cycle of broader social problems.

Early intervention can reduce the chances of long-lasting effects of childhood trauma (Administration for Children and Families, 2011). Current evidenced-based services to alleviate childhood trauma can be improved by implementing an approach that consists of understanding, collaboration and building trust (Levenson, 2017). Children in foster care are at a higher risk of having faced the impact of childhood trauma which should not be overlooked.

The child welfare system has implemented various methods to address childhood trauma. This includes Strength-Based Perspective and the Trauma-Informed Care Approach (TIC). The TIC approach has increasingly received attention in the child welfare system. The TIC approach is designed to increase awareness of the impacts of trauma on children's overall well-being, minimize

traumatic events and address childhood adverse experiences (Kramer, Sigel, Conner-Burrow, Savery, & Tempel, 2013). Research suggests that the TIC approach in child welfare has been identified to be an effective approach (Kramer et al., 2013). However, children in foster care continue to be faced with the effects of their traumatic experiences even though the TIC approach signals a promising method to address childhood trauma. In fact, foster children suffer from many developmental impairments and over 80% of children who age out have been diagnosed with a psychiatric diagnosis (American Academy of Pediatrics, 2015).

Purpose of the Study

The purpose of the study is to gain an understanding from a social worker's perspective of childhood trauma in the child welfare system. This study aims to explore how child welfare social workers perceive the traumatic experiences faced by foster children, the impacts of childhood trauma and their view on effective interventions to address trauma for children who are involved in the child welfare system. It is critical for child welfare social works to provide children appropriate treatment and services, along with incorporating and understanding of effective interventions into their own practice (The National Child Traumatic Stress Network, 2019). Thus, social worker's knowledge, experience and expertise in assessment play an important role in addressing childhood trauma.

Working with children who are exposed to childhood trauma can be a complicated matter. Children involved in the child welfare system are vulnerable to the removal process and placement with substitute caregivers (Chadwick Center for Children and Families, 2012). Foster parents do not often understand the struggles children endure while in placement. Due to the exposure of traumatic events, children in foster care are at a higher chance of developing behaviour problems (Rubin, O'Railly & Localio, 2007). Subsequently, children in foster care are faced with multiple placements, change in schools, separation of support systems, and re-occurrence of traumatic events (James, 2004). This indicates that the cycle of underlying needs among children in foster care go unaddressed. In addition to these complications, social workers' ability to assess childhood traumatic experiences and build positive relationship with children in foster care become impacted (James, 2004).

The research method that will be used in this study is a qualitative design. The study will employ an individual interview of child welfare social workers across Southern California, conducted by the researches of this study. This research design was carefully chosen because it ensures reliability and validity. Additionally, the design selected establishes that researchers and the users of the findings can be confident the results will reflect what the research set out to answer and avoid bias (Bricki & Green, 2009).

Significance of the Project for Social Work Practice

The aim of this study originated from the need to address the impacts of childhood trauma in the child welfare system. Children in foster care continue to be faced with the impacts of traumatic childhood events while in the system and their underlying needs often go unaddressed (James, 2004). Social workers are unable to thoroughly assess foster children's traumatic experiences and build a positive relationship with children (James, 2004). The type of intervention process that will be performed by this study include positive engagement with children, exploring traumatic experiences of children in care, assessing children's resources and strengths, planning adequate early interventions, implementing appropriate goals and interventions and evaluating the progress that children in care have made.

Findings of this study will contribute in social work practice and child welfare practice by providing an overview of current interventions of childhood trauma in the child welfare system and improve future practice. It will also contribute to social workers becoming better engaged and aware of behaviors of children on their caseloads. In return, this will help with transitioning into placement and help foster parents become better support systems to children who have experienced trauma. If social workers can identify childhood trauma early, they will likely be able to use affective interventions to help children overcome some of the long-term effects. The research question for this study is: What is child welfare social workers' perceptions on early childhood trauma

intervention for children in foster care and their successful transition into adulthood?

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter examines the research relevant to the subject of childhood trauma experienced in the child welfare system and how trauma will impact their transition into adulthood. The subsections include early intervention for children in foster care, and studies focusing on children in foster care. The final subsection addresses the Trauma-Informed Care Approach and Strength-Based Perspective, which are relevant to this population.

Early Intervention for Children in Foster Care

Childhood trauma can come from abuse or neglect from any caregiver, which can have a long-term consequence on mental and/or physical health (Child Welfare Information Gateway, 2013). Researchers from The National Survey of Child and Adolescent Well-Being (NSCAW), found that 28 percent of children experienced a chronic health condition following three years after a maltreatment investigation (Administration for Children and Families, 2011). Children who faced childhood trauma are at higher risk for social and health problems. Social workers can help children on their caseload cope if early intervention is implemented. Some of the tools that can be used are Trauma-Informed Care Approach and Strength-Based Perspective. This chapter discusses children in foster care are faced with multiple placements, separation

of support systems, and re-occurrence of traumatic events, which will all impact their successful transition into adulthood (James, 2004).

Placement Stability

According to Administration of Children and Families (2011), it was estimated that there were 676,000 victims of child abuse or neglect on a national level, which relates to 9.1 victims per 1,000 children. With the large number of children in foster care, they may experience frequent placement changes, especially if they have been in placement for 12 months or more (Williams-Mbengue, 2016). Children are likely to have multiple placement changes as the length of time in care increases. With placement being unstable, it places the child at further risk of poor emotional outcomes and negative socialization, which can be associated disruptions such as behavioral and attachment issues, educational under-achievement, health problems, and unemployment and poverty in adulthood (Child Welfare Gateway, 2013). Research by Rubin, O'Reilly, Luan, and Localio (2007) set out to understand the impact of frequent placement changes had on behavioral well-being for children while in care. Their results determined that children tend to have behavioral problems due to unstable placements, which will have a considerable impact on the child's overall well-being (Rubin et al., 2007). When foster parents do not understand the issues behind the behavioral problems, they often request to have the child removed from their home, if the behaviors are not addressed it contributes to unstable placement.

Separation of Support Systems

Establishing successful interpersonal relationships, as well as a support network, is a vital childhood developmental task (Negriff et al., 2015). Children involved in the child welfare system are immediately removed from any support system they had. According to Centers for Disease Control and Prevention (2018), social support is one of the most important environmental factors in promoting resiliency among children. When children are unable to form a support system it will likely be a predictor for having fewer relationships and attachments in adulthood. A study by Negriff, Adam, and Trickett (2015), indicated that children who were maltreated identified less people in their support system than those who were not maltreated. Additionally, a biological parent was less likely to be named as a member of their support system.

Re-Occurrence of Trauma

It is estimated that 90 percent of children involved in the child welfare system have been exposed to trauma at some point in their life (Administration for Children and Families, 2011). Many of these children have been exposed to complex trauma, which is described as a child being exposed to multiple traumatic events (Williams-Mbengue, 2016). A child who has experienced complex trauma will often have trouble maintaining stable placement, obtaining someone they can trust for a support system, and developing attachments into adulthood. Williams-Mbengue (2016), maintains that youth who experience re-occurring trauma can come from removal from their family and community, and

by adverse experiences while in foster care. These outcomes signal that youth which have experienced re-occurring trauma will likely carry their trauma into adulthood resulting in long term consequences.

Studies Focusing on Children in Foster Care

There is limited research regarding social workers perspectives on working with children in foster care who have experienced childhood trauma and if they feel early intervention will help with youth successfully transitioning into adulthood. This study will review research limitations that social workers face when working with children exposed to trauma. The literature review points out barriers that children face, but does not address the barriers social workers endure when trying to build stable support systems for trauma exposed children.

In a study conducted by Augsberger and Swenson (2015), examined foster youths' perceptions of their relationship with their social workers. Interviews were conducted with youth in the child welfare system, the data received concluded that trust was a predominate theme with three subthemes which included: worker continuity, worker willingness to transcend their role, and worker nonjudgmental listening (Augsberger & Swenson, 2015). Moreover, the study found that building healthy relationships between a social worker and foster youth, will positively influence their transition into adulthood. Caseworkers can benefit from additional trainings and supervision to help achieve healthy relationships with the children on their caseload (Augsberger & Swenson, 2015).

Limitations of this study was that only foster youth were interviewed and no social workers. With the high turnover rate, and high caseloads it will directly affect a social worker's ability to establish healthy relationships and it would be beneficial to have their perspective on how they can build healthy relationships.

It is also imperative that social workers work closely with foster parents to ensure the youth on their caseload are placed in a supportive placement. Foster parents fulfill a sensitive role in child welfare system and thus, an adequate parenting training is essential. Hebert and Kulkin (2018) conducted an investigation on the need for training improvement for foster parents and concluded that foster parents identified the need for further training and are eager to participate in training that can advance their knowledge in addressing the needs of vulnerable children in the system. The current foster parent training model can be improved through collaboration and relationship building with foster parents and professionals (Herbert & Kulkin, 2018). However, there is still more research to be conducted to achieve an effective foster parent training model to adequately meet the needs of children in care (Herbert & Kulkin, 2018).

Theories Guiding Conceptualization

There are several evidence-based theories that are useful to guide research on childhood trauma. The theories that are believed to be the best approaches to conceptualize an understanding of this study are the Trauma-

Informed Care Approach and the Strength-Based Perspective. These theories emphasize in addressing trauma which is the main focus of this research.

Children in foster care are constantly faced with traumatic experiences which hinder their wellbeing and successful transition to adulthood. The Trauma-Informed Care Approach is an essential technique in the child welfare system. This method indicates that working with children who have faced traumatic events such as child maltreatment requires a different approach as opposed to children less trauma history. The Trauma-Informed Care Approach empowers individuals in care to re-gain control, trust and safety which are lost as a result of trauma (Leveson, 2017). The principles addressed under Trauma-Informed Care Approach include understanding the occurrence of trauma, recognizing how trauma affects everyone involved, responding by implementing trauma knowledge into policies, procedures and practice as well as minimizing re-traumatization (Substance Abuse and Mental Health Service Administration, 2018). Under these principles, the child welfare workers are better prepared to address the needs of children who have been exposed to childhood trauma (Kramer et al., 2013). The Trauma-Informed Care Approach training provided to child welfare workers promote awareness that children in care are susceptible to the effects of trauma (Kramer et al., 2013). Thus, child welfare workers are better prepared to provide adequate intervention services to children in care.

To effectively empower children who suffered trauma, it is vital to explore their strengths and their ability to cope with trauma. The Strengths-Based

Perspective theory recognizes the importance of focusing on individual's abilities, knowledge, motivation and experiences (Zastrow & Kirst-Ashman, 2016). There are four principles addressed under this theory. First, recognizing that strengths are found across individual, family and community level. Second, acknowledging that abuse and other traumatic experiences may result in foundations of challenge and opportunity for growth. Third, understanding that future growth and change are unknown, and it is best to focus on current strengths and conditions. Lastly, being aware that resources can empower and enhance the individual's strengths (Saleebey, 2013). These principles indicate that there are various facets that need to be acknowledged to best meet the needs of individuals.

Summary

This study will examine childhood trauma experienced in the child welfare system and how trauma will impact their successful transition into adulthood. Although social workers have the knowledge to assess children who have experienced trauma, there are barriers that hinder intervention. Many of the barriers children who experience trauma while in the child welfare system are identified in the literature. Social worker practitioners can utilize tools such as Trauma-Informed Care Approach and Strength-Based Perspective as early interventions to better understand children who have faced traumatic events. This study seeks to add child welfare social workers perspectives to seek if early interventions will improve foster youth as they transition into adulthood.

CHAPTER THREE

METHODS

Introduction

This study sought social workers' perspectives on early childhood interventions for children in foster care and their successful transition into adulthood. This chapter discussed how the study was carried out by the researchers. The sections in the chapter discuss in more detail are, the study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The purpose of this study is to gain an understanding from a social worker's perspective of childhood trauma in the child welfare system and if early intervention would lead to successful transition into adulthood. Due to the limited amount of research that seeks social workers' perspective, this was an exploratory research project. In order to satisfy the objectives of this study, a qualitative approach was taken. The researchers asked professional social workers open-ended questions about the topic by conducting face-to-face interviews. By asking open-ended questions this allowed the researchers to collect data from social workers which also emerged new patterns not described in other research.

Using an exploratory, qualitative approach by conducting face-to-face interviews provided the researchers with a better understanding about the topic. Interviews permitted the researchers to focus on the human experience and allowed the participant to share their insights. The data collected from the interviews uncovered emerging themes and patterns that provided new details to previous research. Conducting face-to-face interviews ensured the quality of data obtained and allowed the interviewer to ask additional questions if needed. Therefore, qualitative data is beneficial to this study because data collected gives insight from the interviewees to accurately communicate their views.

Limitations to face-to-face interviews were, the participants were reluctant to share their perspectives due to social pressure and which may have provided socially desirable responses. Face-to-face interviews do not allow for the participant to be anonymous, which may have been uncomfortable and invasive. Conducting face-to-face interviews is time consuming and participants may have felt pressure to be available, which could have led to participants who declined to participate.

Sampling

This study applied a non-probability convenience sampling technique. The sample group consisted of both current professional social workers from a Foster Family Agency and a professional from a county child welfare agency. Approval was requested from the Director of a Foster Family Agency to interview current social workers from the agency. However, no approval was required to interview

the social worker from the county child welfare agency. There was a total of 7 subjects that participated in face-to-face interviews. Social workers from both agencies did not need to have their master's degree in social work, but had a minimum of a bachelor's degree in social work or other closely related field. Social workers should also have been in the field for five or more years. By interviewing experienced social workers who have worked with children in the foster care system, this gave the researchers a better understanding of how early intervention has been addressed in their agency and what are effective techniques.

Data Collection and Instruments

Information obtained from the participants was audio recorded and transcribed for data evaluation. Each interview started with an introduction, a brief description of the study and its purpose. The participants' demographic information was collected prior to introducing the interview questions of the study. This consisted of the level of education, the number of years in the child welfare practice/field, age, gender, ethnicity, number of caseloads, whether the participants' child welfare practice experience come from a foster family agency or child welfare agency, and social workers experience working in the child welfare system (Appendix A).

After the demographic information was gathered, researchers asked 11 open-ended interview questions and informal questions as outlined in Appendix B. The participants had the liberty to share their own perceptions and

experiences. Unstructured interviews allowed the researchers to ask unlimited questions to respondents and obtain an in-depth clarification of their responses (Grinnell & Unrau, 2018). This type of interview is a conversational approach that allows the researchers to draw questions from the interviewee's statements (Grinnell & Unrau, 2018). It uncovers the interviewee's perceptions and insightful opinion in their own words. The researchers engaged with participants to further their responses by probing questions in a neutral manner. The gathering of individual responses can have a predictive quality since the participants are from the same field.

Procedures

To achieve a substantial data collection, researchers solicited 7 social workers who have current and/or prior experience in child welfare practice. The participants consisted of both current professional social workers from the Foster Family Agency and a professional from a child welfare agency in Southern California. To insure the participants meet the criteria to participate in this study, the following question aspects was explored before an interview appointment is scheduled: Current social worker of foster family agency and a social worker of child welfare agency, who have experience in providing child welfare services to children in foster care.

The face-to face individual interviews with the participants was be conducted between August 2019 and October 2019. The participants were interviewed at different times and at different locations. Each participant was

offered to conduct the interview in a study room at a public library. The participants were given the chance to conduct the interview at their preferred private location. They were also allowed to select the interview date and time. The researchers accommodated the participant's schedule. The interview was conducted using the 11 questions outlined in the instrument (Appendix B). Each interview took approximately 30 to 45 minutes which depended on the dialogue and the participant's availability. The participants were made aware that no reward will be given for participating in the study.

The researchers greeted and built a brief rapport with the participants as they arrived. The participants were provided with a consent to obtain their permission to be audio recorded during the interview. The researchers explained the informed consent to insure the participants understanding. Demographic questionnaires were also provided to read and complete before the instrument questions were asked. Afterwards, the signed informed consent and demographic form were collected. Next, the audio recording was turned on and the interview was initiated. At the end of the interview, the audio recording was turned off and the participants were given a debriefing statement (Appendix D), which provided contact numbers for resources in case the study made them feel uncomfortable. All participants were thanked for their time and participation. After the completion of the interview, the data obtained during the interview was transcribed and interpreted.

Protection of Human Subjects

The identity of the participants were kept confidential and were not shared with anyone. The participants read and signed the informed consent prior to consenting to be audio recorded during the interview (Appendix C). The individual interviews took place in a private room with the doors and windows closed. There was a sign at the door indicating not to disturb. At the end of each interview, the participants were provided with a debriefing statement (Appendix D). The participants were instructed not to mention their names and other identifying information to protect their privacy. A pseudonym was used to identify the participants in the transcribing data. Any information and documents obtained during the interview, including researchers' notes, audio recordings and transcribed records will be kept in a locked filing cabinet.

Data Analysis

The researchers conducted 7 face-to-face individual interviews. Data obtained from each interview was analyzed using thematic analysis method. First, the researchers transcribed the data from the audio recording into a written manuscript. Each participant was assigned a unique pseudonym to differentiate the participants. The researchers read each transcript thoroughly more than once to insure understanding and adequate interpretation of the data.

The relevant statements retrieved from audio recording was assigned a code and sorted in different sections. Each category was labeled with a

corresponding theme and documented on a code list. The researchers read the transcripts more than once to insure the themes are appropriately identified and coded and no bias is present. The coded themes were entered in the excel document under consequent individual statements.

Conclusion

The study explored the social workers' perspective on early childhood trauma intervention and successful transition into adulthood. The face-to-face individual interviews achieved a subjective perception of the social workers' experience working with children in foster care who have been exposed to childhood trauma. The use of a qualitative study method and the interview instrument will facilitate to effectively execute this study.

CHAPTER FOUR

RESULTS

Introduction

The purpose of this study is to present a social workers perspective on childhood trauma within the child welfare system. This chapter presents the findings from individual interviews conducted with social workers. The participant's demographic data and their viewpoints within eleven categories will be presented. The direct quotes by participants will be used to better understand the findings.

Demographics

The participants answered eight demographic questions at the beginning of the interview process. The participants consisted of 7 child welfare social workers. Of this sample, 6 females, representing 85.7% and 1 male, representing 14.2%, with ages ranging between 37 to 59 years old were interviewed. The participants' ethnicity included 14.2% of Pakistani American (1 participant), 14.2% of Middle Eastern (1 participant), 28.5% of Hispanics (2 participants) and 42.8% of African Americans (3 participants). The average age of the participants was 48 years old. In regards to the participants' education level, 1 bachelor's degree, representing 14.2%, in social work and 6 master's in social work, representing 85.7%.

The number of caseloads managed by participants varied depending on their job title. Two (28.5%) participants held supervising positions, but one of them (14.2%) carried a case load of 3. Three participants (42.8%) carried 15 cases, one participant (14.2%) carried 14 cases, and another participant managed 38 cases. The number of years providing child welfare services ranged from 4 to 28 years. When asked about child welfare practice, the participants expressed that their experience came from their involvement in the foster family and child welfare agency. In regards to professional experience in the child welfare system, the participants stated the importance of good supervision, the nature of child welfare practice as being difficult and rewarding, the importance of supporting foster parents and collaborating with the county child welfare agency.

Identifying Themes

This study identified the following themes derived from the interviews: 1) Childhood traumatic experiences 2) Early intervention is essential 3) Being trauma informed is critical in child welfare practice 4) Child welfare agency's policies and procedures align with Trauma-Informed Care Approach 5) Agencies provide adequate trainings. 6.) Trainings are essential for foster parents. 7.) Current interventions and challenges 8.) Agency trainings differ. 9.) Working together on effective intervention techniques. 10.) Interventions are effective in assisting youth to transition into adulthood. 11.) Professionals encourage Trauma-Informed Care Approach.

Childhood Trauma Means: Childhood Traumatic Experiences

All participants reported that childhood trauma signifies childhood traumatic experiences. The participants expressed that children who come in contact with the child welfare system have experienced traumatic events, neglect, abuse, suffered and endured trauma from birth to adulthood. For instance, participant #1 stated:

It is really important, it's because a lot of the children we are dealing with, they are traumatized significantly, whether it's because the experiences that they have experienced with their biological families or if it's experiences that they are experiencing in foster homes, you know it may be multiple removals, it maybe, a child can be removed from home, like 7 different times into different homes. That is traumatic, it's insignificant or maybe as not as big deal it may seem to us, for a little child, it's huge, I think that the element of childhood trauma is huge in foster care.

(Personal Communication, August 2019)

Likewise, participant #5 stated,

Kids that have been neglected, kids that are removed from their families for whatever reason, it is trauma because regardless, if the child is being abused or being neglected, being exposed to, if their parent is on drugs, even though that they are going through that, they know they are being removed, they still feel like they want to be with their birth parent even if they were mistreated. Just the child being in the system period is

considered trauma to me. Or even if they are going through something is still considered trauma instead of good thing taking them away from their parent. (Personal Communication, August 2019)

Early Intervention is Essential

The 7 participants were asked to describe their understanding of early childhood trauma intervention. All participants (100%), stated that early intervention to address childhood traumatic experiences is vital. For instance, participant #2 explained:

My understanding of childhood trauma intervention is that the earlier they get it, it is easier, you know, when they are younger, than not fixing the issue and them growing up, and having that hurt all those years. So it is very important that is my understanding of it. (Personal Communication, August 2019)

Similarly, participant #4 expressed,

Early childhood intervention really starts after ages 5 months, 6 months, and 7 months according to what is taken place with the child's parents, whether it was substance abuse or whatever has some effect on the child. I would say birth on. (Personal Communication, August 2019)

Trauma Informed is Critical in Child Welfare Practice

All participants were asked about their views on Trauma-Informed Care Approach. Five participants (71.4%), expressed that being trauma informed is a

critical aspect of social work practice. Additionally, the participants stated that Trauma-Informed Care Approach is a needed tool to understand the effects of childhood trauma. For example, participant 2 stated:

I think it is important, it is necessary, we need more trainings in regards to trauma informed, because if we just look at behaviors and we are not looking where these behaviors stand from, we miss the bigger picture, we miss that they have trauma, so these behaviors are there. If we see it through that tunnel, through that vision, it's easier to help a child who has severe behaviors, because we can understand that, it's not because they are bad, it's because they have suffered trauma. (Personal Communication, August 2019)

Comparably, participant #4 who has worked for the child welfare agency for 28 years expressed:

I feel that is a needed tool that we really should be paying attention to, trying to get as much information as we can in regards to trauma and the effects of it, you know, from birth to 19 to 21years of age. So you know, it will help us be able to effect service the particular child we may have that has been through trauma or still going through. (Personal Communication, August 2019)

Child Welfare Agency's Policies and Procedures Align with Trauma-Informed Care Approach

The participants were asked if the agency's policies and procedures align with Trauma-Informed Care Approach. All 7 participants (100%), answered yes.

For instance, participant #1 stated:

They do, with the continuum care reform and different foster care reforms that have come out in the last years, so that is the big focus, so making sure, again that our staff are informed and out foster parents are informed on continuum training on both sides to help them work with, you know, the youth that come in, and again to kind of see a child's behavior related to their trauma vs their behavior related to them being disobedient or just being disrespectful. The things that we always hear, you know by families that are frustrated when working with kids. (Personal Communication, August 2019)

Likewise, participant #6 reported:

Yes, all of our social workers had to be, they had to receive training for Trauma-Informed Care Approach and our resource parents have to as well. And I think that it's part of our culture. When I first came here, I don't know if that necessarily the focus, but it has definitely shifted. We are definitely more trauma informed and our policies are directly related with that. Our therapists, they receive additional trainings, the CBT, they receive additional training so, you know, have that eye for trauma behaviors. (Personal Communication, August 2019)

Agencies Provide Adequate Trainings

Participants were asked if they were receiving adequate training to address childhood trauma. Six participants (85.7%) answered “yes” and one participant (14.2%) answered “no.” When asked about adequate training, participant #4 stated:

I think the county and foster family agencies are all paying more attention to the traumatic experiences that our children are going through and I think the need has really reached the level whereas, it’s being addressed now, there is a lot of training that is going on to help us service our children, to be more understanding and to be more effective, and so there has been a lot more information and a lot more training going on than previous years. (Personal Communication, August 2019)

However, one participant voiced the lack of training on childhood trauma.

Participant #7 stated:

No. I believe all social workers could use more training. I say this because I feel like dealing with trauma is something that takes time and really addressing those issues. I have only been in a social worker role for 2 years, but I definitely feel like there is room for improvement. (Personal Communication, October 2019)

Although, participant 7 answered no, when the interviewer asked, “Do you think the training you have received is good information and you are able to apply it to practice?” participant #7 stated:

Yes, I do think the training is good. I just feel as though the minors I have worked with would really benefit from a trauma approach. I think once I am back in school, I will learn more about trauma and how it relates to child welfare. (Personal Communication, October 2019)

Trainings are Essential for Foster Parents

When participants were asked how they felt about trainings provided to foster parents in addressing childhood trauma, all of the participants reported education on trauma for foster parents is essential. Although all participants responded trainings are essential, 5 participants (71.4%) reported when a child is in crisis foster parents focus on the behaviors. Participant #6 stated:

They are pretty responsive in terms of completing the training, but we do get some resistance in terms of implementing the training skills or whatever. Because it is easy to put something in paper and say here you do this versus you are in midst of crisis with a child, midst of this exclusive incident, and then you know we are like. Don't look at the behavior, they just did XYZ, there is a hole in my wall. It's really up to us as professionals to really help them shift the gears. (Personal Communication, August 2019)

Current Interventions and Challenges

Participants were asked how they feel about current interventions used to address childhood trauma and what challenges are faced as a professional. In regards to current interventions, 3 participants (42.8%) stated they use Trauma-

Informed Care Approach in practice and often face challenges with foster parents implementing their training. For example, participant #2 stated:

We forget that we wear those lenses that trauma informed lenses only for very little. When you have a child in your home that has severe behaviors, it's easier to take them off and just look at behavior, and so, that is the challenges I face as a social worker because we try to explain to the foster parents over and over, you know, look at it through this lens, they have suffered trauma, so they are behaving this way. But when you are living it, it's different and it's harder for the foster parents to keep those lenses off. (Personal Communication, August 2019)

Another challenge faced by 2 participants (28.5%), is getting appropriate service providers approved in a timely manner. Participant #3 stated challenges arise when she has to “go through the red tape, and the paperwork to go ahead and actually have the therapy implemented, get approval from the county, get the minute orders so that is kind of nuisance” (Personal Communication, August 2019). She understands “everything has protocol but at the same time when the child is dire need of just having one on one therapy session with someone” it can be a challenge.

Agency Trainings Differ

Participants were asked how often they receive trainings to address childhood trauma. Two of the participants (28.5%) reported not knowing how often they have trainings. Participant #2 stated, “I really don't know how often,

last training we had was last month, but it's not monthly" (Personal Communication, August 2019). Two participants (28.5%) reported monthly trainings. Both participants identified most trainings are centered on Trauma-Informed Care Approach. Participant #6 stated, "our goals are trauma oriented, therefore every training reflects ways to address trauma" (Personal Communication, August 2019). One participant (14.2%) indicated trainings are two to three times a month for eight hours. Two participants (28.5%) reported one training per year for sixteen hours. Participant #1 stated, "trauma trainings are annually, which extends to foster parents and mental health staff" (Personal Communication, August 2019).

Effective Intervention Techniques

The participants were all asked what they thought are effective intervention techniques for children in foster care who have experienced trauma. Five of the participants (71.4%) feel therapy is an effective intervention for foster youth. Participant #7 stated, "family behavioral therapy is an effective intervention because if the whole family aims to reduce negativity, it will hopefully reduce the negativity in the home, which could provide a better communication platform" (Personal Communication, October 2019). By providing mental health services, it would allow for "everyone to work together", as stated by participant #4 (Personal Communication, August 2019). Working together will help provide effective interventions that will help the youth and their family.

Two of the participants (28.5%) reported trainings as being an effective intervention. Both of these participants feel monthly meetings provide Trauma-Informed Care Approach which are techniques used in practice. An example was provided by participant #1 who stated, “there are so many interventions and specific interventions to help our youth,” which have focused on providing education regarding trauma. In recent years, participant #1 has seen a shift in agencies providing more trainings and more trauma focused interventions. Participant #1 also stated “with new interventions and with so much attention on this area, I think things are better now” (Personal Communication, August, 2019).

Interventions are Effective in Assisting Youth to Transition into Adulthood

In regards to interventions being effective in assisting youth transitioning into adulthood, all participants (100%) reported yes. Although all participants agreed interventions are effective, 42.8% felt it depends on the child. Participant #2 stated, “depends on the children, every specific case is so different, but the interventions are helpful” (Personal Communication, August 2019). Some youth are more receptive to interventions which will help as they are transitioning into adulthood.

Three participants (42.8%) felt interventions which involved the foster youth’s family helped contribute to their transition into adulthood. Participant 6 indicated families can be “generational” and it is necessary to also work with the “parents to help end the cycle” (Personal Communication, August 2019).

Participant #7 stated:

If the youth could have someone from their family there for support, it would make a great impact in their life. I have seen where one minor had no family in his life and once his father decided to be active the minor began to change his behaviors. I believe with a support network and successful interventions will help the youth transition into adulthood.

(Personal Communication, August 2019)

By including interventions that involve the foster youth's family, it can lead to building relationships and a support network which could help the youth as they are aging out of foster care.

Professionals Encourage Trauma-Informed Care Approach

Participants were asked to share a time in their professional experience when they have modeled and encouraged Trauma-Informed Care Approach with foster youth. All participants (100%) agreed a team of professionals working together to model and encourage Trauma-Informed Care Approach with their youth. All participants gave examples of working with youth who had experienced trauma. Most youth reduced their behaviors when they began working with a team of professionals. Foster youth were able to gain coping strategies to reduce behaviors. Participant #2 stated:

The foster youth likes to paint and draw and it is an intervention for her.

The frequency of her cutting and her doing things like that has decreased a lot, not just because of me but the whole team, the foster mom, the therapist, school counselors' we are all, we know that she suffers from

trauma and so we try to give her interventions to help her, it has been helping her a lot. (Personal Communication August, 2019)

Likewise, participant #6 stated, “When you look at it from a trauma informed perspective you can connect the dots” and empower the foster youth utilize her support network and “connect the dots herself” (Personal Communication, August 2019). All participants (100%) reported mental health services were important to assist with coping skills, de-escalating, communication, and trust. When foster youth were able to identify their trauma it helped with building relationships. Participant #7 stated:

I encouraged him to use his coping skills he learned in therapy when he felt as though he was going to react a certain way. This led to him meeting with his father again and building back his relationship. (Personal Communication, October 2019)

Summary

In summary, this chapter presented the demographics and major findings, regarding the understanding of childhood trauma, current trainings, challenges, and interventions among social workers who work in the child welfare system. Furthermore, the opinions, experiences, and beliefs derived from 7 face-to-face interviews which were used to illustrate the findings presented.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will present the discussion on major themes identified in chapter four as they pertain to the social workers' perspectives on early childhood trauma intervention for children in foster care and their successful transition into adulthood. Also discussed in this chapter will be a brief discussion of the limitations that could have influenced findings, recommendations for social work practice, policy and further research. The findings and implication for social work practice will also be highlighted.

Discussion

Several common themes were identified regardless of participants' age, ethnicity, education level, gender and experience. All participants in this study acknowledged that childhood trauma is common in the child welfare system. The major themes identified in this study include trainings provided to foster parents, current interventions and challenges, intervention techniques to address childhood trauma, and effective interventions to assist the youth transition into adulthood. These major findings will be presented in the following paragraphs.

In regards to trainings provided to foster parents in addressing childhood trauma, all participants of this study recognized that education of trauma for foster parents is important. The trainings provided to foster parents could be

improved as foster parents continue to struggle to manage challenging behaviors of their foster children after receiving trainings. Five out of seven participants (71.4%), expressed that foster parents were responsive in completing trainings, but when a child is experiencing crisis, the foster parents tended to focus on behaviors. This finding is consistent with the study conducted by Herbert and Kulkin (2018) indicating the need for training improvement for foster parents. Foster parents expressed that they struggled to manage challenging behaviors (Herbert & Kulkin, 2018). They further stated that foster parents were eager to participate in trainings and if adequate trainings were provided, the foster parents would be better able to understand the underlying causes of behavior and manage behavioral challenges appropriately (Herbert & Kulkin, 2018). The study conducted by Solomon, Niec and Schoonover (2017) concluded that foster parents who received training demonstrated better parenting skills and knowledge and the decreased number of reported behavioral challenges than those who did not receive training.

The participants in this study recognized that they received Trauma-Informed Care Approach trainings and utilized this approach when implementing interventions to address childhood trauma. This finding is consistent with Kramer et al.'s study finding (2013), which reported that the child welfare workers were provided with Trauma-Informed Care Approach knowledge which promoted the awareness that children in care were vulnerable to the effect of trauma.

The participants in the study reported that the challenges hindering interventions continued to exist even though the Trauma-Informed Care Approach was in place. The participants shared that foster parents failed to understand the effects of childhood trauma, although trainings and guidance have been provided to them. The foster parents were encouraged to understand that the negative behaviors of children in their care were often linked to traumatic experiences. This finding is concurrent with the study conducted by Kelly and Salmon (2014), which indicated that childhood traumatic experiences such as the impact of separation and placement change complicated foster parents to interpret the child's behavioral signs.

The participants reported that getting services approved in a timely manner was another challenge that delayed trauma informed intervention. The participants indicated that the child welfare agency had many complex procedures and rules that must be followed in order to get services approved. Cameron and Freymond (2015) reported similar findings. A large percentage of clients involved in the child welfare system lack of proper intervention services mainly due to shifts in policy, procedures and funding issues (Cameron & Freymond, 2015).

In response to effective intervention techniques, 5 out of 7 participants (71.4%), supported mental health services to be an effective intervention technique for foster youth, specifically behavioral therapy. The participants stated that if childhood behavior problems can be addressed at a family level, it can

reduce the negativity and produce healthy communication in the home. This synonymous work is consistent with Cary and McMillen's study (2012) finding that Trauma- Focused Cognitive Behavioral Therapy (TFCBT) is a significantly more effective intervention to help traumatized children with symptoms of past trauma and behavior problems. This finding indicates that the intervention that focuses on childhood trauma produces better outcomes. Research suggests that TFCBT is widely used in clinical practice for children with traumatic experiences such as separation of families, parental incarceration, and loss of social support, and foster care placement (Cohen & Mannrino, 2019).

All participants (100%), reported that effective intervention on childhood trauma would help foster youth transition into adulthood. Some participants felt that the effectiveness of early intervention depends on how receptive the child is and how engaged the foster parents and parents are. However, all participants (100%), recognized that early interventions that meet the child's unique needs are helpful as well as working with families collaboratively to help ending the cycle of family dysfunction. Augsberger and Swenson (2015) found similar results about the importance of early intervention for foster children. They identified that working with the foster youth collaboratively, providing interventions that meet their needs, and developing a healthy relationship will influence a positive transition into adulthood. Identifying mental health problems in children early and connecting them with intervention services produces a positive outcome (Augsberger & Swenson, 2015).

Limitations

This study noted some limitations hindering the accuracy of the findings. One of the limitations was the small sample size of seven child welfare social workers. Having only seven participants limits the ability to generalize across all child welfare social workers. The other limitation is the number of caseloads managed by social workers. Six participants (85.7%), managed fewer than 15 cases, while one participant (14.2%), managed a case load of 38 cases. Thus, opinions regarding childhood trauma interventions may not be representative of social workers carrying a high caseload. Although the participants consisted of four different ethnic groups, it may not be representative all ethnic groups. It would be beneficial to include more social workers from diverse ethnic backgrounds across the nation to capture a more generalized perspective of social workers on early childhood trauma within the child welfare system.

Recommendations for Social Work Practice, Policy, and Research

As evidence by the findings in this study, early trauma intervention is essential for children in foster care and their successful transition into adulthood. It is important for social workers who service foster youth to be educated and trained on the impacts of childhood trauma in the child welfare system. Thus, social workers can provide early interventions which can reduce the chances of long-lasting effects of childhood trauma. Successful trauma interventions can be a fundamental foundation for building healthy relationships as youth transition

into adulthood. Social workers and foster parents should be aware that youth can be re-traumatized by the systems and services designed to help them, and interventions need to create a safe and welcoming environment for them (Casey, 2011).

Furthermore, foster parents play a critical role in trauma interventions and it is important for social workers to collaborate with foster parents to ensure youth are in a supportive placement. Policies should be established to ensure foster parents are receiving adequate training before foster youth are placed in their home. Currently, California only requires foster parents to complete a minimum of 12 hours of training annually (Administration for Children and Families, 2011). Out of these 12 hours of training, there is not a specified amount dedicated to Trauma-Informed Care Approach. In order to provide early interventions to foster youth, ongoing trainings in Trauma-Informed Care Approach should be implemented to promote awareness that children in care are vulnerable to the effects of trauma. Therefore, it is essential for foster parents to receive ongoing and consistent trainings to be able to identify when behaviors are trauma related.

For future research, it would be beneficial to expand this study and interview social workers from county agencies, in order to improve barriers in policy with regards to quicker implementation of services. In addressing early intervention, challenges include youth not being assessed in a timely manner (James, 2004). Furthermore, future research would explore challenges social workers and foster parents encounter when implementing interventions with

youth. This would assist service providers to review current assessment tools to ensure they reflect the needs of the foster youth.

Conclusions

This study identified trainings provided to foster parents, current intervention practices and challenges, and effective interventions to assist the youth transition into adulthood. The majority of the participants recognized Trauma-Informed Care Approach is an essential intervention tool which should be applied in practice. It is hoped that this study will assist social workers and foster parents to become more engaged and aware of trauma behaviors. According to the National Association of Social Workers (2013), social workers in child welfare shall promote collaboration to support, enhance and deliver effective services to youth. It is hoped this study will help social workers identify and implement effective trauma interventions into practice to help foster youth as they transition into adulthood.

APPENDIX A
PARTICIPANT DEMOGRAPHICS

1. What is your gender?
2. What is your ethnicity?
3. What is your current age?
4. What is your level of education?
5. What is the number of caseloads you manage or managed?
6. How long have you been providing child welfare services within social worker capacity?
7. From what type of agency does your practice experience come from (e.g. Foster family agency or County agency)
8. What is your experience working in the child welfare system?

Developed by Angelica Bautista and Valarie Schulz

APPENDIX B
INSTRUMENT

1. In your own point of view, what does childhood trauma signify to you?
2. Please describe your understanding of early childhood trauma intervention?
3. What are your views on Trauma-Informed Care Approach?
4. Do you feel the agency's policies and procedures align with Trauma-Informed Care Approach?
5. Do you feel you are receiving or received adequate training to address childhood trauma?
6. How do you feel about trainings provided to foster parents in addressing childhood trauma?
7. How do you feel about current interventions to address childhood trauma? What challenges do you face as a professional when implementing intervention?
8. How often do you receive trainings to address childhood trauma?
9. What do you think would be effective intervention techniques for children in foster care who are faced with the impacts of childhood trauma?
10. Do you feel effective interventions on childhood trauma will help foster youth transition into adulthood?
11. Please share a time about your professional experience working with a foster youth effected by trauma. Can you describe ways you model and encouraged Trauma-Informed Care Approach with youth?

Developed by Angelica Bautista and Valarie Schulz.

APPENDIX C
INFORMED CONSENT

Academic Affairs
College of Social and Behavioral Sciences
School of Social Work

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407
909.537.5501 | fax: 909.537.7029
<https://csbs.csusb.edu/social-work>

INFORMED CONSENT

The study in which you are asked to participate is designed to examine social workers perspectives on childhood trauma within the Child Welfare System. The study is being conducted by Angelica Bautista and Valarie Schulz, MSW students under the supervision of Dr. Janet Chang, Professor in the School of Social work, California State University, San Bernardino. This study has been approved by the Institutional Review Board School of Social Work Subcommittee, San Bernardino

PURPOSE: The purpose of the study is to examine childhood trauma within the child welfare system.

DESCRIPTION: Participants will be asked open-ended questions on their perceptions of early childhood trauma intervention for children in foster care and their successful transition into adulthood.

PARTICIPATION: Your participation in the study is totally voluntary. You may refuse to participate in the study or discontinue your participation at any time without any consequences.

CONFIDENTIALITY: Your responses will remain confidential and data will be reported in the group form only.

DURATION: It will take 60 minutes to complete face-to-face interviews.

RISKS: Although not anticipated, there may be come discomfort in answering some of the questions. You are not required to answer and can skip the question or end your participation.

BENEFITS: There will not be any direct benefits to the participants.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Janet Chang at 909-537-5184

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu>) at California State University, San Bernardino After July 2020.

I agree to be audio recorded: ____ YES ____ NO

This is to certify that I read the above and I am 18 years or older.

California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 4/12/2019 VOID AFTER 4/12/2022
IRB# SW 1943 CHAIR *Janerney*

Place an X mark here

Date

APPENDIX D
DEBRIEFING STATEMENT

The study you have just completed was designed to gain an insight on Childhood Trauma within the Child Welfare System. You are being provided with a list of resources in case of feeling uncomfortable as a result of participating in this study.

Thank you for your participation. Should you have any questions about this study, please feel free to contact Dr. Janet Chang at 909-537-5184. If you would like to obtain a copy of the results of this study, please contact the Pfau Library SchoolWork database at California State University, San Bernardino after July 2020

RESOURCES

In the event this interview caused feelings of uncomfortableness which may require counseling services, feel free to contact the following providers for assistance:

Counseling Services

West End Family Services

855 N Euclid Ave, Ontario, CA 91762

(909) 983-2020

Hours of Operation: Monday 9:00AM- 8:00PM, Tuesday 9:00AM -7:00PM,

Wednesday 9:00AM – 6:00PM

The counseling Team International

15415 Anacapa Road, #7

Victorville, CA 92392

(800) 22-9691

Hours of Operation: Monday-Friday 8:00AM -8:00PM or Stand by status phone

24/7/365

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ASSIGNED RESPONSIBILITIES

At the start of this research project, both researchers agreed to work cooperatively and maintain continuous communication throughout the study. The researcher's commitment, efforts, unique abilities and skills enabled the foundation for a successful project. Both researchers shared equal responsibilities in writing, collecting data, reviewing literature and interpreting findings. The researchers worked jointly in making adjustments and modifications as needed. The researchers did not face any challenges in the completion of this research project and were satisfied with the outcome.