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CHILD WELFARE: TRAUMA INFORMED PRACTICE AT TIME OF CHILD REMOVAL

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CHILD WELFARE: TRAUMA INFORMED PRACTICE
AT TIME OF CHILD REMOVAL

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
Ester Sarai Garcia

June 2019

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ABSTRACT

As of 2018, approximately 442,995 children are in the foster care system in the United States according to the federal statistics from the Children's Bureau. Entry into the foster system involves the removal of children from their home, making it a traumatic experience. The purpose of this study was to examine social workers' perceptions of what trauma informed practice means and what it looks like in child welfare removals. The study also clarifies what trauma informed practice (TIP) is and how it can be applied in child welfare's organizational structure. This was a qualitative study in which child welfare social workers from southern California agencies were interviewed. Interviews with experienced child welfare workers revealed many themes including the complexities of workers' experiences during removals, the impact of removals on workers, social workers' perceptions on TIP and suggestions on how to make removals more trauma informed for children. The findings from this project identified ways trauma may be minimized during detainment procedures in child welfare. All participants voiced that they felt the trauma informed removal (TIR) PowerPoint guide was beneficial to their learning and practice and that a training with this guide would be ideal for their agencies. Additionally, the findings shed light on the need for future research on creating a more trauma informed child welfare system and the need for policy implementation and or change.

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DEDICATION

I would like to dedicate my time and effort in this MSW program to my brilliant, strong-minded, creative, imaginative, artistic, intelligent, and beautiful daughter Sapphira. There are no words to describe all the things you are, my darling daughter. I am privileged to share in raising you. Sapphira, to create a better future for you, the children, and the families of our community, I have persevered and found motivation. *Mamá, gracias, por ser mi roca. Estos tres años has sustituido como la cuidadora primaria de Sapphira cuando mas lo e necesitado, facilitando mi éxito.* Mother, thank you for being my rock. These last three years you have been Sapphira's primary substitute caregiver when I most needed it, facilitating my success. I found my calling to be a child welfare social service practitioner while working at the child abuse hotline. Thank you to all the wonderful hardworking people that dedicate their careers to helping the most vulnerable population: children. Part of my inspiration to be an agent of change has come from the stories of pain and healing that children and families in our communities share. Thank you for allowing me to be a part of your journeys. Lastly, thank you to all 11 of my brothers and sisters. Together we rise. Each of you has in some way contributed to my motivation and success, as we all work toward healing. A special appreciation to my sisters, Priscila and Nubia, for always believing in me and never doubting my potential.

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CHAPTER ONE

PROBLEM FORMULATION

In 2015, approximately 62,148 children in California were reported to be in foster care (San Bernardino County Children and Family Services, 2016). Child welfare institutions exist out of the continued need to protect children that are in neglectful or abusive environments. According to the 2016 Children and Family Services annual report, in the month of October, there were 5,791 children placed in out of home care within San Bernardino County's Child Welfare System. Nine out of 10 children before entry to foster care have unaddressed trauma, therefore, placing them at risk for further abuse (Child Welfare Information Gateway, 2015). Generally, child welfare agencies try to maintain families and to provide interventions when appropriate. However, circumstances and situations arise in which the children are not found to be safe in their environments and they need to be removed for their safety and well-being. At the initial removal phase, children experience the traumatic experience of being separated from their home, family, familiar faces and neighborhood.

Entry into the foster system involves the removal of the children from their home, making it a traumatic experience. Trauma may result from repeated exposure to violence, prolonged abuse and neglect, or it can also be the result of a single impactful negative event. Trauma can generally be defined as an

overwhelming negative experience(s), that leave the individual feeling hopeless, powerless and physically and or emotionally harmed and this has adverse long-term effects on multiple facets including psycho -social-development (Child Welfare Information Gateway, 2015). A higher complexity of traumatic symptoms displayed through emotional or behavioral problems are seen in foster children more than in other children (Child Welfare Information Gateway Issue Brief, 2015).

The child's emotional needs should be taken into consideration during the removal (detainment) process. Stress levels, fears of a child when they are being taken away from their familiar setting and loved ones is traumatic and needs to be acknowledged.

Purpose of the Study

The purpose of this study was to examine social workers' perceptions of what trauma informed practice means and what it looks like in child welfare removals. The study also clarifies what trauma informed practice (TIP) is and how it can be applied in child welfare's organizational structure. Understanding social workers' perceptions of trauma informed practice during removal proceedings will help inform potential policy or practice changes. Trauma informed practice in child welfare focuses the attention on the experience of the child and how a change in placement means a rupturing or a change in a relationship to them. From a trauma informed approach, the child's experience

needs to be addressed first and foremost. Trauma informed care in child welfare involves being responsive to the effects of all types of trauma by being able to understand and recognize trauma symptoms, utilizing an organizational structure and treatment framework.

This study used qualitative interviews with former and current child welfare social workers to examine their perceptions, level of training, and implementation of trauma informed practices when removing children from their homes due to abuse or neglect. Quantitative data was sought for demographics.

Significance of the Project for Social Work

Findings from this study informed micro and macro social work practice by examining current removal procedures. At the micro level, these findings put into perspective what procedures are being done with children at time of removal and if changes need to be made. On a macro level, this study examined child welfare institutions' procedures at time of removal and assessed social workers' perspectives on the extent to which these practices impact child trauma. The findings from this project positively affected social work practice by upholding the NASW ethical principles such as competence. Competence includes social workers developing and enhancing their professional expertise (National Association of Social Workers, 1999).

The findings from this project identified ways trauma may be minimized during detainment procedures in child welfare. Additionally, this project examines

social workers' perceptions of the impact on clients (children) when trauma informed practice is utilized at time of removal and throughout their experience in child welfare. This study's findings may influence policy changes in the child welfare system related to addressing trauma in removal procedures. Adverse emotional and neurological changes may occur in a child's brain when they are separated or removed from their primary caregivers, even if these caregivers have been harmful to the child. Therefore, this study evaluates one approach in consideration the importance of attachment, precaution during removal proceedings and throughout the detention process.

Thus, from a generalist intervention process, this study addressed the initial stages of assessment of the child welfare framework using a trauma informed approach. The research questions for this project are as follow: What regulations or protocols do child welfare social workers use when removing children? What are the perceptions of child welfare social workers of what makes for trauma informed practice when detaining children in Southern California agencies?

CHAPTER TWO

LITERATURE REVIEW

Introduction

Behavioral problems of children in foster care need to be seen as symptoms of their trauma. As many as 9 out of 10 children in foster care have been exposed to some form of violence before entry (Child Welfare Information Gateway, 2015). Challenging behaviors are typical of foster children that have experienced trauma. Foster children who experience traumatic events are more likely to exhibit negative behaviors and developmental delays (Richardson, Henry, Black-Pond, & Sloane, 2008). The more adverse experiences a child is exposed to in early childhood, the greater risk of developmental delays. This chapter covers a review of some of the types of trauma and provide an understanding of trauma informed practice. Multiple types of traumatic stress exist, including acute trauma, chronic trauma and complex trauma.

Types of Trauma

Acute trauma is generally defined as one single traumatic event (Child Welfare Information Gateway, 2015). Parental death, a car accident, witnessing a physical fight may all be examples of single traumatic events. Also, earthquakes, an animal bite, school shootings, terrorist attacks, physical or sexual assault and many others are all examples as well (Child Welfare Trauma Training Toolkit,

2013). Additionally, it can be argued that if a child had not previously been exposed to trauma, upon entry into the foster system, that actual removal experience may be considered a single traumatic event. During a traumatic event, the child goes through a variety of overwhelming sensations that may lead to immediate physiological responses, like a rapid beating heart, shaking, fidgety, crying and other visible symptoms. However, it is important to note that children are individuals, depending on their experiences and or manner of coping they may not exhibit visible symptoms of distress and instead they may be internalizing their emotions (Chapman, Wall, & Barth, 2004).

Chronic trauma in children is typically the result of a multitude of stressful events that accumulate in a child's memory (Child Welfare Trauma Training Toolkit, 2013). Continued exposure to domestic violence in the household is an example of an event leading to a child developing chronic trauma. Every time the child is exposed to domestic violence it will reinforce the previous traumatic memory and magnify its negative impact. Eventually, a child that continues to be exposed to trauma will become more sensitive to any type of daily stressor (National Child Traumatic Stress Network, 2013). Because many foster children often have to move between different foster homes or group homes (placements), these experiences lead to an accumulation of traumatic events.

A child that has complex trauma likely developed it from an age typically younger than five (Child Welfare Trauma Training Toolkit, 2013). Exposure to a multitude of interpersonal traumatic events that were severe, pervasive and

interpersonal in nature, most often caused by their caregivers, leads children to develop complex trauma (NCTSN, 2013). As a result of these multiple experiences with traumatic events, children experience immediate and long-term consequences. Complex trauma leads to issues with a child ability to form healthy attachments, biology disorders, inability to regulate their emotions and behaviors, dissociation, academic success, and self- concept (Child Welfare Information Gateway, 2015).

Trauma caused by Removal Process

The initial removal of a child from their familiarity regardless of circumstances is a traumatic experience (Advancing California's Trauma-Informed Systems, 2010). During the time of removal, most children disclose feelings of anger, sadness and depression (Chapman, Wall, & Barth, 2004). Johnson, Yoken, & Voss (1995) report that many children also experience feelings of confusion, regarding their removal and some children blame themselves. Children also reported that they were not given an explanation for removal and that they felt they had been misled by the social worker. Many children reported being upset at the lack of information given to them regarding their removal (Johnson et al., 1995). Children reported that they were not told what to expect immediately after their removal or what to expect long term. The children also reported that after removal and placement they felt better if they were allowed to communicate with their family.

Placement Changes and Accumulation of Trauma

Newton, Litrownik, & Landsverk (2000) found that as the number of placement changes increase within the foster system, children's negative behaviors also increase. This study accounted for children that upon entry to foster care presented with aggressive external behavior. Those children that did not present initially with external behaviors, began to show those behaviors increasingly more as their placement change increased in the system. The authors argue that based on these findings there is a need to study how parents, foster parents, and social workers prepare for and cope with the consequences of placement change for children. The authors advocate for extensive measures to prevent placement disruption because of the possible cumulative trauma the children may experience (Newton et al., 2000).

This study of removal proceedings is crucial to the mental wellbeing of the children that the welfare institutions seek to protect. However, literature is scarce in the actual practice of removal proceedings. Instead the proposition of implementing a trauma informed practice throughout the child welfare system is suggested as a best practice (Child Welfare Information Gateway, 2015). Henry and Richardson (2013) advocate for a specialized, unified, trauma Informed approach to removal proceedings.

Theories Guiding Conceptualization

The theory utilized in this research project is the Trauma-Informed Approach (TIA) to practice. Varying definitions exist for defining a trauma

informed approached (TIA) however, they all share the generic conception of being both aware of the immediate and long-term effects of trauma and actively seeking to not cause further trauma. Hanson and Lang (2016) explain a TIA as being aware of the negative impacts of trauma exposure and recognizing that many people have been exposed to varying types and degrees of trauma. It incorporates being empathetic, and consciously seeking to avoid further trauma. Additionally, the recognition that trauma if not addressed, impacts everyone not just the individual, as its impact filters out to express itself in societal issues. The Substance Abuse and Mental Health Services Administration (2014) adds that TIA includes a recognition of trauma signs and symptoms is needed. Also, being responsive to the trauma seen, by either the integration of practices, policies or procedures.

An adaptation of trauma informed practice in the child welfare system is defined by the National Child Traumatic Stress Network (NCTSN) as an institution that at all levels of organization recognizes and is responsive to trauma experienced by the children and clients that encounter the child welfare system. Additionally, such organizations collaborate at all levels of the institution to educate themselves and utilize best practices that facilitate the recovery and resiliency of the child and family (NCTSN, 2013).

TIA in child welfare is applying evidenced based research to practice. Previous practice would have child welfare workers look at children's behaviors as independent of their experiences. TIA is re interpreting the child's behavior as

a symptom of their trauma. Becoming a TIA child welfare system, involves a shift in perception from asking, “What’s wrong with you?” to asking, “What happened to you?” (Child Welfare Information Gateway, 2015). Additionally, TIA calls for mindfulness of day to day work interactions in the child welfare system to be actively seeking not to cause further harm. Foster children vocalize that they want a more TIA to their care even though they may not know the term, they invoke wanting to be treated with qualities that parallel TIA. Most children prefer having the same constant social worker throughout their foster experience, they attribute the assignation of a different social worker to feeling emotionally and physically unstable. Foster children report that their ability to trust is lost when they are abruptly assigned a new, different social worker. Foster children would rather that if their worker had to change, that they would ease the transition by being introduced to their new worker beforehand (Strolin-Goltzman, Kollar, & Trinkle, 2010). The simple consideration of introducing the child to their new worker is an example of TIA as it minimizes the impact of an anxiety provoking situation.

Research by McCormack and Issaakidis (2017) affirms that there needs to be a concentrated focus to minimize further trauma at the removal phase. The researchers interviewed adults who had been in foster care as children, and they reported feelings of fear and isolation at time of removal. A plan beforehand should be made by child welfare workers to minimize trauma during removals, this would involve policy being written to establish a trauma informed procedure.

Trauma Informed Removal

Trauma Informed procedure for children at time of removal includes creating a plan before removal to minimize trauma impact (Henry & Richardson, 2013). Also, being aware of the child's trauma and engaging in way that does not cause more trauma to the child (Henry & Richardson, 2013). Essentially, having empathy and doing one's best ability to provide reasons and explanations to the child in an age appropriate way. As well as creating predictability for the children by informing them of the step by step procedure of removal, will help to minimize further trauma. Children should not be left to endlessly wander about why they were removed. Utilizing trauma-informed practices in the child welfare system is crucial to prevent trauma induced by the system (Conners-Burrow et al., 2013).

Little research has been done in applying TIA specifically to the removal process of children. Henry and Richardson (2013) issued a Trauma Informed Removal (TIR) power point presentation on behalf of the Children's Trauma Assessment Center at Western Michigan University to child welfare agencies in that state. Their presentation is specifically applying a TIA to a child removal proceeding, thus, a TIR (Trauma informed Removal). Their TIR guide, details that initially a plan should always be made to minimize trauma to the child at time of removal. Key steps in the process includes: establishing safety for the child, normalizing by providing psychoeducation, creating predictability, relational continuity and eliciting and reassuring the expression of feelings (Henry & Richardson, 2013). Further it involves critically thinking beforehand how to

sensitively explain to children the removal in a trauma informed way.

Researchers ascertain that child welfare workers need to recognize their role in the decision that's causing the child pain and trauma. It involves the willingness of the worker to empathize with the child and forming a connection in that pain.

A TIR per the authors, includes informing the child of what is happening and going to happen. They suggest that the worker should vocalize common feelings that children usually experience in this situation. Eliciting question from the child is important, asking the child if they have a comfort object that would make them feel safer. Asking the child what they need to feel safe. The authors also urge the need to help the child in a trauma informed way by transitioning with them from immediate removal to their new foster home, thereby, providing a familiar face to them and making them feel safer. Once at the home, inspecting the home with the child so that the child is made to feel secure. Also, creating predictability for the child by asking the foster home for daily routines and or rules (Henry & Richardson, 2013).

Summary

Types of trauma were reviewed in this section to clarify definitions and draw connections between trauma and children's removal and or placement changes. Trauma is generally defined as an "overwhelming event or events that render a child helpless, powerless, creating a threat of harm and or loss" (Henry & Richardson, 2013). A discussion of how research shows that when children are removed more than once, each placement change increases the odds of them

developing challenging behaviors and accumulating more trauma. Additionally, an overview of trauma informed practice was discussed and how to apply a TIA to removals. Internalization of traumatic experiences impact the child's development, self-perception and their schema of the world (Henry & Richardson, 2013). Therefore, the use of preventive measures such as TIA at time of removals is crucial to lessen the impact of a traumatic experience at time of removal.

CHAPTER THREE

METHODS

Introduction

This research project examined the experiences and perspectives of child welfare workers during removal procedures. Additionally, this study identified the experiences and expectations of the participants related to the use of trauma informed approach at time of removal. This chapter describes the methods used to complete this study. Sections addressed in this chapter include study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

This study used a qualitative approach which is both exploratory and descriptive, as data was collected by conducting interviews with former and current child welfare social workers. The purpose of the interviews was to attain social workers' perceptions of removal proceedings, their practices, and their recommendations related to removal proceedings. Additionally, social workers' perceptions of using a Trauma Informed Approach (TIA) was sought.

The strengths in utilizing an exploratory, descriptive qualitative methodology are that the validity of the findings are reliable as participants work or have worked directly with the target population at time of interest. Additionally,

through the use of individual interviews, participants felt comfortable and had ample time to explain their experiences and perceptions in a face-to-face, confidential interaction with the researcher.

The limitations of this design included the potential for recruitment bias, in that study participants, who were aware of the study's focus prior to agreeing to the interview, may be more knowledgeable or supportive of a TIA informed approach to removals than social workers who were not participants. In addition, the study's findings may be limited by researcher bias, as the researcher advocates for a trauma informed approach to removals. Finally, the study is limited in that it has a small number of participants which may not be representative or generalizable to broader populations.

Sampling

Participants consisted only of individuals who currently work or have worked in child welfare, and have facilitated removals. The researcher invited participants from her personal and professional social work networks to participate in the study. These participants were asked to recommend other social workers to participate in the study, using a snowball sampling technique. Ten participants were interviewed that met the criteria. A higher number of participants was not sought, as each interview took an average of approximately 30-45 minutes, thus, a larger sample was not feasible given time constraints. Additionally, participants were only eligible if they have past or current

experiences in child welfare removal proceedings as social workers. Participants with current or past employment in southern California were interviewed.

Data Collection and Instruments

Interviews were conducted with participants using an interview guide developed by the researcher (see Appendix B). The interview guide included questions related to the social worker's actions at time of removal, the workers' feelings and perceptions, and the social workers' beliefs about trauma informed practice. These questions included: "If you're comfortable disclosing, what training or education did you receive through your child welfare agency regarding removal proceedings? Do you feel you were prepared enough, why or why not? If not, what do you think would be helpful to your training? and What are your opinions and or suggestions on how to make removal proceedings more sensitive and trauma informed for the children?"

Procedures

The researcher recruited, interviewed and collected the data. The consented use of an audio recorder facilitated accurate translations of narratives. The researcher asked personal networks to participate and to help recruit within their own personal network. The researcher met with interviewee's in person at a community café and also conducted several interviews over the phone. The consent form was given and explained to each participant and they were asked

to place an “x” if they consented to be audio recorded and an “x” and date if they agreed to be a participant. The researcher asked the questions from the guided interview. Additionally, social workers were asked for feedback on the applicability or benefits of a brief PowerPoint presentation regarding TIP at time of removals (Appendices C). The researcher read the relevant slides to the participants as they followed along on their own copy.

Protection of Human Subjects

Each participant was given a number to maintain their anonymity. Participant’s real name was not kept with their question responses. Interviews were recorded with consent from participants. Recording device is stored in a locked file cabinet at the researcher’s home and data will be destroyed one year after research participation. In order to maintain confidentiality, google drive was utilized to store documents and interviews with an encrypted password only accessible by the researcher. All documentation will be deleted one year after participation. Every participant signed an informed consent (Appendix A). All participants were thoroughly briefed on the purpose of the study. Participants were assured that they did not have to answer any given question and could state “pass.” Participants were also told that at any given time they could terminate the interview.

Data Analysis

The researcher analyzed all of the data generated from the interviews using a thematic analysis technique. Common themes, feelings and perspectives from each participant category were deduced and coded in order to present the findings and inform the research. First, the researcher transcribed all of the audio recorded interviews verbatim. Second, the researcher used an open coding technique to code each interview transcript, identifying categories and patterns in the data. Third, the researcher explored these categories and patterns, noting their qualities and developing them into themes. Finally, the researcher used these themes to tell the story of the data, giving an overview of social workers' perceptions about Trauma Informed Practice in child welfare removals. The researcher also analyzed variables that were used for descriptive analysis include participants' demographics of age, gender, education and child welfare length of employment as well as their current role.

Summary

This study informs social work research on the perspectives and feelings of social workers during removals; and how those perspectives or feelings relate to trauma informed practice. A snow ball effect was used to recruit participants. A qualitative method was used in which interviews were conducted with strength-based questions. Participants were issued an informed consent form. Numbers

were given to participants and their real names are not disclosed. A thematic analysis technique was used to analyze participants' responses.

CHAPTER FOUR

RESULTS

Introduction

This chapter discusses the findings retrieved from ten qualitative interviews conducted with study participants. The data analysis includes participant's gender identity, age, education, and years of experience working in child welfare. Common themes identified in the interviews are outlined and discussed in this chapter.

Participants ranged in age from 28 to 76 years old. Three participants were no longer employed in child welfare. Nine of the ten participants had a master's in social work, one had a bachelor's in social work. One participant had an MSW and a doctorate in education. One participant had 32 years of experience working in child welfare, one had 16, another 12 years, one had 7 years, and the rest had an average of 5 years of child welfare experience, except one had only 7 and a half months working for a child welfare agency. Participants either were employed or had been employed in surrounding southern California child welfare agencies at the time of this study.

Results

Interviews from the ten participating social workers revealed many themes. Worker's experiences with removals including positive, negative and

ideal experiences were discussed by all participants. Participants had similar responses for what an “ideal removal” looks like for them. Impact of removals on worker’s is discussed, which included that many participants referenced their exposure to secondary trauma. All participants provided justifications for having to do a removal even though they were not asked to do so. Avoidance of emotions by social workers was a prevailing theme. Lack of confidence in themselves was also a common theme. Social work examples of existing Trauma informed practice that they already practice is reviewed. Social workers perspectives on trauma informed practices are also highlighted. Many participants disclosed that doing trauma informed characteristics should be “second nature” and comes from a “place of empathy”. All participants had a positive response to the Trauma Informed Removal (TIR) Power Point presented. Social workers perspective on how to make removals more trauma informed and sensitive for children are discussed. Social workers perspectives on training needs is addressed.

Social Worker’s Experiences with Removals

Positive Experiences

When asked to discuss a positive experience they had during a removal process, most social workers visibly paused to think about what a positive experience during a removal meant for them and one worker said “in the moment it's just too hard and sad on the kids that it doesn't seem very positive” (Worker,

7). However, three similar type of positive experiences emerged for most workers. One situation where workers felt it was “positive” was captured by this worker,

When I know that I take a child out of a bad situation, to me that's positive, the things that I walk into or not positive, I've seen some really, you know, bad things, mal nourishment, a lot of general neglect, severe abuse.

Those things. So that's never a positive. But the fact that you know, you take the children out of those situations makes it good (Worker #1).

Another worker described a positive experience as her interviewing a child and having a “gut feeling” that something was wrong as “he was really evasive, the caregiver didn't want him, to talk to me by himself” and so she decided to pick him up from school and take him for ice cream. During this time, the child disclosed allegations of abuse and the worker recalls vividly how she removed him at nighttime while law enforcement was present (Worker #2). Others described a positive experience as being able to place the child with a close family member that provided comfort to the child.

Other social work participants talked about a positive removal being when parents come to an understanding and realize “my kids are not safe right now” and hand over their child (Worker #4). Likewise, another worker says in the area where she worked there is a high population for substance abuse and newborns often test positive for substances, and she says she has had many positive experiences in which she feels parents

kind of put themselves in situations so that their kids can be removed mostly so that they can get into treatment. So they just sign over their baby and they ask for resources...And I've had parents like hug me and tell me thank you (Worker #8).

This worker explained that those parents then went on to tell her they were going to take the steps necessary to get their child back. Nevertheless, all social workers expressed in some way that no matter the type, removals are “always difficult” (Worker #1).

Negative Experiences

Social worker participants were asked to describe what a negative experience during a removal looked like for them. Most social workers described negative experiences as being when children and parents are crying and or hostile situations. Like this worker,

the more difficult times I've had is when parents make it very difficult for the children, a lot of crying, emotions, which is expected because if you don't cry for your child when you remove them, then that's a problem. But some kind of get out of hand. There have been times when I've been threatened (Worker #1).

And another worker describes a negative situation as the children crying and says

it's very traumatic for them, its traumatic for the parents because regardless of what has happened, parents love their kids in 99 percent of

the cases, you know in their own way. Sometimes it's kind of difficult to understand the dynamics, but I mean for the most part, parents love their kids. Kids love their parents; the kids don't understand what is going on (Worker #4).

Other workers described specific past hostile events, like this worker describes his negative experience in which law enforcement drew guns on the father as he was being aggressive, and that specifically made it “frightening” and also, he said it was a negative experience that the children were “kicking and screaming” and the children “tore up the car [county car]” (Worker #3). Another worker talked about a hostile situation in which she felt threatened. She had attained a warrant to remove the child, but the father was not letting her in the home. Law enforcement was present, but the father would not open the door for them either and the worker felt law enforcement was not enforcing him to do so. At one point the worker recalls

dad had us wait outside and he got in my face and pointed at me, “if you step foot in my house, I will fucking lay you out.” And um, the police weren't very supportive. They just kind of laughed thinking maybe he was kidding, but, the kid was there like packing his bag and the dad was freaking out and yelling. The mom was freaking out and yelling and the kids seemed pretty, pretty terrified at the whole situation (Worker #7).

Similarly, another worker described a past negative experience as being her worst removal. The worker went on to describe that it was a physical abuse case,

where one of the children had been severely abused by the mother and she was being arrested in front of the children. The worker tried to create a safety plan with father, but he refused. Thus, the worker attained a warrant and father refused to allow law enforcement entrance to the home in order for the worker to remove the children. The worker recalls father “threw the warrant at the police officer” and then when law enforcement was trying to put father in their car “father started wrestling with the cop in the streets, so they actually arrested him and charged him with resisting arrest.” The worker recalls this was “hard because they were older kids, so they were very emotional. They were crying. The younger ones didn't understand. So, it was just kind of trying to have that process and that conversation with the kids.” (Worker, #10). Additionally, the worker feels it became even more difficult of a situation to bear,

explaining to the kids, that because of the amount of kids there were, they would more than likely be split up into different foster home. So, trying to have that talk with them and obviously they not understand like, why can't somebody take all five of us, versus you know, two, two and one, that was really difficult. Obviously, the older kids were very parentified and you know, wanted to make sure that the older kids with the younger kids, stuff like that. So that was, that was also a difficult situation to try to deal with on top of, you know, watching both their parents get arrested (Worker #10).

A few workers describe past events that were negative experiences as being when a child ran away during the removal, like this worker, “it took me hours to locate him [the child] and to get him to come to me and it kind of turned into a huge thing because they're [children] scared and it's a scary thing..[removal]” (Worker #4). One worker talked about never feeling like any of her removals were negative except recently when she removed a newborn that tested positive for substances, the mother was forthcoming with the information including her mental illness and that she would substitute substances for her prescribed medication. This worker, said this was a negative experience because when she removed the newborn the mother felt betrayed,

she was very upset with me, that I took the information that she gave me to use it against her she felt like, and she like yelled and screamed and ripped her IV out and like left the hospital, she was like cursing all up and down the hallway. And we haven't seen her sense, so she's never seen her baby again. And she was livid she didn't show up to court like it was bad and like she wouldn't even let me explain any further. Like she was just like yelling and screaming and I hate you. And I knew you were going to do it. That was the worst (Worker #8).

Ideal Removals

Interestingly, when asked for what an ideal removal would look like for them, all the social workers (although noticeably uncomfortable as they all almost

laughed or chuckled nervously) described similar situations in which parents are either being arrested or giving up their rights, some said things like:

Both parents are getting arrested or one parent is getting arrested and you can't locate the other parents, then that's really easy. You don't have to get a warrant, you don't have to get permission from the parent, you just arrive on the scene. If you can get some stuff for the kids, you do. And then, you take off with them (Worker #7).

Others mentioned it would be ideal if parents came to an awareness of the necessity for their child to be removed and thus, would volunteer to sign over their children, like this worker,

Well this is when you know, these super neglectful situations and usually the mom says I was just waiting for you to basically come out to take these kids. I just can't take care of these kids. Okay. Could you place them with my sister or my ...but don't place them with my mother in law (Worker #3).

Or again, "I mean, an ideal removal of course it's when both parents are arrested so you don't have to get a warrant. That is what a lot of social workers like, because it makes our job a lot easier" (Worker #10). All workers also mentioned it would also be ideal and better for the child to be able to find placement with a relative if removal was necessary.

Impact of Removals on Workers

Secondary Trauma

Many participants mentioned the importance of addressing social workers' exposure to secondary trauma and or referred to their own exposure to trauma during removal proceedings. Some workers mentioned that over time with these procedures, workers may become "desensitized" (Worker #2). "The biggest part is secondary trauma and social workers need to be very aware of their own emotions, their feelings towards situations and people, to help with the process [of removal]" and also that "if you don't have a strong social worker that's able to handle the situation appropriately, then it's not going to work out" (Worker #1). Other workers mentioned "emotional draining," "I don't necessarily remember being trained on the emotional draining and how it can impact your own wellbeing when you are removing a child" and then regarding when having to remove children "how do you go and talk to the child to remove" [how to explain to a child the reason why they need to be taken from their primary caregivers] and then "how to keep themselves [social workers] separate [from the trauma] so it doesn't take an emotional toll on them [social workers, the removal]" (Worker #2). And again, this worker encapsulates the others' perspectives, saying:

you need to understand the emotional balance of how to handle removing a child, that they're may be a lot of emotions and traumatizing situations on the child and the parent's behalf that you have to deal with and be able to handle it (Worker #1).

Also, most social workers described removals as being “traumatic” for everyone involved, the children, the family and the social workers. One worker described her experiences removing children, “it’s understandably a very traumatic experience for the kids” and also in situations when she has had to remove newborns from hospitals “from mother’s who just gave birth” and “babies from mom’s in jail who just gave birth” and says that “the process is overwhelming for the social worker. It was for me, it’s frightening” (Worker #5). Another worker describes that in her experience “parents are hysterically crying” when their newborns are taken and how “difficult” it is to see that and to explain the situation to them (Worker #10). And again, another worker sighs as he says its “difficult” to see how even when older children are kicked out of group homes for various reasons “their emotional and um, it’s kind of retraumatizing them, from when they were initially removed from their parents.” This worker says, “You can see it [the trauma], you see it on their face” (Worker #9). Also, while discussing specific difficult past removals in which children were crying and or parents were resisting arrest in front of the children, the worker’s voices were noticeably more emotional and they would say things like the children were “terrified” the situation was “difficult” or “traumatic” (Workers #1, 10, 7). Some workers talked about the consequences of exposure to trauma and inferred that some desensitization occurs, “when you do this job for so long, sometimes it becomes routine and instead of like realizing that every person, every case is a person, not just a case (Worker #10).

Guilt for Removals/The Need to Justify

All social worker participants when asked specifically to describe their role in facilitating a removal, went on to explain the procedures done before having to remove. This was even after the interviewer would try to redirect them. The workers described the stages of first getting a report of abuse or neglect, then interviewing everyone involved and consulting with supervision before reaching a decision. This worker's response captures the others', "You will go out, complete an investigation if you have what we call exigency, which means that you have a safety and risk factors that are immediate that would cause harm or danger to the child. You can remove them right away" though this worker then said

A child pretty much has to be like on their deathbed. There has to be like no caregiver, maybe a parent or a family member, parent or guardian has been arrested in, there's absolutely like no one or maybe they're in the hospital and not capable of caring for a child, that will look like exigency (Worker #1).

Most workers had physical indications of being uncomfortable when asked their roles in facilitating removals, they stuttered, would repeat themselves and back track as to reasons why they would come to the decision to remove, or would again say things like this worker "I would exercise all other options before resorting to having to remove the child. So, making sure that that's done first and seeing if there's any way to work with the family and the situation and put services in place" (Worker #6).

Besides reiterating standard procedures before removals, most workers talked about how “good social workers” would make sure parents are not surprised by the department's decision to remove their children. Like this worker, who suggested,

You [social worker] should always be telling your parents, okay, if you don't do this, this [removal of your children] is the possibility of this happening. So, nothing should really be a surprise to them. I think when parents are caught off guard, although they may act that way, I don't think you've done your job as a social worker because I tell parents that I'm going to be as transparent with you as possible and you know, as long as you're honest with me (Worker #1).

Another worker went on to model what she would say to parents if they “acted” as if they didn't understand why their children needed to be removed,

If they're like, why are you taking them? And it's like, well, we've been through this, you know, it's not a surprise. I told you that this is what the issues were and what was going to happen. Like if we weren't able to eliminate the issues and why your child was still, their safety was at risk because of x, y, and Z. Right? (Worker #4).

Two workers talked about having many positive experiences during removals and attributed it to them being secure about their being a significant detriment to the child's safety if they were not removed. Overall, there was this prevailing need for social worker participants to explain or justify how they and

the department came to the conclusion that a removal was necessary and further how they felt parents should or should have understood the reasons.

Avoidance of Emotions

Many participants inferred that social workers during removals and after try to shy away from all emotions. This worker best captures this saying,

I think a lot of social workers avoid the interaction. You try to like stay away from them [children]. Like I'm going to hand them off to a nice person and then hopefully they'll just forget that I was ever involved (Worker #8).

This worker was speaking of how in certain counties social workers have social service assistance and sometimes social workers have the option to leave children with them after they remove them. Another worker described workers as avoiding emotions and processing with the children “because they don't know any better” though also says,

They selfishly think it's in the best interest of the child and everyone, if they just rip that Band aid, they go in, they removed the child, the child is kind of stuck like a deer in headlights. And they [social worker] can rush them out [from home of removal] and do the change of placement and before the child is even able to process, it's over with, that's easier for the social worker because they don't really have anything else guiding them on, on a better way (Worker #9).

Lack of Confidence

All participant social workers expressed feeling unprepared to facilitate removals as already mentioned. This worker best captures how most works expressed the complexities involved during removals,

I could have 10 referrals with all the same allegations, but every situation is different. So, children's needs are not always predictable. I don't know how kids are going to react. Sometimes they don't cry. Sometimes they cry for hours. Sometimes they're upset that they're not going to be [placed with] grandma or mom or dad. So, yeah. I mean it really depends. And then, you know, I mean, that's what makes behaviors so hard. It's, you know, if behaviors were easy, then we can have a cure for everything (Worker #10).

Similarly, other workers talked about many situations where children are hysterically crying along with parents, or numb children that don't cry and or hostile situations.

Social Work Perspectives on Trauma Informed Removals

Examples of Existing Trauma Informed Practice

Participants either before the power point presentation or after the presentation, presented experiences in which they demonstrated characteristics of trauma informed practice during removals. Though all participants responded “no” when asked if they had heard of Trauma informed practice specific to

removal proceedings (Trauma Informed Removal) TIR. Most acknowledged that they had heard trauma informed practice in general either in academia or in their agency. Most all workers disclosed that when they had the time and if it was feasible, after removing the child they would wait with the child for placement and help transport them to their new foster home. This is a characteristic of trauma informed practice for removals.

Creatively, without knowledge of a TIR a worker describes herself as being sensitive to the parent and keeping them in the “know” as far as when the child is placed, she calls the parent and lets them know the child has been placed without releasing confidentiality of placement. She also allows the child to speak to the parent on the phone on the day of removal to say goodnight. This worker says she tells the parents when possible,

when I get to the office, I will call you, or when I get to the placement tonight, I will call you. So just depending on like the timeframe of what's going on, I always would give the parents that courtesy call (Worker #1).

When asked if she knew others in her agency were doing this the worker responded it was not a standard procedure and she was not aware if others did this. Additionally, this same worker said that she built trust with the children she removed by situations in which she says

there have been plenty of times in the middle of the night that I have not left kids at their [foster home] house because I said “no.” And it was not anything in particular. It wasn't that the house was dirty, it was just I didn't feel

comfortable and, I knew the kids didn't feel comfortable. And so sometimes as a social worker you may not be able to articulate like 'I just didn't like it and it is my gut' but you have to go with your gut sometimes (Worker #1).

A few workers said they provide some time for the family to say their "goodbyes" if time was permissible and depending on the situation. One worker said she allows parents to place the children in the car,

I allow parents to put the children in the car if they're not so emotionally like out of control where they are going to upset the children. Yeah. So I'll allow the parents to take the children outside and put them in the car, kiss them and all of that stuff (Worker #8).

Most all worker's disclosed that they felt it was important to talk with the children after removals and to provide some sort of explanation, one worker describes her typical conversation with a child,

I typically will tell kids if they're old enough, you know, this isn't their fault no matter what their parents tell them or how they're feeling. I explain my role again, you know, my job is not to be the bad guy. It's just to make sure that you guys are okay. You know, your parents are going to get some services to try to help them so that it can be better for you guys at home" she names common feelings, "Hey, I know this isn't easy. I know you guys probably more than likely prefer to be at home. I know you're scared" and she says she tries to "normalize their feelings (Worker #10).

Second Nature/From a Place of Empathy

When describing experiences in which workers demonstrated actions of trauma informed qualities (normalizing by providing psychoeducation,, relational continuity, reassuring the expression of feelings) during removals at least four workers said this practice came from a place of “empathy” and described it as being “natural,” this worker captures this sentiment, “.....for the most part it should be second nature about, you know, how you talk to kids, how you address the parents. I do think a lot of it is personality because I am a parent.” This worker went on to say like a few other’s that their practice was related to being empathetic, “I always think about, okay, if somebody knocked on my door, how would I act? I would be upset. I would be irate. I would probably curse them out, all those things (Social worker #1). Similarly, another worker mentioned referencing themselves and how they would respond in these situations,

I try to think of it as if it was me, I don't have that mentality that I'm like, oh no, that would never happen to me because to be honest, I think everybody's just a couple of bad decisions and maybe a couple of bad strokes of luck sometimes from being in some of the situations that the families who we work with are in (Worker #4).

Additionally, when talking about the feasibility of the power point training, this worker responded,

I think that most of this [power point] for an intake worker is very feasible. Because I actually do most of these [trauma informed practices], some of it really stems from a place of empathy. Like what would I want to hear right now? What could they be feeling? And talking to the kids about that (Worker #7).

Another worker's response to engaging with children in an empathetic way said "Well that is what you're supposed to do" (Worker #2).

Positive Responses to Trauma Informed Removal PowerPoint

All ten of the social worker participants when asked for feedback to the Trauma Informed Removal Process power point, responded with agreeableness and said it would be beneficial to implement such a training. "I think he's [power point researcher] very accurate. We have to be very considerate of our children" this worker went on to say that as an institution we need to be more "accommodating to the child's needs" (Worker #1). Many workers mentioned that with the amount of work load and length of time working in this field it could lessen sensitivity and detail to the child's feelings, as encapsulated by this worker,

I think it's [the PowerPoint] helpful because it, helps the social worker to stop and think about it from the child's perspective. Because what can happen when you are in the job that you're doing the work and you have clients after clients, that you know, you can become desensitized and forget that you know, this is a child. And how it would make them feel.

You're just going about your day and doing your job and checking boxes
(Worker #2).

Also, this worker best captures what others said about the PowerPoint
benefits,

Well if they [social workers] use the model. I think this will be helpful.

Because if you use this trauma informed removal model it helps the social
worker and equips them with knowledge and tools and then they're able to
go in there [removal process] and have a different perspective in a
different frame of thought when they're going in there to remove the child.

And so then it allows them to take more time when they're with the child
and then when they're alone, you know, even when the child is being
removed and is with them, cause they're in the car with them, they can go
through and talk about trauma. They can explain, normalize the feelings
that the child is having, or the behaviors that they may be demonstrating
or displaying also. And so, it helps... It'll help them more so with
transitioning, I believe into the foster home, it takes away the social worker
seeming distant and cold and like a scary person and it makes them, I
think it would make them appear more human where the child is able to,
you know, talk to them and feel comfortable even during the traumatic
experience (Worker #2).

One worker voiced appreciation for the power point's information and specifically
said, "I like what that slide said about, you know, social workers being the

connection to their parents. I never thought about it that way and, that's really true" (Worker #7) this was in regard to the worker being available to the child after removal.

Many workers also voiced that they liked the power point because they feel their trainings prepared them enough on documentation and the paperwork but not TI removals, as noted by this worker,

Yeah, I actually really liked that power point, because like I said we kind of gloss over with the practical, like this is the form for this, this is a form for that. Okay. Moving on. This is how you write this detention report. There are guides in your folder... But it's not like... These [things mentioned in power point] are the things that really kind of make the whole process and how you can minimize the trauma to children and families when we're doing it [the removal]. And I think these are the questions [questions children ask at removals, this is mentioned in the power point] that we really need to be asking ourselves and processing...because you do get asked these questions. All of them by the kids (Worker # 4).

This worker and most others voiced that the content in the power point should be used in trainings and even in internship as an activity for workers to ponder trauma informed responses to children's questions when they are being removed. And again like many others, this worker feels this power point would be beneficial, "I think it'd be a good training to have for workers, because we tend to

forget that we're dealing with people and how they're feeling versus all our paperwork and stuff" (Worker #8).

Several workers mentioned appreciation for some of the ideas in the TI power point for during or right after removals as expressed by this worker, "I like this, [power point] I didn't know, about asking about the routines [in foster home], you know, to provide predictability for the child, that's a really good idea" (Worker #7). This worker and most all others mentioned how some of the ideas mentioned like providing predictability for the child during and after removal would benefit the children,

I think that would be really good for kids who are just like in shock and like what's going on? 'I don't know what's going on, you know, one day I was with my family and the next day with strangers' and they probably, aside from the shock and trauma, have a sense of like no control. And I think if you give them kind of a schedule to give them that predictability, it will help them to feel a little more comfortable and feel even more safe (Worker 7).

Most workers expressed the desire for more training on trauma informed removals as said by this worker, "I definitely think that, you know, how we can minimize trauma impact on removals is really important. I mean, for everybody, not just intake" (Worker #10).

Perspectives on Making Removals Trauma Informed

Social Workers Perspectives

When participants were asked their opinions on how to make removals more trauma informed and sensitive to children, they most all responded that more training is needed and that incorporating the characteristics from the power point would help. “I think definitely probably incorporating, this trauma informed removal process would be definitely helpful” (Worker #1). Another worker said, “this trauma informed removal model helps the social worker and equips them with knowledge and tools” in regard to being able to process and normalize children’s feelings (Worker #2).

One social worker feels that “the most important is a welcoming alternative placement [with] a ‘gramma type of person”” this worker also, suggests for social workers to “just realizing, separating our particular discomfort, our feelings. And so, the more we do it, of course, the more comfortable we'll be doing, you know, acknowledging their [children’s] pain” (Worker #3). This worker suggests that when explaining the removal to parents the worker should not “be negative with them and don't talk down to them regardless of what's going on, regardless of what happened. I always tried to respect the people that I'm talking to even in that moment...” this worker also says that like the power point she would provide education to the family and children as to the process, “letting them know what’s going to happen, allowing them the opportunities to say goodbye to their kids” depending on the situation if it’s not to hostile and she prefers to ask the parents

“oh can you get them a couple of things that they want? What would you like them to have? Do you have like some pictures?” (Worker #4). Another worker also says it is important to talk to children while they are being transported and says she has witnessed workers not say a word to children while in the car (Worker #8). Only one worker referenced that in her agency they have a mandate to allow children a phone call to their parent within two hours after removal, and she says she does this, but she says in her experience children are not often told of this right. At least one worker talked about the importance of acknowledging children’s emotions and validating them,

“Creating predictability and also, being available to them [children]” was suggested by Worker #7, as far as how to make removals for trauma informed and sensitive to children. She says even though because of court report deadlines she cannot visit the child in placement the day after she says:

I'll leave my card with them and explain to them that I am available if they do need me...because I like what that slide said about, you know, social workers being the connection to their parents. I never thought about it that way and that's really true” (Worker #7).

This worker says it is important to talk to children, explain what is happening and going to happen as the power point explains so that “they [children] know what to expect and they're not so left in the dark on top of being without their family (Worker #7).

Likewise, another worker said

I think it's important to have those difficult conversations with the children. I think there, I think it's impactful. You are the first person to change their situation and then they see you being protective or not at that moment. I think just building that rapport with them to help them understand why you're doing what you're doing. Even if they're smaller. Just not forgetting that they're having feelings and thoughts and they need someone to say something to them and not just move them around as though they don't matter (Worker #8).

Another worker, said “planning and time to allow for the child to have some kind of closure, will greatly reduce the amount of trauma that that child suffers” (Worker #9). This same worker goes on to say that “there should be steps or a process in place, a checklist that social workers, upon doing removals or changes of placements, they [workers] have to go through, to slow them down and make sure that they allow the child to process” (Worker #9). One social worker suggested that counties invest in place or program similar to “CCRT” (Community Crisis Response Team) where immediately after the removal the children could be taken to so that they can talk to a therapist (Worker #10).

Enhanced Training Needs from Social Workers' Perspectives

Most participants portrayed some skepticism when asked if they felt like they were prepared enough through their trainings to facilitate removals. Social workers felt they were not prepared enough to do removals, this worker voiced it like this “was I prepared? Absolutely not” (Worker #9). Most workers had similar

responses to this worker “I don't know, if you're ever going to be prepared enough to remove a child from a home?” This worker also talked about the need for more training on how to engage with children during a removal and what to say to them, “I don't necessarily remember being trainedon how do you go and talk to the child to remove” (Worker #2). Many workers voiced this same concern of what to say to children when they need to be removed, like this worker “I'm definitely more of what you say to the children I think there's not a lot of training or education around how to deal with the children” (Worker #8). All participants disclosed statements indicating they felt prepared for the paperwork, “In regards to the actual removal process, we just pretty much learn the paperwork” and procedural aspect of having to do a removal, but the emotions and or manner in which to engage with children and families when removing, they felt they were not prepared for (Worker #10). Most workers described that situations in which they had to remove were rarely ever the same and each removal was mostly different.

Therefore, all participant social workers were forthcoming with suggestions on how their training needs could be addressed. Some workers talked about the need for training on trauma and how to deal with it, like this worker,

I think having someone, speaking about, trauma and how to handle trauma, not only for the family, but for yourself [the social worker] as well,

because it's always that secondary trauma that you encounter when you, you know, experienced situations like that (Worker #1).

Many social workers expressed the need for more open discussions about removals. Suggestions included having multiple experienced social workers “from various backgrounds” share stories during their trainings about their own experiences during removals, and to “speak open and honestly about what you're going to encounter instead of just a lot of fluff” (Worker #1). And again, another worker said “having some more stories that actually have occurred” from social workers experiences would be helpful (Worker #4).

Social worker participants suggest that role playing different scenarios for removals during the training period would help better prepare workers (Worker #3). Many workers expressed the need for realistic trainings for removal preparation that include mock and simulation removals, this worker encompassed what many said,

I think it will be more helpful, just to have maybe more simulations and mock removals to show what they look like. I think when you're in training you don't really understand what a removal will look like because it's kind of simplified. It doesn't really make it seem like it's as scary as it is. So maybe just more realistic training, like this is really what you're going to be walking into and how parents are going to react and how you should respond to, you know, that kind of stuff (Worker #8).

Participants also talked about the need for more shadowing experiences [when trainees go out into the field and observe an experienced social worker] with actual removals, one worker said this helped their training, “the shadowing experience that kind of built my confidence in doing that[removals]” this worker and other’s voiced that having support from their “coworkers or your unit” helped when doing a removal (Worker 7). One participant described a need for focus group trainings in which trainees discuss ways in which to answer children’s questions during removal proceedings, “I think this would be a really worthwhile exercise during like in employment training or even internship to start asking yourself these questions like how would you respond? because it’s hard and you do get asked these questions [child’s questions from PPT]. All of them by the kids” (Worker #4). All participants identified a need for ongoing trainings on learning, as said by this worker,

...especially for workers in this kind of field, we definitely need to always, you know, be doing some sort of training to learn...I definitely think that, you know, how we can minimize impact on removals is really important. I mean, for everybody, not just intake [investigative worker that usually does removals (Worker #10).

One worker mentioned that the agencies need to be considerate of workers that recently returned from maternity leave and perhaps not making them go out into the community so readily. She described a situation in which she returned from maternity leave and almost immediately was asked to assist

another worker who was supposed to be doing a routine case management visit with an infant and his mother. When the worker's got to the home the mother self-disclosed that she had relapsed into substances and said "I'm trying to stop and it's not working" the assigned worker stepped out to consult with supervision and was told a removal was necessary. This worker describes how "difficult and traumatic" the situation was,

the mother became hysterical, crying and sobbing and saying, please don't take my child, my son, he's all I have don't this to me. I mean, she became so emotional and the child was crying that it was just a room we were in because it was a motel room, edge of the bed at the foot. I turned around, because I started to become emotional tearing up in my eyes and I just couldn't contain my own emotions. And I know it had a lot to do with the fact that I just had [given birth to] a three month old... seeing this mother, and I had removed kids before this, but at that moment I just couldn't contain and hold in... it really tugged on my only my own emotions (Worker #2).

This worker perhaps did not speak up because she didn't feel that she would be supported as a mother in the field. Also, she may have been worried that her concerns would be a bad reflection of other women in the field.

CHAPTER FIVE

DISCUSSION

Introduction

The findings from this study and their relationship to the literature are discussed in this chapter. Unanticipated data is discussed. Recommendations for child welfare social work practice, policy and research is presented as well. Limitations to this study are also addressed. Additionally, broader implications of the results for child welfare social work practice are addressed in the conclusion.

Discussion

This paper examined social workers' experiences with removal proceedings and their understanding of Trauma Informed Practice related to those removals. Interviews with experienced child welfare workers revealed many themes including the complexities of workers' experiences during removals, the impact of removals on workers, social workers' perceptions on TIP and suggestions on how to make removals more trauma informed for children. All of the study's participants agreed that removal proceedings are traumatic for children and families. Participants voiced that some children cry hysterically for hours after removal, other children cry silently and or not as much. Other children react aggressively, want to run away and or the complete opposite they act as if they do not care. This finding is consistent with the literature which indicates that

removal proceedings are traumatic for children (ACTIS, 2010). Interestingly, some participants viewed these overt behaviors as indicators that the child is *not* in trauma. However, the literature warns that children react to trauma as individuals, not all feelings are observable, and some children internalize their emotions (Chapman, Wall, & Barth, 2004). Social workers in this study acknowledged that children are sometimes not provided appropriate explanations or preparation for these experiences, either due to time constraints or worker preferences. This is consistent with the literature which indicates that children are often not provided with reasons and explanations nor predictability upon their removal (Johnson et al., 1995).

Yet, the literature also clearly indicates that children report feeling confused, angry, and sad among other emotions, as a result of these experiences (Chapman, Wall, & Barth, 2004). Many participants talked about either recognizing their own or others' desires to avoid talking about feelings or the process with the child during or after the removals. However, a traumatized child will become more fearful and anxious when faced with uncertainty and therefore needs age appropriate information to help them understand what is happening (Perry, 2014). Most participants did acknowledge that it is important to talk to children during the process, but they expressed lack of confidence in their abilities to do so, suggesting a gap between best practices identified in the research and actual practice on the ground.

Social workers' own experiences and exposure to secondary trauma during removals was an unexpected finding from this study. Their very clear descriptions of positive, negative and ideal removal experiences for the workers shed light as to the difficulty and complexity of their work. Interestingly, participants seemed inclined to justify their own and the department's decisions to remove children, perhaps suggesting underlying guilt. Although this finding was unexpected, it suggests that workers may need additional support in processing their own trauma, in addition to attending to the trauma of the children they serve.

Social worker's perspectives on removals and on TIP were generally consistent with existing literature. Some participants did mention that they observed the trauma impact to the child as they were driven from one placement to the next. This was regardless of the youth being in foster care for years. Social workers also recalled children's negative responses to placement and to changes in placement, which is consistent with the literature which suggests that placement changes and the accumulation of trauma are correlated with more negative behavioral issues in youth (Newton et al.,2000).

Many workers practiced at least a few characteristics of TIP at time of removals, though no participants were able to explain what TIP looks like. For example, some participants talked about letting children talk to their parents when they arrived at their new home. One worker mentioned that it might even be a policy in her agency for children to have the right to speak to their family

members during a certain time frame after removal. The literature revealed that children expressed feeling better when they were given the opportunity to talk to their family shortly after removal (Johnson et al., 1995). The need for enhanced TI training was prevalent throughout all the interviews. Though a few workers even with no TIP training, reported consistently providing age appropriate reasons and explanation to children and families. This practice is directly related to the literature review on what makes for TIP during removals (Henry & Richardson, 2013). This particular finding suggests that TIP during removals may fit well with social workers' existing practices and with the value many social workers already place on supporting children and families through what is usually a very difficult placement process.

Limitations

This study's findings should be interpreted with caution in light of several limitations. The study's ten participants provided a wealth of information regarding their individual training and removal experiences in child welfare; however, their experiences may not represent those of other social workers in other agencies or communities. Further, the study relies on social workers' perceptions, not on objective evaluations of their knowledge, skills, or practices. Additionally, this interviewer asked for social workers' perspectives on trauma informed removals after allowing the participants to view the presentation. Presenting this information before asking these questions might have

encouraged participants to provide more socially desirable responses, or those they thought the research wanted to hear. Finally, this study did not include the perspectives of the children, birth families, or foster families involved in these processes, and whose perspectives may vary from those of their workers.

Recommendation for Child Welfare Social Work Practice, Policy, and Research

In the state California, there are approximately more than 55,000 children in foster care. This study's findings generate several policy, practice, and research implications that may help minimize trauma and its impact on children coming into care and moving through the system.

Child Welfare Policy and Practice

The findings from this study and from all ten participants, who were experienced child welfare workers, suggest the need for improved training on how to practice trauma informed removal proceedings. It is concerning that not one of the participants from various southern California agencies recalled a specific training or guide on how to conduct a TIR. Additionally, none of the participants mentioned consulting with supervision on how to minimize the impact of trauma during a removal. Individual county child welfare agencies should recognize the need in their own agencies and work toward creating an applicable training to address the needs of staff and the families they serve. Even further, child welfare organizations at the state and national level might consider

developing policy to integrate courses on the use of TIP during removal proceedings. Trainers should include research experts in the field of trauma informed practice specific to removal proceedings. Social worker's own perceptions of what they feel they need to be better prepared should be considered including their desire for more role playing with real scenarios, as well as time with experienced workers to share their experiences. Additionally, knowing that most individuals have faced at least one traumatic experience, child welfare institutions should encourage their social work staff to use ACE's to screen children and families for trauma in a more effective way. Screening children and families for trauma would inform the agency of the families' needs for specialized services in a more coordinated and rapid way. Also, existing policy on children's rights should be reviewed to make sure social workers are aware on what children coming into care are entitled too. It should be standard practice for social workers to empower children and youth upon removal by letting them know their rights specifically toward contacting their family members.

Considering the impact of trauma in neurodevelopment, child welfare systems should consider implementing an instrument to measure change as they move to incorporate and implement trauma informed trainings. Additionally, an instrument would provide a measure to evaluate how or if agencies are operating in a trauma informed approach. The Trauma-Informed System Change Instrument, is a tool developed in response and in collaboration with the Children's Trauma Assessment Center (CTAC) in the state of Michigan, as they

are pioneers in developing trauma informed change as it applies to child welfare systems. Connections (between individuals and between agencies), Policy and Agency Practice are three areas of systems that are used for measuring change (Richardson, Coryn, Henry, Black-Pond, Unrau, 2012). Measuring quality of services and ensuring best practices aligns with the NASW code of ethics in the area of competence. The field of social work should continually enhance their skills, professional knowledge and move toward influencing the field.

Equally important is the need for child welfare agencies to establish policies and programs to address social workers' exposure to secondary trauma. Most police officers are given opportunities to debrief with mental health specialists after witnessing trauma in the field. Child welfare agencies should move toward establishing similar programs that enable easy and quick access to therapists for staff who need or want to process their experiences. Additionally, agencies should consider isolation and systemic fragmentation as a factor in stress reactions. Encouraging group cohesiveness and a team-oriented practice may help to lessen individual stress. Supervisors are crucial to help provide emotional support and encouragement. Social workers who are made to feel valued, respected and cared for, are better equipped to handle trauma (Perry 2014). Similarly, schools of social work might better prepare future social workers to deal with their own trauma and to minimize that or their clients by offering curriculum in TIP removals. Perhaps the combination of addressing systemic influences, supportive and strong leadership, additional training, and improved

access to therapeutic services might alleviate stress levels for staff, thus, helping to counter burnout and higher worker turnover rate.

Research

Because there are so many children being brought to the attention of the system, more research should be conducted to minimize the impact of trauma when a child needs to be removed from their familiar settings. Future research should include current or past foster youth, as well as their families, to examine their perceptions about what social workers and staff could have done to alleviate their trauma at removal. Further, additional research is needed to evaluate child welfare workers' skills and confidence before and after receiving TIP training. Finally, future research should include a review of training curriculums from multiple agencies and across geographic locations to better identify differences in experiences, needs, and practices across the field.

Conclusion

Children are the most vulnerable population. Thus, it is crucial that human service agencies tasked to provide services to this population are delivering their service with current evidence-based practices. Such practices need to be trauma informed to better minimize system induced trauma. Any representative from such agencies that deals directly with children should be trained on how to sensitively engage in order to not create further harm. Policies should be in place at all levels of child welfare institutions that support the delivery of trauma

informed services, including screening for trauma, TIR, transition into care and case management services. Research and experts in the field should be continuously consulted with and revisited to ensure quality of practices. Evaluations should be sought from families and or children to assess effectiveness or gaps in service delivery. Additionally, there is a need for strong supportive leadership to create spaces for processing and addressing secondary trauma. Encouraging and supportive supervision is needed to create an environment that is conducive to the wellbeing of child welfare social workers.

APPENDIX A
INTERVIEW GUIDE

Interview Guide

Created by Researcher

Short Survey for demographics.

1. What is your age and gender identity?
2. How long were you or have you been in child welfare employment?
3. What is your educational background?

Warm up question: What roles did you or do you fulfill in child welfare?

Guided Interview:

1. If you're comfortable disclosing, what training or education did you receive through your child welfare agency regarding removal proceedings? Do you feel you were prepared enough, why or why not? If not, what do you think would be helpful to your training?
2. Can you tell me a brief summary of what a typical removal process experience looks like for you, and your role in facilitating the process?
3. Can you tell me of a positive and negative experience you had during a removal process? What made it positive or what made it negative?
4. What would an ideal removal look like for you?
5. Have you heard of a Trauma Informed Approach for removal proceedings? If no, researcher presents educational power point and

ask for feedback regarding feasibility, whether it would be beneficial and why or why not. If participant is aware of a trauma informed approach, they would be asked what that looks like for them during a removal. Afterward, they would also be shown the educational power point and asked for feedback.

6. Lastly, what are your opinions and or suggestions on how to make removal proceedings more sensitive and trauma informed for the children?

APPENDIX B
INFORMED CONSENT FORM



California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 5/19/2019 VOID AFTER 5/16/2019
IRB# SW1857 CHAIR [Signature]

College of Social and Behavioral Sciences
School of Social Work

INFORMED CONSENT

The study in which you are asked to participate is designed to raise awareness for the use of Trauma Informed Practice at time of removal proceedings in child welfare. The study is being conducted by Ester Garcia under the supervision of Dr. Deirdre Lanesskog, Assistant Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

PURPOSE: The purpose of the study is to gain child welfare workers perspectives on removal proceedings and whether or not they find a Trauma Informed Approach beneficial.

DESCRIPTION: Participants will be asked questions on their educational level, training received specific to removal proceedings, and protocols/techniques used during the process. Participants will be presented with a short educational power point and will be asked for feedback.

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

CONFIDENTIALITY OR ANONYMITY: Your responses will remain confidential and data will be reported using a pseudonym.

DURATION: It will take approximately 60-90 minutes for the interview to conclude.

RISKS: There are minimal to no risks such as possibly feeling uncomfortable when answering topic questions.

BENEFITS: There is the possibility that participants may find the educational power point useful and or informative in some way for their practice.

CONTACT: If you have any questions about this study, please feel free to contact Dr. Lanesskog at (909) 537-7222.

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 2019.

I agree to be tape recorded: YES NO

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

Place an X mark here _____

_____ Date

909.537.5501

5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

The California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • East Bay • Fresno • Fullerton • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

APPENDIX C

TRAUMA INFORMED PRACTICE AT TIME OF
REMOVAL: POWER POINT PRESENTATION

Trauma Informed Removal Process

Southwest Michigan Children's Trauma Assessment Center

1000 Oakland Drive

Kalamazoo, MI 49008

269-387-7073

E-mail: ctac@wmich.edu

Website: www.wmich.edu/traumacenter

Quiz Bowl

What is your attitude about this training?

“1” (they had drag me in here)

“10” (I could not wait for the presentation)

Quiz Bowl: Question 2

- **What would make this presentation worthwhile to you?**
- **A) We go home right now!**
- **B) You understand your kids and families differently**
- **C) You learn something about yourself**

**Traditional
Paradigm**
Event Focused

Willful Behavior

**Trauma
Informed**

*Impact Focused
Brain Based
Behavior*

Let's start with TRAUMA

- Exercise: Explain trauma to a child

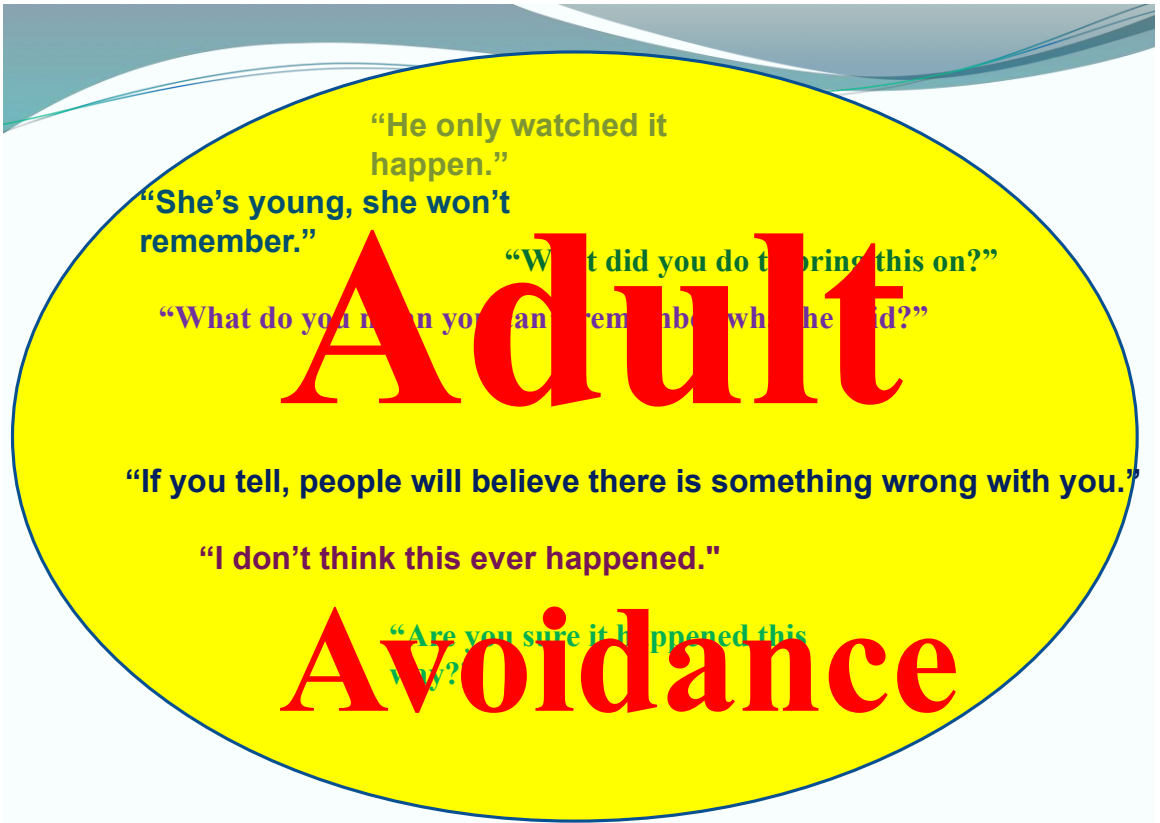
What is trauma?

- A. Overwhelming event or events that render a child helpless, powerless, creating a threat of harm and/or loss.

- B. Internalization of the experience that continues to impact perception of self, others, world, and development.







"He only watched it happen."

"She's young, she won't remember."

"What did you do to bring this on?"

"What do you mean you can't remember what he said?"

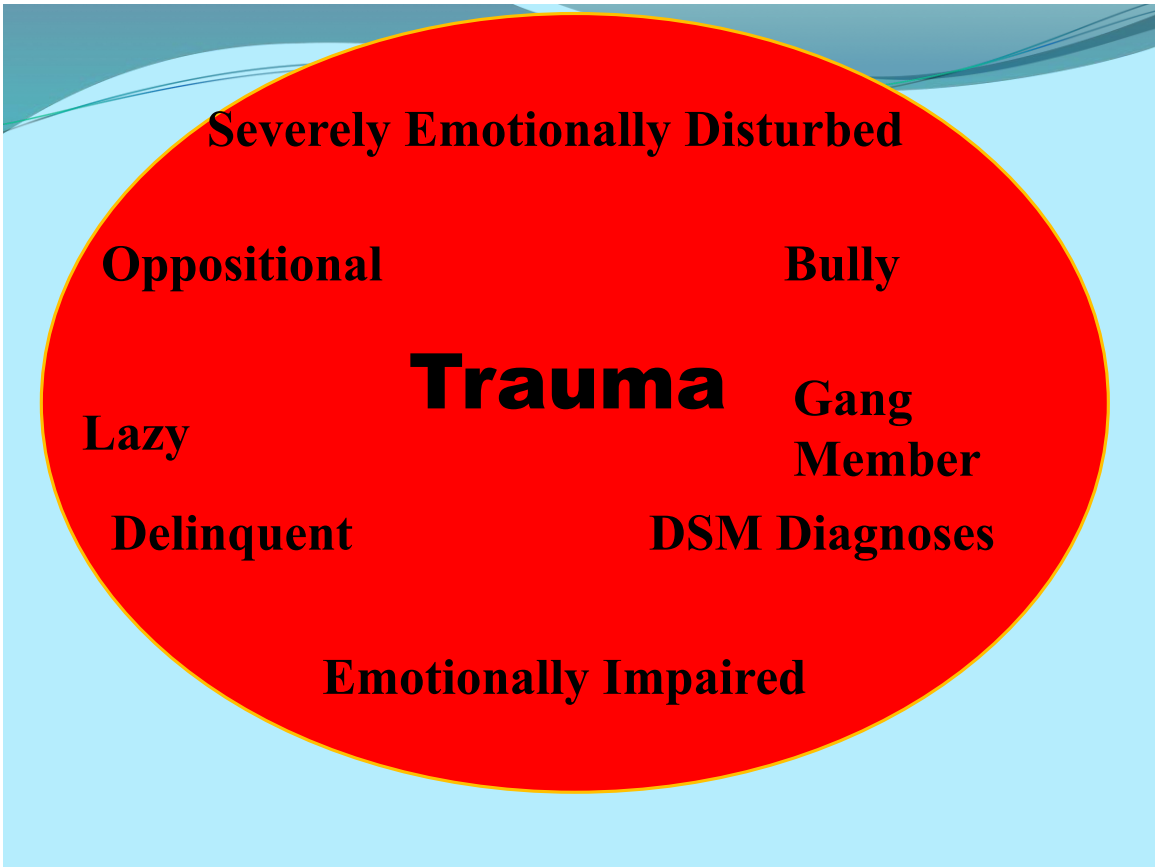
Adult

"If you tell, people will believe there is something wrong with you."

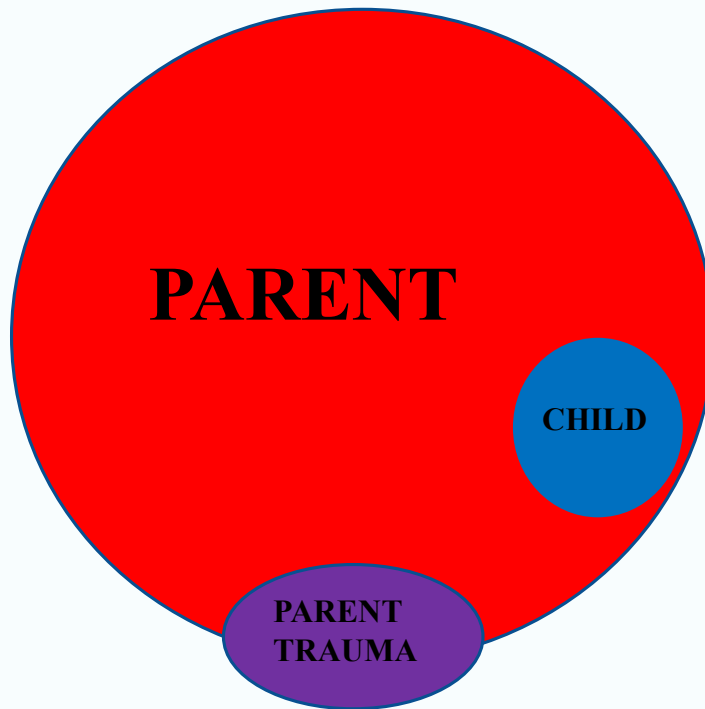
"I don't think this ever happened."

Avoidance

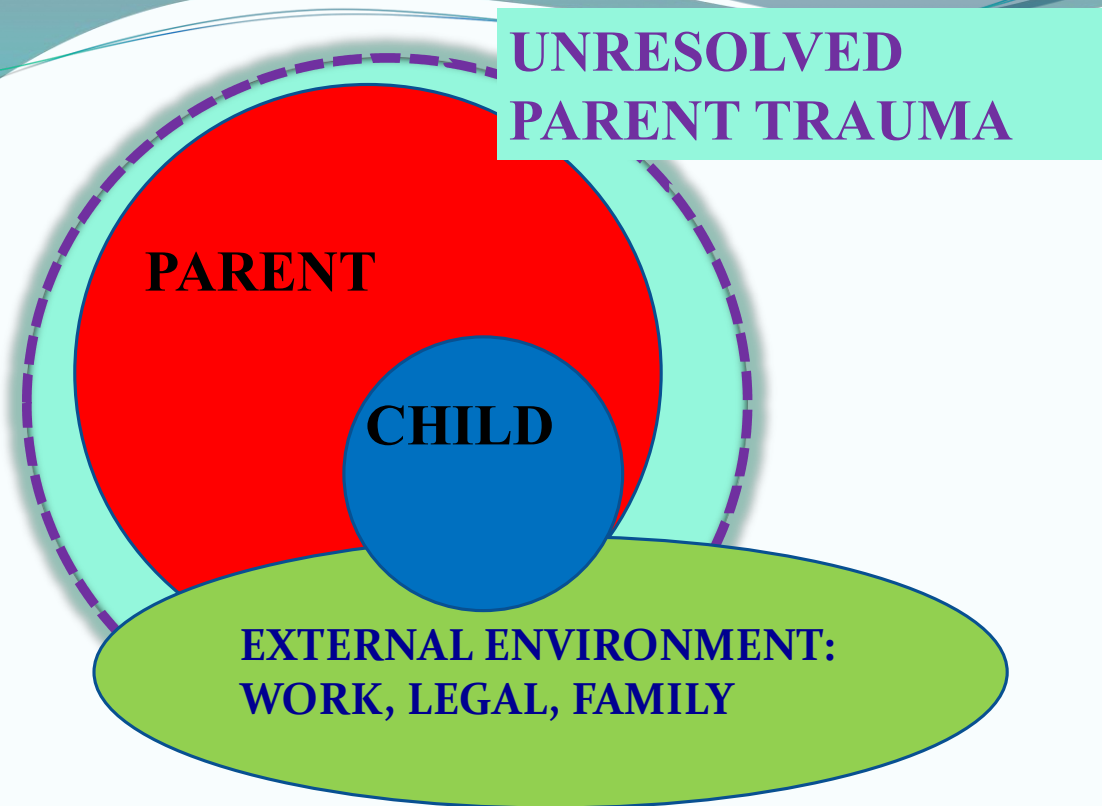
"Are you sure it happened this way?"



Typical / Current Child Welfare Model



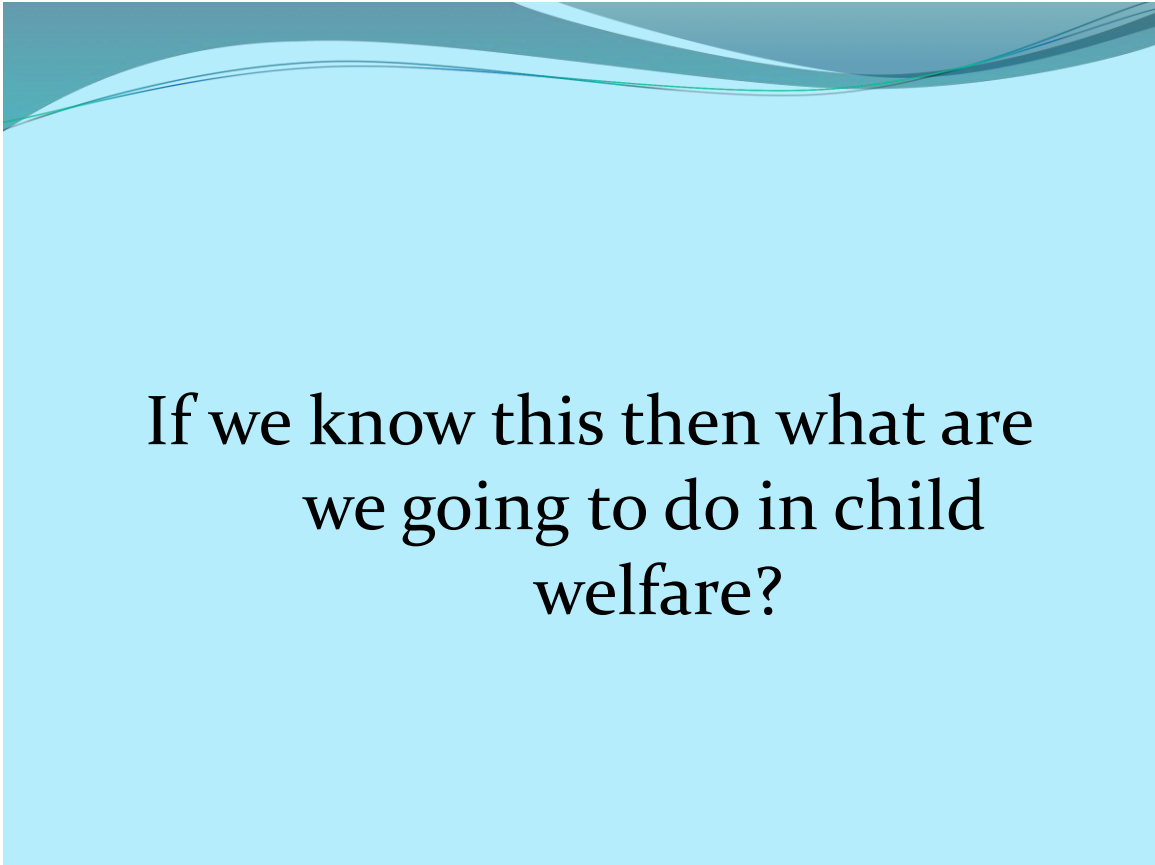
Trauma-informed Model



The Child Welfare Challenge

... “All too often the ***convenient decision*** is wrapped in a package as the right one”...

Judge Hofmann (Texas Child Protection Court) 2013



If we know this then what are
we going to do in child
welfare?



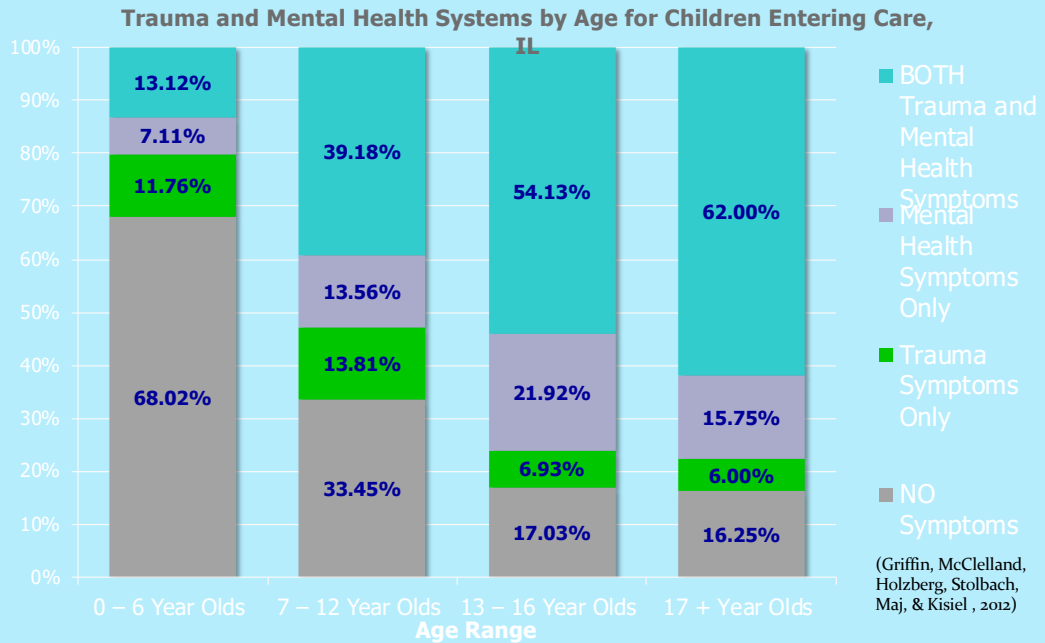
Symptoms that Overlap with Child Trauma and Mental Illness

Mental Illness	Overlapping Symptoms	Trauma
Attention Deficit/ Hyperactivity Disorder	Restless, hyperactive, disorganized, and/or agitated activity; difficulty sleeping, poor concentration, and hypervigilant motor activity	Child Trauma
Oppositional Defiant Disorder	A predominance of angry outbursts and irritability	Child Trauma
Anxiety Disorder (incl. Social Anxiety, Obsessive-Compulsive Disorder, Generalized Anxiety Disorder, or phobia)	Avoidance of feared stimuli, physiologic and psychological hyperarousal upon exposure to feared stimuli, sleep problems, hypervigilance, and increased startle reaction	Child Trauma
Major Depressive Disorder	Self-injurious behaviors as avoidant coping with trauma reminders, social withdrawal, affective numbing, and/or sleeping difficulties	Child Trauma

(Griffin, McClelland, Holzberg, Stolbach, Maj, & Kisiel, 2012)
November 30, 2012 Initiative to Improve Access Kickoff

17

The Overlap of Trauma and Mental Health Symptoms



November 30, 2012

Initiative to Improve Access Kickoff

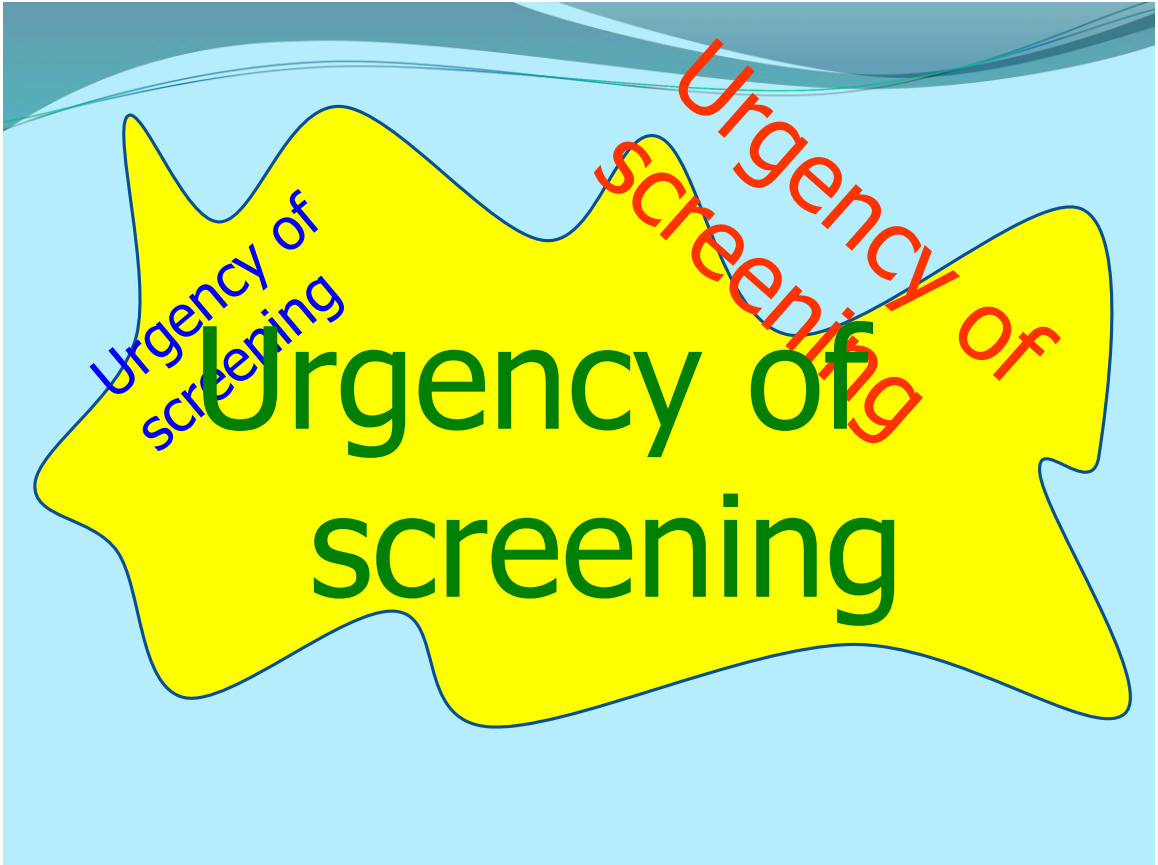
18

Essential elements of TI Casework

- Maximize Psychological (and Physical) Safety of the child
- Preserve Important Relationships and support the building of new ones
- Psychoeducation: Explain what trauma is to child and family

Essential Elements of TI casework

- Screen for Trauma
- Refer for Trauma Assessments
- Match Treatment with assessed child's needs
- Acknowledge and address Secondary Trauma



CASEWORKER REFLECTIONS

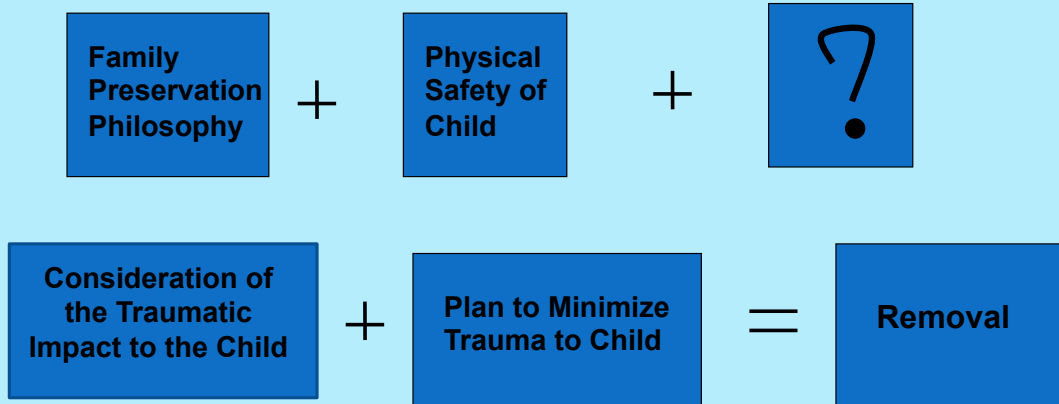
How many times ?????? have you heard someone say:


- a) removing kids from there home is traumatizing for the child
- b) if they weren't traumatized before the removal they are now

Trauma Informed Removal


Anticipating child's needs because they are predictable in a removal.

Trauma Informed Decision Making Process





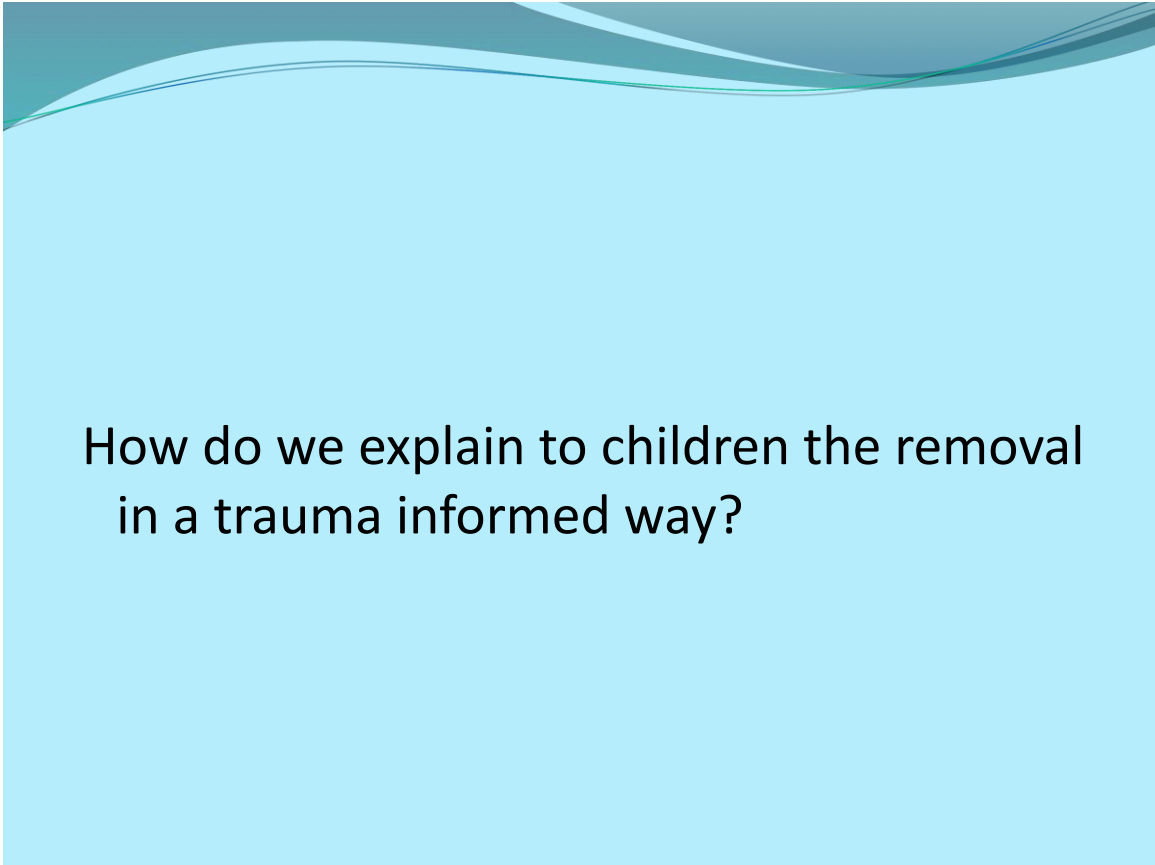
What do we (cps) need to do to minimize the traumatic impact of being removed from their home?



□ First we must understand the child's experiences of loss?



□ Experiences of loss




How do we explain to children the removal
in a trauma informed way?

Prerequisites to TI Removal

- Don't be fooled by how the child is presenting
- Don't wait for the child to ask
 - OUR OWN: Recognition of the difference between pain and trauma
 - OUR OWN: Willingness to recognize my own helplessness in alleviating the pain, but can minimize trauma
 - OUR OWN: Willingness to be with the child's pain
 - OUR OWN: Recognition and taking ownership that my decision created the child's pain and trauma

Trauma Informed Steps with Child at Removal

- Identify what is happening and going to happen for the child
- Identify common feelings that children usually have
- Identify common thoughts that children usually have
- Explain your role in providing what you believe will be safe for a child

- 
- Elicit questions from the child
 - Ask what the child needs from their home that gives them comfort
 - Ask the child what the he/she needs to feel safe

How do you respond to the child's questions in a trauma informed way?


- Why can't I stay with my parents?
- You can't do this. I love my parents. How come you want to hurt me?
- What will happen if I do not go with you?
- How long will I be in foster care?
- When can I see my parents again?
- How come you are separating me from my siblings?

Key Processes in Transition

- Create Safety for child
- Psychoeducation to normalize
- Empower through predictability
- Relational continuity
- Invite and affirm expression of feelings

Transition to foster care

- What do we say to foster parents/kinship to create appropriate transition for the child?
- Be prepared to stay for awhile
- Ask the child in the presence of the foster parent what will help them feel safe.
- Ask about routines, especially for the rest of the evening and the next day to provide predictability

- 
- Be willing to look around the house and the bedroom of the child to help in the transition
 - Ask what the bedtime routine is
 - Ask about special rules the family has

Worker Transition Challenges

- Why I don't make contact with the child/children?
 - Too busy
 - The quicker I pass the case on the faster I can attend to other things
 - Don't want to disturb the child's transition by making it worse by triggering them by my presence

- IN REALITY:
- IS IT JUST TOO PAINFUL????????????? Avoidance!!!!

Reasons to see child

- Your presence brings an opportunity to process what has occurred.
- Your presence offers the child an opportunity to gain information and ask questions.
- During the removal crisis you provided safety and support that created increased relatedness and comfort

- You are not abandoning the child like others have done in the past
- Confidence in the system professionals is built on having contact with the workers

- IN REALITY:
- YOU ARE THE LINK TO THEIR PARENTS AND WHAT THEY HAVE KNOWN. AS A CPS WORKER YOU MAY KNOW BUT NO ONE ELSE!!!!!!!

- You immediate and subsequent responses affirm or challenge the child's belief that it is their fault that they are in foster care.
 - What will we say to honor yet challenge the child's perception of their removal.

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