QUARTER 2
PIP 1.2.1(A)
Clark

Clark County Action Plan for Emergency Removals
PIP item 1.2.1(A)

Clark County has implemented the following action steps re: 1.2.1(A):

1) Using the data collection as submitted in CC PIP Quarter 1 the following steps were/are being added to business processes with Law Enforcement in collaboration with Las Vegas Metropolitan Police Department and North Las Vegas Police Department.
2) Content of LE meeting is attached, (Attachment A).
   i) Memorandums of Understanding have been initiated and completed that allow DFS staff to contact and visit incarcerated parents in order to facilitate determinations on placements of children.
   ii) Meeting to brief local law enforcement agencies on removal information and collaborate on solutions.
   iii) Meeting results: LVMPD offered their videotaping facility for DFS to produce a short video that will be played on the PD's internal network. North Las Vegas PD would like a DVD of the same video to provide to their personnel.
   iv) The dispatch number of the LVMPD will be given out to ERT/CPS members so they can update police dispatch on their projected arrival time to scene with children involved.
   v) The intent is to inform the PD's of the availability of the Emergency Response Team to assist in situations where children are involved.

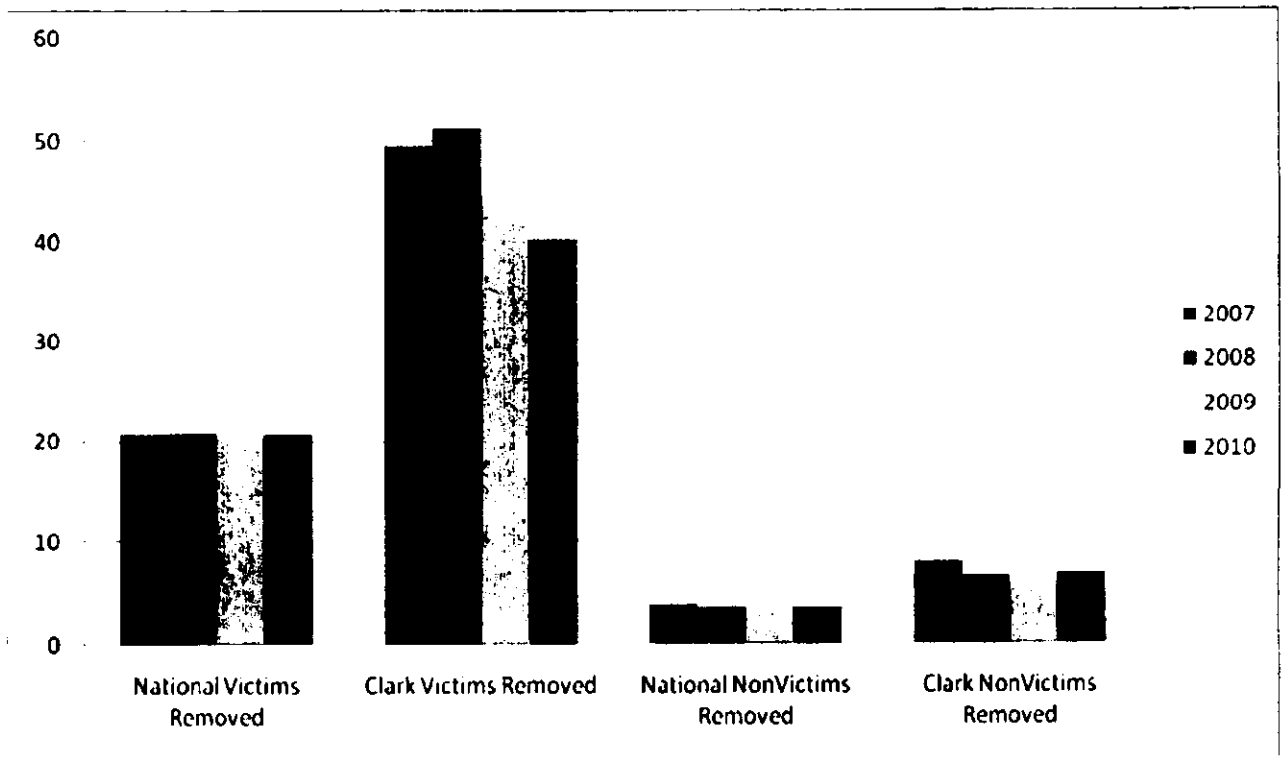
   The contents of the Law Enforcement meeting is Comprised of Attachments titled: Factsheet_4_Resulting_Trauma.pdf; Reducing Removal Trauma.pdf; DFS Law Enforcement Brief May 2011.pptx

clark county department of family services

Goal: Serve and protect the children and families of Clark County while reducing the number of short term emergency removals under circumstances that do not involve a child abuse/neglect allegation.

The Child and Family Service Review 2009 federal audit results indicated that one of the areas needing improvement in Clark County is the high rate of removal of children from family and loved ones.

Safety of children is the highest priority. If safety of children can be accomplished within the home without removal this is in the best interest of children. Clark County Removals as reported in National Child Abuse & Neglect Data System (NCANDS) indicate a greater than double the percentage rate of removal for victims (substantiated abuse/neglect) and for non-victims (unsubstantiated abuse/neglect) than the national average.



	2007	2008	2009	2010
National Victims Removed	20.7	20.9	20.8	20.8
National NonVictims Removed	3.8	3.6	3.6	3.6
Clark Victims Removed	49.5	51.2	44.6	40.2
Clark NonVictims Removed	8	6.5	5.8	6.7

There has been a steady reduction of victim removals from 2007 to 2010. There was a trend of reduction in non-victim removals from 2007 to 2009; however it has subsequently risen in 2010. The trend of removal reduction may have multiple factors involved and therefore DFS is reaching out to engage with external agencies, such as law enforcement, to safely reduce the number of children experiencing the trauma of being separated from their families. A removal as defined by the Federal data tracking system (AFCARS) is when a child has been physically placed with the Department for greater than 24 hours. Federal law also dictates that within 72 hours a court hearing must have occurred to ensure the appropriateness of placement away from family. The Department of Family Services is under a federal mandate to make reasonable efforts to **safely** keep children with family and loved ones if at all possible.

In 2008 and 2009 internal exploration indicated that a considerable portion of the overall removal rate was due to law enforcement use of Child Haven as a drop off for children of arrestees or police involved parents. In 2009 the Department of Family Services began holding briefings with all Clark County Law Enforcement agencies for the purpose of exchange of information on business processes between agencies, (see attached PowerPoint). Due to the urging of the National Youth Law Center, and the filing of multiple lawsuits to reduce the use of shelter care DFS modified the functions of the Child Haven facility. DFS business processes changed to place removed children in family (kinship) homes or family-like (foster) homes. In 2010 data was reviewed for the time period of April 1, 2010 to September 30, 2010. The following data was collected:

Law Enforcement Removal Data Questions

1. Total # of removals for the period (April 1, 2010 – September 30, 2010)
2. # of removals due to parental incarceration
3. # of removals due to parental incarceration made by CPS and LE respectively
4. What were the charges against the parent?
5. What was the length of parental incarceration?
6. Were efforts made to effect a parental placement without taking PC?
7. What was the length of time between parental incarceration and CPS contact with the parent?
8. Did LE contact CPS prior to transporting the child?
9. What was the time of day?
10. What was the day of the week?
11. Were the children returned to the parents in fewer than 8 days?
12. If returned in less than 8 days, how long were the children in care?

The following information was obtained:

Attachment A

Law Enforcement Removal Data from
April 1, 2010 thru September 30, 2010

Total number of cases involving arrests **104**

Day of Week						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
16	16	9	12	14	15	22

Time of Arrest		
7:00 AM to 5:00 PM	5:00 PM to 12:00 AM	12:00 AM to 7:00 AM
37	38	29

Reason for Removal/Protective Custody	TOTAL	%
One parent arrested, absent parent(s) not identified, or located	83	78.30%
Both parents arrested, no responsible adult or relative available	16	15.09%
In addition to arrest, safety concerns related to abuse/neglect	67	64.42%

# of removals solely based on parental incarceration	24	22.64%
# of removals due to LE and/or CPS Allegation	79	75.53%
Unknown	3	2.83%

Removal less than 24 Hours	22	21.00%
Removal more than 24 Hours	82	79.00%

Ages of children who were removed due to arrest/safety concerns		
Ages 0 - 5	Ages 6 - 12	Ages 12 - 18
115	62	5

Total number of children removed due to arrest/safety concerns	182
Percent of Total Removals	16%

Efforts made to effect parental placement		
Efforts were made to effect parental placement without taking into PC	65	62.50%
No efforts were made to effect parental placement without taking into PC	27	25.96%
Unknown if efforts were made to effect parental placement without taking into PC	12	11.54%

LE contact CPS prior to transporting child to receiving:		
LE did contact CPS prior to transporting	31	29.81%
LE did not contact CPS prior to transporting	36	34.62%
Unknown/Not Applicable if LE contacted CPS prior to transporting	37	35.58%

Also, efforts that have been made include DFS development of memorandums of understanding (MOU's) with the detention facilities to expedite visitation with incarcerated parents in order for the Department to locate family or fictive kin and determine their appropriateness for placement of children. We have made great progress in our collaboration with Law Enforcement and it is the Department's intent and desire to continue the dialogue with the CC law enforcement agencies to best serve the community.

Suggestions for Next Steps!

Removal from the Home: Resulting Trauma

It is vitally important to consider the physical and psychological safety of children living in foster care. Every year, 2 million children come into contact with the child welfare system due to investigations of parental abuse or neglect (U.S. Department of Health and Human Services, 2004). Many of these children are removed from their homes and placed into the foster care system. Foster care is known to produce poor social outcomes, such as high delinquency rates, high teen birth rates, and lower earnings. Furthermore, researchers have found that children on the verge of placement tend to have better outcomes when they are allowed to stay with their families; this is especially true for older children (Doyle, 2007).

Foster care is meant to be a temporary solution, but children stay in foster care for an average of two years (U.S. Department of Health and Human Services, 2005). In addition, the average foster child is moved from one home to another at least once, with 25 percent moving three or more times (Doyle, 2007).

Although an abusive family would undoubtedly be harmful to children, removing a child from his or her family can be just as traumatic. For example, placement instability in foster care could be a potentially serious problem for child development. Everyone would agree that children should not be exposed to abuse or neglect. However, the process of being removed from one's home and placed in foster care has consequences as well, and can have negative effects that last a lifetime (Bruskas, 2008). Such children are affected by a variety of factors, including; "the psychological and neurobiological effects associated with disrupted attachment to biological parents, the specific traumatic experiences (e.g.,

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neglect and/or abuse) that necessitated placement, the emotional disruption of placement, and the need to adjust to the foster care environment." (Isquith, Maerlender, Racusin, Sengupta, & Straus, 2005)

The loss of a parent is arguably one of the most distressing experiences that a child can undergo. Losing a parent through state intervention can be especially harmful as it creates a "divorce" scenario in which children are removed from their family, friends, and environments with no sense of closure. This can lead to an irreparable sense of loss that can stunt development and lead to behavioral problems (Silver et al., 1999).

Few foster care systems have sufficient orientation programs to ease a child's transition into foster care. Children may then have problems adjusting, as the foster care system lacks explanations and assistance to help them understand why they were taken from their home and what their future holds. Lack of understanding of the foster care system and the process may lead to feelings of loss and/or rejection for children grappling to understand the separation from their biological families (Lawrence, Carlson, & Egeland, 2006). Removal from the home and replacement in the home can lead to feelings of instability, loss of status and a loss of control as children may always expect and fear that they can be removed and replaced at any time without explanation (Schneider & Vivky, 2005). Children may worry how they will be seen and treated by peers and school personnel who find out that they are in foster care.

Neva Pryor, director of volunteers and counseling services at the Interfaith Hospitality Network in Philadelphia and an expert in the area of trauma-informed services, explains that when a child is taken away from a parent, the child is confused. The child

might think that the parent is betraying him/her, especially if the child is not given an explanation that is clear, age-appropriate and trauma-informed. Traumatic removal and foster care experiences can create mistrust, which may lead to a range of psychological problems and personality disorders among these children, stemming from abandonment.

The younger the child when s/he is removed from the family, the worse the situation. If the child is preverbal, the effect can be multiplied because s/he does not yet know how to express his/her feelings. This may set the child up for a long-lasting sense of abandonment. Neva Pryor described a woman whose first memory is of being left on the porch of a foster home as her mother drove away (Pryor, 2009). Pryor explains that, even in the case of child abuse, the child attaches to the parents.

Edie Mannion, a marriage and family therapist for over 25 years and the co-founder and director of the Training and Education Center (TEC), a program of the Mental Health Association of Southeastern Pennsylvania, is an expert on families affected by mental illnesses. She agrees that, in comparable cases, it is better for children to stay with their families and have the families get appropriate supportive services, as this is far less traumatizing for the children and is more cost-effective. As one example of a traumatic effect, she describes how children of distressed parents can become "parentified." That is, they become worried about the parent, and perhaps their siblings, the way a parent typically worries about the safety and well-being of a child. These children become "little adults" and worry that their parent or siblings might not survive without them further adding to the trauma of being removed from the home. Addressing parentification of children through appropriate clinical and in-home services can be far less traumatizing than removing them.

Mannion notes that it is critically important to study the effects of foster care placement, and to alter policies and procedures for moving children into foster care so that iatrogenic traumatization can be reduced (Mannion, 2009).

Sometimes the symptoms of a mental illness may present as problematic behaviors, including abuse and neglect. In these situations, intervention by child protective services is warranted. In such instances, a parent's illness is of significance as it can help inform appropriate services that will help the parent eliminate or reduce these problematic behaviors. However, there is no basis for a blanket assumption that having a mental illness means a parent will have symptoms that will present as dangerous behaviors. Therefore, the existence of parental mental illness alone is not, and should not be considered, just cause to remove a child from the home; and there should be no reason to cause a child the lasting psychological distress that may result from foster care placement.

In the case of the parent, the mental illness will only be exacerbated in these situations as the parent will understandably experience mental distress over the loss of his/her child. In fact, being a parent has proven to be one of the most effective motivators for individuals to engage in treatment/recovery. The parental role gives individuals a sense of purpose and positive identity in society that they may not otherwise be able to find (Nicholson & Henry, 2003).

Patrice Gammon frequently speaks about her experiences as a child in foster care. She entered the New York City foster care system with her two younger brothers when she was approximately eight years old. She is now working on her doctorate in social work. She notes that people frequently comment on what they call her success story, to which she replies that "if growing up in foster care and doing well is so rare that we need to notice

and call it a success – that is a huge failure of the system. It shouldn't be a comfort to any of us that the successes seem rare." She also comments that, no matter how successful her life looks now, she still has to deal with a lot of pain. As most other people who have experienced trauma understand, one can work through it, but a traumatized person can never really live the life that they could or should have had.

Patrice was never told the truth about why she was removed from her mother: that her mother had a mental illness. The most explicit information she was given was that her mother had a "nervous breakdown." She wishes she had been told the truth and that "grownups had not been so quick to label me because I was in foster care, or because my mother was crazy." She relates that, as a foster kid, she knew that people considered her damaged goods. "It was hard not to internalize that in myself as a child," she says. She also wished that people had realized that she might have had more questions about her mother when she grew older and left foster care. This could be as simple as giving resource lists to adoptive parents or older kids aging out of the system – letting them know they can call for information (Gammon, 2009).

In short, the foster care system is meant to be a temporary solution. Children of parents with mental illnesses who have not demonstrated that they are a threat to the children's well-being should be allowed to stay with their families. In many cases, removal is just as harmful and traumatizing as having an abusive parent. The practice of removing a child from his or her natural home based on the belief that it would be better than leaving him/her in the care of a parent with a mental illness is based on stigma, not fact. It does a child no good to be removed from his/her natural home unless it has proven to be an abusive or neglectful environment.

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Reducing the Trauma of Investigation, Removal, & Initial Out-of-Home Placement in Child Abuse Cases

Project Information and Discussion Guide

Center for Improvement of Child and Family Services
Portland State University, School of Social Work

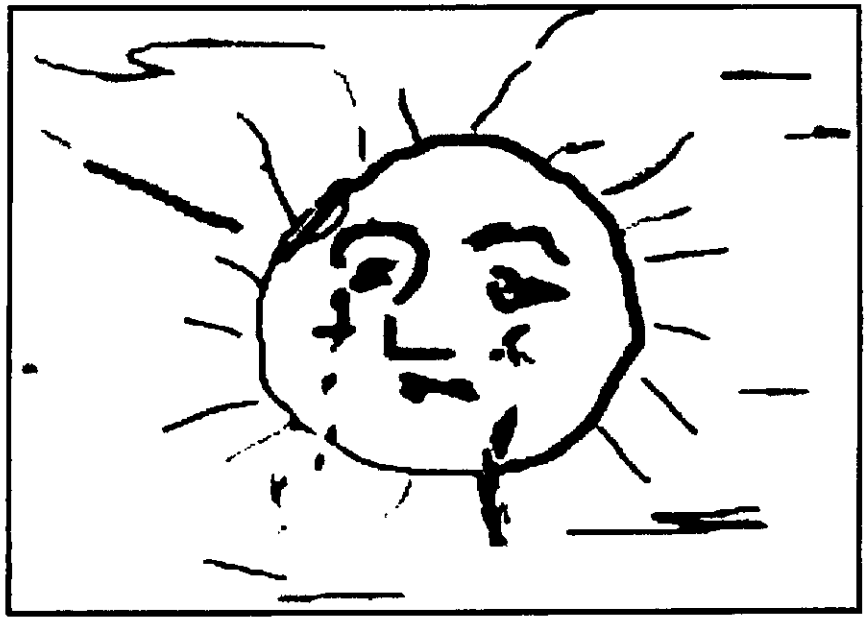
INTRODUCTION

This information and discussion guide is the product of a project conducted by the Center for Improvement of Child and Family Services at Portland State University in 2008-2009 and funded by the Children's Justice Act Task Force at the Oregon Department of Human Services.

The objectives of this project included the following:

1. Understand what trauma is and how it affects children of different ages and developmental stages.
2. Identify the potential trauma to children during investigation, removal and out-of-home placement in child abuse cases.
3. Identify effective practice strategies for reducing the trauma of investigation, removal and placement.
4. Disseminate this information to those who interact with children during or immediately following investigation, removal and placement.

The first three objectives were accomplished through a review of the literature, consultation with local and national experts, and focus groups and interviews with child welfare caseworkers and supervisors, tribal workers and supervisors, police officers and detectives, foster parents, birthparents, teachers and school counselors, medical examiners, mental health providers, juvenile court staff, child welfare trainers, and foster youth. Once this information was collected, various types of materials and resources were identified and developed for dissemination, including this information and discussion guide and a 3 hour training curriculum that may be utilized for training first responders from various systems. To obtain materials and additional information about this project, contact Angela Rodgers at 503-725-8022, rodgersa@pdx.edu.



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Trauma and Child Welfare

Many children coming into the child welfare system have been traumatized by experiences of abuse or neglect. This trauma is often chronic and/or complex, meaning that it has been sustained over a period of time, started at a very young age (when the child is most vulnerable) and perpetrated by someone who the child depends on for protection and care.

Importance of Recognizing and Addressing Trauma

Trauma can have serious short tem and long term effects on children's development. Complex trauma is particularly devastating and can affect many areas of functioning, including attachment, cognition, mood regulation, behavior control, physiology, dissociation and self-concept

Children who have been exposed to trauma expend a great deal of energy responding to, coping with, and coming to terms with the traumatic event(s). This may reduce their capacity to master developmental tasks. The longer traumatic stress goes untreated, the farther children tend to stray from appropriate developmental pathways.

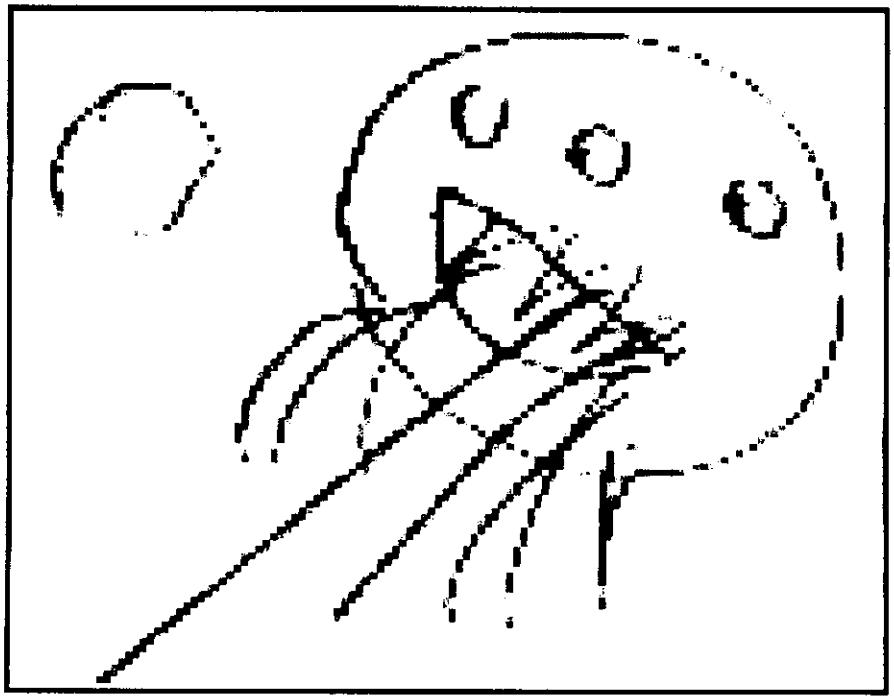
Recent research indicates that trauma early in life can have serious consequences for the normal development of children's brains, brain chemistry, and nervous system. These changes can place them at risk for learning difficulties, drug abuse, teen pregnancy, risk taking behavior, and psychiatric and health problems later in life. Traumatized children and adolescents show changes in their levels of stress hormones similar to those found among combat veterans.

The following documents from the Child Welfare Trauma Training Toolkit, developed by the National Child Traumatic Stress Network (NCTSN), are included in this discussion guide to 1) assist in understanding what a traumatic experience is like and recognizing traumatic stress in children of different ages, and 2) to increase awareness of how

traumatic stress might present challenges to a caseworker's efforts to achieve safety, permanency, and well-being for a child.[1]

NCTSN Documents:

1. What a Traumatic Situation is Like for Children of Different Ages
2. Signs and Symptoms of Child Traumatic Stress by Developmental Stage
3. The Impact of Traumatic Stress on Children's Safety, Permanency and Well-Being



Drawing by a 4-year-old physically-abused boy:
The large image is his father and he is the mouth-less face
in the upper left hand corner.

[1] Many additional helpful documents and resources can be found at the National Child Traumatic Stress Network website www.nctsn.org including The Child Welfare Trauma Training Toolkit; Trauma Toolkit for Educators; Kids, Cops and Domestic Violence; and numerous hand-outs and briefs for resource parents.

What a Traumatic Situation is Like for Children of Different Ages

What a Traumatic Situation is Like for a Young Child

- Important relationships are key to a young child's feelings of safety. They are totally dependent on a protective shield provided by adults. They become really upset when they hear cries of distress from a parent.
- Under stress, fear, or pain they instinctively try to get close to a familiar person. Powerful emotions motivate this proximity seeking.
- In the absence of a familiar person they can feel unresolved distress.
- They can cry for help or desperately wish for someone to intervene.
- They are overwhelmed by their intense physical and emotional reactions.
- They can feel totally helpless and become passive, withdrawn, and disassociated.
- The single most important issue for a young child's FELT safety is reunification with their preferred person.

What a Traumatic Situation is Like for a School-Age Child

- They have more ability to judge the seriousness of a threat and think about protective actions.
- They usually do not see themselves as able to counter a serious danger directly, but may imagine actions they wish they could take (like comic strip or video game heroes)
- When there is violence against family members they can feel like failures for not having done something helpful.
- They may feel ashamed or guilty.
- They get scared of the intensity or speeding up of their emotions and physical reactions ("My heart was beating so fast I thought it was going to break)

What a Traumatic Situation is Like for an Adolescent

- They are more actively judging and addressing dangers on their own, but this is still a developing skill and lots of things can go wrong along the way.
- During traumatic situations they make decisions about how to intervene.
- They can feel guilty, sometimes thinking their actions made things worse.
- They are learning to handle intense physical and emotional reactions in order to take action in the face of danger.

Signs and Symptoms of Child Traumatic Stress by Developmental Stage

Infants and Toddlers

In infancy, symptoms of physiological and emotional deregulation predominate, including: sleep difficulties - difficulty falling asleep, frequent waking, daytime drowsiness; appetite - over- or under-eating, failure to make expected weight gains; mood - irritable, unable to settle, hyperactive, or dull, withdrawn, and uninterested; intense reactions to previously tolerated situations or experiences. Traumatic stress can also affect infants' relationships as they may be difficult to soothe, avoiding eye contact, unresponsive, act as though familiar people are frightening, cringing or crying when others approach (beyond normal stranger awareness).

Toddlers may engage in posttraumatic play, have nightmares, exhibit fears or phobias, or make attempts to control what happens. Their reaction to trauma may be expressed as clinging, whining, protesting separation, anticipatory aggression, acting as though the event is happening again (hiding, fighting, running away, etc) or acting out aspects of the event. They may avoid reminders of the event (objects, situations, actions, people, internal states).

Young children

In response to trauma, young children may become passive, quiet, and easily alarmed. They can become more generally fearful, especially in regard to separations and new situations. In circumstances of abuse by a parent or caretaker, the young child may act confused as to where to find protection and what constitutes threat. A child may react to very general reminders, like the sounds of another child crying. The effects of fear can quickly get in the way of recent learning. For example, a child may start wetting the bed again or go back to baby talk following a traumatic event or traumatic reminder. The preschool child may have very strong startle reactions, night terrors, and aggressive outbursts.

School-age children

The responses of school-age children include their experiencing a wider range of unwanted and intrusive thoughts and images. School-age children think about frightening moments that occurred during their traumatic experiences. They also go over in their minds what could have stopped the event from happening and what could have made it turn out differently. They can have thoughts of revenge that they cannot resolve. School-age children respond to very concrete reminders (e.g., someone with the same hairstyle as an abuser, or the monkey bars on a playground where a child got shot), and are likely to develop intense, specific new fears that link back to the original danger. They can easily have "fears of recurrence" that result in their avoiding even enjoyable activities they would like to do. More than any other group, school-age children may shift between shy or withdrawn behavior and unusually aggressive behavior. Normal sleep patterns can be disturbed, and their lack of restful sleep can interfere with daytime concentration and attention.

Adolescents

Adolescents are particularly challenged by their traumatic stress reactions. They may interpret their reactions as childish or as signs of "going crazy," being weak, or being different from everyone else. They may be embarrassed by bouts of fear and exaggerated physical responses. They may believe that they are unique in their pain and suffering, resulting in a sense of personal isolation. Adolescents are also very sensitive to the failure of family, school, or community to protect them or to carry out justice. After a traumatic event, they may turn even more to peers to evaluate risks and to support and protect them. Adolescent behavior in response to traumatic reminders can go to either of two extremes: reckless behavior that endangers themselves (such as self-cutting) and others, or extreme avoidant behavior that can derail their adolescent years. Adolescents may attempt to avoid overwhelming emotions and physical responses through the use of alcohol and drugs. Late night studying, television watching, and partying can mask an underlying sleep disturbance.

The Impact of Traumatic Stress on Children's Safety, Permanency, and Well-Being

Children who have experienced traumatic stress present a unique challenge to child welfare professionals. As stated in the Adoption and Safe Families Act of 1997, the national goals for children in the child welfare system are safety, permanency, and well-being. For children with a history of trauma, such goals can be particularly difficult to achieve.

Safety.

Traumatic stress can adversely impact the child's ability to protect him or herself from abuse, or for the agency to do so, in numerous ways, including:

- The child's inability to regulate moods and behavior may overwhelm or anger caregivers to the point of increased risk of abuse or revictimization.
- The impact of trauma may impair a child's ability to describe the traumatic events in the detail needed by investigators.
- The child's lack of trust may lead to the child's providing investigators or the courts with incomplete or inaccurate information about abuse experienced or witnessed.
- Traumatic reactions may dull the child's emotions in ways that make some investigators skeptical of the veracity of the child's statements.
- The child's altered world view may lead to behaviors that are self-destructive or dangerous, including premature sexual activities.

Permanency.

The child's reaction to traumatic stress can adversely impact the child's stability in placements, for example:

- The child's inability to regulate his or her moods and behavior may lead to behaviors that endanger or threaten stable placements, reunification, and/or adoptive placement.
- The child's lack of trust in the motivations of caregivers may lead to rejection of possible caring adults or, conversely, lead to superficial attachments.
- The child's early experiences and attachment problems may reduce the child's natural empathy for others, including foster or adoptive family members.

- A new foster parent or adoptive parent, unaware of the child's trauma history or of which trauma reminders are linked to strong emotional reactions, may inadvertently trigger strong reminders of trauma.

Well-being.
Traumatic stress may have both short- and long-term consequences for the child's mental health, physical health, and life trajectory, including:

- The child's traumatic exposure may have produced cognitive effects or deficits that interfere with the child's ability to learn, progress in school, and succeed in the classroom and the community (and later in the workplace).

- The child's inability to regulate emotions may interfere with his or her ability to function in a family, a traditional classroom, and/or with peers in the community.

- The child's mistaken feelings of guilt and self-blame for the negative events in his or her life may lead to a sense of hopelessness that impairs his or her ability and motivation to succeed in social and educational settings.

- A child's traumatic experiences may alter his or her worldview so that the child now sees the world as untrustworthy and isolates him or herself from family, peers, and social and emotional support.

THE TRAUMA OF INVESTIGATION, REMOVAL AND OUT-OF-HOME PLACEMENT

Considering that children who enter the child welfare system may have already experienced trauma, it is especially important that they not be further traumatized by the system that seeks to help them and that they receive services as soon as possible to facilitate their recovery from the trauma they have experienced. The potential for children to be traumatized during the process of investigation, removal and out-of-home placement is high, as these processes often involve conflictual interactions between professionals and family members and can evoke fear, resistance, and hostility. What is the trauma that children may experience during these processes, and what can first responders and those who interact with children during this time do to reduce the trauma they may experience during these processes and to begin the healing process for trauma previously experienced?

While there is a wealth of literature pertaining to trauma in general and the trauma that children in child welfare may have experienced before entry into the system, there is little in the literature that speaks to the potential trauma to a child during investigation and removal. This project sought to draw from the wisdom that exists amongst those who have first-hand experience in this area. The information in the "Briefs" that follow was gathered through interviews and focus groups with 37 people from the various systems that are involved with a child during, or just following the experience of, removal and out-of-home placement. Interview and focus group participants included child welfare caseworkers and supervisors, tribal workers and supervisors, police officers and detectives, foster parents, birthparents, teachers and school counselors, medical examiners, mental health providers, juvenile court staff, child welfare trainers, and foster youth. Participants were asked what they saw as the potential trauma to children during investigation, removal and out-of-home placement, and what they do or suggest doing to minimize that trauma.

There are also existing policies and procedures for child welfare practice that, if implemented consistently, would reduce the trauma of investigation, removal and placement. Links to the sites where these can be found are also provided.

The intention behind sharing this information and developing this discussion guide is to increase awareness and sensitivity to the possibility that entry into the child welfare system is a trauma in itself and to provide a resource that enables others to continue drawing from the wisdom of those who have first-hand experience with this event. The briefs are only a starting point for discussion and may be utilized in different ways by different groups.

- They may evoke stories and specific examples of having been applied in various cases.
- They may inspire ideas for use in the future or in a particular case.
- They will likely elicit additional thoughts or suggestions that might be helpful.
- Participants could engage in creative discussion around those particular strategies or practices that might be more difficult to apply.
- They could be used in a series of meetings to talk about their application for, or examples of use with, children or youth of different ages.

There is surely an endless variety of ways in which these materials might be used. Feel free to do what works for you. Other materials and a 3 hour training curriculum on Understanding and Reducing the Trauma of Investigation, Removal and Out-of-Home Placement are available. Requests for additional information, or feedback and comments are welcomed as are suggested additions to the Trauma Informed Practice Strategies (T.I.P.S.). These may be directed to Angela Rodgers at rodgersa@pdx.edu, or at 503-725-8022.

What Is The Potential Trauma to Children during Investigation & Removal?

1. Surprise, shock, chaos (e.g., drug bust)
   - Depends on how people are reacting. Parents may escalate.
   - Especially traumatic when it happens suddenly, unexpectedly. Children see their parents in great distress and that distresses them.
   - Presence and intrusion of strangers in the home - police, caseworker. In tribal communities it is common to have tribal police, tribal worker, and state police and caseworker.

2. Negative view of police and DHS
   - Depends on what the child has been told. They may have been told by parents that police and DHS are bad, so they fear them.
   - Kids have heard horror stories about foster care.
   - May have prior experience with DHS.

3. Loss of control, sense of being kidnapped, powerlessness, helplessness
   - Being taken against their will, and to the great distress of their parents.
   - Distress at seeing their parents interrogated and arrested.

4. Betrayal, loss of trust, reinforcement or exacerbation of previous loss of trust - a sense that the world is unsafe.
   - Children coming out of a dangerous situation may expect that they are going into another dangerous situation.
   - There may be no one trustworthy (in child's eyes) around to talk to.
   - Feeling betrayed by the person they "told."

5. Confusion, unpredictability, it doesn't make sense.
   - Children may not understand why they are being removed. They may think, "all we were doing was carving pumpkins and they came and took us away."
   - Example: A family in which the children were removed for neglect because of substandard housing. But mom was feeding and bathing kids regularly and

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they were very emotionally bonded. The children's experience was that their mom was a good mom who took care of them the best she could.

6. Fear of the unknown, lack of information.
   - They don't know what's going to happen now.
   - They don't know how to negotiate the unknown.
   - They don't know who these people are or where they are going. We tell kids not to talk to or trust strangers and these are strangers.

7. Sense of guilt or failure
   - May have been warned by parents about what will happen if they "tell."
   - Seeing their family torn apart and may be asked by parent "you didn't say that, did you?"
   - Child may have taken on a degree of responsibility of taking care of their parents, or their siblings, and feel they have failed.
   - Fear and guilt that what is happening is their fault.

8. Repeated interviewing; being asked about negative self-traits.
   - When a child discloses at school, they may talk to teachers, and principals, then police, then DHS and have to tell their story over and over.
   - When older children are asked questions about negative behaviors (e.g., fire starting, hurting animals) they think "Is this the kind of person they see me as?"

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What Is The Potential Trauma to Children during Initial Out-of-Home Placement?

9. Abrupt and overwhelming change; loss of all things familiar

- Places, pets, friends, possessions, routines, etc
    1. Kids often arrive at foster homes with only the clothes on their backs.
    2. They are immersed into a different family system, with different rules, roles, routines, dynamics, smells, tastes, etc.
    3. They miss and worry about their pets.
    4. They're homesick and have tummy aches.
- Changing schools and/or missing school
    1. If they change schools they may never again see friends they had at their previous school.
    2. They lose the sports and extra curricular activities they may have participated in at their previous school.
    3. School may have been the one place they felt safe.
- Loss of culture; different language
    1. They may be placed with a family that is racially or ethnically different.
    2. Occasionally they do not speak the language of the foster family, or the caseworker and are thus effectively isolated.

In the process of initial placement, kids are removed from familiar surroundings and lose everything they are used to and comfortable with. Change of this magnitude has a detrimental effect on brain and neurological function. Their systems are flooded with cortisol, a hormone, that, when elevated for a brief time, facilitates the fight or flight response by reducing pain and inflammation. However, if elevated for an extended time, it destroys neurons and neurological connections and has other negative physiological effects. This is one reason why children, especially very young children, may regress in their development and behaviors (e.g. toilet training, talking, etc.) when initially placed.

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10. Attachment disruption; loss of caregiver

- Separation, grief loss
  - Separation from caregiver
  - Separation from siblings
- Multiple moves in the first few days or couple of weeks - trauma is repeated and intensified with each move.

Separation from family, especially caregivers, and the resulting attachment disruption, intensifies the detrimental physiological effects of abrupt and overwhelming change described above. This is particularly devastating for infants, toddlers and preschoolers. Some kids already have insecure attachment. They may be very clingy, with the caseworker, then the foster parent when they first come into the placement. Changes in placement are particularly devastating, even a move from shelter care to foster care.

Example: A 2 year old was removed and cried all night long. She was moved the next day to a relative. Then a few days later, the relative decided they couldn't keep her so she was moved again. She became attached to the worker when in the DHS office waiting for a placement to be found and became upset when she had to leaver her. Then she became attached to the SSA who transported her to the new placement and cried when she had to leave her.

11. Older kids worry about parents and siblings

- In a domestic violence situation a child may be worried about the abused parent.
- Distress at seeing their parents interrogated and arrested - are they alright?
- Siblings are often separated and placed in different homes.
- They may not have visits for 3-4 weeks after placement.

12. Confused and conflicted - a loyalty bind. Is this their new family?

- Children coming out of a dangerous situation may expect that they are going into another dangerous situation.
- There may be no one trustworthy (in child's eyes) around to talk to.
- Feeling betrayed by the person they "told."

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Trauma Informed Practice Strategies (T.I.P.S.) for Caseworkers

As much as is safe and possible, the following is suggested:

1. Plan investigations, assessments, possible removals ahead as much as possible; reduce the element of surprise.
   - Slow down, plan out investigations and removals.
   - Let the family know an assessment is going on, that removal is a possibility. Suggest they keep a school aged child at home so the child doesn't have to be interviewed at school.
   - Work with the parents to identify support individuals for their children during the assessment and/or for placement resources - relatives, friends, etc. Ask the parent and the child - Who does this child know and trust?
   - Collaborate with other agencies, especially law enforcement.
     - For example, in Multnomah County the Child Abuse Team police detectives are housed in the same building as the child abuse hotline.
     - The hotline sends people to police academies to educate and train - How can they better collaborate out in the field? Clarify roles and expectations.
   - If possible, identify a placement before removal.
   - If the child needs to wait at the DHS office while a placement is found, try to find a comfortable place for them to wait, away from your phone conversations with prospective placements (to avoid hearing rejections), and perhaps with something to do to entertain themselves.
   - Ask the child if they are hungry or thirsty.
   - Follow current placement policy and procedures - e.g. in order of preference: placement with relative, someone the child knows and trusts, same culture, same language, same school, etc. If diligently followed these can reduce the impact and trauma of removal for many children.

2. Try to keep things calm during the investigation, assessment and removal. Engage the parents in helping the child.
   - Remain calm. Move slowly.
   - Talk down the parents. Calm the parents to calm the child.

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- Separate children from the chaos of arrest, interrogation, or resistance on the part of the parents.
- Let the parent put child into the car seat, say good-bye, assist in the process of removal.

3. Provide sensory comfort, familiarity, help with settling in.
   - Ask the parent, or the child, to gather together some familiar things before taking them away.
   - If picking a child up from school to remove, create a chance for the the child to go home and pick up some things from home. Perhaps a relative or friend could meet them there or go with them to help pack some belonging.
   - Ask children if they are hungry or thirsty. Provide comfort food. Ask them what they would like.
   - Ask the parent and the child about medical conditions, allergies, medications.
   - Especially for babies and very young children, ask the parent for information about feeding, schedules, routines.
   - Take time to help the child transition into the foster home. The child may have connected to you during the removal. They have already had one abrupt separation. It may be reassuring to the child to know that the worker knows the people and place where they will be staying. Be a constant in the child's life until visits with parents can start.
   - If at all possible avoid moving the child, even from shelter care to foster care.
   - Ask the foster parents to meet with the bio parents to exchange information about the child and the child's living situation.

4. Empathize, connect, and try to understand the child's perspective.
   - Be open to listening if they want to talk.
   - Acknowledge their feelings and the difficulty of what they are going through.
   - Acknowledge their love for their parents and their parents love for them.

5. Provide information
   - To the child:
     - Explain what is happening. Tell them where they are going.
     - Assure them that this is not their fault.
     - Assure them that they are safe and will be cared for.

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- Assure them that their siblings, if separated, are safe and will be cared for.
- Don't make promises you can't keep.

➢ To the foster parent:
- About the child - medical conditions, allergies, medications, known behavioral and emotional issues, important people, anything that will help them to understand the child and to help them feel safe and comfortable.

6. Support child's relationships and family connections

➢ Place siblings together, even if only in a temporary setting (e.g. the receiving center) until a placement can be found where they can be together.

➢ Visitation is extremely important. In addition to their own trauma of being separated, children may worry about the safety and well being of those family members from whom they are separated. Seeing that they are OK can ease that worry.
- If siblings are placed separately, arrange for sibling visits ASAP, and/or ask foster parents to allow and arrange for sibling contact.
- Set up visitation between child and parents as soon as possible.

➢ For cross cultural placements, do a cultural assessment. NOTE: There are numerous unofficial cultural assessment forms throughout the agency. Some thing more standardized is suggested.

➢ Notify the child's school so they can be supportive, if the child remains in the school, or to provide classmates the opportunity for closure or continued connection if the child is to attend a different school.

➢ Allow the child to resume attending school as soon as possible. School may have been the one place where they felt safe.

7. Provide services aimed at healing and well being as soon as possible, including trauma informed services.

➢ For the child:
- Make sure the child has someone to talk to about what's happening that they feel comfortable with.
- Mental health assessment
- Counseling and/or other trauma informed therapy

➢ Provide training, information and support to the foster parents to help them care for the child and to address the child's particular needs.

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8. Ongoing training for caseworkers
   - Workers may be uncomfortable with removals where a child is distressed and crying. They need more training about what they might experience during this process and how to help a child through it.

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Trauma Informed Practice Strategies (T.I.P.S.) for Foster Parents

1. Provide sensory comfort, familiarity, help with settling in.
   - Ask children about their favorite foods, their bedtime routines, hobbies and favorite things to do.
   - Have a welcome basket for new children when they arrive.
   - Babies and very young children (e.g. preverbal) need physical soothing, maybe a snack when they first arrive.
   - Cooking kids" favorite foods can provide soothing sensory stimulation which has an effect on the brain, relieving stress and anxiety.
   - Show them around the house when they arrive.
   - Show them their room and what is theirs.
   - Ask them if they're hungry or thirsty.
   - Show them where there are snacks that they can have whenever they want. For younger children, have a snack drawer that they can reach.
   - Ask them what they would like to do.
   - Ask if they take any medications.
   - If they come in the middle of the night, offer to rub their back (be sure to ask if it's OK before touching or hugging), stay with them for a while if they want, play soothing CD's, have stuffed animals, be available if they need anything.
   - If they mention something they didn't bring with them or that they wished they had, ask the caseworker if he or she can get it.

2. Empathize, connect, try to understand the child's perspective, but don't probe.
   - Be open to listening if they want to talk, but don't probe or grill them.
   - Acknowledge their feelings and the difficulty of what they are going through.
   - Assure them that they are safe and will be cared for.

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3. Support child's relationships and family connections

- Honor the relationship between children and their parents. Acknowledge their love for their parents and their parents' love for them. Realize that, despite abuse or neglect, the child is experiencing grief and loss at being separated from their parents (and siblings if in a different placement).
- Support contact with siblings.
- Support visits with parents.
- Provide the parent with information on how the child is doing, what their routines are and what it's like in your house (e.g. at the beginning of visits if transporting the child, at icebreakers, family meetings, etc.). Parents may convey worry to the child if they don't know where they are or what it's like where they are.
- If there is an opportunity (e.g. to attend an icebreaker) ask the parents about the child's routines, what is soothing to the child, likes and dislikes, medical conditions, allergies, etc. (especially important for babies and very young children).
- Children benefit and feel reassured when they see all the adults (foster parents, parents, caseworkers, school staff, etc.) working together to resolve issues, to make a good plan and to make things better.

4. Provide structure, control, inclusion, predictability

- Create a positive environment in the home.
- Keep the menu kid friendly, include them in making dinner.
- Talk to them about their likes and dislikes and honor those during the first few weeks, or even days.
- Older children - talk to them. Let them know what to expect around your house. Gradually introduce them to rules.
- Ask them if there's anything they need or would like to happen for them to feel safe and comfortable.

5. Advocate for the child by advocating for personal support and training.

- Seek ongoing education and training. Additional training and feelings of competency in the foster parent can help relieve stress for you and the child.
- Ask the caseworker if you need assistance with a child.
- Seek clarity with regards to policy and case specifics around contact between siblings or other family members.

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Trauma Informed Practice Strategies (T.I.P.S.) for Parents

2. Focus on your child's needs during the investigation and removal
   - Try to stay calm and maintain a calm atmosphere for the child.
   - Be cooperative with police and/or the caseworker to reduce the shock and chaos of removal.
   - If you are arrested, or know you are likely to be arrested, contact, or provide names and numbers of relatives, friends or someone your child knows and trusts, to come and be with the child and assist with the process of removal.
   - Gather together some items for the child to take with them that may be important to them - a few clothes, items they may use for soothing (e.g. blanket or stuffed animal), pictures, favorite toy, etc.
   - Tell the worker or police about medical conditions, medications the child takes. If available, send the medication along with the child.
   - Assure your child that you will be OK.
   - Assure your child that they will be taken to a safe place and cared for.
   - Assure them that you will see them and talk to them as soon as possible.
   - Assure them that you will be doing all that you can and working with others to solve the problems leading to the removal.

3. Help the agency in working to maintain connections with people (e.g. relatives, friends) and places. For example, work with the agency in finding a relative placement or placement with someone your child knows and trusts.

4. Do all you can to provide the agency with important information about your child - medical conditions and needs, medications, concerns about their development or well-being, activities they may have been engaged in prior to removal (e.g. sports or other programs).

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5. Focus on your child's needs during your visits and while they are in substitute care.
   - Be faithful and regular in attending visits.
   - Engage fully with your child during visits. Focus on their needs.
   - If it comes up, acknowledge the child's feelings and the difficulty of what they are going through.
   - Continue to assure them that you love them and are doing all that you can to solve problems so that they can come home.
   - Provide information to the foster parents about the child's likes, dislikes, routines, what works to comfort them.
   - Let them know that you are OK.
   - Tell the caseworker if you notice that something is not right with your child, or if you are worried about them for any reason.
   - If given the opportunity, meet with the foster parents. Ask them what it's like at their house and how your child is settling in.
   - Be amiable with foster parents around your child. They will feel more secure if they see the adults in their life cooperating and working together.

4. If possible and allowed, attend medical appointments and school appointments for your child. To the greatest degree possible, continue to play a role in their life.

5. Advocate for your child to receive mental health services and other services they may need to assist them in dealing with the trauma of separation from you as well any trauma they may have experienced before removal.

6. Learn about and assess your child's risk factors and protective factors. Consider what you might do, and prepare to do what you can to increase your child's protective factors and reduce their risk factors after reunification.

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Trauma Informed Practice Strategies (T.I.P.S.) for Law Enforcement

As much as is safe and possible, do the following:

1. Plan investigations, assessments, possible removals ahead as much as possible; reduce the element of surprise.
   - Slow down, plan out investigations and removals with Child Protective Services with the intent of minimizing trauma to the children.
   - Collaborate with other agencies, especially Child Protective Services. Examples:
     - In Multnomah County the Child Abuse Team police detectives are housed in the same building as the child abuse hotline.
     - In Salem, caseworkers work in partnership with DART (Drug Activity Response Team) officers investigating drug houses.
     - Establish rapport with other first responders. Promote dialogue between law enforcement and child welfare about clarifying roles and expectations.

2. When responding to a CPS, domestic violence, or drug activity call where children are present,
   - Remain calm. Move slowly.
   - Talk down the parents. Calm the parents to calm the child.
   - If possible, avoid interrogating parents in a child's presence.
   - If possible, avoid making an arrest in a child's presence.
   - Keep children with known adults. Identify someone at the scene who can focus on and take care of them, perhaps take them to another room. Call CPS if they aren't there or haven't yet been contacted.
   - Don't talk badly about a parent in the child's presence.
   - Introduce yourself and describe your role in simple terms to the child.
   - Be physically at the child's level when talking to them.

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3. Engage the parent in helping the child.
   - Help the parents to consider and focus on the child's well-being. Ask them how their child looks to them, how they think they are doing.
   - When possible, allow the parent to talk to the child to reassure them.
   - If the child is being removed, allow the parent to gather together some of the child's belongings and to say good-bye.

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Trauma Informed Practice Strategies (T.I.P.S.) for Medical Examiners

1. Interviewing

- Avoid the need for multiple interviews
- Tape record interviews.
- Law enforcement watches the interview (outside of the room) and may ask that a particular question be asked.

2. Before the exam

- Explain as much as possible (and appropriate to age and understanding of child) what's going to happen - going to check your body for some things.
- Ask them, or their parent, what their worst fear is about what's going to happen today. Even speaking it, it's been acknowledged, and may alleviate some of the fear. Address fears as much as possible.

3. During the exam

- Let them wear their own clothing. Don't use gowns. They should always have some of their own clothing on - Take off their top to exam chest and heart, put that back on before taking off bottoms.
- Let them choose who is in the room during the exam.
- Explain everything ahead of time and again while doing it.
- Be calm and confident. Assure them it's not going to hurt. Let them know that you have done this many, many times (e.g. one examiner sees a hundred or more kids a month). Let's them know there are others like them. Kids are curious and ask questions - How many babies? How many kids are you seeing today?
- Have books and toys to play with child during the exam. Kids are happy to be distracted.
- Use language appropriate to the child. Find out the child's name for body parts.
- Always start with the least traumatic body parts first. Develop rapport. Perhaps talk about school or something else first. By the time we get to examining the genitals or anus they should be pretty relaxed and know that

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we're not going to hurt them. We have looked at lots of other body parts before that.

- Be as honest as we can in answering questions. If we don't know we say we don't know.
- Give information appropriate to understanding and age. Fear of the unknown is the worst. For example, some children are worried about being pregnant, having HIV, or being gay.

4. After the exam
    - At CARES we give every kid a hand made blanket and a picture of themselves to take home with them.

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Trauma Informed Practice Strategies (T.I.P.S.) for Educators

1. Collaborate, develop rapport with the local child welfare agency. Ask to be notified as soon as possible if a child from your school is placed into foster care, whether they remain in the school or go to a different school.

2. If a new child enrolls in your school and has just been placed into foster care, or a child already in your school is placed into foster care:
   - Whoever at the school is aware of the situation, be sure the child's teacher and the school counselor know about the child's experience.
   - Stay in touch with the child's foster parents and caseworker.
   - Teachers:
     - Be patient and understanding.
     - The child may have missed, or will miss school for a period of time. Assure them you will help them to catch up.
     - Allow extra time for work to be completed.
     - Be aware of how the other students are treating the child.
   - School counselors:
     - Let the child know you are available to talk if they would like.
     - Ask the child if they had any special friends from their previous school with whom they would like to stay in touch.
     - If the child is attending a new school, support a process for closure with teachers and students from the previous school (e.g. invite teachers and students from the child's class in the previous school to send notes or cards to say good-bye, wish them well, etc.)

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OAR'S AND CHILD WELFARE PROCEDURE MANUAL

Numerous policies and procedures in child welfare, if implemented consistently, would help to reduce the trauma to children during investigation, removal and out-of-home placement. Below are excerpts of Oregon Administrative Rules and the DHS Child Welfare Procedure Manual that are most relevant to reducing the trauma of investigation, removal and placement.

Oregon Administrative Rules.

These can be accessed on the web by simply entering OAR number in the search field (e.g. OAR 413-015-0400). They can also be accessed thru the Oregon Department of Human Services website at http://www.dhs.state.or.us/policy/childwelfare/cross_index.htm

CPS Assessments
Number I-AB.4
OAR 413-015-0400 thru 0880

Placement Matching
Number I-E.3.1
OAR 413-070-0600 thru 0645

Visits and Other Types of Child and Family Contact
Number I-AB.4
OAR 413-015-0400 thru 0485

DHS Child Welfare Procedure Manual.

The manual can be accessed at
http://www.dhs.state.or.us/caf/safety_model/procedure_manual/index.html

Chapter II Screening and Assessment
Assessment
Section 4. Making the Initial Contact: The first face-to-face contact with the family.
Section 11. Early Intervention Referral
Section 18. Visitation

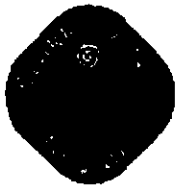
Chapter IV Services to Children
Section 2. Placement services generally
Section 3. Placement with a relative
Section 20. Change of placement
Section 24. Mental Health Services
Section 26. Family visitation and contact
Section 27. Clothing and personal belongings

Working Together to Make a Difference

There is no such thing as a spirit completely broken; therefore, all humans have the right to hope.

Department of Family Services

Child Protective Services
Emergency Response Protocol
Information Brief



Purpose

- Provide an understanding of DFS resources available to law enforcement when presented with cases of child abuse or neglect

- Encourage law enforcement to contact CPS in situations that involve removing a child from their parent, or home as a result of abuse or neglect

- Reinforce partnership between DFS and law enforcement in protecting children

Child Protective Services

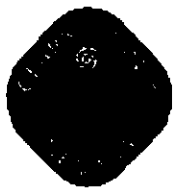
- DFS Department responsible for child abuse and neglect investigations throughout Clark County
- 80 geographically located investigators
- 14 after hours emergency response Investigators (ERT)
- 24 hour hotline
- 8-10,000 investigations yearly

Child Home Removals

- Nevada ranks 4th nationally in removals of child victims.
- 7th in the nation in returning of children within 7 days
- Law enforcement performs 16% of removals in Clark County
- Children now go into foster homes upon removal

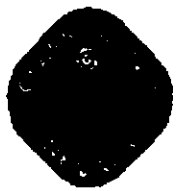
Goals

- Ensure immediate safety of children
- Provide immediate child welfare intervention
- When possible develop suitable safety plans
- Reduce unnecessary removals



Reasons for Removal

- Present or impending danger of serious harm from abuse/neglect

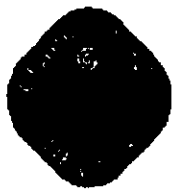


DFS Response

- 24 x 7
- To the location of law enforcement
- Comprehensive safety assessment
- Ability to place with relatives
- Assume responsibility in most cases
  - Multiple children or medical attention may require continued assistance from law enforcement

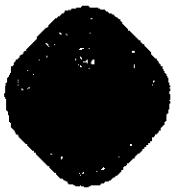
Steps

- When home removal is suspected call CPS hotline LE line: 455-5379
- Hotline will receive information and will notify a duty worker
- Duty worker will respond to the officers location within 30 minutes whenever feasible



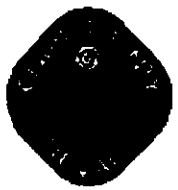
Law Enforcement Responsibilities

- Must call and provide initial information for response
- Stand by until CPS investigator arrives
- Ensure safety of all parties while at the scene
- May need to assist in transporting children or seeking medical attention

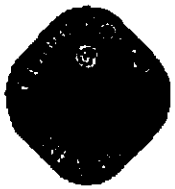


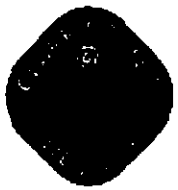
CPS Responsibilities

- Respond within 30 minutes when possible
- Conduct safety assessment & interviews
- Develop safety plans if appropriate
- If necessary take protective custody
- Assist or facilitate transportation of child
- Assist or facilitate medical clearance of child
- Complete affidavit



Questions?



Contact numbers

- CPS Hotline 24/7: 399-0081
- Law Enforcement Line 24/7: 455-5379
- CPS Assistant Manager: Terri keener, 455-7860
- CPS Department Manager: Troy Armstrong, 455-5392