NCTSN The National Child Traumatic Stress Network

ABA Center on Children and the Law
AMERICAN BAR ASSOCIATION

TRAUMA:
What Child Welfare Attorneys Should Know

EXECUTIVE SUMMARY

Each year, over 45 million children in the United States are affected by violence, crime, abuse, or psychological trauma.[1] Trauma exposure can significantly interfere with the way children's brains assess threat, which in turn can affect how they respond to stress. The negative impact of trauma exposure is particularly relevant for children and families in the child welfare system, as the majority of child welfare-involved clients have experienced multiple traumas, including abuse, neglect, and exposure to domestic violence. By understanding the impact of trauma on youth and families, and incorporating trauma-informed skills into legal advocacy, attorneys representing children or parents in child welfare cases can improve outcomes for their clients.

This document is intended to provide you with knowledge about the impact of trauma, practice tips for incorporating trauma-informed practices into legal representation, and resources to assist in the representation of clients with histories of trauma. Its intent is to guide you in your representation of clients, with the understanding that not all suggestions will be applicable or appropriate in all cases.

Trauma-informed legal practice can strengthen legal advocacy, improve attorney-client relationships, and ensure appropriate screening, in-depth assessment, and evidence-based treatment. In addition, awareness of secondary traumatic stress can improve prevention, identification, and self-care among legal professionals.

Below is a summary of tips that may assist you in incorporating trauma-informed skills and principles into your everyday practice. More detailed information about each of these tips can be found in the document that follows.

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PRACTICE TIPS

General Tips for Representing Clients in Child Welfare Cases

- Identify known or suspected trauma the client may have experienced.
- Consider the role trauma exposure may play in a client's behaviors, including refusal to engage in treatment, missing court appearances or appointments, as well as exhibiting hostility, apathy, or defiance during court proceedings. These behaviors could be misinterpreted signs of an alarm reaction or trauma response.
- Provide structure, predictability, and opportunities for the client to exert control over decisions as appropriate.
- Provide adequate explanation to the client about his case, including your role as the attorney, a reasonable understanding of the purpose of court proceedings, and a realistic expectation of the potential outcome of court proceedings.
- Advocate for placement stability for children. When placement change is necessary, advocate for a planned transition that occurs gradually rather than abruptly.
- Advocate for visitation to begin immediately between child and parent, unless this poses a threat to the child's physical or psychological safety or the child does not want visitation.
- Support visitation that is intentional, well-planned, and held in a neutral location away from where the trauma occurred. Make every effort to prepare the child for visitation.
- Encourage continuity of treatment after transitions and collaboration among professionals providing services for the client.
- Promote client resilience by leveraging existing social supports, advocating for client involvement in services and activities that increase a sense of mastery and competence, and making referrals for trauma-informed mental health treatment when appropriate.

Trauma Screening, Assessment, and Treatment

- Advocate for universal screening of trauma exposure and related symptoms.
- Provide universal in-depth assessment for those children and parents for whom a screening identifies a history of trauma.
- Make referrals or advocate for appropriate trauma treatment for clients affected by trauma exposure. Not all mental health providers are trained to provide evidence-based trauma treatment, so it is important to identify the type of treatment offered.
- Coordinate with a client's existing therapist to ascertain information about trauma triggers, suggested steps for ameliorating trauma triggers, the treatment being provided, and any other relevant information, such as risk for self-harm.

Attorney-Client Relationship

- Consider issues of physical and psychological safety when advocating for clients and resist practices that may re-traumatize children and parents.
- Meet in a quiet space with minimal distractions and outside the presence of other parties who may contribute to the client feeling threatened.
- Provide adequate information about the attorney-client meeting, including the purpose of the meeting, expectations for the meeting, and length of the meeting.
- Provide a thorough explanation about the court process, including the purpose of each court hearing, the information that you will present in court, and potential questions that the judge or attorneys may ask of the client. Allow the client time to practice and role-play responses.
- Be alert for signs of a trauma reaction, which typically present as some variation of the fight, flight, or freeze response. These signs may include lashing out, shutting down or withdrawing, or regressive, defiant, or disrespectful behaviors.
- Try to avoid startling the client with loud noises, sudden movements, or unexpected news without adequate explanation or preparation.
- Minimize touching the client, which can trigger a reaction in individuals with histories of physical or sexual abuse.
- Avoid overpromising or telling the client that "everything will be fine." Clients may be triggered by feeling let down or misled by their attorney.

Secondary Traumatic Stress

- Maintain work environments for staff that increase resilience and acknowledge, reduce, and treat vicarious or secondary traumatic stress.
- Identify and engage in self-care on an individual and organizational basis.

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1 Defining Trauma-Informed Legal Advocacy

In 2014, more than 700,000 children in the United States were exposed to child maltreatment and more than 400,000 children were residing in foster care.[1] Children in foster care are likely to have been exposed to multiple forms of trauma, such as physical or sexual abuse, neglect, family and/or community violence, trafficking or commercial sexual exploitation, bullying, or loss of loved ones. [2] In addition to situations of abuse or neglect that lead to their removal from their homes, children in care may experience further stresses after entering the system. Separation from family, friends, and community is often referred to as system-induced trauma.

The majority of parents or caregivers involved in the child welfare system have also experienced trauma and many were maltreated or placed in foster care as children. Addressing trauma among families involved in child welfare is essential to stopping this cycle of maltreatment. Without proper intervention, the negative effects of childhood trauma may persist into adulthood, and can result in higher rates of psychiatric or medical illness, substance use, criminal offending, and early death.[3]

The Attorney General's National Task Force on Children Exposed to Violence1 recommends that all professionals serving children exposed to violence and psychological trauma learn about and provide for trauma-informed care and trauma-focused services. Similarly, the American Bar Association has called for integrating trauma knowledge into daily legal practice and integrating and sustaining trauma awareness and skills in practice and policies.[4]

Trauma-informed systems are structured with an understanding of the causes and effects of traumatic experiences, and incorporate practices that support recovery. [5] A system-wide approach requires involvement by all stakeholders working with children and their families, including caseworkers, attorneys for all parties, judges, service providers, birth parents, and caregivers such as foster parents and kinship caregivers.

By enhancing the ability to recognize the impact of trauma, respond appropriately, and avoid legal practices that may re-traumatize children or parents, trauma-informed legal representation can support recovery and enhance resilience, thus improving outcomes for children and families. Incorporating trauma-informed skills into legal practice can also improve attorney-client relationships, increase opportunities to advocate for appropriate services, and enhance prevention, recognition, and mitigation of secondary traumatic stress (STS; see Section Eight).

Trauma-informed legal representation may include:

1. Identifying all known and suspected trauma the client may have experienced
2. Understanding parent and caregiver trauma and its impact on the family
3. Considering the legal implications of routine screening for trauma exposure and related symptoms, particularly for parents and dual-system involved youth (see Glossary)
4. Making appropriate referrals for culturally sensitive, evidence-based assessment and treatment for traumatic stress and associated mental health symptoms
5. Advocating for provision of resources (e.g., psychoeducational books, victim assistance information) about trauma exposure, its impact, and treatment for children, families, and stakeholders
6. Understanding and promoting resilience and protective factors for children and their families
7. Encouraging continuity of care and collaboration across child-serving systems
8. Maintaining work environments for staff that increase staff resilience and address, reduce, and treat vicarious or secondary traumatic stress
9. Considering issues of physical and psychological safety when advocating for clients and resisting practices that may re-traumatize children and parents
10. Maintaining awareness of one's own behaviors, tone of voice, body language, and approach when engaging and questioning clients who may have a history of trauma
11. Taking steps to make clients more comfortable and to recognize when clients are having a trauma reaction
12. Engaging in continuing education about trauma to learn new and developing information that can benefit clients

These suggestions identify actions you can take to promote a trauma-informed response to your clients, *with the understanding that the confines of professional conduct, including confidentiality and ethical considerations as well as strategic case planning, may affect one's ability to act on these recommendations in individual cases.* In addition, advocates should always clearly explain their role to child clients, whether they are representing the client's expressed wishes as an attorney, best interest as *guardian ad litem*, or taking a hybrid approach.

By keeping these principles in mind, you can build more effective relationships with your clients to serve their legal interests, work to ensure necessary service needs are met, and support clients' current and future well-being.

2 The Impact of Trauma Exposure on Child Development

Approximately 80 to 90 percent of youth involved in the child welfare system have experienced at least one traumatic event.[6] Trauma may result from either direct experiences, such as being neglected or abused, or witnessed experiences including domestic violence between caregivers. Children may also be traumatized by hearing about something that happened to their parent or caregiver (e.g., serious injury, incarceration).[7]

Traumatic experiences early in life may alter how the brain assesses threat and how clients respond to stress. A fight or flight response may be "triggered" by anything that reminds a client of past traumatic events, causing a perception of immediate danger. A triggered youth or adult may engage in aggressive or avoidant behaviors in an effort to feel safe; behave defiantly or aggressively to keep others at a distance; or attempt to escape the situation. Common responses include running away from home or school; avoiding attorneys or court hearings perceived as threatening; shutting down; or "spacing out."

There are a range of potential reactions to traumatic events. Most trauma survivors, including youth in the juvenile justice system or parents accused of maltreatment, will recover from their experiences and thus should not be viewed as "damaged" or beyond help. Trauma's impact on the brain and normal child development can be reversed with appropriate treatment and other supports (see Section Six). Recovery is related to resilience; and attorneys can promote clients' resilience in a number of ways, listed below.

PRACTICE TIPS: PROMOTING CLIENT RESILIENCE

Leverage existing social supports – immediate and extended family, fictive kin (see Glossary Terms, page X), community and religious leaders, school staff, coaches, etc.

Advocate for clients' involvement in services or activities that increase their sense of mastery or competence, such as parenting classes/training for caregivers, or afterschool activities for children and youth.

Support clients in developing effective coping skills by referring them to trauma-informed treatment as indicated, and helping them cope with potentially distressing court proceedings or transitions by adequately explaining them in advance.

While many youth and adults who experience trauma are able to work through subsequent challenges without professional intervention, some will develop symptoms of Posttraumatic Stress Disorder, or PTSD (see Glossary Terms, page 6, for definition). PTSD increases the risk for negative outcomes across the lifespan, including academic challenges and peer problems in childhood and criminal justice involvement in adolescence and adulthood. (See Appendix, Section Two, for additional resources on how trauma may affect clients in different age groups.) Some clients may experience partial symptoms of PTSD or develop other disorders such as substance use, depression, or anxiety.

Many trauma survivors will not meet criteria for a PTSD diagnosis but will experience significant trauma-related impairment in daily living. Youth or adults with more chronic or pervasive exposure to traumatic events, termed complex trauma, may suffer additional challenges that are not captured by the PTSD diagnosis (see Glossary Terms). Whenever possible, clients should be screened. If a trauma screen reveals trauma exposure, a further in-depth assessment for trauma exposure and related symptoms to determine the impact of their traumatic experiences and need for appropriate treatment is warranted (see Section Five).

3 The Impact of Trauma Exposure on Child Development

Approximately 90 percent of parents or caregivers involved in the child welfare system have histories of trauma exposure, including high rates of childhood abuse and neglect, and a significant number were involved in the system as children.[8,9,10] Additionally, families may be affected by historical trauma resulting from societal racism and oppression towards ethnic minorities, particularly African-American, Native American, and immigrant communities. The impact of these traumatic experiences on both caregivers and their children can be inadvertently intensified by institutional practices within systems such as child welfare or juvenile justice.[11]

Exposure to trauma does not always determine adverse outcomes for parents and their children. However, for some parents, prior trauma exposure may negatively impact the manner in which they interact with their children, thereby placing children at higher risk for traumatic stress. This is also known as intergenerational trauma. For example, parents with histories of repeated exposure to violence may have greater difficulty recognizing the adverse effects of violence exposure for children. Untreated PTSD can also interfere with a parent's ability to use safe and effective parenting strategies and protect their children from abuse by others.[12,13] In turn, without effective intervention, children exposed to neglect or abuse are significantly more likely to perpetrate violence against dating partners, enter into abusive relationships in adolescence and adulthood, and perpetrate abuse of their own children when they become parents.[14,15,16] Consequently, addressing traumatic stress within families in the child welfare system is essential for reducing rates of child maltreatment and interrupting the intergenerational transmission of trauma. Further, recognition of these risks can position attorneys to recommend resources to clients that lessen the impact of risks and bolster clients' resiliency.

Trauma can affect a parent's approach to discipline and child-rearing.

Parents with trauma histories who abuse or neglect their children may view their parenting behavior as normal, and may not understand that there are alternative ways of interacting with their children. Additionally, a traumatized parent may be hypervigilant or overly focused on identifying potential threats to his or her child. Hypervigilant parents may react harshly to child misbehavior because they fear consequences or reactions from others if their children continue to misbehave. Parents with trauma histories may also place extreme restrictions on their children, such as requiring them to spend all free time at home to avoid potential danger. Trauma can also deplete a parent's psychological and physical energy as well as the financial and social resources necessary to accomplish parenting tasks.

After a client-centered decision-making process that includes legal counseling of the client, parent attorneys can advocate for participation in trauma-informed parenting workshops and treatment *(see Section Six)*. Since reunifi-

GLOSSARY OF TERMS

Trauma
Exposure to actual or threatened death, serious injury or violence in one of the following ways: 1) direct experience; 2) witnessing a traumatic event; 3) learning that a loved one experienced trauma; or 4) repeated or extreme exposure to aversive details of traumatic events (e.g., child welfare attorneys who develop secondary traumatic stress after repeated exposure to their clients' trauma stories).

Child Traumatic Stress
Occurs when a child experiences a traumatic event or situation that upsets and overwhelms his or her ability to cope; and the signs and symptoms interfere with the child's daily life.

The Body's Alarm System
Function of the brain that scans the environment for potential danger and prepares us to act. When triggered, the alarm system sets off a cascade of immediate physiological changes that prepare one for Fight-Flight-Freeze response in order to stay safe. This is a complex response that involves multiple areas of the brain, including the sympathetic nervous system and the amygdala.

Trigger
A reminder of a past traumatic event that sets off the body's alarm system, so that the person feels in imminent danger once again. A "trigger" can be anything connected to a traumatic event, including an event, situation, place, physical sensation, or even a person.

Posttraumatic Stress Disorder
A mental health disorder most commonly associated with trauma exposure. PTSD is characterized by problems in four areas: re-experiencing (i.e., flashbacks or nightmares of traumatic event); avoidance of thoughts or reminders of past trauma;

cation is the ultimate goal in most child welfare cases, and most children in the child welfare system reunify with their biological families[17], it is essential that parents and caregivers receive needed trauma-informed services in order to begin the healing process and improve their capacity to provide safe and stable home environments.

Trauma can affect parental reactions to court proceedings and an attorney's working relationship with the parent.

For parents or caregivers with histories of trauma, child welfare proceedings may present particular challenges that can significantly interfere with their ability to effectively manage court proceedings and relationships with court and child welfare professionals. Parents who have experienced trauma may exhibit difficult behaviors such as angry outbursts, lateness, refusal to return phone calls, and missed appointments or court appearances. One study of child welfare-involved mothers also found that those who had previous involvement with the system as children were significantly less engaged with services provided through child welfare agencies.[18] These behaviors may be interpreted as hostility or apathy, but may in fact be symptoms of traumatic stress. Traumatic stress pushes the brain into a hypervigilant mode that may cause individuals to be highly sensitive to power differentials, perceived attacks, and a perceived loss of control. This may result in a parent's distrust of, and irritability toward, those who appear more powerful and in control, such as attorneys, judges, and child welfare caseworkers.[a] In such cases, parents may need additional support to help them understand those reactions, and the impact of those reactions on the overall case. Lifelong traumas may also teach ineffective ways to assert power in the world. It is understandable for parents to exhibit distrust of a system that may have been unhelpful, even harmful, in the past, especially if they have lived in poverty and have dealt with structural racism in the very systems designed to help them. Understanding these reactions can help you develop a more effective attorney-client relationship.

[a]*Traumatic stress may decrease a parent's ability to perceive the world accurately, process information, remain organized due to executive function deficits, and increase risk of substance use. In turn, this may contribute to an increased risk of maltreating their children.*

negative changes in thought or mood (i.e., persistent negative emotions, persistent or exaggerated negative beliefs about oneself, others, or the world); and hyperarousal (angry outbursts, being constantly "on guard" against potential threats). Some people may also experience dissociation. (See Appendix Section Two for additional information).

Complex Trauma
Refers to exposure to multiple or prolonged forms of traumatic experiences in childhood and the wide-ranging, long-term impact of this exposure. Complex trauma disrupts normal child development and may lead to difficulties with attachment (i.e., ability to form trusting, meaningful relationships); managing emotions and behavior; and executive functioning (i.e., ability to focus attention, solve problems, plan or pursue long-term goals).

Kinship Foster Care
Refers to the placement of youth in foster care that is provided by grandparents, aunts, uncles, or other family members.

Fictive Kin
Individuals who play an important role in a youth's life but are not related through marriage or birth.

Dual-System Involved Youth
Refers to youth who are involved in both the child welfare and juvenile justice systems.

Psychological Safety
The belief that one is safe from emotional harm and has the ability to manage threats to safety. Psychologically safe environments encourage respect for others' feelings, even when there is disagreement. Individuals can also increase their own sense of psychological safety in stressful situations by learning and using coping skills.

Dual-System Involved Youth
Youth involved in both the child welfare and juvenile justice systems)

4 The Impact of Trauma on the Attorney-Client Relationship

Trauma can interfere with the formation of strong client-attorney relationships by impairing the client's capacity to trust others, process information, communicate, and respond to stressful situations. Understanding trauma's impact on behavior can help you modify your approach with traumatized clients, prepare clients for court proceedings in a way that reduces their likelihood of a traumatic response, and advocate for clients in a way that empowers them and helps build a sense of safety and resiliency. With adequate preparation, clients may feel empowered by the opportunity to tell their stories and receive empathy and effective support from the professionals involved.

To establish an effective working relationship with traumatized clients, you should focus on physical and psychological safety, communication, and client support.

Physical and psychological safety:

When a client is reminded, either consciously or unconsciously, of a past trauma, that trigger may cause the client to feel as if she is in imminent danger. When traumatized clients feel physically or psychologically unsafe, they may become focused on protecting themselves and avoiding the perceived danger. As a result, they may not listen to or process information accurately, may refuse to talk, or simply agree to anything in order to leave. You can assist your client and establish a safe environment by providing structure and predictability, allowing the client to make informed decisions about his or her case whenever possible.

Court hearings and other procedures in the child welfare system may inadvertently trigger or re-traumatize clients with trauma histories. For example, clients are frequently triggered by a perceived loss of control or power, such as court decisions made about placement or visitation. Therefore, you should give clients a clear voice in decisions related to their representation, elicit their views, and seek active, age-appropriate involvement.

When triggered, clients may react in ways that are misinterpreted by the court. For example, a child may withdraw emotionally or physically *(often described as freezing or shutting down)* in response to questions about desire for contact with a parent. Or, a parent with a trauma history may shut down or react defiantly during cross-examination. A child placed in foster care, particularly an adolescent, may run away or act out in response to conflict with a foster parent or group home staff member. Judges, attorneys, and other professionals may view such a client as uncooperative or disinterested rather than as someone who is having a trauma response. You can advocate for clients by explaining to the court and the other parties that the client's behavior is a reflection of underlying trauma. Decisions regarding such disclosures should be case-specific and within the bounds of attorney-client privilege and your specific attorney role.

Some suggestions for increasing physical and psychological safety include:

- Meet in a quiet space where there are minimal distractions, away from other parties who may make your client feel threatened.
- Inform the client of the purpose of that day's meeting, what to expect during the meeting, and how long the meeting will last. Several shorter meetings can build familiarity and be more productive than a single, longer meeting. Make sure to ask what questions the client may have.
- Explain the court process. Let the client know what you are going to say in court, questions you may ask the client, and questions the judge or opposing attorney may ask (particularly when you anticipate an adversarial cross-examination). Knowing what to expect can help your client feel less anxious during a hearing. Allowing the client time to practice responding and role-playing can increase a sense of control and safety.

As part of explaining the court process to child clients, it is also important to provide a realistic understanding of the potential outcomes of a court hearing. It can be empowering for child clients to know that their attorney is listening to them and will express their wishes in court, but it is also important for them to be prepared for the possibility that those wishes may or may not be granted or taken into consideration.

Additionally, when child clients are not present for court hearings, it can be triggering for them to know there was a court date but not be informed about what happened at that hearing. Children and youth should attend their own hearings whenever possible. When their presence is not possible, it is important to provide information about what happened or some type of update in an age-appropriate manner.

Communication:

Clients who have experienced trauma may experience greater difficulty forming trusting relationships with their attorneys. Many youth in the child welfare system have been hurt by a caretaker or authority figure they trusted, and many parents distrust "the system." Such clients may not believe that you will actually advocate for them. Clients also may be slow to share emotionally-charged information, or may not feel safe expressing preferences regarding their desired outcomes, such as visitation or placement. Developing an effective attorney-client relationship takes time and patience.

You can learn to recognize signs that a client may be experiencing a trauma reaction so that you do not misinterpret or exacerbate the client's response. Trauma reactions typically represent some version of fight, flight, or freeze. A client who suddenly becomes loud or combative may be going into "fight mode" in order to keep herself safe by pushing others away. Clients may go into "flight mode" and try to avoid a triggering situation by refusing to answer sensitive questions or attempting to leave a meeting or court hearing. Clients may also "freeze" by shutting down or dissociating *(a common response to trauma when a person mentally shuts down or "goes elsewhere")*. She may sit quietly but will no longer be paying attention. Do not assume that silence means the client understands or consents. *(Appendix Section Four includes information about identifying signs of trauma reactions in clients.)*

PRACTICE TIPS TO AVOID TRIGGERING CLIENTS WITH PRIOR TRAUMA

Look for signs of trauma reactions. As discussed in this section, clients may exhibit variations of the fight, flight, or freeze response.

Try not to startle the client. Loud noises *(including yelling)*, sudden movements *(jumping up from a chair)*, or unexpected news can all trigger trauma responses.

Prepare the client for what is ahead. Predictability is important to establishing a trusting relationship. Preparation can help minimize your client's hypervigilance to threats from unfamiliar or unexpected sources.

Minimize touching the client. You may intend to be supportive when you put your arm around a child or touch a parent's shoulder, but that can trigger a reaction in people who have been physically or sexually abused. By respecting your client's personal space, you can help build the client's sense of control and safety.

Do not overpromise or tell the client "everything will be fine." This includes promising clients you will always be there for them. Attorneys frequently change. Be honest in your communications because clients may be triggered by feeling let down or misled by their attorney. Remember that clients' behaviors may also be influenced by the expectation that you will inevitably disappoint them, so be honest and forthright from the start.

[b] *Child participation in the court process is considered a best practice by national organizations such as the American Bar Association, National Council of Juvenile and Family Court Judges, and National Association of Counsel for Children. A study in Nebraska found that children's anxiety levels related to court participation were low overall and even lower for children who had attended court. The children who attended court also viewed the judgments as more fair. A recent New Jersey study showed that court participation is not upsetting for youth, but can provide an opportunity for them to be heard. It also provides better information to both the youth and the court.*[19]

Client support:

Parents and children who are involved in the child welfare system may still have strong attachments to and pleasant memories of family members. In fact, a child can remain emotionally attached to a dysfunctional family and may be further traumatized by complete loss of contact with relatives. Family members can offer the best source of long-term support for a traumatized child. It is essential that a child stay connected with siblings, relatives and extended family (as defined by the client), and friends. In cases in which ongoing family contact is not feasible or is contraindicated for safety reasons, you can look for ways to involve other people trusted by your client, such as a family friend, coach, teacher, or pastor.

Finally, you should be aware that some clients may find the experience of court involvement traumatizing, whether from memories of past involvement, interactions with or observations of others in the courthouse, and especially the intensity of the courtroom environment itself. Trauma triggers might include an attorney's behaviors, tone of voice, body language or approach to questioning. You can take steps to make your clients more comfortable and to recognize when clients are having a trauma reaction.

POSSIBLE SIGNS THAT YOUR CLIENT HAS BEEN "TRIGGERED"

- Lashes out verbally or physically
- Becomes defiant, disrespectful
  (fight response meant to keep potential threats at a distance)
- Has difficulty tracking the attorney's questions
- Shuts down, stops talking
- Becomes jumpy, fidgety, starts pacing
- Has sudden, dramatic shifts in mood
- Looks spaced out, gets lost in conversation, or appears to have "gone somewhere else"
- Speech grows louder, faster
- Suddenly tries to leave situation
  (flight response)
- Adopts regressive behaviors
  (thumb sucking, rocking)

Client Resiliency:

It should be noted that despite trauma histories and traumatic stress reactions, clients are often resilient. Your actions during the course of legal proceedings can further bolster resiliency. Whether through advocacy for treatment *(Section Six: Effective Treatments for Traumatic Stress)* or facilitating a client-attorney relationship that conveys awareness of traumatic stress reactions, promoting a psychologically safe environment using the above strategies can support your clients' improved management of traumatic stress reactions.

5 Screening and Assessment

Clients involved in child welfare proceedings should be routinely screened for exposure to trauma and related mental health conditions in order to determine their need for therapy and other services. In this section we distinguish between screening, assessment, and neuropsychological evaluations.

Screening refers to a brief set of questions administered to children, parents or caregivers to identify clients who likely suffer from trauma-related impairment. Screening can be conducted by attorneys using validated assessment instruments. Any client who screens positive for likely trauma exposure or symptoms can be referred to a qualified mental health professional for a full assessment. Various trauma-informed screening instruments and questionnaires are available for use *(see NCTSN Measures Review Database)*.[20]

A ***trauma-informed mental health assessment*** refers to a comprehensive evaluation conducted by a trained mental health provider such as a social worker, psychologist, or psychiatrist. The goal is to determine if the client is suffering from traumatic stress or other mental health problems and to generate recommendations for treatment or other social services. The provider conducting the assessment gathers information on trauma experiences or symptoms along with other mental health symptoms, medical issues, academic and employment history, and family dynamics, as well as strengths exhibited by the child, parent, family, and community. A thorough assessment should include information from several sources, including clinical interviews with the child, caregivers, and collateral informants; review of client records (school, medical, and mental health treatment); and behavioral observations.

Neuropsychological evaluation *(also referred to as cognitive evaluation)* is used to assess a child's current level of intellectual and academic functioning. Such evaluations may be warranted for clients who are experiencing significant academic or vocational problems or are suspected of having undiagnosed learning disorders or developmental delays. The latter are quite common among children with prior trauma exposure. You may need to make the case that such an assessment is required by reasonable efforts and request that the court order the assessment and approve payment by the child welfare agency.

Integrating trauma screening and assessment findings into court reports is a key element of a trauma-informed child welfare court system. Including these findings will assist the court to understand the impact of trauma on the child and parent, develop plans that support their resilience, and avoid decisions that may re-traumatize the child and parent. Screenings, assessments, and evaluations may need to be court-ordered. Depending on local law, the results are generally made available to all parties or may be obtained by one party or the other for use as an advocacy tool.

PRACTICE TIPS: CONSIDERATIONS FOR TRAUMA SCREENING AND ASSESSMENT

A trauma assessment is very different from a mental health assessment conducted as part of a custody evaluation. The former is not designed to provide recommendations regarding placement and visitation within the child welfare context.

Although it is recommended that you advocate for trauma-informed assessments of clients who screen positive for trauma exposure or symptoms, this may not always be possible within the confines of your particular role. Parents' attorneys in particular may resist trauma assessments if the parent client is not amenable to an assessment or if the attorney has concern that the parent may be viewed by courts as too "damaged" to be rehabilitated. In this case, one option is to consider whether this concern is outweighed by the potential benefits. Trauma screening and assessment will help ensure that parents with traumatic stress receive appropriate services to help facilitate their healing and address mental health issues that potentially impact their legal cases. While it is ultimately the client's decision, parents' attorneys can also engage in client-centered counseling to present both the potential benefits and potential risks of a trauma-informed assessment.

You should be aware of potential legal consequences related to information shared during court-ordered assessments. For example, an accused parent may report information on trauma history that could be used against him in court proceedings. Likewise, acknowledgment of living with an abusive spouse could be used as evidence that the parent is providing an unfit home environment for the child.

Whenever possible, each child and parent involved in child welfare proceedings should be screened for traumatic events and related symptoms as long as the jurisdiction has sufficient legal protections to ensure the information will not be used in ways that will further harm the youth or family.

Not all mental health agencies routinely ask about trauma exposure or symptoms during their assessments. You should make efforts to ensure that the child welfare agency arranges for trauma-informed assessments.

6 Effective Treatments for Traumatic Stress

Even severely traumatized youth and adults can recover from trauma with the right supports, including effective mental health treatment. The terms trauma-informed or trauma-focused treatment refer to mental health interventions designed to help people recover from traumatic stress. There are evidence-based trauma-informed or -focused interventions for every age group, ranging from infants to adults *(see NCTSN Empirically Supported Treatments and Promising Practices)*.[21]

There are individual treatments for a traumatized child or parent as well as treatments designed for the parent and child to work together. Trauma-focused treatments can support client resilience by helping the client develop effective coping and problem-solving skills, build on strengths, reduce trauma-related symptoms, and improve social, academic, and developmental functioning. Trauma-informed treatment has been shown to improve mental health and behavioral outcomes among children and parents and to reduce the likelihood of future abuse or neglect.[22, 23]

Whenever a client undergoes a comprehensive assessment *(see Section Five)* and is found to suffer from trauma-related impairment, you should advocate for trauma-informed treatment. A core principle of trauma-informed practice is to provide clients with a sense of control over the process. Thus, you should ask about and advocate for client preferences about treatment modality *(e.g., individual, family, or group treatment)* and therapist gender. Regarding the latter, some youth have an aversion to or may be triggered by a clinician of the same gender as their abuser.

Not all treatments are trauma-informed, including many of the treatments commonly recommended in family courts, such as parenting groups, substance abuse treatment, or anger management. Clients with traumatic stress are less likely to benefit from such interventions and more likely to end treatment prematurely. A negative treatment outcome may be used against the client (particularly a parent) as evidence he is unwilling or too damaged to change behaviors. Therefore, you should advocate that your clients are referred to trauma-informed treatment when indicated.

Many mental health providers have not been trained in trauma-informed treatment. In order to identify trained providers, you can search through relevant online directories. You can also interview prospective treatment providers to determine whether they offer trauma-informed treatment *(see Appendix Section Six)*.

CORE ELEMENTS OF TRAUMA-INFORMED/FOCUSED TREATMENT

- Educating clients regarding trauma and its impact
- Increasing client sense of physical & psychological safety
- Identifying triggers for trauma reactions
- Developing emotional regulation skills
  (i.e., skills to help control and express strong feelings)
- Developing trauma-informed parenting skills
- Addressing grief and loss *(when appropriate)*
- Processing traumatic memories

7 Placement Decisions, Transitions, and Visitation

The child welfare court system has historically focused on physical safety. More recently, however, there has been increased attention on ensuring psychological safety for children and families. Psychological safety is the ability to feel safe within one's self as well as safe from external harm. The inability to feel safe can impact an individual's interactions with others, can lead to a variety of maladaptive coping strategies, and can result in anxiety.

Removing a child from a home where there is neglect or abuse may improve his or her physical safety, but at the same time may impair the sense of psychological safety for both the child and the parents. Research shows that frequent placement changes are associated with poor outcomes for children involved in the child welfare system.[24,25] You may not have the power to alleviate your clients' distress, but you can minimize trauma caused to families involved in the child welfare system and improve their sense of safety by becoming an advocate for them during the following critical junctures:

Placement Decisions:

In jurisdictions with client-directed representation, you should advocate for a child client's stated interests. Giving a child a voice in the proceedings will help the child feel that she has some control in a process that can otherwise be overwhelming and even traumatic. Attorneys advocating for the child's best interest should also consider the child's wishes in making the best-interest determination. You should first consider whether the child can safely remain in the home with any needed supports to minimize disruptions. When children must be removed from their homes, you should advocate that they be placed with a relative who is willing and able to provide a physically and psychologically safe home environment.

You should seek the input of your client, whether this is a child or parent, regarding relatives who may be able to provide a safe home for the child. You should also advocate for siblings to be placed together except in cases of suspected sibling abuse or other safety concerns. Research shows that youth who are initially placed in kinship foster care and with all their siblings are significantly more likely to achieve stable placement and exit the system.[26]

In cases when an out-of-home placement is unavoidable, you should consider advocating for a placement close to the child's home community. This will allow the child to maintain connections with his or her support systems including extended family, church, school, teachers, mentors, and coaches. When a child is placed outside his community, you should advocate that he remain in the same school, unless it is in his best interest to move to a new school. This can also provide the stability, continuity, and connections with adults that are needed. One positive relationship with an adult can make all the difference for a child! Having a stable, nurturing relationship with an adult can facilitate tremendous healing and develop resilience for a child who has experienced trauma.

Transitions:

You can help with transitions through thoughtful and planned decisions regarding placements, visitation, and reunification. You can:

- Advocate for a minimal number of moves and placement changes
- Assess the appropriateness of any placement based on the child's emotional, social, developmental, and medical needs
- Advocate for allowing both the child and caregiver time to prepare for visits with a parent
- Request time to say goodbye to a foster family by planning for reunification or a placement change in advance.

Visitation:

Children involved in the child welfare system often strongly voice a desire for contact with their parent(s), even in cases when the parent was abusive or neglectful. Thus, attorneys representing children or parents should advocate for visitation to begin as soon as possible except when it threatens the physical or psychological safety of the child or the child expressly does not want visitation with a parent.

Visitation should be intentional and well planned. It should be held in a neutral location away from any environment where a child may have experienced trauma. When appropriate, encourage and facilitate positive relationships and communication between birth parents and caregivers about the child's routines, habits, triggers, and coping skills. *(See Appendix Section Seven: "Working with Parents Involved in the Child Welfare System – Visitation.")*

Visits may trigger trauma reactions, so you can prepare your client *(child or parent)* in advance. It may be beneficial to communicate with the client's therapist to understand potential reactions to visits or when considering advocating for a change in visitation. Ask child clients how they feel about visits and try to determine what might trigger them *(sights, sounds, smells, places, voices, etc.)*. You should communicate with the therapist regarding a client's reactions to visits before requesting changes in visitation. You can also encourage parent clients to use visits as an opportunity to practice certain skills and demonstrate their ability to parent safely.

8 Secondary Traumatic Stress and Attorneys

The terms vicarious trauma or secondary traumatic stress *(STS)* describe the negative physical and psychological health consequences resulting from repeated exposure to the stories and experiences of traumatized clients. Attorneys handling child welfare cases are at high risk for developing secondary traumatic stress reactions due to frequent exposure to trauma survivors and their stories of maltreatment. Furthermore, research suggests that a substantial number of attorneys, particularly attorneys practicing specialties such as criminal law and family law, will be threatened with violence at least once in their careers.[27] One study of public defenders found that 34 percent of attorneys reported symptoms of STS while 11 percent met criteria for a diagnosis of PTSD.[28,29]

STS reactions range from decreased empathy towards clients and changes in a sense of personal safety to the onset of PTSD symptoms *(see Section Two)*. STS can lead to impairment in your mental or physical health, job performance, and personal relationships.[30] Those affected by STS may engage in risky or unhealthy behaviors to cope with STS. These behaviors may include increased substance use, experiencing feelings of estrangement from loved ones, or being overly focused on protecting one's own children from danger.

Risk Factors for Secondary Traumatic Stress:

Both individual and job-related or organizational factors may increase your risk for developing STS. Individual factors include a prior history of trauma exposure, such as attorneys who were themselves abused as children, and unhealthy strategies for coping with distress.[29] Job and organizational factors that influence risk for STS include the number of trauma survivors in your caseload, level of coworker and supervisor support, and education and training about STS.[31] In a study on the incidence of STS among attorneys, participants attributed their traumatic stress reactions to a lack of education about understanding clients with trauma histories and the absence of a regular forum for discussing the stress of working with such clients.[32]

Preventing Secondary Traumatic Stress:

There are several strategies that individual attorneys and agencies can adopt to help prevent STS. Training on working with trauma survivors has been shown to increase empathy and confidence in working with this population among mental health providers.[33] Recommended areas of focus for training with attorneys include:[31]

- Understanding the impact of trauma on children and adults
- Acquiring skills for working with trauma survivors
- Recognizing the signs and risks for secondary trauma and
- Practicing stress reduction and management skills such as mindfulness techniques

Formal supervision and peer support groups can also help prevent STS by providing support and a forum for discussing the challenges of working with trauma survivors. Agencies should also offer employee assistance programs or referrals to outside mental health providers for attorneys who develop symptoms of STS.

STRATEGIES FOR SELF-CARE

- Exercise regularly and maintain a consistent sleep schedule
- Eat healthy food and reward yourself with your favorite food occasionally
- Build breaks into your schedule—even if just a few minutes
- Connect daily with others who recharge your emotional state
- Practice mindful activities that can include meditation, yoga, or spiritual practices
- Set and maintain boundaries with clients: clarify that your role as attorney differs from those of social workers, case managers, or other service providers
- Reduce your caseload or diversify your practice, if possible
- Monitor your risk for STS by periodically completing a STS self-assessment tool such as the ProQOL or the Secondary Traumatic Stress Scale (see Appendix Section Eight for links)
- Connect clients with appropriate service providers—use a team approach for clients who have experienced trauma and need a high level of support
- Create a go-to list of local resources for clients
- Access state bar legal assistance programs or confidential support services when available or seek counseling services as needed

SIGNS OF VICARIOUS OR SECONDARY TRAUMATIC STRESS

- Disruption in perceptions of safety, trust, and independence
- Sleeping difficulties or nightmares
- Exhaustion
- Alcohol or drug use to self-medicate
- Anger or cynicism towards “the system”
- Difficulty controlling emotions
- Hyper-sensitivity to danger
- Increased fear and anxiety
- Intrusive thoughts or images of client trauma stories
- Social withdrawal
- Minimizing the impact of trauma
- Illness, increase in sick days at work
- Diminished self-care and depletion of personal resources
- Reduced sense of self-efficacy

POTENTIAL IMPACT OF SECONDARY TRAUMATIC STRESS ON JOB PERFORMANCE

- Reduced empathy towards clients
- Inability to listen to, or active avoidance of, clients
- Over-identification with clients, or conversely, shutting down emotionally *(both responses interfere with effective legal representation)*
- Distancing oneself from exposure to key aspects of a client's history and ongoing trauma, thereby potentially missing events with high probative value in litigation
- Overreaction by displaying hypervigilance through angry outbursts in court, or unduly questioning the credibility of witnesses when emotional legal issues become triggers
- Excessive anger or irritability, as a result of STS, may be masked as zealous advocacy in a trial setting, but may in fact be damaging to the attorney and client.
- Compromised quality of legal service due to emotional depletion or cognitive effects of STS. Some traumatized professionals, believing they can no longer be of service to their clients, end up leaving their jobs or the serving field altogether. Several studies indicate that the development of secondary traumatic stress often predicts that a helping professional will eventually leave the field for another type of work.

9 The Importance of Collaboration

Collaboration and coordination among service providers and systems comprise a key principle of trauma-informed practice.[5] Therefore, it is important for attorneys and other providers working on a case to both collect and share information to support their clients as appropriate within legal and ethical confines. Benefits of information-sharing include:

- Preventing clients from having to repeat their trauma histories to multiple agencies or providers
- Ensuring that all involved parties understand trauma's impact on the client and tailor their services accordingly
- Increased ability to make sense of the client's behaviors or difficulties

The following section lists the roles played by professionals most often involved in child welfare cases, their scope of practice, and recommendations regarding how to work with each.

Children's Attorneys and Guardians ad Litem:

Many children do not immediately disclose traumatic events, like sexual abuse. Such children are frequently misdiagnosed, based on their behavior, with emotional disturbance, oppositional defiance, bipolar disorder, attention deficit hyperactivity disorder *(ADHD)* or other physical or developmental disabilities. Children may not understand why they engage in these behaviors, and may be afraid to tell the truth because it would require disclosure of the trauma. Collaboration with other parties is key to determining whether another assessment might be warranted. Foster parents and other caregivers often have a wealth of information that can be helpful. Has the child experienced known or suspected abuse or other trauma? If the child is engaging in conduct at home, could that conduct be caused by neurological responses to trauma? Unprovoked anger may be a manifestation of the fight response; running out of school or from home, the flight response; and tuning out, the freeze response. Sleep disturbances *(losing sleep at night, and sleeping during the day)*, inability to focus, and depression may all be caused by trauma. Are there situations that trigger these behaviors? Does the child engage in self-harm, or appear depressed? What helps the child calm down? Conducting a thorough and independent investigation by collecting information from others can help you better understand the child's situation.

Sharing information *(as allowed under ethics rules and privacy statutes)* with parent attorneys, the treating therapist, school personnel, and court staff may benefit the child as well.

Parent Attorneys:

Parents may also have information that can help. However, there are important considerations related to confidentiality and other barriers that a parent attorney must consider. When it can benefit the parent and facilitate help for the child, a parent's attorney can encourage the parent to consider sharing this information. Parent attorneys can also ask their clients about how trauma may affect their parenting ability and discuss with their client the benefits and drawbacks of sharing this information.

Child Welfare Agency Case Worker:

Child services workers are required to regularly check on the child. They see children interact with their parents, foster parents, or kinship caregivers, often in the home. Much of the information case workers discover is incorporated into case planning and reports to the court. They often have additional information that may shed light on the child's experiences.[34,35,36]

School Personnel:

Knowledge and incorporation of trauma-informed practices varies widely among different school systems. It is important that providers involved with the child's case, after obtaining the appropriate releases, inform the school about the child's special trauma needs. A child's case file will often contain information about the child's history, experiences, and family background that the school does not need in order to provide services. However, not all schools have comprehensive policies to protect children's privacy. You should ensure that only the information needed to serve the child is provided to the school, and that such information is provided only to individuals who have been trained to ensure and protect the child's confidentiality.

Many children who are experiencing neurological responses to trauma require accommodations in school to access their education. Common accommodations often provided in an Individual Education Plan *(IEP)* or 504 plan, include:

- Permitting the child to leave class early *(to avoid the hustle and bustle of busy pass times in the hall)*
- Permitting the child to leave class at any time to speak to a counselor
- Providing trigger warnings of materials in the curriculum that might trigger the student, and furnishing alternative assignments *(for example, doing an independent study in English when the class is studying a book that will likely trigger the student)*
- Adjusting the child's class schedule so the child can sleep later in the morning

The school may also have information that will help with understanding the child's needs. For this reason, ongoing dialogue with the school is essential.

Court staff:

Children's attorneys should take the lead to make sure that the child's needs are met in court and that court staff are aware of potential concerns. Important questions to consider include: Will the child or caregiver need accommodations in court? Will the client be triggered if the abuser *(i.e., abusive parent or partner)* will be in the courtroom? Do special arrangements need to be made?

Treating therapist:

With regular collaboration, the treating therapist can play a key role in making sure that a client's needs are met at school, at home, and in court. Attorneys and therapists alike must be mindful of their respective ethical duties to their clients. Treating therapists can generally opine about a client's needs and what would be helpful without violating client confidentiality. You should advise the therapist of upcoming court hearings so the therapist can help the client process the information, address potential triggers, and prepare for court. It is also helpful to obtain information from the treating therapist about a client's potential trauma triggers and strategies for preventing, addressing, or mitigating those triggers. Likewise, if a client is at risk for self-harm, you should speak to the therapist and inquire about steps or strategies that have been discussed with the client or put into place to reduce this risk.

10 Systems-Level Advocacy and Resources

The current guide was developed with two goals. The first goal is to increase the knowledge and skills of individual attorneys who work with clients who have survived trauma. The second, broader goal is to create trauma-informed child welfare and family court systems, in which all professionals, consumers, and stakeholders are educated about the impact of trauma and trauma-informed practices and policies. Creating trauma-informed service systems is a time- and resource-intensive effort that will require the involvement of a variety of stakeholders in child welfare and other service systems. In the list below, we have included specific resources that may assist attorneys and other system stakeholders in beginning to implement trauma-informed care in their local child welfare and family court systems. The Appendix to this document also includes additional resources to assist attorneys in both individual and systems-wide advocacy and practice.

Resources for educating other stakeholders on trauma-informed care

American Bar Association Center on Children and the Law's website on *Polyvictimization and Trauma-informed Legal Advocacy* http://www.americanbar.org/groups/child_law/what_we_do/projects/child-and-adolescent-health/polyvictimization.html

National Child Traumatic Stress Network and National Council of Juvenile & Family Court Judges. (2013). *Bench card for the trauma-informed judge*. Los Angeles, CA and Durham, NC: Authors. http://www.nctsn.org/products/nctsn-bench-card-trauma-informed-judge

National Child Traumatic Stress Network (2005). *Helping children in the child welfare system heal from trauma: A systems integration approach.* http://www.trauma-informed-california.org/wp-content/uploads/2012/02/A_Systems_Integration_Approach.pdf

National Council of Juvenile & Family Court Judges (2014). *Trauma court audit*. http://www.ncjfcj.org/sites/default/files/Trauma%20Audit%20-%20Snapshot.pdf

Aces too High (2014). https://acestoohigh.com/2014/09/24/trauma-informed-judges-take-gentler-approach-administer-problem-solving-justice-to-stop-cycle-of-aces/

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APPENDIX

Section One: Defining Trauma-Informed Legal Advocacy

American Bar Association's Policy on Trauma-Informed Advocacy for Children and Youth (2014) http://www.americanbar.org/content/dam/aba/administrative/child_law/ABA%20Policy%20on%20Trauma-Informed%20Advocacy.authcheckdam.pdf

National Council of Juvenile & Family Court Judges (NCJFCJ) site on Trauma-Informed Systems of Care http://www.ncjfcj.org/our-work/trauma-informed-system-care

Section Two: The Impact of Trauma Exposure on Child Development

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Section Three: The Impact of Trauma Exposure on Parents

NCTSN Fact Sheet: *Birth Parents with Trauma Histories and the Child Welfare System*
This factsheet series from the Birth Parent Subcommittee of the Child Welfare Committee highlights the importance of understanding the serious consequences that trauma histories can have for birth parents and the subsequent potential impact on their parenting.

- For Parents (2012)
- For Child Welfare Staff (2011)
- For Judges and Attorneys (2011)
- For Mental Health Professionals (2012)
- For Resource Parents (2011)
- For Court-Based Child Advocates and Guardians ad Litem (2013)

Section Four: The Impact of Trauma on the Attorney-Client Relationship

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Section Five: Screening and Assessment

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Section Six: Effective Treatments for Traumatic Stress

Finding Effective Trauma-Informed Treatment for Children, Teens, & Families
http://www.nctsn.org/resources/topics/treatments-that-work/promising-practices
The National Child Traumatic Stress Network's website includes a comprehensive list of the most effective and widely used trauma-informed treatments for children, adolescents, and families. This site includes a description of the core components of trauma-informed treatments and a list of trauma-informed interventions for children, adolescents, and families, with fact sheets summarizing the key components of each treatment and the research evidence that shows its effectiveness.

Finding a Trauma-Informed Therapist or Expert in Your Area
http://www.nctsn.org/about-us/network-members
The National Child Traumatic Stress Network is comprised of more than 100 federally-funded and affiliated academic and treatment centers around the US that provide trauma-informed mental health services and training/consultation on child traumatic stress. To find a trauma expert in your area, search the NCTSN's list of network members by state

http://www.istss.org/find-a-clinician.aspx
The International Society for Traumatic Stress Studies offers a searchable online database of mental health professionals that offer trauma-informed treatment across the globe.

http://www.nctsn.org/resources/get-help-now
The NCTSN's *Get Help Now* site offers information on finding help for children who have experienced abuse or neglect.

NCTSN Fact Sheet: *List of Questions to Ask Mental Health Professionals*

1. Does the individual/agency that provides therapy conduct a comprehensive trauma assessment?
   If so: What specific standardized measures are given? What did your assessment show? What were some of the major strengths and/or areas of concern?
2. Is the clinician/agency familiar with evidenced-based treatment models?
3. Have clinicians had specific training in an evidenced-based model *(when, where, by whom, how much)*?
4. Does the individual/agency provide ongoing clinical supervision and consultation to its staff, including how model fidelity is monitored?
5. Which approach(es) does the clinician/agency use with children and families?
6. How are parent support, conjoint therapy, parent training, and/or psychoeducation offered?
7. Which techniques are used for assisting with the following: Building a strong therapeutic relationship; affect expression and regulation skills; anxiety management; relaxation skills; cognitive processing/reframing; construction of a coherent trauma narrative; strategies that allow exposure to traumatic memories and feelings in tolerable doses so that they can be mastered and integrated into the child's experience; personal safety/empowerment activities; resiliency and closure
8. How are cultural competency and special needs issues addressed?
9. Is the clinician or agency willing to participate in the multidisciplinary team *(MDT)* meetings and in the court process, as appropriate?

Section Seven: Placement Decisions, Transitions, and Visitation

ReMoved – video about the experience of children in foster care system http://vimeo.com/73172036

NCTSN Presentation: *Working with Parents Involved in the Child Welfare System - Visitation*
http://www.nctsn.org/nctsn_assets/anc16_new/visitation/presentation_html5.html

ACS-NYU Children's Trauma Institute. (2012). *Easing foster care placement: A practice brief.* New York: NYU Langone Medical Center. Available from http://www.nctsn.org/sites/default/files/assets/pdfs/easing_foster_care_placement_practice_brief.pdf

Smariga, M. (2007). Visitation with infants and toddlers in foster care: What judges and attorneys need to know. Washington, DC: American Bar Association. Available from http://www.americanbar.org/groups/child_law/what_we_do/projects/child-and-adolescent-health/infants-and-young-children.html

Section Eight: Secondary Traumatic Stress and Attorneys

Rainville, C. Understanding Secondary Trauma: A Guide for Lawyers Working with Child Victims, ABA Child Law Practice, Volume 34, Number 9 (September 2015). Available from http://www.americanbar.org/groups/child_law/what_we_do/projects/child-and-adolescent-health/polyvictimization/understanding-secondary-trauma--a-guide-for-lawyers-working-with.html

Institute for Redress & Recovery, Santa Clara Law. (n.d.) *Secondary trauma and the legal process: A primer & literature review*. Santa Clara, CA: Author. Available from http://law.scu.edu/redress#5

van Dernoot Lipsky, L., & Burk, C. (2009). *Trauma stewardship: An everyday guide to caring for self while caring for others*. San Francisco, CA: Berrett-Koehler Publishers. http://traumastewardship.com/inside-the-book/

The Professional Quality of Life Scale (ProQOL) is a 30 question assessment of secondary traumatic stress, burnout, and compassion satisfaction that is intended for use by a wide range of helping professionals. To download a free copy of the ProQOL, including instructions on how to complete and score the questionnaire, visit http://www.proqol.org/ProQol_Test.html. Mental health counseling or other supports can be helpful for addressing high scores on the secondary trauma or burnout scales of the ProQOL. Refer to Section 6 of this Appendix for additional information on locating a trauma-informed therapist in your area.

Section Nine: The Importance of Collaboration

Stewart, M. (2013). Cross-system collaboration. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress. http://www.nctsn.org/sites/default/files/assets/pdfs/jj_trauma_brief_crosssystem_stewart_final.pdf

The Juvenile Law Center and Robert F. Kennedy National Resource Center for Juvenile Justice have developed the *Models for Change Information Sharing Toolkit*. Available from www.infosharetoolkit.org/

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