Mindful Continuing Education

Trauma Systems Therapy in Child Welfare Settings

Importance and Purpose

1. Child abuse and neglect is a serious and pervasive public health problem, and research has shown that children who are exposed to complex trauma are at greater risk for emotional and behavioral problems.

A. True
B. False

Summary of Key Findings

2. In a five-year evaluation of the implementation of Trauma Systems Therapy-Foster Care (TST-FC) in public welfare settings conducted by Child Trends, positive outcomes associated with TST-FC included each of the following EXCEPT:

A. Improvements in staff and foster parent/kinship caregiver knowledge, confidence, and practice in trauma-informed care from pre-training to post-training and follow-up were found
B. Implementation of TST-FC led to newly established relationships with mental health providers which increased service capacity
C. County staff indicated that having a common “trauma response approach” was important for success
D. Initial findings on fidelity were encouraging and results strongly suggest that child welfare staff and foster parents/kinship caregivers learned how to provide TST-FC, planned to use the tools and approaches, and had increased confidence and knowledge in providing trauma-informed care

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Introduction

3. According to the authors, child victims often suffer severe and long-lasting adverse effects of abuse and neglect, including impairments in brain functioning, physical injuries, chronic health problems, difficulty forming attachments, psychological disorders, and:

A. Deficits in processing emotional information
B. Increased arousal to threatening situations
C. Poor economic outcomes in adulthood
D. Alterations to gene expression

Trauma Systems Therapy

4. Trauma Systems Therapy has roots in family systems therapy, acknowledging that behavior and experiences are often informed by and inseparable from the functioning of one's family of origin.

A. True
B. False

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5. TST is a team-based approach to treatment that incorporates the principles of fixing a broken system, putting safety first, creating clear focused plans that are based on facts, being ready to go, taking care of the team, building from strength, and:

A. Insisting on accountability and aligning with reality
B. Maintaining integrity and supporting sensibility
C. Expecting commitment and protecting fidelity
D. Cultivating diligence and endorsing sincerity

Trauma Systems Therapy-Foster Care

6. Trauma Systems Therapy-Foster Care (TST-FC) incorporates the same principles and essential components of TST, but services are provided in the home of the foster parent, as well as in an agency setting, and the model requires foster parents and service providers to participate actively as team members in the treatment process.

A. True
B. False

Evaluation of TST-FC Implementation

7. In order to evaluate the TST-FC implementation process, one question asked by researchers was, “Among staff and foster parents/kinship care providers who participate in TST-FC, does TST-FC improve their skills and approaches to working with and caring for children who have experienced trauma, support the use of TST-FC tools and approaches,” and:

A. Help them fully integrate knowledge about trauma into practice
B. Teach them potential paths for recovery
C. Increase their knowledge of the impact of trauma on child behavior and functioning
D. Incorporate physical and psychological safety into all processes

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Trauma Informed Systems Change Instrument (TISCI)

8. The Individual Practice subscale of the TISCI assesses the extent to which individuals see themselves as practicing consistently in a trauma informed manner by evaluating statements such as “I feel equipped to help children make meaning of their trauma history and current experiences from a trauma perspective.”

A. True
B. False

Evaluation Findings- Organizational Planning Process

9. A central aspect of the TST-FC model is an intensive organizational planning process that takes place prior to the initiation of TST-FC services, and according to the developers, this generally takes about six months for the agency to begin to reach fidelity to the model. F

A. True
B. False

Adapting TST-FC to a Public Child Welfare Setting

10. TST-FC developers attempted to strike a balance between emphasizing what is essential to the TST-FC model and encouraging participating counties to:

A. Be actively involved in decision-making
B. Adapt what already works for them
C. Openly address struggles that occur during implementation
D. Make changes in the process as needed

Foster Parent and Kinship Caregiver Perceptions of Training

11. When assessing poster parents and kinship caregivers, there was overall agreement that TST-FC benefitted all children, that they were feeling more equipped to care for traumatized children, and that TST-FC knowledge and training was helpful for children in their care, and for talking to the child's worker about how trauma affects children.

A. True
B. False

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12. In both counties that were evaluated, foster parents and kinship caregivers reported that the training provided tools for helping cope with the impact of trauma on children as well as providing:

A. Common goals for helping the victimized children
B. Common themes that occurred in the experiences and behaviors of the children
C. Answers to common questions that arose when implementing strategies in real-life situations
D. A common language for staff and foster parents/kinship caregivers to talk about and describe trauma

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TST-FC Clinical Treatment

13. The intensive team approach of TST-FC, which included a supervisory team, a clinical implementation team, and a leadership team, was seen as a major strength of the model and essential to the level of service required.

A. True
B. False

Fidelity of Clinical Intervention

14. The TST-FC Fidelity Checklists provided space for mental health providers to record notes on their progress on each task, and these indicated that problems to be addressed in treatment were primarily related to children exhibiting anger and unreasonable fear.

A. True
B. False

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15. Which of the following was NOT one of the barriers to treatment that were indicated in the notes of mental health providers?

A. Foster parents' reticence to discuss the child's trauma as well as their limited understanding of the link between a child's trauma and his or her behavior
B. Biological parents' interference with treatment or a child's therapist's unwillingness to collaborate with the TST-FC provider
C. Lack of trustworthiness between some clinicians, foster parents, and children impacted by trauma
D. A child's trauma symptoms affecting on his or her mood and willingness to talk

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Increased Knowledge, Skills, Approaches, and Use of TST-FC Tools Approaches with Children Exposed to Trauma

16. Foster parents' and kinship caregivers reported that knowledge and beliefs about parenting a child who has experienced trauma improved directly following the training.

A. True
B. False

Preliminary Examination of Child Outcomes

17. Although study limitations did not allow for significant testing on associations between their clinical treatment outcomes and placement stability or permanency, descriptive findings pointed toward positive trends and suggested promising areas for future study.

A. True
B. False

Conclusions and Implications

18. Overall, foster parents and kinship caregivers showed improvements in trauma informed parenting, tolerance of misbehavior, and:

A. Understanding, and nurturing
B. Parenting self-efficacy
C. Communication with children
D. Protecting children from re-traumatization

Summary of TST-FC Implementation Challenges

19. Data collection indicated that the greatest challenge to implementing TST-FC was that county-wide policies often failed to align with trauma informed principles.

A. True
B. False

Implications

20. Larger scale, long-term rigorous research is needed to establish links between TST-FC's model of trauma-informed care with child welfare service providers, parents, foster parents, kin, and other adults in children's lives, as well as with child outcomes over time.

A. True
B. False
