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Family-Centered Child Welfare

Children, Families, and Workers: Facing Trauma in Child Welfare

The grief and the sadness over the events of September 11 have affected many people with shocking immediacy. Whereas the events themselves brought the country to a brief standstill, these events were really only the beginning of what we must now understand and confront if we are to continue to make progress and improvements in the child welfare system.

A broad range of consequences flow from that day magnifying other social and economic trends. The events themselves and the rippling aftershocks will produce substantial effects in child welfare. These effects may be difficult to document, but they do require a response.

In this issue of *Best Practice/Next Practice* we have set ourselves a challenging task: connecting the effects of September 11 to child welfare populations and presenting strategies to improve practice with families affected by trauma.

Personal loss

How can we look at the scope of the events of September 11? On one level there was a numbing personal experience of the events. At the epicenter, thousands lost their lives. Thousands more lost close family members. Many thousands more lost friends, colleagues, neighbors, and acquaintances. Within these expanding ripples, news and stories about the events made the experience a strangely personal one for people around the world. People were connected as they witnessed the events unfolding in live television coverage. At this level of personal experience, the events had serious consequences, inflicting trauma that interrupted everyday life. Insecurity, uncertainty, and fear traveled alongside virtually all families as they sought, under the increased stress, to do their work and care for each other.

The significance of this stress is heightened among a child welfare population that is already vulnerable. For some of the most disenfranchised families—those whose lives are too distressed to even notice the national tragedy—the aftershocks may prove to be even more powerful.

The extent of this trauma has been documented. Research conducted by the Rand Corporation and published in the *New England Journal of Medicine* states that close to half of American adults—44 percent—reported having one or more substantial symptoms of stress in the hours and days following the September 11 terrorist attacks; nine out of ten adults had stress reactions to some degree. Among children five years old or older, more than a third displayed one or more stress symptoms and almost half expressed worry about their own safety or the safety of loved ones.

Economic aftershocks

The events of September 11 also contributed to a series of economic aftershocks. For example, in the days following September 11, the closure of Reagan National Airport directly affected numerous airline and airport staff. With no passengers coming to the airport, the local taxis, hotels, and restaurants saw a drastic decrease in their business. That in turn created a bout of layoffs among hotel staff. At the same time, local distributors who supplied the airport, hotels, and restaurants saw a decrease in their business, and they in turn decreased the work for their staff and orders to their suppliers. And a myriad of other service and tourism industries in the Washington and New York areas and elsewhere have been affected with layoffs, decreased salaries, or shortened workweeks. Now we are in a recession, and the effects tied to these economic aftershocks are proliferating.

With decreasing incomes many people cannot locate affordable housing. The *New York Times* recently reported cities around the country are experiencing a new and sudden wave of homelessness. Shelters are overflowing, and more people this year—many families with children—are sleeping on floors in social service centers, living in cars, or spending nights on the streets. "In New York, Boston, and other cities, homelessness is at record levels ….A survey by the U.S. Conference of Mayors released [in December] found that requests for emergency shelter in 27 cities had increased an average of 13 percent over last year."

Effects on child welfare

In part, our existing knowledge frames many of the implications of this for child welfare. We know economic dislocation exacerbates family stress. We know that the child welfare population is drawn disproportionately from the ranks of those who are poor, with the highest correlations between poverty and serious and chronic neglect. We know also that the increased incidence of stress on families contributes to family violence—in the forms of domestic violence and child abuse—as resources and self-esteem erode under the forces of scarcity. Newspapers across the country, including the *Boston Globe* and *Washington Post*, are already reporting a rise in crime and violence.

We also know that the largest growth in the economy in recent years has been among lower-paying jobs with few benefits and little room for savings. This has been the economic force nudging forward the lower numbers of children in poverty by expanding the numbers of families able to earn a subsistence wage from the service economy. Under these circumstances, we would be well advised to anticipate the ways in which this population of families, struggling for subsistence in a shrinking economy, may need increased resources for family support to handle the increased stress of the loss of a job or growing unemployment around them.

At the same time, we face the effects of untested linkages in child and family policy. In the first days after the passage of welfare reform legislation, some observers became concerned that transitioning people off of welfare would degrade conditions for children and lead to an increased reliance on Title IV-E funds—the remaining entitlement program supporting children's well-being. The early years of welfare re-

form saw a "truce" in this debate, as a booming economy absorbed working mothers, and critics were confounded by the fact that the baseline at which states' Temporary Assistance for Needy Families (TANF) grants were set produced the unexpected state debate over how to use the TANF surplus.

This will change in the aftermath of September 11. The boundary around the child welfare population that exists as a standard of minimally acceptable safety and well-being can shift. The combination of economic recession and welfare time limits could add up to drastically increased strains on child welfare systems whose capacities are pushed to their limits already.

State funding for child welfare

The accumulation of stress factors in the wake of September 11 extends to state budgets as well. Memories of the TANF surplus are fading fast. States now find themselves having to spend millions of dollars on internal security to respond to residents' fears and potential dangers from terrorists. At the same time, significant budget cuts are soon to be enacted. These cuts include significant lay-offs of child welfare and social services staff. Discussions with state child welfare staff in every region confirm this trend. At the same time, as state child welfare departments struggle with budget cuts, the federal review process, the Child and Family Services Review (CFSR), continues to challenge state systems with its call for systemic change and family-centered best practice. Everyone involved must respond by reaching for new reserves of hard work and commitment. It is no easy task.

Bracing for the aftershock

The effects of September 11 are cumulative, and they are building. The truth is that we cannot trace people's behavioral responses to traumatic events back to a single incident, nor can we say definitively what triggers the symptoms of post-traumatic stress disorder. We can, however, be aware of and prepared for effects most likely connected to recent traumatic events. These effects can include the following:

- Personal feelings of insecurity expressed as fear of going to work or school, of being left alone, or of being away from parents. In parents, role conflict intensifies. In children, relatively simple fears can complicate daily routines, which can add stress to parenting.
- Recent assessments of mental health in child welfare find that mental health issues affect both children and caretakers in child welfare in many complex ways. They are both cause and effect of child welfare involvement, and effective assessment and treatment is elusive. Exacerbated by September 11 and its aftershocks, we should be prepared to identify persistent mental health side effects and mobilize innovative supports to address them.
- Substance abuse and other negative health habits rise in reaction to trauma. When upwards of 80 percent of child welfare cases involve substance abuse, this is a serious concern.

- Child welfare workers are vulnerable to multiple issues generated by the trauma. Practice in an atmosphere of fear and fatigue can undercut more clinically sophisticated family-centered approaches.

Perhaps our greatest concern should be reserved for those families and children involved in child welfare *untouched* by our current situation. The most disenfranchised populations in child welfare live lives in which the trauma of September 11 and its aftershocks become a part of a deadening routine. What does this mean for long-term policy and development? Does it point towards better understanding of our responsibilities?

The articles in this issue of *Best Practice/Next Practice* can help us be aware of and prepared for effects most likely connected to both previous and the recent traumatic events. We begin our discussion close to the epicenter of the recent events and expand our focus. In "Braced for the Storm," we interviewed agency staff in New York City, some only blocks from Ground Zero, to see how they dealt with and continue to face the demands placed on their services and staff.

In "Foster Families and Agencies Respond," foster parents discuss the behavioral changes in the children in their care following September 11. How have some local agencies responded to their own needs as well as those of child welfare workers?

"Reaching out to Children" describes the symptoms of post-traumatic stress disorder in children, explains the mental health needs of children in the child welfare system, and provides suggestions for families and caregivers.

Child welfare workers are vulnerable to trauma. They need support from administrators and supervisors. In "The Importance of Helping the Helper," Roger Friedman explains the prevalence and impact of traumatic stress on child welfare staff and describes secondary traumatic stress. He explains how individuals and agencies can successfully cope with these challenges.

A state of alert

We need to see the extended and indirect effects tied to September 11 to honestly take the measure of the events. We need to see the fabric of relationships connecting these events, and connecting us all to these events and their consequences. But what, in the end, should we learn?

We are not in a state of alarm. But we are, as advised, in a heightened state of alert. As time goes on, and we continue to deal with the rippling effects of September 11, we also need to create a heightened state of humanity within the complex world of child welfare and elsewhere. We have to recognize the fact that people live with the effects of trauma everyday—in a way in which September 11 only makes us more aware—and this is a potent argument for making policy and practice dealing with families as humane and as family-centered as possible.

Braced for the Storm: Child Welfare in New York City

"It took a couple of days after September 11 before some of us broke down and cried. Our initial reaction was 'we need to do what we can,' and didn't allow any time to really process what happened. Even the night of September 11, Child Protective Services workers were going into the field to assess child abuse and neglect reports. They basically didn't stop to think about their own safety; they were just willing to do what was necessary. Some staff were severely traumatized by the tragedy and stayed home days, even weeks in some cases; others did not know where to report to work because we were evacuated from our central location near the World Trade Center. However, the majority of the staff came to work shortly after the event and continued to provide support to both families and fellow staff members." – Zeinab Chahine, Deputy Commissioner, Division of Child Protection, Administration for Children's Services, New York City

Many reports and articles have discussed the personal impact of September 11, and others have focused on the impact September 11 has had on a wide range of systems, from economics and employment to airlines and national security. But what of the child welfare system in New York City? Was this a system caught, like so many, unaware? How did this large, centralized system function and react following the events of September 11? Could it meet the needs of so many? What are frontline workers' experiences in the aftermath of those days? To find out the answers to these questions and learn more, we interviewed child welfare workers and administrators close to Ground Zero, some who work only blocks from what once was the World Trade Center to learn their perspective and experiences.

Surely, there are many short-term and long-term impacts following the events of September 11, both to individuals in the child welfare system and those who work with children and families. What are the effects on caregivers?

We know that often the response from the caregiver has a greater, direct impact on children's sense of safety and well-being, especially the very young population, than a tragedy such as the destruction of World Trade Center. Children take clues from their caregivers—if the caregivers can provide reassurance and sense of connection and support, kids tend to do better. We can give parents age-appropriate information on how to talk to their children about the events and how to assess whether kids are having stranger than normal reactions requiring a referral. We need to help caregivers recognize when to seek appropriate professional help. We need to help them be healthy and respond in positive ways.

Because of the children's stress and related behavioral problems, financial concerns, and foster parents' employment-related stress following the events of

September 11, placements may be disrupted. Some foster parents may find these stresses too overwhelming right now. Children may be acting out more in school resulting in constant calls to foster parents from the schools. Agencies are trying to anticipate and plan for supportive services to help caregivers, especially foster parents, cope.

Because of September 11, some biological parents are reliving some of the trauma they experienced when their children were removed from them. Many biological parents want to meet with their children. We are trying to help the biological parents and to work closely with the foster parents to allow for contact between parents and their children. Agencies perceive this as a positive trend.

Parents with mental illness or trauma histories also are at greater risk of negative responses—symptoms may be exacerbated and daily functioning may become impaired. We are especially concerned about the preventive services population, especially parents who may have had previous substance abuse problems. This may lead to an increased potential for relapse. We are concerned that there might be a higher likelihood of people resorting to substance abuse and alcohol to deal with stressful issues. We are working with our community-based agencies to make crisis-counseling services available to all our clients.

Child protection and child welfare are stressful fields. How are workers managing this type of trauma? What services do you offer workers to help them cope with these issues?

Directly following the incident, the week of the September 11, we began on-site debriefing sessions in each of our field offices, with the help of outside facilitators (National Organization of Victim Assistance and the New York University and Columbia Schools of Social Work). In Manhattan we held additional confidential sessions as soon as we moved back into our offices, which are relatively close to the World Trade Center. Some staff were near the World Trade Center that day, so they particularly appreciated the opportunity to talk about the events and their reactions, to discuss coping strategies, to learn about normal responses to traumatic events, and to get information about referral resources. The confidential sessions were offered to everyone, so they did not single out anyone. We received positive feedback from staff about the debriefing sessions. Also, the commissioner sent a memo to all staff indicating the symptoms of trauma, how to recognize these in yourself, how to do self-care, and what to do to seek additional help. The memo explained the resources available to staff. If individuals needed follow-up counseling, we connected them to those resources.

You seem to have responded to the needs of children, caregivers, and workers in a timely and appropriate manner. Prior to September 11 did your agency have a climate or a structure set up to assist workers concerning job-related stress and issues such as these?

Prior to September 11, we had discussed making support services available to staff to address "vicarious traumatization" (vicarious traumatization refers to the idea that working with traumatized clients can have a cumulative, negative impact on

helping professionals). September 11 only further demonstrated the importance and utility of providing emotional support to workers, in addition to other concrete supports (e.g., opportunities for education). The fact that we were already sensitized to the issues of job-related stress among our workers helped in quickly organizing support services to the staff.

What has also helped us respond were the many procedures and interventions we set up several years ago, as we prepared for the much-discussed possible Year 2000 (Y2K) events. We devised a variety of contingency plans for Y2K, and we found that they were very useful in the September 11 situation. Being prepared on that level helped to muster the resources and to provide for the staff.

The response and the coordination with other systems went well. We worked out the same plan we did as preparation for Y2K. With this plan, the New York Police Department responded to cases below 14th Street and Manhattan, which was blocked off at that point. We worked closely with the police to respond to necessary cases of child protection. Also, through the wonderful work of our medical services division, they quickly assisted us.

We also planned for a disruption of our data systems and use of manual systems while our data systems were down. Since our computer systems were not operational, we could not get reports from the State Central Register (i.e., the state clearinghouse for child abuse and neglect reports). We were taking calls over the phone or by fax. We used emergency phone numbers that we had to contact each other. Having one central operation was not effective, so in each borough, we designated a center to be our emergency 24-hour operations center. All of these strategies helped to stabilize the response. We did not have the kind of chaos that one would have expected.

How do you plan to expand services to meet the anticipated needs? What did you offer to preventive agencies in terms of flexibility of response?

We have a two-stage plan. The first stage was short-term counseling consisting of one to three crisis sessions that we would allow per person or family. This counseling was not just for our own clientele, but for anyone who requested it or who happened to walk in. We wanted to provide concrete services and information referral to other systems that were operating. We worked with the State Office of Family and Children Services and were able to garnish some waivers regarding preventive cases. We offered services to anyone who wanted services. We have also been able to work with the mental health service system to make more crisis counseling services available to our clients using Federal Emergency Management Administration (FEMA) funds.

The second stage is more of an ongoing support that we would like to see for our clients as well as other people in the community. We will continue to provide supportive counseling services. We are implementing training/education for clients, caregivers, staff, and managers on the issues of trauma and how each group can respond appropriately and adequately to issues they each encounter. We intend to also conduct ongoing needs assessments as we continue to meet the service needs of our system.

Are you noticing that the systems are able to collaborate more, or are more unified in an approach to the delivery of services?

We have been working closely with the mental health service system for the past four years and with the substance abuse treatment system for the past two years. The impetus of our collaboration with these two systems has been the Adoption and Safe Families Act. We have worked with the mental health system to improve access to services for our clients and to improve communication and case coordination. Similarly, we had been working closely with the Office of Alcoholism and Substance Abuse Services and the treatment provider community to establish principles of collaboration between the two service systems and to develop cross-systems operational protocols that would guide workers in both systems as they work together throughout their intervention with a client. The protocols were issued jointly in April 2001, and we have been training the providers in both systems around the use of the protocols in the community districts. The events of September 11 have delayed the training that we were going to do in one particular borough, but we expect no major set back.

The already-begun collaborative efforts with other service systems, we believe, have moved the child welfare system and those service systems closer together and made a more unified approach possible. As a result, the systems are able to collaborate more. We will have to build on our collaborations to be vigilant about what is happening among our clients who are already in treatment and whether or not they are experiencing more negative outcomes, such as relapses, and work with each other to respond to any indication of such trend.

New York City's child welfare system was truly braced for the storm. In summary, what has helped you the most?

We have done much to consult with each other, collaborate better, and redesign our system to the neighborhood level. When this tragedy happened, we were able to respond as a system. We were prepared. We could communicate with each other, even in the minutes after the crisis. People could go to the ACS Web site *www.nyc.gov/acs* and find out where we were and continue to contact us; ongoing clear communication with our providers was very important. If these events had happened six years ago, our response would have been so much different, and most likely much less effective. Now, after September 11, our momentum has simply increased, and we continue to build. We received a lot of calls from all over the country offering help and support. We are so appreciative of all the offers of help; it has been overwhelming and heartwarming. We are very thankful.

Participants: Zeinab Chahine, Deputy Commissioner, Division of Child Protection, ACS; Benjamin Charvat, Assistant Commissioner, Office of Management Development and Research; Aman D'Mello, Office of Management Development and Research; Urban Fellow Observer; Alana Gunn and Selina Higgins, Child Protection Support Team; Sharon McDougall, Borough Director, Manhattan Division of Child Protection; Hee Sun Yu, Associate Commissioner, Medical Service Planning; Chandra Waddy, National Child Welfare Resource Center for Family-Centered Practice.

Foster Families and Agencies Respond

New York City's child welfare system is not the only place that has felt the effects of September 11, the anthrax scare, and the aftermath. Most child welfare systems are dealing with the effects of terror and trauma.

Washington, DC was not only affected by the Pentagon crash, but also by the anthrax scares and the evacuation of some federal facilities. Carolyn Russell Lander, ombudsperson for the District's Child and Family Services Agency reported, "Many of our parents—both birth and foster parents—if they are employed are federal workers. As a matter of fact, one of our foster parents, who was in the process of adopting her foster child, was killed in the Pentagon crash. As federal workers, some of our parents had to evacuate their work place. And when children's parents are in danger, children have a heightened state of anxiety. Our agency's workers are reporting that many of the children in care are exhibiting a heightened vigilance or even hypervigilance. They are much more aware of harm and violence and death."

In addition, problems for the District's agency were exacerbated by the fact that in the chaos of September 11, there was no existing plan for evacuating and closing the agency building. One supervisor said, "We didn't know what to do. There was no guidance from city officials, and we had many children in the building at the time federal offices, the White House, and the Capitol were being closed."

Effects on foster parents and children

The National Foster Parent's Association reported that the issue of terror, trauma, and stress was much on the minds and in the members' discussions at their recent national convention. When asked whether children in foster care were showing any

effect after the events of September 11, the president of the Colorado Foster Parent's Association, Sherry Bethurum, said, "Many of the children in the system are suffering from undiagnosed post-traumatic stress disorder (PTSD). Something as major, unpredictable, and uncontrollable as the tragedy of September 11 just sets the children off again. We're seeing a range of stress behavior in the children, ranging from increased insecurity and clinginess to recurrent nightmares." She also explained that this increased stress in foster children makes foster parents' jobs harder. "Because the children are suffering from PTSD, many of the foster parents themselves begin to suffer from secondary trauma." Secondary trauma is the emotional and behavioral stress that is caused by directly or indirectly helping a traumatized or suffering individual or family. The frequent or prolonged exposure to such trauma creates secondary trauma stress (STS) for the helper that impacts personal well-being and professional effectiveness.

In Denver, one foster parent reported that her foster daughter regressed to her former psychosis—she was convinced that the airplanes that crashed into the World Trade Center and the Pentagon were really after her. Another foster parent observed, "In talking with some other foster parents, we're not seeing much reaction from the foster kids. In fact, we saw much more reaction from the children at the time of the Columbine shootings. But the foster parents are another matter. I've been fostering for 17 years and, you know, the children coming into care today are much more damaged than we saw 15 years ago, and fostering is harder. Some of our foster parents became depressed after September 11. It felt like one more burden on an already overburdened household."

In Des Moines, Roger Hart, a teacher at PACE Juvenile Justice Center, reports that many of the young people he works with, particularly those diagnosed as seriously emotionally disturbed (SED), are showing signs of increased stress. But the street kids hardly seem aware that anything even happened on September 11. "Their minds are still on the street," Hart said.

On the other hand, sometimes good can come from bad situations. Stephanie Eells, Clinical Director of Courthouse, Inc. in Denver, explained that in their group homes for adolescents (ages 12 to 18), staff let the teenagers watch the events unfold on television, but then took time to talk about it with them. Over the next days, the teenagers showed genuine resilience. They made flags and red, white, and blue beads for the staff, talked about how they wanted to help victims and their families, and the teens who had not yet done their community service asked if they could begin.

Effects of child welfare workers

But it's not just the families in the child welfare system who may experience additional stress in these trying times. As stated on page 1, close to half of American adults reported having one or more substantial symptoms of stress in the hours and days following the September 11 terrorist attacks, and nine out of ten had stress reactions to some degree. If this is true for the United States' general popu-

lation, it's probably even more true for professionals who regularly work in high-stress situations and with clients who may have been traumatized.

A 1999 study assessed the prevalence and severity of secondary traumatic stress (STS) symptoms among a sample of child protective service (CPS) workers in the South. Using a survey research design, up to 37 percent of the respondents were found to be experiencing clinical levels of emotional distress associated with STS. In addition, levels of work exposure and work-related personal trauma were found to be strongly associated with the presence of those symptoms.

The events this fall probably have exacerbated this. For example, some Baltimore City child welfare supervisors reported that their workers seem more stressed and irritable. And this year, in contrast to previous years, few workers participated in the Thanksgiving holiday basket program for poor families. One worker said, "This year, I just couldn't add one more thing. My plate's too full, and I am feeling so numb."

What to do?

Based on the data and anecdotal information summarized here, child welfare agencies need to examine the needs of their own agency, workers, and children and families regarding terror, trauma, and stress. What plans are in place for emergencies? How can workers receive additional support? What additional support do families need?

Agencies have responded in different ways:

- Washington, DC's Child and Family Services Agency is developing an emergency plan to use if another crisis occurs.
- Colorado's Foster Parents Association held voluntary training opportunities for foster parents to help them deal with PTSD in their foster children and with their own personal secondary trauma stress.
- The Baltimore City child welfare system recently offered such a STS program and the workers' response was overwhelmingly positive. One worker responded, "This is the best training I've ever gotten. I gained a better understanding of what trauma is and the effects that it can have on you, your life, and your job."

As we continue to wrestle with the issues that surround the trauma of September 11, child welfare agencies can change a deficit into an opportunity. Staff and stakeholders can have deliberate discussions to determine how the agency can more regularly and effectively respond to the impact of trauma and stress on the agencies' children, families, and staff.

Reaching Out to Children

"A climate of terrorism and war touches us all, but not equally. Some will experience much more pain and distress. In addition to those who have or will experience events directly, there are many others already living with trauma or overwhelming stress who are vulnerable to new blows. There are also children and adults whose high sensitivity to tragedy and trauma leaves them particularly vulnerable to times when fear and tragedy are ever-present." What Happened to the World? Helping Children Cope in Turbulent Times, *Jim Greenman. p. 5,* Beltsville, MD: Gryphon House Books, 2001.

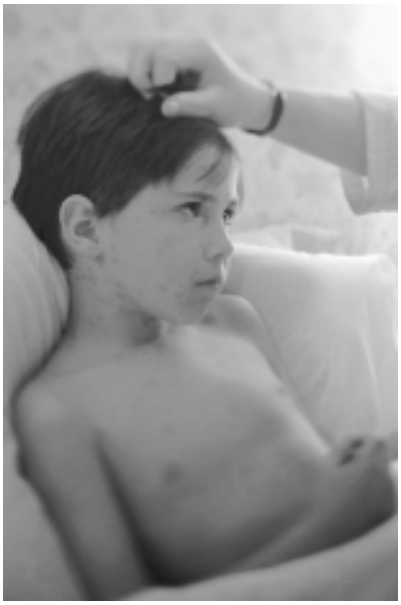
The September 11 events triggered profound reactions in everyone. The world became a scary and overwhelming place for those injured, loved ones, survivors, and witnesses—including children of all ages. Whether a child lost a loved one or viewed the events on televison, child-serving institutions saw different types of reactions to the terrorist attacks and their aftermath (see previous articles). Many staff in these institutions had no experience in how to respond to the unique mental health needs of children following these events.

There are many parallels between the recent events and child maltreatment. In both cases, the events are perceived as an attack and children fear for their lives or those of the people they love. Children who have been abused know the confusion and shock that comes from being hurt with no apparent reason. They know quite well how it feels to live in an unsafe world. Children who have witnessed or experienced trauma struggle on a daily basis to feel safe. Some have had to work hard at knowing that they are safe, and that they no longer have to live in fear of another "attack."

Not much has been said about the impact of the September 11 events on children in the child welfare system who may be reacting strongly to these events, as the tragedy aggravates the effects of past traumas and fears.

Post-traumatic stress disorder

Frightening things happen to children all the time, whether they experience the death of a beloved grandparent, being hospitalized, or other stressors. In most cases, children are scared, sad, angry, or confused for a period of time. Soon, they are able to get their strength back and move on with a sense of confidence that they can cope when times get tough. It may happen that when something reminds them of the frightening incident, they become sad or scared again for a while.But the grief or fear does not interfere with their everyday life. But being "traumatized" is a different kind of being scared. When anyone, young or old, experiences a real or perceived threat to his or her life (or to the life of someone very close), certain physiological changes are automatically triggered: the heart rate quickens, stress hormones pour into the bloodstream. In the immediate aftermath of the trauma, almost everyone will have acute mental health needs that are demonstrated in symptoms such as extreme anxi-



ety, nightmares, or fearfulness. Sometimes the part of the brain that triggered the initial alarm goes into overdrive and never calms down. Recurring intrusive recollections of the event cause an individual to remain in a perpetual state of fear and anxiety, on the lookout for signs of danger. Or, children may become emotionally numb—appearing as if they are fine—but their hearts are racing and their brains are shrieking "danger." This is what is called post-traumatic stress disorder (PTSD).

Children can demonstrate symptoms of PTSD after witnessing isolated, terrifying events, such as a devastating hurricane, tornado, or living with chronic domestic or community violence or physical abuse. These children may be in a constant state of fearfulness, reliving the experience over and over again in their play, their sleep, their drawings, their speech, or their relationships with others, as they try to make sense of the incomprehensible. Some show disorganized and agitated behavior; they may regress to earlier behaviors such as clinging, bedwetting, or thumb-sucking; they may become irritable and have difficulty sleeping or concentrating. Worse still, because some people do not believe that children can be affected—even by a single traumatic experience—their symptoms are frequently overlooked or dismissed and many children never receive treatment.

Some signs of post-traumatic stress are obvious. Infants cry and cling more than usual. Preschoolers regress to soiling their pants, sucking their thumbs, or stuttering. School-age children are unable to concentrate on work or complain of headaches, stomachaches, nausea, or nightmares. They may even convince themselves that the terrible ordeal they witnessed will happen again—and worse—that they were responsible for its occurrence in the first place. However, because many trauma symptoms are less obvious, they are easy to miss or misinterpret—the withdrawn child with the blank facial expression will not be as noticed as the child who wakes up screaming in the middle of the night.

Mental health needs of children in child welfare

It is normal for children to suffer from sleeplessness, lack of concentration, and other stress-related symptoms for several weeks following a very frightening event. People who work with traumatized children have learned that to some extent, the children's ability to rebound from a stressful event (resilience) is generally related to their growing up in a loving, nurturing home or having a teacher, coach, or grandparent who cares about or believes in them. It is also related to the child's temperament, cognitive and social skills, and emotional development. The age of a child, as well as the duration and source of the trauma, affects a child's ability to cope, too.

Children in the child welfare system may be less resilient because they have histories that render them especially vulnerable to the effects of the terrorist attacks. And it gets more complicated when incidents continue, as they have done, with the anthrax scare coming just a month after the initial September 11 attack. Witnessing or experiencing violence can be extremely disturbing to all children with previous histories of trauma who may strongly react as old pain, fear, and insecurities of previous losses are remembered.

Training for Child Welfare Staff

Many child welfare workers are unfamiliar with the special needs of children who witness violence. The following are some suggested topics for training:

- The differential effects of trauma in children who are in the child welfare system: how history, personality, age, support system, etc., contribute to the traumatic experience and its after-effects.
- Appropriate application of DSM IV definition to the symptoms identified in the traumatized child; factors contributing to misdiagnosis of psychological trauma in children.
- How to work with biological, foster, and kin parents to identify and address behavioral challenges that result from the potential exacerbation of the trauma; dealing with the challenges of "hidden" trauma, that is, the children who may be masking their trauma experience.
- Different manifestations of single versus repeated trauma.
- Techniques for handling mistrust and other symptoms during screening, assessment, case planning, and intervention stages. Include topics such as determining priorities and timing for addressing specifics of traumatic events, use of medications, and understanding regression as a coping mechanism.
- Strategies of intervention for helping children.
- Cultural factors that impact the traumatic experience and ethical considerations when dealing with them.
- How to integrate assessment, intervention, and evaluation findings in court reports, when providing testimony, and so on.

Addressing the mental health needs

Past research has documented that exposure to community violence may have enduring consequences on children's development, beginning in the preschool years and continuing through adolescence. This research has also documented that children who are exposed to multiple forms of violence are more at risk of developing psychological consequences than those exposed to single or isolated violent events (either at home or in the community). Therefore, children in inner-city neighborhoods, with high violent crime rates, and with a history of child maltreatment may be in double jeopardy.

The child welfare system, schools, and the network of community-based organizations serving the needs of maltreated children need to be prepared to respond to unique mental health needs of children and youth with previous history of abuse and violence. When children have lived with violence, their reaction to traumatic experiences are likely to be different from that of other children. Watching, hearing, or later learning of a parent being harmed further threatens their fragile sense of stability and security. Children's reactions may take several forms. Some children may become anxious, fearful, or withdrawn, symptoms that are referred to as *internalizing* problems or taking fears inward. Sadness, fear, guilt, anger, shame, and confusion are often experienced. Other children may *externalize* their problems, and express their fears by being hostile or using aggression to as a way to solve interpersonal conflict with the adult world or with their peers. The specialized mental health needs of children and families in the child welfare system require consistent, ongoing attention, which cannot be obtained in a single counseling or debriefing session.

Suggestions for families

Children who have been traumatized may react by behaving in ways that show their stress and

fear. Here are some ways they behave and how you can help:

Regression. Relate to children at the age level they have returned to and try to gently help them regain their skills.

Separation fears. Be patient. Give children extra time and nurturance during transition periods in the day, especially when they are separating from you and at bedtime.

Fear. Let children know that it is okay to be scared; they do not need to be brave. Let them know that they are not alone and that you are there to protect and love them.

Breaking the rules. Try to maintain the same rules and expectations. Knowing what is expected from them helps children feel safe. Do not use physical punishment, which only shows that it is okay to use violence to solve problems. Instead, use reasoning, distraction, logical consequences, and empathy.

Nightmares. Encourage the child to express his or her worries during the day so that they are not lurking in his or her mind at night. Talk to children about their bad dreams. Help the child come up with an ending that he or she would like. Go over the "good" ending before the child goes to sleep. Also, assure the child that the nightmares will go away with time.

Anniversary reactions. Anniversaries provide an opportunity to acknowledge the feelings that are still there and also talk about new feelings and thoughts.

Ten Ways to Calm an Anxious Child

1. Respond as quickly as possible to the child's signs of distress by approaching the child and showing interest in what the child is feeling.
2. "Listen" to what the child is saying with words and actions.
3. Take the child's feelings—especially fear and anger—seriously.
4. Get another adult to take care of siblings or other children around so you can talk to the child privately.
5. Relax. Be as low key as possible when helping a child calm down.
6. Restate to the child what the child is saying to make sure you understand.
7. Provide appropriate outlets for strong emotions, including anger, frustration, sadness, and loneliness. Examples include letting the child use a punching bag, going with the child to a quiet corner, playing with a tape recorder, running in a special "running space," or painting.
8. Do not personalize it. You are not a "bad" caregiver and the child is not a "bad" child.
9. Comfort the child with extra hugs, a place on your lap, or special soothing at bedtime, when appropriate.
10. Be there for the child. Nothing is more reassuring than your presence and care.

From: Cohen, E. and Walthall, B. (2002) Silent Realities: Supporting Young Children and Their Families Who Experience Violence. *Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Administration.*

The Importance of Helping the Helper

By Roger Friedman, Ph.D., LCSW

A recently graduated social worker receives a phone call on a Sunday morning at home from her supervisor. She's told that a 16-year-old teenager she has worked with for six months in foster care has been shot and killed in a drug deal. Her supervisor asks her to visit the youngster's foster and biological families that day to give them the terrible news.

Drug dealers on the street intimidate two workers as they are making a home visit, and, when the dealers discover that they are from social services, they tell the workers if they see them on that block again they'll shoot them. One flashes a pistol he has tucked into his belt, and the workers run to their car fearing for their lives.

A worker and aide pull a six-year-old girl from the angry arms of her mother and transport the girl to a foster home across town. The workers know that she will be safer there, but the workers can't get the child's wailing cries of help and fear out of their heads. They had never heard a child cry the way this little one did in their car. The workers feel they've destroyed something valuable in order to save it. They worry alone, crying by themselves, all weekend.

Traumatic experience—terrible knowledge about life

On September 11, 9:00 a.m. unit meetings in a child welfare agency in a Washington, DC suburb were broken up with the news of the attack on the World Trade Center. A few minutes later as televisions were dragged into hallways, staff huddled together and watched as the Pentagon was attacked just a few miles away. Agency phone lines were jammed, cell phone connections went down—no one could contact loved ones or children in school—there was only their colleagues to hold onto, to cry together, to wonder when more bombs or planes would hit in the Washington area. Then, together they saw the unbelievable as World Trade Towers crumbled. The workers went through this like a family. Although personal life called, staff hesitated to leave one another. They had been through so much together, they understood intuitively that this was another trauma they had to help each other with. Like so much of the "terrible knowledge about life" they encounter together, they knew they would never be the same after this.

Reflection on traumatic experience

In the past few years a new and deeper understanding of the prevalence and impact of traumatic stress on child welfare staff has developed. It has long been recognized that child welfare agencies are rewarding but very difficult places to work—agency resources are usually inadequate, client numbers and needs are great, demands for speed and productivity are high, and salary/benefits are usually very low. General work stresses such as these, which exist in many human service settings, can contribute to difficul-

ties in recruitment and retention as well as low morale and burnout. But there is a new understanding of the challenges of child welfare work. We know that frequent and prolonged exposure to traumatized individuals, families, and communities inevitably creates secondary traumatic stress for the helper. Secondary traumatic stress, which can evolve into post-traumatic stress disorder, is caused by directly or indirectly helping severely traumatized children and adults.

> Regular exposure to trauma and terrible knowledge about life can deeply effect staff's emotional, behavioral, and spiritual well-being in painful and unsettling ways.

This regular exposure to trauma and terrible knowledge about life can deeply effect staff's emotional, behavioral, and spiritual well-being in painful and unsettling ways. Although general work stress is frustrating, secondary traumatic stress can, over time, change people forever.

This article discusses the common sources and signs of secondary traumatic stress in child welfare and how individuals and agencies can more successfully cope with these challenges. Futhermore, the article explores how the society-wide trauma caused by the September 11 terrorist attacks is adding traumatic stress on child welfare staff and how agencies and individuals are coping.

Secondary traumatic stress: definitions, sources, and signs

Human disasters cause painful trauma for primary victims. Those who are helping become secondary victims of the disaster. Common sources of secondary trauma in social services include:

- Facing the death of a child or adult family member from an active or recently closed case
- Investigating a vicious abuse/neglect report
- Encountering street violence
- Continuing work with families in which serious maltreatment, domestic violence, or sexual abuse has recently occurred
- Removing a child from his or her home when emotional intensity is great
- Experiencing frustrating court events where the worker believes the child or family remains in a dangerous situation
- Confronting intense verbal or physical assault by clients or community members

Though death of a child under protective care is relatively infrequent, it has tremendous impact on the staff involved, the agency, and family for months or years. The other events occur regularly in most child welfare settings, and if staff have 20 to 30 children on their caseload, these traumas may be present in most if not all of their families.

The signs of traumatic stress are similar to post-traumatic stress disorder. Workers speak of crying unexpectedly, being unable to focus, feeling victimized, guilty, alone, and angry.

They talk of not being able to leave work issues behind when they go home and being preoccupied with the thoughts, smells, and sounds of traumatic events they have just encountered. Cognitive

But … in the long run, many staff feel that these challenges have helped them mature…They often say that they come to see their work not only as a job but as a calling—an intrinsically valuable way to help rebuild a broken world.

symptoms like these include preoccupation with the images of the trauma, lack of concentration, despair, and recurring regrets or guilty worries about one's own competency and responsibility for the trauma, consideration of leaving the job, and being distracted by all of this away from work. Emotional symptoms include alternating anger and depression, loss of hope in society and in child welfare, anxiety for one's own children, and irritability toward colleagues and one's family. Physical signs can take the form of sleep disturbance, fatigue, psychosomatic illness such as migraine headaches, psoriasis, and muscular pain, and substance abuse/over-eating to manage anxiety.

Traumatic stress socially isolates staff who are often ashamed about their strong reactions and uncomfortable burdening colleagues or loved ones at home with their painful worries.

Finally, exposure to such terrible knowledge about life often forces staff to re-examine their assumptions about religion, God, families, and life itself. Most child welfare staff report that their exposure to trauma in their work has changed them, as people, forever. These changes have been painful, and many, without support at work, leave their job because of them. But if they stay, and co-workers are compassionate and supportive, in the long run many staff feel that these challenges have helped them mature. They report becoming more humble and wiser as social workers, more compassionate for others, more content or appreciative of the relationships and relative security they have in their own lives, and more spiritual. They often say that they come to see their work, not only as a job but as a calling, i.e., an intrinsically valuable way to help rebuild a broken world. What better way to live out one's days on earth? What important lessons trauma has to teach us.

Terrorism and trauma

The terror of September 11, and the continuing drama of anthrax, war in Afghanistan, and security issues on the "homefront" have affected child welfare staff just as they have the larger society. In workshops on trauma and traumatic stress, staff talk freely about their new found anxieties. In many agencies staff have come together for public discussions. They speak of how suddenly they are aware of the dangers in the larger world; how they feel they are citizens of the world overnight. What a terrorist is doing thousands of miles away affects them in the streets of Baltimore or in a Maryland suburb. In the Washington, DC area many workers with small children wonder "should I remain in the primary target zone during the coming months and years of battle with terrorists?" Older workers nearing retirement speak in anger and fear about their retirement funds having been cut in half since the stock market's precipitous drop and their need to work more years than they had anticipated. Air travel is a worry, and many staff won't fly.

Staff who are of Middle Eastern background or who are practicing Muslims worry aloud about being discriminated against or blamed for the recent events. One Muslim social worker talks through her tears about how important it is that her co-workers accept and trust her and understand her love for America and her fear for family still in Pakistan. Many talk of how their innocent faith in the world has been shattered, and how sad they are that their children must now grow up in fear of world violence and war.

The heightened anxiety following September 11 has made staff all the more vulnerable to traumatic stress from work. Now, not only as social workers, but as American citizens, parents, and human beings, they feel attacked and fearful. Their resilience, ability to concentrate, and hopefulness about life is challenged on a broader scale.

Client families are often so overwhelmed by their immediate daily crises that they seem oblivious to September 11. It reminds many workers of how isolated they are from their clients, of what a different world they live in from the families they serve who may be homeless or on the brink of collapse or disaster in the inner city. In child welfare agencies, the terrorism has made for an emotional environment that is even more intense, isolating, and in need of group cohesion.

Healing responses: Trauma support programs and activities

Many agencies and state systems are developing and implementing trauma support programs that will be responsive to the traumatic stress of work and added anxieties of a world filled with terrorism. There are several important dimensions to these efforts: education; trauma debriefing and group support; unit-level support for casework; and agency-wide commitment to human resources. First, education about traumatic stress and its sources and signs is needed for all direct service and administrative staff. This is not just "training," but rather an effort to bring staff together to talk about the personal impact of their work and gain some new language and understandings about how trauma affects them as people. This education involves a sea change in the culture of many social service agencies.

Historically, child welfare workers have survived traumatic stress through grit, stoicism, and humor. Those who couldn't "handle it" left or stayed on in demoralized careers. Truly heroic workers survived

No matter how skilled or experienced, when helpers work in close proximity to major trauma they will be impacted by it. The goal is not how to inoculate ourselves from traumatic stress, but rather how to develop individual and group supports that help us live with this pain and find ways to learn from it and renew ourselves.

but more on their own fortitude than on any support they received from colleagues or the agency. A model of practice has been taught in child welfare that emphasized that mature and competent social workers should not react emotionally to client situations. If a worker was traumatized by a situation then this was a sign of counter-transference, lack of experience, or personal immaturity.

What is becoming clearer is that no matter how skilled or experienced, when helpers work in close proximity to major trauma they will be impacted by it. The goal is not to inoculate ourselves from traumatic stress, but rather to develop individual and group supports that help us live with this pain and find ways to learn from it and renew ourselves. This model of practice normalizes the emotional and personal intensity of child welfare work and challenges individuals, units, and agencies to organize themselves in ways that honor these new understandings.

A second area of trauma support is developing the capacity to provide debriefing services to workers within 24 hours of their traumatic experience. These debriefings are adapted from Critical Incident Debriefing protocols (see the International Critical Incident Foundation at *www.icisf.org*) used in disaster relief and in medical emergency and police settings. The debriefing is a structured interview, where workers describe the trauma in detail and talk about the emotional and cognitive impact the incident is having on them. The worker is given information about the expected effects of trauma and suggestions for renewal. The worker is asked to identify immediate resources and activities that can help him or her cope more effectively.

Legal and casework reviews are important following traumatic incidents, but they cannot take the place of this personal worker-centered debreifing process. Research and clinical evidence point to the value of providing staff an opportunity to discuss the personal impact of their experience and to discuss how they can help themselves through it in a non-judgmental atmosphere.

These debriefings can be done by a trained peer support staff, by external crisis counselors, or by employee assistance program counselors. The challenge is to set up a system that is easily accessed, confidential, and has little or no stigma for workers attached to it. Peer support teams have been a good way to address these issues, but the agency needs to provide some training and organizational help to make this work.

In addition to debriefing services, many agencies are starting bi-weekly trauma support groups that are open for anyone to attend, occur at the same time twice a month, and focus on discussion of traumatic stress in the lives of workers. Some meetings may have only two or three participants while at other times, like after September 11, 40 staff attended.

At the unit level, trauma support is crucial. In most child welfare agencies, staff identity is based on the unit and service to which you belong, and the closest relationships you have are with co-workers in your unit. Units that are supportive in times of trauma spend time at meetings talking about the personal side of work; staff are comfortable disclosing how traumatized they might feel. Co-workers offer to help with paperwork or to join others on home visits during particularly traumatic periods. Work schedules need to be flexible including "mental health" leave or days spent in the office and not mak-

ing field visits. Workers need not be best friends, but they need to know what is going on that is stressful in each other's lives and be expected to respond with support when traumatic work events occur. Though supervisors can facilitate this, it is really a matter of team education and team support. Trauma cannot be carried alone; it demands collective action.

Finally, an agency commitment from the top down is very important if this change in culture is to happen. In some programs, directors have led division-wide meetings to discuss the effects of September 11, or to grieve together the death of a child or a terminal illness of a fellow worker. These are painful moments, but when the administration of an agency supports these behaviors, it helps supervisors and direct service staff to follow. Senior management support helps everyone find the resilience and hope to continue. The agency as a community of helpers is an important concept to establish by senior leadership. As a community, staff support each other a great deal, not only in their technical work but also in those areas of personal pain that are related to the work with trauma. In meetings and trainings with senior administrators, it is important to emphasize their role as emotional leaders and champions of resilience and hope in the organization. It is important for them to think about how they can model these values for all staff.

One of the organizational problems in child welfare is that no department or administration is designated to manage trauma support efforts. In large and small child welfare agencies, seldom is there a human resources department. Whatever formal support is given to staff is often diffused or delegated to a county personnel officer or to an already overworked administrative or supervisory staff. It may be crucial for some agencies to create a trauma support manager, explore grant funding, or make special requests for a staff position that can coordinate trauma education and debriefing services. In some agencies, these initiatives could be incorporated into worker task forces or Continuous Performance Improvement committees.

Building the capacity of agencies to better cope with the traumatic stress of their staff is an important part of the agenda for the future of child welfare. It is an essential and often missing element in strategies for organizational development, recruitment, and retention of staff in public social services. The cultural shift in understanding how client trauma inevitably affects the helper is an important next step in professional education and socialization of social workers in child welfare. The social trauma our society experienced on September 11, and the continuing struggle to battle with terrorism in an increasingly smaller world, makes these challenges in child welfare all the more urgent.

Roger Friedman, Ph.D., LCSW, has been a consultant for state and county child welfare programs across the country for the past 20 years. He focuses on helping agencies enhance clinical services, become more family-centered and community-based, and build capacity to cope with secondary traumatic stress. Dr. Friedman serves on the Editorial Board of The Preservation Journal, *is Adjunct Faculty for the University of Maryland School of Social Work, and maintains a clinical practice in Silver Spring, Maryland. He can be reached at RSF9826@aol.com or 301.588.4442.*

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Resources—Building a Five-Foot Bookshelf

Best Practice/Next Practice *hopes to help readers sort through the many resources that are related to family-centered practice. As a part of this process, we will be building a "five-foot bookshelf" of important resources, old and new, by reviewing new books, videos, and other resources, and recommending older, "classics." Look for the*  *symbol on the following pages to indicate "highly recommended—add it to your list."*

Books

Garbarino, James. *Lost Boys: Why Our Sons Turn Violent and How We can Save Them*. NY: Simon & Schuster, 1999. 278 pp. ISBN 0684859084 (hard cover); ISBN 0385499329 (soft cover).

James Garbarino has made a career of probing the causes and consequences of violence in young people, particularly in young boys. It is a particularly important service to us, because—as a country and as a culture—we have few constructive ways to understand the subjects he explores. The American obsession with firearms is common knowledge worldwide. Gun sales have dramatically increased since September 11, bringing us all closer to lethal force than ever before. At the same time, young people are, for every generation, frightening and strange. Under the most benign circumstances, the rebelliousness and search for identity so characteristic of adolescence leaves us feeling defensive and out of control. When adolescents are troubled or violent we create categories for them, like "superpredators." These labels carry such dehumanizing stigma that it justifies the harshest of treatment of teenagers: trial as adults, imprisonment with hardened criminals (despite their abuse and exploitation that is common knowledge under such circumstances), even execution. In doing so we indulge, at the level of the state, a longing for righteous revenge that we hope will close Pandora's box. In reality, such practice deepens the patterns of social reproduction within which violence thrives.

It is here that Garbarino performs a great service. He tries to understand young people and violence, not through cultural stereotype, but through dialogue and research. Through his approach of seeking to understand the "child inside the killer" we can come to a fuller and more systemic understanding of how to cope with youth violence. The book is rich, synthetic, and resists summary. For example, Garbarino identifies "ten facts of life for violent boys" that need to be considered in any kind of full rehabilitation program. These ten characteristics describe early trauma, abuse, and rejection that lead to the boys' harsh and anti-social efforts at survival. This survival takes the form of violent self-preservation that violent boys perceive as a form of rough justice in their world devoid of meaning other than self-serving, short-term gain. Within such a world view, a "crime and punishment" social response only confirms what such people have known all along: what the famous political philosopher refers to as the "war of each against all."

Garbarino proposes that we build and strengthen social, psychological, and spiritual anchors for young people, both to rehabilitate those who have been damaged and to enhance resilience for those living in frayed communities, which increasingly are everywhere.

Lost Boys is humane and thoughtful. It contains a great deal of hope. But it is also alarming. If we fail to learn the lessons of this work, we could face a "tipping point" into a cycle of escalating violence. In the United States, social violence is determinedly de-politicized to emphasize personal choice and individual responsibility. But if we allow ourselves to see the creeping accession to violence as terrorism undermining the fabric of everyday life, we can see the great urgency of the solutions Garbarino advocates.

Osofsky, Joy D. (Editor). *Children in a Violent Society*. NY: Guilford Press, 1997. 338 pp. ISBN 157230183X (hard cover); ISBN 1572303875 (soft cover).

Although it has been available for several years, Osofsky's book is very timely now. This edited collection brings together the work of a broad array of 26 experts in the field of youth violence. The work is multidisciplinary and practical. It addresses a broad range of topics such as "neurodevelopmental," and psycho-social factors involved in violent behavior. The role of firearms in youth violence is examined as well as what can be learned from descriptive accounts of communities given over to violence in the form of "war zones." After detailing the scope of the problem thoroughly, the book explores a full range of prevention and intervention programs. This broad scope should be interesting to social workers who often experience, and hence must understand, the issue of violence from numerous points of view.

Other Resources

Safe Havens Training Project: Helping Teachers and Child Care Providers Support Children and Families Who Witness Violence in their Communities, Pittsburgh, PA: Family Communications, Inc., 1998.

For too many young children and families, violence in their school, community, playground, or home has been an ongoing reality. Child welfare workers, kin families, families (biological, foster, adoptive) can provide vital help by creating an environment where children feel cared for and protected. As agencies respond to the variety of needs and reactions of the children in their care, it becomes apparent that the best way to help young children restore their sense of security, well-being, and competence is to maximize the power of their relationships with them. In the coming months, these programs and agencies will have to be prepared to deal with the aftermath of the September 11 tragedy—including financial and physical security, family members and/or co-workers as part of the military response, children's internalized anxiety that may result in challenging behaviors, and the need to work collaboratively with staff and families from diverse cultural backgrounds.

The Safe Havens Training Project is a three-part, video-based training program designed to provide families and other caregivers of young children with the support they need to help children feel safe. The videos are mini-documentaries about children and violence. The workshops teach about children's responses to violence and offer practical strategies for supporting children and staff.

The first video/workshop, *The Violence that Children Can See*, identifies the impact that witnessing violence has on young children. It offers strategies to help the community as a whole work together in support of children who are coping with violence. The second video/workshop, *The Power of Our Relationships*, provides examples of the kinds of language, limit-setting, and relationship-building that enable children to gain trust and self-confidence. The third video/workshop, *The Need To Be Heard*, explores ways to create a more supportive work environment for staff who are affected by violence.

The Safe Havens Training Project was developed by Family Communications, Inc., producers of Mister Rogers' Neighborhood, in conjunction with the Child Witness to Violence Project at Boston Medical Center and the Allegheny Intermediate Unit/Early Childhood and Family Support Services.

The National Child Welfare Resource Center for Family-Centered Practice, in partnership with Family Communications, Inc., the New York Head Start Collaboration Project, and the New York University Region II Head Start Quality Improvement Center, is assisting early childhood, child welfare, homeless shelters, and other child serving programs respond to the needs of staff, families, and children through the Safe Havens Training Project. Visit the Safe Haven's Web site at *www.fci.org/early_care/violence_main.asp* or call 412.687.2990.

National Child Welfare Resource Center for Family-Centered Practice

Contact Us . . .

If you have questions about the information in this publication or want to contribute an article, contact:

Editor, Best Practice/*Next Practice*
1150 Connecticut Avenue, NW
Suite 1100
Washington, DC 20036
202.638.7922
202.828.1028 Fax

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Learning Systems Group

Elena Cohen
Director

Dana Fenner
Program Assistant

Vivian Jackson
Senior Consultant

Jennifer McDonald
Web & Publications Designer

Steven Preister, *Director of Technical Assistance*

Chandra Waddy
Special Projects Coordinator

Barbara Walthall
Publications Coordinator

John Zalenski, *Associate Director of Technical Assistance*

National Indian Child Welfare Association

5100 SW Macadam Ave., Suite 300
Portland, OR 97201
503.222.4044
503.222.4007 Fax
Terry Cross, *Director*

Learning Systems Group
1150 Connecticut Avenue, NW
Suite 1100
Washington, DC 20036

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