



# Mobilizing Knowledge on Developmental Trauma for Adopted Children and Families in Ontario: Key Informant Perspectives IV

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## Introduction

This Information Sheet explores the perspective of child welfare workers and allied professionals on developmental trauma in the child welfare sector in Ontario. These findings are based on qualitative interviews conducted with those who have worked within and alongside the child welfare sector. This study is a community-based research partnership between the Factor-Inwentash Faculty of Social Work at the University of Toronto and the Adoption Council of Ontario. Funding for this study was provided by the Social Sciences and Humanities Research Council of Canada's Partnership Engage Grant.

Trauma has been known to negatively impact development, especially for children and youth involved in the child welfare system. The goal of this study is to strengthen the Ontario child welfare sector's capacity to identify and respond to the developmental trauma needs of adopted children and youth. The following statements describe an understanding of the challenges and opportunities faced by the child welfare system and allied sectors in identifying, assessing, responding to, and mobilizing resources to address the developmental needs of adopted children and their families. This Information Sheet focuses on the key informant perspectives regarding mobilizing knowledge on the developmental trauma needs of children and families who have been involved with the child welfare sector.

## Findings

Key informants described an inconsistent understanding of developmental trauma and how this has made it challenging to work with child welfare involved children and families. Four themes emerged from the key informant interviews about mobilizing knowledge including: diagnostic criteria, frontline interventions, knowledge accessibility, and interprofessional collaboration.

### Diagnostic Criteria

In terms of working with children and families with developmental trauma, several respondents described how "one area that has been difficult for us is the misdiagnosis." Respondents indicated that "developmental trauma... can look like lots of other things", especially the "PTSD diagnosis... [which] doesn't necessarily capture the dyadic relationship between the child and caregiver. Another respondent stated that "developmental trauma does not get you extra

support... it is not a diagnosis.” Several respondents described that “we have different scales and different acronyms for a million different symptoms”, however children and youth who experience developmental trauma “don’t fit into those neat little boxes.” These statements suggest that a lack of diagnostic criteria for developmental trauma has been a barrier to establishing appropriate supports and services for child welfare involved children and families.

### **Frontline Interventions**

Respondents identified several interventions that have been used to address developmental trauma in child welfare involved children and families. For example, one respondent described Trauma-Informed Cognitive Behavioural Therapy (TF-CBT), which “lends itself very nicely to research” but doesn’t “necessarily include... cognitive delays, learning issues [or emotional] dysregulation.” Similarly, one respondent noted that “parent-child interaction therapy... looks at the needs they have with respect to their caregiver... [but] there’s not a robust literature around that.” Several respondents discussed the Signs of Safety model. According to one respondent, “Signs of Safety is implemented yet there’s not much research behind it. There’s not much critical thinking in its implementation.” Key respondents stated that current intervention strategies have addressed some of the symptoms experienced by child welfare-involved children but have not been adequate for addressing the complexity of developmental trauma.

### **Knowledge Accessibility**

Key informants indicated a general lack of research pertaining to developmental trauma for child welfare involved children and families, with a specific gap in Canadian-based research. One respondent stated, “I’m not surprised there’s a lack of research at all and definitely not surprised that there’s a lack of research more so even in Canada versus I would say the States or Europe.” Furthermore, respondents expressed difficulty in translating research knowledge into accessible formats, which can inform key decisions in child welfare regarding developmental trauma in children and families. According to one respondent, “the trauma-informed literature... I don’t know if they can translate it so easily into how they do their work [regarding] accountability and the liability.” On the other hand, respondents also discussed a challenge when disseminating policy information into formats that can be easily understood by stakeholders, including child welfare workers, foster parents, and child welfare involved children and families. One respondent conveyed that “a lot of the policies that are being made or the communications that are being disseminated are being done in a way that aren’t necessarily, palatable or digestible to the people who they affect most.” Respondents indicated an overall lack of evidence informed knowledge which has directed the responses to developmental trauma across the child welfare sector, allied sectors, and governing ministries.

### **Interprofessional Collaboration**

Respondents discussed the lack of universal understanding of developmental trauma and its impact on children and families who are involved in the child welfare sector and allied sectors. Allied professionals were described by informants as individuals working in schools, respite care, justice systems, and children’s mental health. According to a respondent, “our systems didn’t co-develop together so when transformation happens in one it’s not taking into account the other.” A respondent provided the following example: “at schools...if you don’t understand [developmental trauma], the kids are going to look like they’re really just misbehaving or lazy, or

acting out.” Several respondents agreed that the mobilization of knowledge on developmental trauma “needs to be cross sector”, with one respondent indicating that “we need to think beyond...child welfare. I think that we need to think bigger than that.”

## **Methodology**

Purposive snowball sampling was used to obtain a total sample of seven key informants interviewed for this study. Respondents were provided a brief literature review on developmental trauma in the child welfare sector and participated in a 60-minute semi-structured interview via Microsoft Teams. The study was conducted from April to September in 2021. Researchers used an interview guide to prompt discussions on the following domains: (1) the state of the research (applicability, relevancy) with respect to their work in supporting adopted children and families who have had involvement with the child welfare system; (2) identifying needs and opportunities to address developmental trauma and promote well-being of adopted children and families within child welfare and across sectors and services; (3) gaps in supports and service delivery within child welfare and across sectors; (4) considerations and recommendations for promoting trauma-informed practice, policy and research for the child welfare system and those that work with adopted children and families. The interview guide included questions regarding the mobilization of knowledge in response to developmental trauma in the child welfare sector. Key informant interviews were recorded, transcribed, and coded into NVivo software for qualitative analysis. Members of the research team discussed and re-coded informant responses until a saturation of core themes emerged.

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