

Trauma and Well-Being, Part 2

Child's Physical Health Needs

Has the child received an initial health screening? If yes, review the findings and recommendations. Ensure that the recommendations are followed.

Are the child's immunizations up to date?

Has/does the child receive ongoing dental, hearing and vision screening and regular well-check assessments and preventative care? Ensure any resulting recommendations are followed.

Does the child require any additional medical services (nutritional, etc.)? Has the child requested any such services or might benefit from talking with a medical professional?

Do foster parents/caregivers have the child's current health information? Are caregivers aware of any specific health needs that require specialized training, proper administration or specific supports?

Child's Mental Health Needs and Appropriate Use of Psychotropic Medications

Has a mental health screening and assessment been completed? If so, review findings and recommendations.

Have nutritional deficiencies been considered as a factor of mental health concerns?

Is the child receiving needed mental health treatment as recommended?

Are the foster parents/caregiver aware of and have current information needed to support treatment?

Has informed consent been obtained for the prescription of psychotropic medication? Did the person who provided consent participate in the medical appointment in which the medication was prescribed?

Is the CASA child informed about why he or she is taking medication and the potential benefits, risks and side effects of the medication?

Review child's mental health history, including initial diagnosis, medications, and other forms of mental health treatment that he or she received in the past.

Consider the benefits, risks and side effects of any prescribed psychotropic medications.

For each psychotropic medication prescribed, know what diagnosis and symptoms are being treated, whether requisite lab work was completed, and any follow-up required. Be aware of any adverse reaction to medication (ex. weight loss/gain, sleepiness, over-sedation, overstimulation, slurred speech, disorientation).

Preserving Family Relationships and Sibling Connections

Has the child been placed in the least restrictive setting appropriate to his needs?

Could the child be placed with relatives now or in the future?

Are familial connections maintained even if a relative cannot be a placement resource?

Does the child's placement proximity to his parents, siblings and family allow for continued connections?

Is the child placed with his siblings? If not, does the child have meaningful, regular visitation with both his parents and siblings?

Are the father and paternal relatives identified and being actively engaged?

Has the child been asked who is important in their lives and who they would call for help if needed? (Often these are the people in their cell phones or who they have contact with via social networks.)

Have extensive and regular DFCS file reviews been conducted to find information on relatives or others with a connection to the child and/or family?

Advocating for Normalcy

Advocate for normalcy activities to be included in the child's case plan.

Advocate that fees/pre-requisites for activities be waived or given special consideration to allow time and flexibility.

Ensure the child's placement adheres to the Reasonable Prudent Parent Standard allowing for decision making and permission to participate in activities, visitation, etc.

Ask your child what activities he wishes to participate in, what his material needs and wishes are, what barriers need to be removed, etc.

See the Education Advocacy, Special Education Advocacy and Older Youth in Foster Care Quick-Reference Topical Guides for additional information.