

Trauma & Well-Being, Part 1

Trauma occurs through exposure to an event that threatens and/or harms the physical or emotional integrity of an individual, overwhelms the person's ability to respond, and creates significant difficulty in functioning. Complex trauma occurs through repeated exposure to multiple events that are intrusive, interpersonal, and create long-ranging impact. While trauma may occur in the absence of abuse or neglect, children who have experienced abuse or neglect are at a greater risk for having complex trauma. Left untreated, children who have experienced trauma are more likely to suffer from a series of physical and emotional problems throughout their lifetime. Trauma affects the brain and body even if the child doesn't have memories of the events.

Addressing well-being helps to provide an environment conducive to responding to trauma. Well-being is a broad term that covers a wide range of child and adolescent development milestones, achievements, and normalizing activities that prepare children for a healthy and successful transition to adulthood. Well-being, as used in child welfare, includes but is not limited to, physical and mental health care, educational stability, sibling and relative connections, transitioning youth supports, and normalcy.

Unique to children in foster care, well-being needs may be taken as less urgent or critical than safety and permanency. Well-being needs are also difficult to provide due to accessibility and availability of individualized services, difficulty measuring or monitoring specific services, and/or the lack of first-hand knowledge of a child's needs or interests. CASA is in a unique role to bring attention and urgency to the individual well-being needs of children in care.

Overview:

Removal from a parent and involvement with the Child Welfare System is inherently traumatic in itself; and

CASAs should consider how trauma affects the brain in order to understand actions and responses not only of the child, but of their parents who have likely experienced their own traumas as well.

Questions to Consider:

When considering all relevant information from the child's history, has the child experienced a traumatic event or been exposed to prolonged or repeated traumatic events?

Has a trauma assessment been completed to address any unmet trauma-related needs? If yes, are recommendations followed and barriers being removed?

Is the child developing appropriately? Is the child exhibiting any troubling behaviors or seem to be overly nervous, emotionally intense or numb, or seem distracted and have trouble focusing?

Is the child receiving therapy or services designed to be traumainformed and responsive?

Does the child's caregiver help the child feel safe? Is the caregiver equipped to handle the child's behavior?

Is the child's caregiver familiar with trauma, its effects, and the potential resulting behaviors or trauma responses?

Are the child's placement and school appropriate to avoid triggering reminders of traumatic experiences? Will a change in one of these environments trigger a reminder?

Is the child forming, or does the child have, healthy and positive relationships with at least one adult caregiver or supporter?

Is there as much consistency as possible in the child's placement and school setting?

Social and Emotional Well-Being Development and Advocacy:

Are caregivers offered parenting supports to improve capacities focused on children's social-emotional functioning for placement and reunification?

Are regular assessments conducted to determine whether children and youth are improving their social and emotional functioning?

Are independent and transitional living programs available and utilized as a way to develop self-regulation and positive relational skills?

Are youth provided with appropriate boundaries and fair consequences to allow participation in typical, ageappropriate activities?

Are youth able to continue or join in activities that support positive social interactions and relationships?