TRAUMA AND WELL-BEING

CASA Court Appointed Special Advocates FOR CHILDREN GEORGIA

OVERVIEW

Children in foster care have almost universally experienced trauma. Removal from a parent and involvement with the child welfare system is itself a traumatic experience, layered on top of the circumstances that led to removal. Many children in care have experienced complex trauma, which is repeated exposure to multiple traumatic events that are interpersonal in nature and create wide-ranging, long-lasting impact on development, behavior, and relationships.

Trauma affects the brain and body even when a child has no conscious memory of the events. Left unaddressed, the effects of trauma can follow a child into adulthood, increasing the likelihood of physical and emotional health challenges throughout their lifetime. At the same time, positive childhood experiences and safe, stable, nurturing relationships are among the most powerful forces for healing and resilience. A CASA volunteer is uniquely positioned to bring attention and urgency to the individual trauma and well-being needs of each child in care and to provide a stabilizing connection.

Well-being is a broad term covering the full range of child and adolescent development, including physical and mental health, educational stability, family and sibling connections, normalcy, and the everyday experiences that prepare children for a healthy and successful transition to adulthood. In child welfare, well-being needs are often treated as less urgent than safety and permanency. CASA's role is to challenge that assumption and ensure every child's well-being receives the individualized attention it deserves.

UNDERSTANDING TRAUMA

Trauma occurs when exposure to an event threatens or harms a person's physical or emotional integrity, overwhelms their ability to respond, and creates significant difficulty in functioning. For children in foster care, trauma is rarely a single event. It is often woven into the fabric of their early experiences: abuse, neglect, household instability, loss of caregivers, and the disruptions caused by the system itself.

CASA volunteers should understand how trauma affects the brain to make sense of a child's actions and responses and to apply that same empathetic lens to parents, who have very likely experienced

their own traumas. Behaviors that appear defiant, aggressive, withdrawn, or erratic are often survival responses rooted in fear rather than willful disobedience. Additionally, some people-pleasing behaviors known as fawning (e.g. over apologizing, being accommodating, or seeming excessively compliant), are other unconscious trauma responses.

Understanding behaviors as needs and a means of communication does not excuse harmful behavior, but it changes how we respond to it and how we advocate for the right supports.

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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?
- Is the child developing appropriately? Does the child exhibit troubling behaviors, seem overly nervous or emotionally intense, appear emotionally numb, or have difficulty focusing?
- Does the child seem safe and regulated in their current placement? Does the caregiver help the child feel calm and secure?
- What helps the child feel calm or safe? Are those things accessible and consistently available?

PRACTICE POINTS

- ○ Review the child's history with trauma in mind. Consider whether the child has experienced a single traumatic event, prolonged or repeated trauma, or both.
- ○ For children 5 and over, confirm that a trauma assessment has been completed. Review the findings and recommendations, verify the recommendations are being followed, and identify any barriers to implementation.
- ○ Verify that the child's therapist and other service providers are trauma-informed and that treatment approaches are responsive to the child's specific trauma history.
- ○ Confirm that the child's placement and school environment are appropriate and do not include known triggers or reminders of traumatic experiences. Consider how a proposed change to either environment might affect the child.
- ○ Assess whether the child is forming or maintaining at least one healthy, positive relationship with a trusted adult caregiver or supporter.
- ○ Confirm that the caregiver understands trauma, its effects, and the behaviors that may result. Verify that the caregiver has the tools and support needed to respond effectively.
- ○ Document trauma-related concerns and service gaps in your CASA report and advocate clearly for the supports the child needs.

TRAUMA-RESPONSIVE PRACTICE

Trauma-responsive practice means understanding what a child has experienced and adjusting how we engage with them accordingly. It is not a clinical intervention. It is a way of showing up that communicates safety, predictability, and genuine care. The following pillars reflect what children who have experienced trauma need most and offer concrete ways CASA volunteers can embody them in every interaction.

FELT SAFETY

Felt safety is an individual's deep, instinctive, and subjective perception of being physically, emotionally, and socially safe from harm and rejection. For children who have experienced trauma, felt safety cannot be assumed. It must be actively built through consistent, predictable, and attuned relationships.

PRACTICE POINTS

- ◯ Show up when you say you will. Reliability is one of the most powerful things an advocate can offer a child who has experienced repeated loss and broken trust.
- ◯ Be mindful of the physical environment during visits. Attend to sensory factors such as lighting, noise, and smell that may affect the child's sense of safety.
- ◯ Offer water or a healthy snack. Meeting basic physical needs communicates care and creates calm, grounded interaction.
- ◯ Use predictable transition rituals to help the child prepare for the beginning and end of visits, reducing anxiety around transitions.
- ◯ Prioritize consistency in your presence, your approach, and your follow-through.

CONNECTION

Trauma and toxic stress can disrupt a child's ability to form and maintain trusting relationships. Healing occurs through connection, through the gradual experience of safe, predictable, and responsive relationships that teach the brain healthy social engagement.

PRACTICE POINTS

- ◯ Make genuine eye contact and use warm, affirming body language that communicates interest and care.
- ◯ Use appropriate physical connection (such as a high five or a pat on the back) when welcome and appropriate to the child.
- ◯ Match the child's energy and engage playfully when the child is open to it, following their lead.
- ◯ Ask open questions that invite the child to share. *"What's been the best part of your week?"* is more connecting than a checklist of questions.
- ◯ Return to the same topics and interests across visits to demonstrate that you remember and care about what matters to the child.

SELF-REGULATION

Self-regulation is the ability to manage emotions and behaviors in response to external demands. It is a skill that develops gradually through healthy relationships and consistent co-regulation with attuned adults. Many children in foster care have had limited opportunities to develop this skill and need patient, supportive modeling. Common triggers for dysregulation include transitions, sensory overload, unpredictability, physical needs (hunger, thirst, fatigue), and perceived control.

PRACTICE POINTS

- Check in with the child about how they are feeling at the start of visits. Simple tools like asking how their "engine is running" can open meaningful conversations about emotional state.
- Model and practice simple regulating activities together, such as deep breathing, chair sit-ups, or wall pushes.
- Offer choices and compromises during interactions to give the child a sense of agency and control.
- Listen to the child's preferences and ensure their perspective is accurately and fully represented to the court.
- Recognize that aggressive, withdrawn, or defiant behavior during visits may be a stress response. Respond with calm curiosity rather than correction.
- Be proactive in meeting environmental needs to prevent or reduce triggers: offer a snack and water, adjust lighting, and be consistent in routine.

Trauma-responsive practice is a way of showing up that communicates safety, predictability, and genuine care.

CASA volunteers should treat well-being needs with the same urgency as safety and permanency.

WELL-BEING

Addressing well-being creates the conditions in which healing from trauma becomes possible. Well-being encompasses physical and mental health, educational stability, family and sibling connections, and the everyday experiences of childhood that build identity, confidence, and resilience. CASA volunteers should treat well-being needs with the same urgency as safety and permanency.

MENTAL HEALTH AND PSYCHOTROPIC MEDICATIONS

Mental health needs are common among children in foster care and require careful, individualized attention. When psychotropic medications are involved, advocates must ensure informed consent, ongoing monitoring, and that medication is part of a broader treatment plan rather than a substitute for it.

QUESTIONS TO CONSIDER

- Does the child seem emotionally regulated and engaged, or are there signs of over-sedation, agitation, or significant behavioral changes?
- Has the child expressed any concerns about their medication or treatment?
- Is the caregiver actively supporting and monitoring the child's mental health treatment?

PRACTICE POINTS

- ○ Confirm a mental health screening and assessment have been completed. Review findings and verify that recommended treatment is in place.
- ○ Verify that mental health providers are trauma-informed and that treatment is responsive to the child's history and current needs.
- ○ Confirm that the caregiver has current information about the child's mental health needs and treatment plan.
- ○ If psychotropic medication has been prescribed, verify that informed consent was obtained and that the person who consented participated in the appointment at which the medication was prescribed.
- ○ If a child's placement changes, ensure the new placement has both the current prescription and any remaining medication to ensure no lapse in treatment.
- ○ Confirm the child understands why they are taking medication and has been informed of the potential benefits, risks, and side effects in an age-appropriate way.
- ○ Review the child's mental health history, including initial diagnoses, previous medications, and prior treatment.
- ○ For each psychotropic medication prescribed, confirm the diagnosis and symptoms being treated, that any required lab work has been completed, and that follow-up is scheduled.
- ○ Monitor for adverse reactions including significant weight changes, excessive sleepiness, over-sedation, over-stimulation, slurred speech, or disorientation.
- ○ Consider whether nutritional deficiencies may be contributing to mental health concerns and ensure this has been evaluated.

PHYSICAL HEALTH

Children in foster care often enter care with unmet medical needs and may have limited access to consistent healthcare. Ongoing monitoring and follow-through are essential.

QUESTIONS TO CONSIDER

- Does the child appear physically healthy and well cared for?
- Has the child mentioned any physical concerns, pain, or discomfort?
- Does the caregiver have what they need to manage the child's health needs?

PRACTICE POINTS

- ○ Confirm the child received a comprehensive health screening upon entering foster care. Review the findings and verify that recommendations are being followed.
- ○ Confirm that dental, hearing, and vision screenings have been completed and that any resulting recommendations have been followed.
- ○ Verify that immunizations are current.
- ○ Identify any additional medical needs, including nutritional concerns, and confirm they are being addressed.
- ○ Verify that the caregiver has the child's current health information and is aware of any specific needs requiring specialized knowledge, training, or support.

FAMILY AND SIBLING CONNECTIONS

Maintaining connections to family and siblings is a well-being need not just a permanency consideration. Familial relationships offer children a sense of identity, belonging, and continuity that supports healing and resilience.

QUESTIONS TO CONSIDER

- Does the child talk about family members or express a desire for connection with specific people?
- Are there barriers to family contact that could be addressed?
- Does the child seem to have a sense of belonging and identity connected to their family and culture?

PRACTICE POINTS

- ○ Confirm the child has been placed in the least restrictive setting appropriate to their needs and that kin placement has been considered.
- ○ Verify that familial connections are being maintained even when a relative is not able to serve as a placement resource.
- ○ Confirm the child is placed with siblings whenever possible. If not, verify that meaningful, regular contact with siblings is occurring.
- ○ Confirm the child has regular, meaningful contact with both parents when appropriate and safe.
- ○ Verify that paternal relatives have been identified and are being actively engaged.
- ○ Ask the child who is important in their life and who they would call for help. Ensure those connections are supported and documented.
- ○ Confirm that DFCS has conducted thorough and regular case file reviews to identify relatives and others with meaningful connections to the child and family.
- ○ Consider whether it is appropriate for siblings to have different permanency plans, and what the plan would be to maintain meaningful connections.

▶ See the ***Kin Caregivers & Relative Connections*** guide for additional practice guidance.

NORMALCY

Normalcy means giving children in foster care access to the everyday experiences that are a normal part of growing up, such participating in activities, relationships, routines, and opportunities that promote personal growth, self-esteem, and independence. For children in care, these experiences are not guaranteed. They require active advocacy.

Normalcy is not just about activities. It is about the familiar, comfortable, and comforting rhythms of childhood such as a consistent bedtime routine, a favorite meal, a sport or hobby pursued over time, or a friendship maintained across a school year. These experiences build identity and resilience in ways that formal services often cannot.

The Reasonable and Prudent Parent Standard (RPPS) is the legal framework that supports normalcy for children in foster care. It is defined as the standard characterized by careful and sensible parental decisions that maintain the health, safety, and best interests of a child while at the same time encouraging the child's emotional and developmental growth. Caregivers and child caring institutions are expected to apply this standard in making decisions about a child's participation in activities, and advocates should hold them to it.

QUESTIONS TO CONSIDER

- What does a typical day look like for this child? Does it include familiar routines and comfortable, enjoyable experiences?
- Is the child able to do things their peers are doing? If not, what is getting in the way?
- Does the child have friendships and social connections outside of the foster care system?
- Is the caregiver or placement making decisions that encourage the child's growth and independence, or are they being overly restrictive?

PRACTICE POINTS

- ◯ Ask the child directly what activities they want to participate in, what their interests are, and what barriers exist to their participation.
- ◯ Advocate for normalcy activities to be included in the child's case plan.
- ◯ Verify that the child's caregiver or child caring institution is applying the Reasonable and Prudent Parent Standard, allowing the child to participate in age-appropriate activities without unnecessary restriction.
- ◯ Advocate for fees, prerequisites, or administrative barriers to activities to be waived or addressed so they do not prevent participation.
- ◯ Ensure the child has the material supports needed to participate, including appropriate clothing, equipment, transportation, and any required fees.
- ◯ Support the child's access to social and peer activities, extracurriculars, and community connections that promote positive relationships and a sense of belonging.
- ◯ Confirm that youth ages 14 and older have access to independent living and transitional living programs that support self-regulation and positive relational skills.

EDUCATIONAL STABILITY

Educational stability is a critical component of well-being. Key considerations from a trauma and well-being lens include the stability and safety of the school environment, the child's engagement and sense of belonging, and whether the school setting is responsive to the child's needs.

PRACTICE POINTS

- ○ Confirm there is as much consistency as possible in the child's school placement and that school changes are made only when necessary and in the child's best interest.
- ○ Verify that the child's school placement is appropriate and does not include known triggers or barriers related to their trauma history.
- ○ Confirm the child is engaged in school and has at least one trusted adult connection in the school setting.
- ▸ See the ***Education Advocacy*** and ***Special Education Advocacy*** guides for additional practice guidance.

KEY PRACTICE NOTES

BEHAVIOR IS COMMUNICATION

Aggressive, withdrawn, or defiant behavior is often a trauma response rooted in fear or dysregulation rather than willful disobedience. Before reacting to behavior, ask what it might be communicating about the child's unmet needs.

RELATIONSHIPS ARE THE MOST IMPORTANT FACTOR

Research consistently shows that the single most important factor in promoting healthy brain development and resilience is a safe, stable, nurturing, and attuned adult relationship. CASA can offer that connection and can advocate for it to exist in every area of the child's life.

POSITIVE EXPERIENCES MATTER

Positive childhood experiences actively protect against the effects of adverse childhood experiences and build resilience over time. Every normalcy activity, every consistent visit, and every trusted relationship is a protective factor.

WELL-BEING IS URGENT

Safety and permanency cannot be achieved without well-being. A child who is not physically healthy, emotionally supported, and connected to caring adults cannot heal, develop, or thrive — regardless of where they are placed.