

## CASE ASSESSMENT WORKSHEET

*For child welfare workers, the ability to **understand the effects** of trauma on the children and families they serve, and **to identify and address the specific trauma-related needs** of those children and families, is critical to effective case planning and improving the child's overall life trajectory.*



## **IMPACTS OF TRAUMA ON CHILDREN'S SAFETY, PERMANENCY, AND WELL-BEING**

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*Being trauma informed requires a paradigm shift. Rather than focusing on “What is wrong with you?” we must assess, “**What’s happened to you?**”*



Based on your current knowledge of the family, list:

[illegible]

Mark all types of known trauma experienced by the family members:

- ☐ ☐ **Acute-** Single, time limited traumatic event
- ☐ ☐ **Chronic-** Multiple, varied traumatic events or long-standing trauma
- ☐ ☐ **Complex-** Multiple types and incidents of trauma that occur over time
- ☐ ☐ **Historical-** Collective, cumulative wounding across generations
- ☐ ☐ **Traumatic Grief-** Sudden or violent death of someone important to child

**CHILD TRAUMATIC STRESS:** *Intense physical and emotional reactions to events that threaten the life or physical integrity of the child (or someone critically important to the child) and overwhelm the child's ability to cope.*



Consider the age range of each child in the family. Use each child's initials to mark all potential indicators of traumatic stress.

Physical	Behavioral	Emotional
<input type="checkbox"/> Regression in development <input type="checkbox"/> Startles easily  <input type="checkbox"/> Developmental delays	<input type="checkbox"/> Clingy <input type="checkbox"/> Demonstrates little interest; does not explore <input type="checkbox"/> Significant difficulty being soothed <input type="checkbox"/> Significant sleep problems <input type="checkbox"/> Does not respond to attention <input type="checkbox"/> Frequent tantrums <input type="checkbox"/> Repetitive play that re-enacts trauma <input type="checkbox"/> Indiscriminate affection <input type="checkbox"/> Sexualized behavior <input type="checkbox"/> Aggression	<input type="checkbox"/> Frequently irritable <input type="checkbox"/> Anxious  <input type="checkbox"/> Passive, withdrawn  <input type="checkbox"/> Easily frustrated <input type="checkbox"/> Attachment problems  * Young children often cannot verbalize their feelings about trauma; behavior is the best indicator

**SCHOOL AGED CHILDREN:**

Physical	Behavioral	Emotional
<input type="checkbox"/> Regression <input type="checkbox"/> Somatic complaints <input type="checkbox"/> Over-eats or under-eats  <input type="checkbox"/> Developmental delays	<input type="checkbox"/> Frequent tantrums <input type="checkbox"/> Clingy <input type="checkbox"/> Repetitive play that re-enacts trauma <input type="checkbox"/> Sexualized behaviors <input type="checkbox"/> Aggression <input type="checkbox"/> Gets too close to unfamiliar adults <input type="checkbox"/> Sleep problems <input type="checkbox"/> Victim or perpetrator of bullying <input type="checkbox"/> Change in school performance <input type="checkbox"/> Hypersensitivity to physical touch	<input type="checkbox"/> Frequently irritable <input type="checkbox"/> Anxious <input type="checkbox"/> Passive, withdrawn  <input type="checkbox"/> Separation anxiety <input type="checkbox"/> Concerned about death <input type="checkbox"/> Trouble concentrating  <input type="checkbox"/> Sad or depressed <input type="checkbox"/> Hyperarousal  <input type="checkbox"/> Numbing  <input type="checkbox"/> Fearfulness  <input type="checkbox"/> Distrust of others <input type="checkbox"/> Attachment problems <input type="checkbox"/> Difficulty regulating emotions <input type="checkbox"/> Dissociation

**ADOLESCENTS:**

Physical	Behavioral	Emotional
<input type="checkbox"/> Sleeps too much or too little <input type="checkbox"/> Over-eats or under-eats <input type="checkbox"/> Developmental delays	<input type="checkbox"/> Isolated <input type="checkbox"/> Anger outbursts <input type="checkbox"/> Change in school performance <input type="checkbox"/> School avoidance <input type="checkbox"/> Precocious sexuality <input type="checkbox"/> Substance use/abuse <input type="checkbox"/> Self-harmful behavior <input type="checkbox"/> Suicide attempt or completion <input type="checkbox"/> Conduct problems <input type="checkbox"/> Runs away from home <input type="checkbox"/> Risk-taking behaviors <input type="checkbox"/> Changes in behavior	<input type="checkbox"/> Withdrawn <input type="checkbox"/> Anxious <input type="checkbox"/> Trouble concentrating  <input type="checkbox"/> Sad or depressed <input type="checkbox"/> Distrust of others <input type="checkbox"/> Distorted beliefs <input type="checkbox"/> Irritable <input type="checkbox"/> Impulsive <input type="checkbox"/> Hyper-arousal <input type="checkbox"/> Numbing <input type="checkbox"/> Avoidance <input type="checkbox"/> Suicidality <input type="checkbox"/> Attachment problems <input type="checkbox"/> Dissociation <input type="checkbox"/> Low self-esteem <input type="checkbox"/> Shame, guilt

**CASE ASSESSMENT: IMPACT OF CULTURE**

Assess the impact of culture on the following: family communication, family's response to trauma, child's stress or vulnerability, and how the child/family feels about interventions.

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**EFFECTS OF CHILD TRAUMATIC STRESS:** *Children who have been exposed to repeated stressful events within an environment of abuse and neglect are more vulnerable to experiencing negative reactions. When a child's trauma is associated with the failure of caregivers to protect or nurture the child, the effects can be profound, multifaceted, and far-reaching.*

*Children who have experienced the types of trauma that precipitate entry into the child welfare system typically suffer impairments in many areas of development and functioning including:*

- ***Attachment:*** *Trauma-exposed children may feel that the world is uncertain and unpredictable. They can become socially isolated and can have difficulty relating to and empathizing with others.*
- ***Biology:*** *Children impacted by trauma may experience changes in brain chemistry and structure and higher levels of stress hormones. They may show hypersensitivity to physical contact. Many of these children exhibit unexplained physical symptoms and increased medical problems.*
- ***Mood regulation:*** *Children exposed to trauma can have difficulty regulating their emotions as well as difficulty understanding and describing their feelings and internal states.*
- ***Dissociation:*** *Trauma-exposed children may experience a feeling of detachment or depersonalization, as if they are observing something that is happened to them that is unreal.*
- ***Behavioral control:*** *Children who have been traumatized can show poor impulse control, self-destructive behavior, and aggression towards others.*
- ***Cognition:*** *Children exposed to trauma can have problems focusing on and completing tasks, or problems planning for and anticipating future events. Some exhibit learning difficulties and problems with language development.*
- ***Self-concept:*** *Trauma-affected children frequently suffer from disturbed body image, low self-esteem, shame, and guilt.*
- ***Development:*** *Trauma can disrupt developmental processes and interfere with mastery of age-appropriate tasks and skills.*



## CASE ASSESSMENT: EFFECTS OF CHILD TRAUMATIC STRESS

Consider each child/adolescent in the family individually. Note all potential indicators that child traumatic stress has negatively impacted these areas of development and functioning:

<b>Attachment</b>	
<b>Biology</b>	
<b>Mood Regulation</b>	
<b>Dissociation</b>	
<b>Behavioral Control</b>	
<b>Cognition</b>	
<b>Self-Concept</b>	
<b>Development</b>	

Further evaluation necessary for: \_\_\_\_\_

\_\_\_\_\_  
(Family Members)

**POST-TRAUMATIC STRESS DISORDER (PTSD):** PTSD is a mental health diagnosis that should be assessed and ruled out for youth in the child welfare system before other diagnoses are considered (such as ADHD, Conduct Disorder, Bipolar Disorder, Oppositional Defiant Disorder, Reactive Attachment Disorder).

A diagnosis of PTSD requires that an individual experiences one or more symptoms in each of four clusters for longer than one month following a traumatic event.



### CASE ASSESSMENT: PTSD

Consider each child/adolescent in the family individually. Note all potential indicators of PTSD and make a note of anyone who should be promptly referred for further evaluation by a mental health professional. (For any youth with other existing diagnoses, follow up with the mental health provider to provide information about the trauma history and to determine if there has been an assessment for PTSD.)

<u>Intrusion Symptoms</u> <ul style="list-style-type: none"><li><input type="checkbox"/> Recurrent, distressing memories of trauma</li><li><input type="checkbox"/> Dreams related to trauma</li><li><input type="checkbox"/> Flashbacks</li><li><input type="checkbox"/> Trauma reenactment in play</li><li><input type="checkbox"/> Psychological distress caused by trauma triggers</li><li><input type="checkbox"/> Psychological reactions to trauma triggers</li></ul>	<u>Avoidance Symptoms</u> <ul style="list-style-type: none"><li><input type="checkbox"/> Avoidance of memories, thoughts, and/or feelings about the trauma</li><li><input type="checkbox"/> Efforts to avoid reminders of the trauma</li></ul>
<u>Negative Alterations in Cognition and Mood</u> <ul style="list-style-type: none"><li><input type="checkbox"/> Inability to remember aspects of trauma</li><li><input type="checkbox"/> Negative beliefs about oneself, others, and/or the world</li><li><input type="checkbox"/> Distorted cognitions about the cause or consequences of trauma</li><li><input type="checkbox"/> Persistent negative emotional state</li><li><input type="checkbox"/> Diminished interest in activities</li><li><input type="checkbox"/> Feelings of detachment</li><li><input type="checkbox"/> Persistent inability to experience positive emotions</li></ul>	<u>Alterations in Arousal and Reactivity</u> <ul style="list-style-type: none"><li><input type="checkbox"/> Irritability or anger outbursts</li><li><input type="checkbox"/> Reckless or self-destructive behavior</li><li><input type="checkbox"/> Hypervigilance</li><li><input type="checkbox"/> Exaggerated startle response</li><li><input type="checkbox"/> Problems with concentration</li><li><input type="checkbox"/> Sleep disturbance</li></ul>

Further evaluation necessary for: \_\_\_\_\_  
(Family Members)

Questions to ask regarding any **psychotropic medications** prescribed for children/youth in the family: \_\_\_\_\_  
\_\_\_\_\_

**IMPACT OF TRAUMA ON THE BRAIN:** *Exposure to trauma causes the brain to develop in a way that will help the child survive in a dangerous world:*

- On constant alert for danger
- Quick to react to threats (fight, flight, freeze response)

*The stress hormones produced during trauma also interfere with the development of higher brain functions.*



### **CASE ASSESSMENT: IMPACT OF TRAUMA ON THE BRAIN**

Consider the age range of each child in the family and review the potential impacts of trauma on the brain at each stage of development. Use each child's initials to mark all potential indicators that may need further assessment by a physician or mental health professional.

<u>Early Childhood</u>	<u>School Aged Children</u>	<u>Adolescents</u>
<input type="checkbox"/> Reduced IQ; delayed development <input type="checkbox"/> Difficulty with regulating emotions <input type="checkbox"/> Reduced gross motor skills  <input type="checkbox"/> Increased fearfulness, reduced sense of safety <input type="checkbox"/> Implicit or explicit memories of trauma may result in flashbacks, nightmares, other distress	<input type="checkbox"/> Sleep disturbances <input type="checkbox"/> Difficulties with learning <input type="checkbox"/> Behavior that shifts between overly fearful and overly aggressive <input type="checkbox"/> Poor affect regulation <input type="checkbox"/> Problems with attention	<input type="checkbox"/> Reckless behavior (e.g. substance abuse, running away) <input type="checkbox"/> Underachievement and school failure <input type="checkbox"/> Poor choices  <input type="checkbox"/> Aggressive or delinquent behavior

**LONG-TERM IMPACT OF TRAUMA:** *Unresolved trauma can have long-term implications for an individual and future generations of a family. It is important to view the adults with whom you work as adult children who have survived adverse childhood experiences and to understand that their maladaptive behaviors may be symptoms of having survived these experiences.*



### **CASE ASSESSMENT: LONG-TERM IMPACT OF TRAUMA ON ADULTS**

Consider the key adults in the family. Identify what you know (or need to explore) regarding:

- Any traumatic events \_\_\_\_\_
- The adult's ability to talk about the trauma \_\_\_\_\_
- The response to the trauma by the person and their family \_\_\_\_\_
- Any interventions (during childhood or adulthood) and their success \_\_\_\_\_
- Any connections between the adult's current behavior/functioning and the trauma \_\_\_\_\_

## **TRAUMA INFORMED PRACTICES**

A trauma-informed professional or system:

- **realizes** the widespread impact of trauma and understands potential paths for healing;
- **recognizes** the signs and symptoms of trauma in staff, clients, and others involved with the system;
- **responds** by fully integrating knowledge about trauma into policies, procedures, practices, and settings; and
- seeks to **prevent re-traumatization** in all interactions with children and families.



### **CASE ASSESSMENT: INCORPORATING TRAUMA-INFORMED PRACTICES**

What you can do to enhance your working relationship with the family and improve the long-term outcomes for both the child(ren) and the adult(s)?

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How has your perspective changed after considering the potential impact of trauma on the adults and children/youth?

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What additional information do you need to make a thorough assessment and intervention plan?

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Are outside referrals needed for any family member(s) related to trauma?

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### **\*\*IMPORTANT REQUIREMENT\*\***

Bring this completed **Case Assessment Worksheet** (along with your **Self-Assessment**) to the **CWS4015:Trauma-Informed Practices in Child Welfare** instructor-led training for further application of skills and strategies to your case.