

A RESOURCE GUIDE FOR CAREGIVERS

The Impact of Trauma and Ongoing Mental Health Screening



Washington State Department of
CHILDREN, YOUTH & FAMILIES

*Provided by the Washington State Department of Children, Youth, and Families
in partnership with the Washington State Health Care Authority and the University of Washington*



What is Trauma?

Trauma is an emotional or physical reaction to an event that is witnessed or experienced by a child that is scary, intense, and/or disturbing. Trauma can result from a variety of situations including, but not limited to:

- Witnessing violence within the family or community
- Loss of a loved one due to accident or violence
- Being a victim of neglect or abandonment, physical, emotional, or sexual abuse
- Natural disasters

Trauma Impact

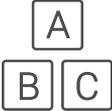
Sometimes when a child/youth is exposed to one or more traumatic experiences over the course of their lives, they develop reactions that interfere with their daily lives. Children/youth may think about or relive a frightening event from their past. Certain places, objects, sounds, smells, words, or people may act as trauma reminders or “triggers.” Children can react to trauma differently depending on age, but not every child who experiences trauma will develop symptoms. Factors such as a child’s age, development level, and supportive resources can affect how a child experiences traumatic stress.

Indicators of concern for all ages may include:

- Experience depressive symptoms, feel scared and less secure
- Appear anxious, sad, angry, frightened, or hyper vigilant or distracted
- Exhibit rebellious or risky behaviors
- Problems sleeping or night terrors
- Physical complaints
- Obsessive or hyper vigilant behavior
- Inability or hyper-ability to focus or concentrate

How to Support Children

- Maintain usual routines for meals, sleep, play, and school
- Spend positive child-directed time together
- Be a good listener
- Be validating and reassuring

	DEVELOPMENTAL CAUSES FOR CONCERN	HOW TO SUPPORT CHILDREN
 <p>Ages: Newborn to Infants</p>	<ul style="list-style-type: none"> • Inconsolable crying or sadness • Sensitivity to stimuli (touch, light, sound) • Attachment difficulties • Limited range of emotion and flat affect • Failure to thrive 	<ul style="list-style-type: none"> • Consistently comfort crying and distress • Develop a sense of security • Be more responsive than usual • Provide comfort items to promote self-regulation (pacifiers, stuffies, etc.)
 <p>Ages: Toddlers to Pre-School</p>	<ul style="list-style-type: none"> • Regularly cries or hard to soothe • Overly fearful • Reliving trauma during play • Little or no reaction when familiar people enter or leave • Returns to an earlier developmental level 	<ul style="list-style-type: none"> • Provide a predictable environment by maintaining routines • Reassure safety and belonging • Be consistent about expectations • Encourage them to play or talk about feelings and thoughts
 <p>Ages: Pre-School to School Age</p>	<ul style="list-style-type: none"> • Behavior problems at school • Aggressive/hostile towards others • Fearful with familiar adults or too friendly with strangers • Returns to an earlier developmental level 	<ul style="list-style-type: none"> • Encourage them to play or talk about feelings and thoughts • Give simple and realistic answers to questions • Set gentle but firm limits for “acting out behavior” • Decrease stimulating TV, movies, and video games
 <p>Ages: Pre-Adolescent to Pre-Adulthood</p>	<ul style="list-style-type: none"> • Feels hopeless • Withdrawn from friends and family • Violent or abusive behavior • Increased conflicts • Difficulty managing emotions in a healthy way • Use of alcohol or drugs 	<ul style="list-style-type: none"> • Encourage them to discuss the trauma with a professional or someone they trust • Answer questions directly • Encourage participation in routine • Set clear limits • Address reckless behavior

What is the Ongoing Mental Health (OMH) Screening Program?

The OMH Screening Program was implemented to increase identification of mental health needs and access to appropriate mental health services for children and youth, ages 3 to 17, for the purpose of improving emotional wellbeing, safety, and permanency of children in out-of-home placement. After a child has been in care over 6 months, OMH screeners re-administer mental health screenings used in the initial CHET screening. Results of the re-screens are shared with the caregiver, the youth (as appropriate), and the caseworker. The screens re-administered are the:

- Ages & Stages Questionnaire, Social Emotional, second edition (ASQ-SE2) ages 3 years through 71 months
- Pediatric Symptom Checklist (PSC-17) ages 6 through 17 years
- Screen for Child Anxiety and Related Emotional Disorder (SCARED) ages 7 through 17 years
- Plus 4 Trauma Related Screening Questions ages 3 through 17 years

What is Compassion Fatigue?

Caring for abused and neglected children and youth can be stressful. Children may bring emotional reactions and behaviors that made sense in their past into the new caregiving environment. The reactions and behaviors can be confusing or challenging. As a result, caregivers may struggle with secondary trauma and ultimately experience burn out. Most people have coping skills they can use when stress becomes overwhelming. Calling upon the strategies that have worked in the past is a good place to start. It is important to remember that everyone needs to be replenished to keep giving of themselves. There are many ways to restore the balance when it is upset. Consider physical, mental, emotional, and spiritual self-care strategies. Find the ways that work for you.

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If you have any questions about the OMH program, please contact:

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