

## Trauma Screenings and Assessments for Children in Foster Care

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*The impact of childhood trauma can last a lifetime. The assessments used in the child welfare system should be improved to ensure children in the system are more quickly matched with the services they need to heal, are more often placed in appropriate settings and are not assessed and reassessed at great cost when doing so is not warranted.*

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Trauma associated with child maltreatment affects many parts of a child's life, from behavior and emotions, to relationships, beliefs about the world, ability to concentrate and succeed in school, and physical and mental health.<sup>1</sup> In addition to whatever form of abuse or neglect foster children may have experienced prior to entering foster care, removal from home is itself a painful and potentially traumatic experience. Yet not all kids entering the child welfare system receive the type of trauma-informed assessment that leads to helping kids recover from the experiences they've been through. While our state has made great advances in promoting trauma-informed services through passage of SB 219, in order to maximize the opportunities for connecting children to trauma-informed services, exposure to trauma should be assessed as part of a thorough, uniform assessment process upon children entering the foster care system.

### **Trauma and Misdiagnosis:**

- Most children entering the foster care system have experienced trauma due to abuse or neglect
- Children who enter the foster care system are additionally at risk of the potential trauma of removal from their home of origin
- Trauma-related symptoms often look like:
  - Attention Deficit/Hyperactivity Disorder
  - Oppositional Defiant Disorder
  - Bipolar Disorder
  - Anxiety Disorder
- Misdiagnosis can lead to delays in proper treatment and healing. Additionally stimulant medication used to treat ADHD may actually worsen trauma-related symptoms, including hyperactivity and difficulty sleeping.<sup>2</sup>

### **Behavioral Assessments in Child Welfare:**

In order to identify a child's needs, Child Protective Services (CPS) uses developmental, psychological, neurological, and psychiatric testing. These behavioral assessments are critical because judges, caseworkers, and providers use the information from these assessments to determine what services are needed, what medications should be prescribed, and appropriate placement for children.

*Unfortunately, these costly assessments lack standardization and quality control measures, and they do not include a screening for trauma exposure and associated symptoms.*

### **Improvements are needed to ensure:**

- Tools used in the assessment are trauma-informed to increase the likelihood of accuracy.
- The likelihood of inappropriate placement and insufficient or inappropriate service provision is minimized.
- The state's investment in assessments is maximized through the development of quality standards for the evaluation report.
- Children are not over-assessed due to inadequate front-end assessments that result in the need for subsequent assessments.
- The full scope of a child's bio-psycho-social needs is adequately assessed in the assessment.

#### **What will it cost Texas if we do not act this session:**

***On average, psychological and developmental assessments cost \$600 per assessment, and in 2011, the state spent more than \$13 million dollars on these assessments.***<sup>3</sup> Over-evaluating, under-evaluating and lack of quality control in the assessment process can lead to costly evaluations that do not necessarily provide the information needed to make good service and placement decisions. Appropriate placement and services are essential to preventing children from languishing in foster care and ensuring they thrive outside of the child welfare system.<sup>4,5</sup>

By improving front-end assessments, our state will be better equipped to provide foster children with a successful first placement – a major determinant of what a child's experience will be within the foster care system and later in life.

#### **How to Make It Happen:**

- **Make assessments accurate.** Trauma-informed assessments that consider the psychological and developmental consequences of exposure to traumatic events give a more accurate assessment than assessments that overlook how trauma might affect a child's state and development.
- **Make assessments comprehensive.** A multidisciplinary approach considers how different factors in a child's life interact, instead of using a single lens or person's perspective to make important decisions. Instead, teams of professionals, along with the child and appropriate caregivers and caseworkers, would have a role in informing service planning and placement.
- **Ensure assessments are useful.** Reports are helpful for their non-clinical audiences only when they have some level of analysis or recommendations of ways caregivers, including foster parents, educators, and case workers, can best meet a child's needs.
- **Standardize the assessments.** A menu of assessment tools should be developed and periodically updated to provide clinicians sufficient flexibility to select the most appropriate tool for each child, while also limiting approved tools to those proven to be effective. If follow-up assessments are needed due to a change in circumstances, they should be completed using a standardized format that builds upon initial assessment.

#### **Thinking about Costs**

In 2007, Texas spent \$32.4 million on mental health services for children in the child welfare system. Ensuring this investment is going towards connecting children in foster care to the *right* services and appropriate placements would bring down Texas' spending on long-term foster care, adult mental health, criminal justice, and substance abuse challenges in the future.

<sup>1</sup> "CWLA Statement on Optimal Child Welfare Service Delivery". (Child Welfare League of America), <http://www.cwla.org/advocacy/financingoptimaldeliv.htm>.

<sup>2</sup> Eth S. (editor): PTSD in Children and Adolescents (Review of Psychiatry Series, vol. 20, no. 1; Oldham JM and Riba MB, series editors), Washington, DC

<sup>3</sup> HHSC cost analysis of Texas Medicaid Assessments Among Foster Care Children, FY 2010-2011.

<sup>4</sup> *Fostering the Future: Safety, Permanence and Well-Being for Children in Foster Care*, (Washington, DC: The Pew Commission on Children in Foster Care, May 2004).

<sup>5</sup> *Children, Families, and Foster Care: Issues and Ideas*, (Los Altos, CA: The Future of Children, The David and Lucile Packard Foundation, 2004).