

TRAUMA-RELATED NEEDS

Many children in care are described by their difficult behaviors, and they are often blamed for their placement disruptions because of their behavior. They are called angry, defiant, uncommunicative, self-harming, or untrusting. Usually insufficient supports have been provided to caregivers and families to meet the needs behind the child's behaviors. What is the behavior telling us about their needs? Developmental needs—for example, speech, school success, or peer relationships—are easier to articulate than trauma-related needs. Unmet trauma-related needs are the source of many difficult behaviors in children in care. They may have a long history of trauma, especially disrupted caregiving, multiple losses and exposure to violence—but the connection between their trauma and their behaviors is seldom made.

- The loss of everything familiar causes a range of difficult behaviors in children, even when they are placed in an experienced and loving foster home or kinship home.
- Every move affects the child: disrupted caregiving in younger children interferes with many aspects of development and in older children contributes to relationship problems and school difficulties
- Many children experienced abuse, loss, exposure to violence and other trauma before being removed that contribute to a range of difficult behaviors (some of which may have been occurring for years)
- Emotion regulation needs, attachment needs, and self-esteem needs are usually connected to trauma

When we ask “What is your hunch about a trauma-related need behind this behavior?” we guide the writing of a strong child need statement. The trauma-related need should be:

SPECIFIC TO THIS CHILD

“She needs to feel safe or secure” or “He needs a secure attachment” is a universal need of children. Most caregivers believe they are keeping the child safe and secure. We guide by asking, “What does safe or secure look like for this child specifically?” For a neglected toddler described as irritable and clingy, the trauma-related need might be *“To have consistent, warm responses when he is held or played with or looks at an adult.”*

An effective trauma-related need statement must tell everyone in the child's life specifically what to do to meet that need. A needs statement like “needs parents who understand how domestic violence has traumatized their child” will probably lead to denial by the parents, and others in the child's life will think this need does not apply to them. Instead, a trauma related need for an elementary school age child could be, *“To not hear his parents argue or be criticized.”* His parents will require support to learn how to meet this need. A relative caregiver must also recognize that they will meet this need, both by not criticizing his parents and by monitoring his FaceTime with his parents.

WORDS EVERYONE CAN UNDERSTAND

“He needs to regulate his emotions” and “When she is distressed, she needs to not go into fight or flight mode” are jargon. Many caregivers and families will not know what they can do to meet these common needs of traumatized children. She needs *“To learn to calm herself”* is an improvement, but we can make that non-jargon need statement more specific by asking “What does help with self-calming look like for this child?” For young children, the adult caring for them provides the emotion regulation. This child needs *“To be calmed by rocking, singing, and being held in a soothing way.”* Consistent response by the caregiver subtly teaches the developing child to calm herself. This is why moving children under 2 years old has such long-lasting trauma: they are in the delicate process of learning to soothe themselves, and they have a new caregiver who calms them differently and only gradually attunes to them. For toddlers, the adult labeling the child’s feeling and being immediately soothing continues to support the development of the child’s self-calming. For example, the 2-year old scrapes a knee and their caregiver uses calming words and labels their feelings while putting on a band-aid. The 3-year old is sobbing and/or hits another child who takes their toy and the caregiver uses calming words and labels their feelings while distracting the child with another toy. This is a typical part of childrearing, but traumatized toddlers often have almost constant elevated reactions that require more frequent and calmer responses from adults. This toddler needs *“To be immediately soothed by loving touch, a label for their feeling, and reassurance as they calm down.”* The caregiver will require assistance in understanding the frequency of this need (as a consequence of trauma) so they do not become impatient or exhausted. The older child with trauma-related emotion regulation difficulties needs *“To be confident their feelings are heard.”* Caregivers require guidance in emotion coaching for children with emotion regulation problems. Over and over the caregiver must be aware of their own feelings, pay close attention to the child’s emotions and not dismiss them: listen to the child, show understanding for the child’s feelings, and name the emotions in a soothing way. It takes a self-aware adult to be able to encourage emotional expression while setting limits on behavior. The child needs *“To have their feeling named without judgment, while their behavior (not what they feel) is redirected.”*

REFLECT VOICE & CHOICE FOR YOUTH, FAMILY & CAREGIVER

Children’s trauma-related needs are often prominent in Family Time when the child in care is visiting their parent. For the child who feels sad and confused (and sometimes angry) after being separated from everything familiar during removal, the trauma-related need might be *“To feel close to her Dad who she misses.”* This need is met by frequent and consistent time with her father. Her father might require assistance in meeting this need. He will feel sad about their separation, and support to put his feeling in the background so he can pay full attention to his daughter is important, especially snuggling or reading familiar books or playing with familiar toys. The foster parent or relative caregiver may require guidance to meet this need by (1) being positive about time with her father despite the caregiver’s views of him; (2) asking for and playing a video of the parent singing to the child; (3) displaying a picture of the child with her father.

Caregivers may require special support to meet trauma-related needs of children that can be challenging when there are several children in the home. For example, the child frightened of the dark because of past violence or abuse might need *“To be reassured when it gets dark.”* That need could be met by the relative caregiver or foster parent teaching the child relaxing habits before bed and having calming music or a night light in the bedroom. For some traumatized children this is a need that expresses itself in behaviors that caregivers find difficult to patiently respond to night after night. Pediatricians may prescribe medication to assist in meeting this need. This need might be met by the visiting parent bringing their child a stuffed animal to hold at bedtime.

Pre-teens and teens may understandably say they do not want to talk about past trauma. But trauma-related needs that are ignored will continue to drive behavior that can put the young person (and others) at risk. One approach that can be effective is to ask the young person what they want to change in their behaviors or in the way adults respond to their behaviors. The teenager might say, “They get so upset when I get angry” or “They tell me I react too fast to small things, but they just don’t know what I am going through.” This provides an opening to collaborate on a need that might begin with “The young person needs to have adults not get so upset over his/her anger or fast reactions” and might be refined to he/she needs “To say her feelings and calm herself down.” Hopefully, the young person would be willing to try working with a therapist to meet this need (who will provide trauma treatment) and intensive home-based supports can be provided to encourage the young person to use calming techniques learned in therapy in everyday situations and to the caregiver to reduce their reactions to the young person’s reactivity and give calm messages about self-soothing.

Children often can’t or don’t tell us about the trauma-related needs behind their behavior, and it can be challenging to figure out trauma-related needs. Caseworkers may think clinicians should identify trauma-related needs. Mental health staff may think child welfare has more information about the child’s trauma exposure and caseworkers should identify trauma-related needs. Furthermore, the continuing effects of trauma on a child—and particularly removal-caused trauma—are a painful subject causing secondary trauma among staff, and this may contribute to the absence of children’s trauma-related needs in court reports and treatment plans. Collaboration between child welfare and mental health in persevering as they ask the question, “What is the child telling us about their trauma-related needs with this behavior?” will result in needs that will guide crafting services for the child and supports for caregivers and family.

EXAMPLES OF TRAUMA-RELATED NEEDS

- *The child needs to learn to calm him/herself when worried*
- *The child needs to express sadness, hurt and anger from the past and feel heard*
- *The child needs to not feel that losses in the past were rejections*
- *The child needs to be reassured when fearful or worried*
- *The child needs to feel in charge of some things in his/her life*
- *The child needs to not be touched by someone she/he doesn’t want to be touched by*
- *The child needs to feel part of a family with her/his brothers/sisters & see them regularly*