



Trauma Informed Approach to Children in State Custody

Materials Needed: In order to get started you will need one open record from your caseload to complete each section.

Review and complete all five (5) sections.

Section I: Trauma and Loss Inventory

Below are some of the most common types of trauma and losses that children in the foster care system have experienced or been exposed to. For the open record that you have chosen, review the list and check off all the experiences that apply to your child. Enter the child's age (or age range) at the time the trauma occurred.

Experience	Yes/No	Age at time
Natural Disaster		
Serious accident		
Serious personal injury (physical assault, rape)		
Serious illness		
Death of a parent or other important adult		
Serious injury or illness of a parent or other important adult		
Death of a sibling		
Serious injury or illness of a sibling		
Death of a friend		
Serious injury or illness of a friend		
Witnessing serious injury or death of another person		
Separation/divorce of parents		
Witnessing interpersonal violence (domestic or community violence)		
Psychiatric illness in parent, caregiver, or close family member		

Alcohol or drug abuse in parent, caregiver, or close family member		
Physical abuse		
Exposure to sexual activities or others		
Sexual abuse		

Section II: Understanding Trauma’s Effects

Answer each question regarding the child you have identified

1. What are your child’s beliefs about self?

2. What are your child’s beliefs about caregivers?

3. What are your child’s beliefs about the world?

4. What things can you do to help your child feel safe, capable and loved?

Section III: Building a Safe Place

Answer each question

1. **What is your trauma-informed safety message to your child?**

2. **What are your child’s trauma reminders and reactions?**

Section IV: Connections and Healing

List 5 identified connections in your child’s life

Name	Role in child’s life	Relationship with child

Section V: Next Steps

What steps can you take to help your child...

- 1. **Feel safe when talking about trauma?**

- 2. **Build connections across the disruptions in his or her life?**

- 3. **Look positively toward the future?**

Verification of Completion	
Participants Signature:	Date:
Supervisor's Signature:	Date: