

Chapter 3

3



TEXASCASA
Court Appointed Special Advocates
FOR CHILDREN



We do not believe in ourselves until someone reveals that deep inside us something is valuable, worth listening to, worthy of our trust, sacred to our touch. Once we believe in ourselves we can risk curiosity, wonder, spontaneous delight or any experience that reveals the human spirit."

– e. e. cummings

Chapter 3: Trauma, Resilience and Communication Skills

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PRE-WORK INSTRUCTIONS

1. Read pages 126-141, “Understanding Child Trauma” through “Initial Case Notes for the Black-Smith Case.”
2. Watch “Shane’s Digital Story” video at www.learn.texascasa.org.
3. Watch “CASA/GAL Sample Interview: 4-Year-Old Child Part 1” video at www.learn.texascasa.org and take notes as instructed.
4. Watch “First Impressions: Exposure to Violence and a Child’s Developing Brain” video at www.learn.texascasa.org.
5. Complete the assignment “Preparation for Interviewing a Child.”

Understanding Child Trauma

According to the National Child Traumatic Stress Network, child trauma occurs when a child witnesses or experiences an event that poses a real or perceived threat to the life or well-being of the child or someone close to the child.

Examples of child trauma could include:

- Witnessing domestic violence
- Experiencing physical or sexual abuse
- The death or loss of a loved one
- Being in an automobile accident
- Being present for a life-threatening natural disaster or a war
- The experience of being removed from your family by CPS

The traumatic event often causes feelings of fear, helplessness or horror that the child may express in a variety of ways. Overall, the child isn't able to cope with the intense feelings and becomes overwhelmed by the event.

TYPES OF TRAUMA

Trauma may be described in one of four ways. Each describes how often or to what level the person experiencing the trauma is affected.

- **Acute Trauma:** A single incident that is limited in time (e.g., a car accident). The effects may include physical and emotional stress leading to feelings of being overwhelmed.
- **Chronic Trauma:** Repeated traumatic events (e.g., witnessing recurring domestic violence between parents over several years). Because of the recurring and long-standing nature of chronic trauma, the effects can be cumulative and build up over time. Children at this level are often more vulnerable to everyday stress and have diminished ability to cope.

- **Complex Trauma:** Includes both the exposure to chronic trauma and the lasting impact the trauma has on the child's well-being. Complex trauma usually begins when a child is very young (under the age of 5) and often is a part of a child's relationship with a caregiver (e.g., physical abuse by a parent).
- **Historical Trauma:** A personal or historical event that causes emotional and psychological injury and can be transmitted from one generation to the next (e.g., racial trauma such as slavery or forced placement in boarding schools; transgenerational trauma such as sexual abuse that happens in several generations of a family).

By the time children are involved in the child protection system, they have often experienced chronic and complex trauma, often at the hands of the people entrusted with their care.

UNDERSTANDING HOW TRAUMA AFFECTS CHILDREN

Children are affected by traumatic events they've witnessed or experienced in numerous ways. Two children may have very different reactions to the same traumatic event. The way a child is affected may depend on any or all of the following:

- The child's age or developmental stage
- The child's perception of the danger faced
- Whether the child was a victim or a witness
- The child's relationship to the victim or perpetrator
- The child's past experience with trauma
- The adversities the child faces following the trauma
- The presence and/or availability of adults who can offer help and protection

NCTSN, Child Welfare Trauma Toolkit, January 2013

Understanding Child Trauma

For many children, exposure to traumatic events may have long-term consequences that can affect behavior, school performance, participation in high-risk behavior, health problems and relationship difficulties.

For young children unable to communicate emotions associated with experiencing trauma, the effects may be manifested as physical tension or health complaints.

CULTURAL CONSIDERATIONS

It is important to understand the cultural background of a child when assessing a child's trauma history. Culture can influence how the trauma is experienced by the child. The way a child or family interprets the meaning of the trauma will influence how they respond to the traumatic stress. Because some families' interpretations may differ from yours, it is best to ask children and families about what the traumatic experience means to them.

WHAT A CASA/GAL VOLUNTEER CAN DO

Exposure to trauma can have lasting impacts on children, affecting their behavior, worldview and sense of safety. In your role as a CASA/GAL volunteer, working with children who have experienced trauma, it is important that you treat them as individuals, rather than seeing them as victims of the traumatic event.

Because the children you will work with may have long histories of trauma, it's important that you consider their past experiences. While your work may initially focus on the event that brought a child into the child protection system, you may consider requesting or recommending that the child have a trauma screening and participate in trauma-informed therapy. Consider that what others are seeing as misbehavior or lack of age-appropriate development may be trauma-related.

Trauma screenings or assessments are most often completed by therapists or clinicians to screen for a child's history of exposure to traumatic events and can help all involved understand the child's behaviors in the context of their life's experiences. You must have frequent communication with therapists and others involved in the

treatment of the child. However, you have to observe boundaries and make sure you do not try to provide or direct therapy. Because some therapeutic providers that contract with CPS do not specialize in trauma, it is important to advocate for your child to work with a **trauma-informed therapist** in order to ensure that the child is receiving appropriate support.

Parents within the system will often have their own unresolved trauma histories, which may have contributed to their circumstances. It may be appropriate for the parent to undergo a trauma screening as well. Viewing the parent's behaviors and/or the child's reactions in the context of their trauma histories is integral to having compassion and understanding for their situation.

QUESTIONS TO ASK

The following questions can help you determine whether to recommend an assessment for a child or a parent:

- Has the child experienced early and repeated exposure to overwhelming events in the context of a caregiver/family setting or in the community?
- Is the child showing persistent difficulties in relationships with others?
- Does the child have difficulty regulating his/her physical states and feelings, such as sleep, eating, sensory processing or expressing emotions?
- Is the child having difficulty controlling his/her behavior, sometimes appearing hyperactive, engaging in risky behaviors or not following rules?
- Is the child having difficulty with sustaining attention, concentration or learning?
- Does the child have multiple mental health diagnoses without one diagnosis explaining all of their symptoms?

Secondary Trauma, Self-Care and the CASA/GAL Advocate

It's not just children in foster care who need support and healing time to process their trauma. Everyone involved in the child welfare system is exposed to trauma in some way, as the nature of the work is deeply affecting and difficult. Secondary trauma, also known as vicarious trauma, secondary PTSD and, in milder cases, compassion fatigue, can affect anyone, and it is not ever a sign of personal weakness. Secondary trauma can show up in the form of nightmares, excessive anxiety and preoccupation, dissociation, depression, a feeling that you can never do enough, intrusive thoughts or triggers from your own history being activated and causing distress.

Pay close attention to your own emotional well-being as you work your CASA case. Prioritize self-care and community. Make sure that you are getting enough sleep, nourishing food, connection with others, and support. Reach out to your supervisor if you feel overwhelmed. It is perfectly acceptable to ask for a break or to volunteer in another capacity if emotional distress is heightened too greatly for you to do the best job. There is nothing wrong with admitting this; it can be a natural response to the work for some people. Above all, take care of yourself.

Clear Communication and CASA/GAL Volunteer Work

You will come into contact with many people as you gather information and monitor a child's case. Relationships characterized by respect and credibility will assist you in doing your job. Respect is earned as others on the case see your commitment to the child and to your role as a CASA/GAL volunteer. Credibility is established when you do what you say you will do in a timely manner, when you make recommendations built on well-researched and independently verified information and when you maintain your proper role as the child's advocate.

Effective communication is critical to your ability to advocate for children. Good communication requires:

- Self-awareness
- Sensitivity
- Skills

Understanding the basic elements of communication can increase your skills in gathering the information you need to successfully advocate for a child.

COMMUNICATION BASICS

Effective communication is critical to your ability to advocate for children.

Communication is defined as an interchange or an exchange of thoughts and ideas.

Often the message a person intends to send is not the message that is received. What is said can be interpreted differently depending on the receiver's understanding of the words and the nonverbal cues that accompany the words.

Communication has three components:

1. The **verbal component** refers to the actual words spoken.
2. The **nonverbal component** refers to gestures, tone of voice and other unspoken means of conveying a message. The nonverbal code can easily be misread.
3. The **feelings component** refers to the feelings experienced as a result of the communication.

While the verbal and nonverbal can be observed, feelings are not easy to observe. Whenever there is a discrepancy between the verbal, the nonverbal and the feelings components of a message, the receiver of the message will be confused and tend to believe the nonverbal.

As a CASA/GAL volunteer, you will communicate with children, their families and professionals involved in the case, among others. It is important that you deliver messages that are consistent in all three components of communication. You must also train to listen for meaning, which requires three sets of ears—one set for receiving the spoken message, one for receiving the silent message(s) conveyed and one for receiving the feelings of the sender.

Adapted from "Learning to Listen to Trainees," Ron Zemke, and "Learn to Read Nonverbal Trainee Messages," Charles R. McConnell.

CULTURAL CONSIDERATIONS

There are differences in nonverbal communication from culture to culture. Hand and arm gestures, touch, proximity and eye contact (or lack of) are a few of the aspects of nonverbal communication that may vary depending upon cultural background. For example, in various cultures:

- Pointing with one finger is considered to be rude.
- Patting a child's head is inappropriate.
- Direct eye contact is thought to be disrespectful.
- Handshakes between men and women are questioned.

If a case involves a family with a culture distinct from an advocate's, the advocate should read and study about that culture's communication dynamics.

Asking the Right Questions

Open-ended questions invite others to engage in a dialogue with you. In your work as a CASA/GAL volunteer, using open-ended questions allows children and adults to give more thoughtful answers since these questions cannot be answered with a simple yes, no or other one-word answer. Sometimes open-ended questions are phrased as a statement that requires a response (for example, "Tell me about . . ." or "Describe for me . . .").

- ▶ Examples of open-ended questions:
 - For child: "Please describe what your morning is like from the time you wake up until you go to school."
 - For adult: "How did your family come to be involved with the court system?"

Closed-ended questions are useful when you are trying to obtain factual information. They can be answered with a simple yes or no, or with a single word or short phrase.

- ▶ Examples of closed-ended questions:
 - For child: “Is your aunt still living nearby?”
 - For adult: “How many times has Johnny been to the emergency room this month?”

Clarifying questions are used to gather additional details or clear up any confusion.

- ▶ Examples of clarifying questions:
 - “I didn’t understand the phrase you just used. Could you explain it?”
 - “You mentioned someone named James. What is his relationship to the child?”

Do not ask leading questions! A leading question is one that suggests a desired answer.

- ▶ Example of a leading question:
 - “Your favorite weekends are spent with your dad, right?”

Leading questions are never appropriate in any CASA/GAL volunteer interview.

OPEN-ENDED VS. CLOSED-ENDED QUESTIONS

More Examples

Closed-Ended Question for a Child:

- Do you want to live with your mother or your father?

Open-Ended Question for a Child:

- Who would you like to live with?
- Who do you think you’d be happiest living with?

Asking the Right Questions

Closed-Ended Question for a Parent:

- Do you feel happy?

Open-Ended Question for a Parent:

- How have you been feeling lately?
- How are you doing emotionally?

Closed-Ended Question for a Child:

- Does your mom leave you alone at night a lot?

Open-Ended Question for a Child:

- Tell me what it's like at home at night.
- Who is around when you're at home at night?

Closed-Ended Question for a Parent:

- Do you understand the difference between a CASA/GAL volunteer and a caseworker?

Open-Ended Question for a Parent:

- Tell me your understanding of my role as a CASA/GAL volunteer.
- How do you think my role is different from that of the caseworker?

In your role as a CASA/GAL volunteer, you will have the chance to interview many people related to a case: the child, the parent(s), other relatives, the child's teacher, medical professionals, the caseworker and so on. Because you may have a limited amount of time to seek information and interview everyone you deem necessary before your first hearing or report is due, it is important that you make the best possible use of interview time by determining what information is needed and crafting questions to ask ahead of time.

The interview is a powerful tool in your CASA/GAL volunteer toolbox and should be guided by you, the fact-gatherer. CASA/GAL volunteer interviews are neither friendly chats nor inquisitions. The structure of the interview should be non-threatening. Start with comfortable material and lead to more sensitive areas. You may face the tendency to turn the interview into a personal conversation, but keep in mind that it is possible to make someone feel at home and to show an interest in them while still presenting yourself as a professional.

Keep the interview focused. It is rarely appropriate to discuss your personal life or your past experiences. Never discuss your own attitudes or biases. Your goal is to gather enough information, in a respectful manner, to produce a factually sound, insightful report and recommendations for the court.

BASIC TIPS FOR A PRODUCTIVE CASA/GAL INTERVIEW

1. Focus on communicating an empathetic, accepting and non-judgmental demeanor.
2. Observe gestures, expressions and other forms of nonverbal communication.
3. Make notes about the environment. Does the room contain family photos, toys and so on?
4. Prepare questions beforehand, but be flexible, asking clarifying questions as needed.
5. Do not ask leading questions. A leading question assumes a point of view on your part.
6. Listen to understand. Be careful not to interrupt.
7. Do not expect to gather all the information needed in one conversation.
8. Communicate that you are actively listening with phrases such as "Okay," "Go on," or "Please continue" or by allowing five seconds of silence.

Asking the Right Questions

9. Check to make sure you understand what the speaker is trying to convey, using phrases such as “What I’m hearing is . . .” or “It sounds like you are saying . . . Is that right?”
10. As always, remember to check any assumptions you may have made based on this person’s cultural background, socioeconomic class, immigration status, religion, sexual orientation or other identity characteristic. Approaching every interaction with an open mind and a respectful attitude is critical to unbiased advocacy.

INTERVIEWING CHILDREN

As a CASA/GAL volunteer, you do not directly ask a child about incidents of abuse. A professional forensic interviewer, trained social worker, or police officer will handle those inquiries as a part of an investigation. A badly conducted interview of a child-victim can alienate, upset and re-traumatize the child.

Your role as a CASA/GAL volunteer is to get a sense of a child’s past and current circumstances and how the child is doing now. Some children can talk about their situations and their wishes, but other children do not have sufficient verbal and developmental skills to express themselves. For that reason, fact-based observations about a child are important to your role in gathering information about a case.

The Center for Problem-Oriented Policing (POP) website states that common errors in interviewing children include reinforcing certain answers, relaying what others believe about the allegation, and asking complicated questions. They advise the following:

- Make the interview setting child-friendly
- Recognize the developmental capabilities of children of different ages
- Always remain patient
- Avoid “why” questions and focus instead on clear, open-ended questions
- Make efforts to offset any guilt the victim may experience for “causing trouble”

During the initial part of the interview, focus on helping the child feel comfortable and relaxed. Introduce yourself and explain your role and why the interview is taking place. This is a good time to play an age-appropriate game. It is important to remember that what you observe may raise questions about the child and the child's life. Be careful not to misinterpret a child's play or take their words literally. As a CASA/GAL volunteer, you do not want to reach conclusions based on any one piece of information. Information that emerges in play needs to be corroborated by other sources.

In the article "Interviewing Children," Rosemary Vasquez suggests that since you cannot "interview" infants, CASA/GAL volunteers should consider the following:

- What does direct observation of the child tell you?
- What do you observe about the child relating to parent(s), caregivers, siblings and strangers?
- What is the infant's affect?
- Does the baby make eye contact or avoid eye contact?
- How does the parent relate to the child and vice versa?

This type of "interview" with an infant and parent should provide you with a sense of whether the parent provides the child with appropriate stimuli, enhances the security of the child, and meets the child's physical and emotional needs.

Ideas for Interviewing Children

1. Ask a child a question or two to which you know the answer. Such questions can help you determine the competence level of a younger child and/or an older child's willingness to tell the truth.
2. Establish parameters to obtain more accurate information. For example, you might ask a child, "Was it bigger than a football?", "Did it happen before the school bus came?" or "Was there snow on the ground?"
3. Break questions down into parts to help a child remember more detail. Just asking a child, "What happened?" may not elicit a useful answer.
4. If you think a child has been coached, you may want to end the interview with this question: "Is there anything else you are supposed to tell me?"
5. Let the child tell their story. Listen.

Adapted from Lucas County, Ohio CASA/GAL.

Assignment: Preparation for Interviewing a Child

In order to enhance your interviewing skills as a CASA/GAL volunteer, think about how you will go about conducting interviews. Mentally choose a child between the ages of 5 and 17 and prepare interview questions. Review the child development information for the age of the child you choose to make sure your questions are age-appropriate. Please bring the following interview preparation worksheet to class with you.

You do not need to actually interview a child for this assignment.

INTERVIEW PREPARATION WORKSHEET

Age of child to be interviewed: _____

How do you plan to introduce yourself to the child and state the purpose of your meeting?

Write five age-appropriate questions for the interview.

1. _____

2. _____

3. _____

4. _____

5. _____

How would you close the interview?

Initial Case Notes for the Black-Smith Case

CPS Case File					
Last Name of Case: Black/Smith			Legal Number(s): 3AN-15-154/155		
Child(ren)'s Name	DOB	Age	Ethnicity	Sex	Current Location
Tammy Black	9/1	6	White	F	Foster Care
Grace Smith	8/19	4 months	White	F	Foster Care

Current Caretaker(s)	Address	Phone
Foster Parents: Linda and Dave Gilbert	4206 Front Street	682-555-4413

Attorneys for:		
Mother	Megan Miller	682-555-9894
Father	Ben Bryant	817-555-1337
CPS	Heather Stafford	682-555-7344
Child	Amelia Reynolds	682-555-0201

Case History
<p>Sept 15: Six-year-old Tammy made a call to 911 due to domestic violence in the home. Police found two children on the scene (Tammy, age 6; Grace, 4 months) and removed the children from the home based on evidence at the scene, including parents too inebriated to provide a safe home for their children, and mother's bruises and bleeding as a result of a fight between her and her husband. The father, Alan Smith, was arrested on DV charges. CPS was notified, and the children were placed together in emergency foster care.</p> <p>Sept 22: Tammy and Grace were moved from the emergency foster care placement and placed with licensed foster parents Linda and Dave Gilbert. Foster parents reported that upon arrival, Tammy cried the first six hours and was inconsolable.</p>

Case History continued
<p>Sept 25: Due to where the new foster home is located, Tammy was moved to a new school. Linda reported this change has been very difficult for Tammy.</p> <p>Sept 29: Following an initial hearing, parents were ordered to receive drug/alcohol screenings, attend any recommended substance abuse treatment programs and provide random urinalysis. The biological father of Tammy is deceased. Mr. Smith, Grace's biological father, was ordered to attend a domestic violence program. The mother, Frances Smith, was ordered to attend domestic violence survivors' program.</p> <p>Nov 29: Parents stipulated to adjudication, thereby acknowledging the issues are substance abuse, physical abuse and anger management.</p>

CASA History	Person(s)	Date Assigned	Date Terminated
Case Initially Assigned to:	You and your team	Today	N/A
Current CASA Volunteer:	You and your team	Today	
CASA Supervisor:	Jessica Clarkson	9/17	
CPS Social Worker:	Becky Howard	9/15	

Court-Ordered Services
<p>For the Child:</p> <ul style="list-style-type: none"> • Educational needs met as appropriate
<p>For the Father:</p> <ul style="list-style-type: none"> • Drug/alcohol screening and substance abuse treatment • Domestic violence program
<p>For the Mother:</p> <ul style="list-style-type: none"> • Domestic violence survivors' program

END OF PRE-WORK FOR CHAPTER 3

Self-Care and the Feelings Thermometer

As you begin to explore the topic of trauma, be aware that your feelings about any personal trauma you or someone you are close to has experienced may be heightened. It is good and appropriate to pay attention to your feelings. Make taking care of yourself emotionally a priority. We can only do good advocacy by being in touch with ourselves and caring for our wellbeing. Being a CASA/GAL advocate is a job that evokes many emotions. Share them with others in the training room, or with your supervisor—don't carry them alone.

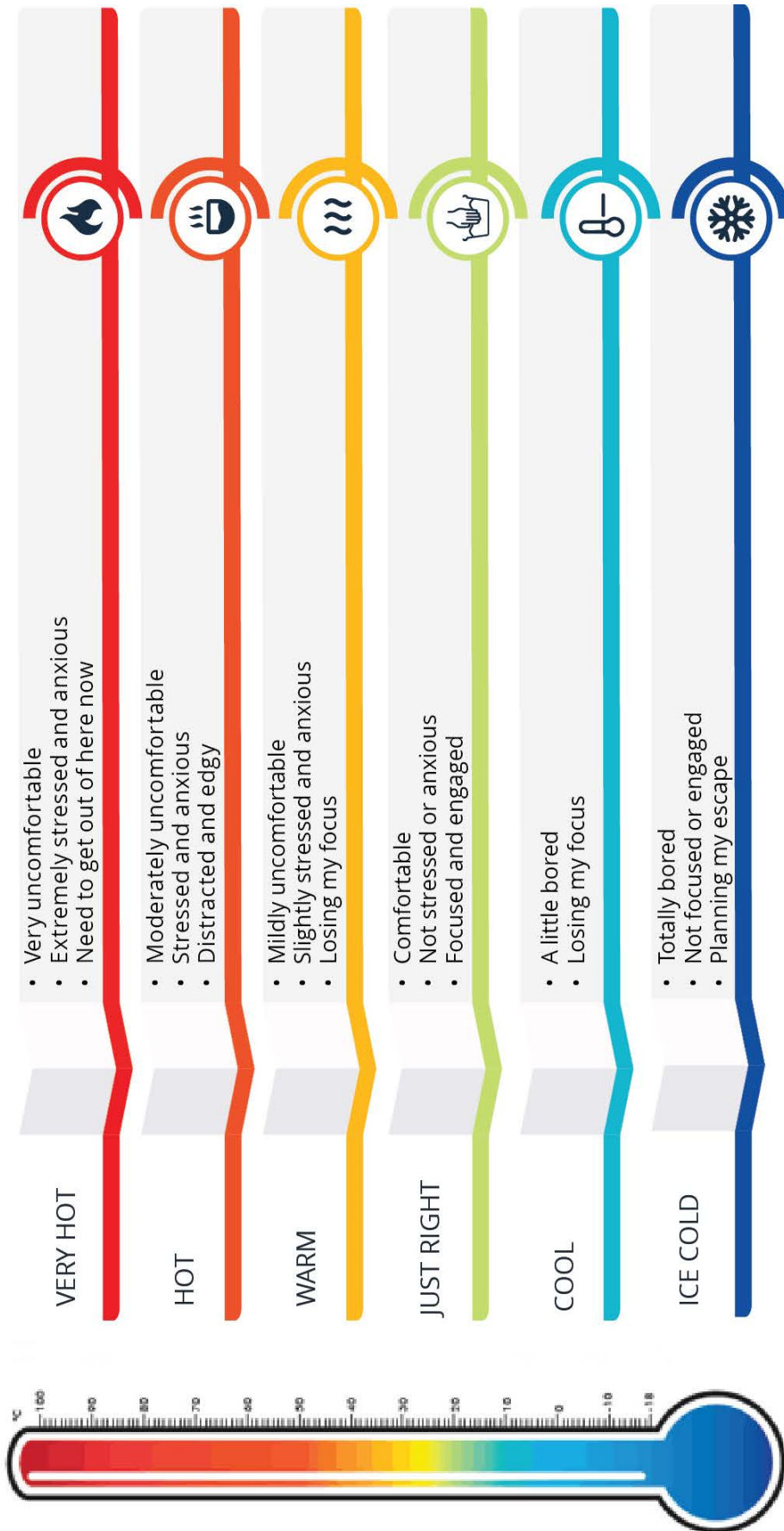
THE FEELINGS THERMOMETER

The National Child Traumatic Stress Network (NCTSN) has developed the concept of a “feelings thermometer” to gauge your “emotional temperature” or response to what you're learning about. In their training for parents caring for children who have experienced trauma, NCTSN writes:

“The Feelings Thermometer . . . [can] make you more aware of the topics or situations that push your buttons, and how you react when your buttons are pushed. With this awareness, you may be able to anticipate situations that are going to raise your emotional temperature, and come up with a game plan for coping with them. When your Feelings Thermometer goes way up, that means you're feeling stressed, anxious, and feel the need to escape. You also may find that when you become very uncomfortable, you “space out” and withdraw from the discussion. . . . [S]pacing out or withdrawing is something that traumatized kids do sometimes as well. What looks like boredom, or just not caring, or withdrawal can sometimes be a reaction to trauma.”

NCTSN, Caring for Children Who Have Experienced Trauma, February 2010.

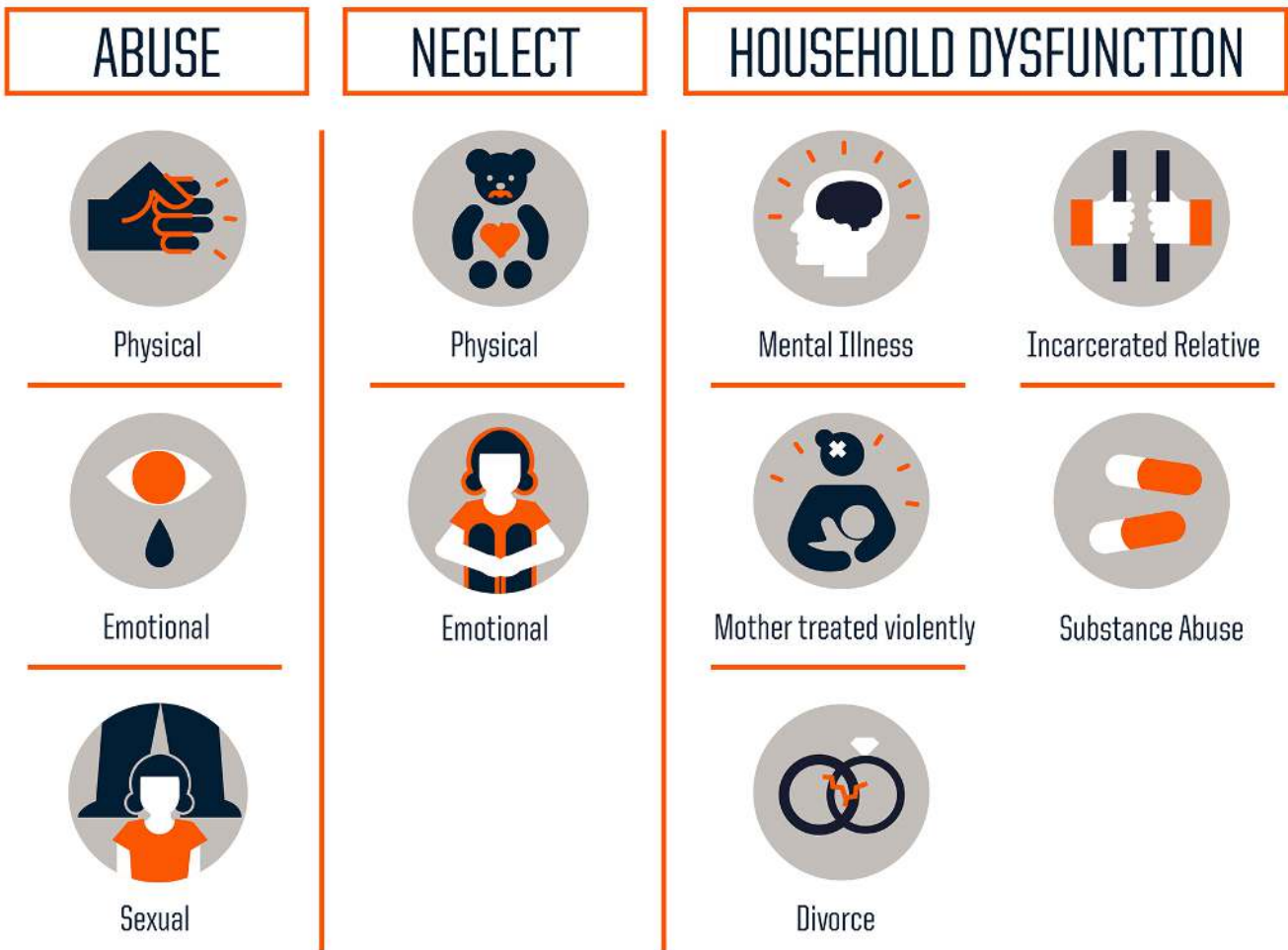
If you find that your “feelings thermometer” is running high and may be affecting your role as an advocate, please reach out for support from your CASA/GAL program staff.



The Long-Term Effects of Childhood Trauma

Childhood traumatic experiences affect us for life. We call these “Adverse Childhood Experiences,” or ACEs.

THREE TYPES OF ACES



Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation

FINDING YOUR ADVERSE CHILDHOOD EXPERIENCE (ACE) SCORE

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often or very often** swear at you, insult you, put you down, **or** humiliate you or act in a way that made you afraid that you might be physically hurt?
No Yes If yes, enter 1: _____
2. Did a parent or other adult in the household **often or very often** push, grab, slap, or throw something at you? Or **ever** hit you so hard that you had marks or were injured?
No Yes If yes, enter 1: _____
3. Did an adult or person at least 5 years older than you **ever** touch or fondle you or have you touch their body in a sexual way? Or attempt or actually have oral, anal, or vaginal intercourse with you?
No Yes If yes, enter 1: _____
4. Did you **often or very often** feel that no one in your family loved you or thought you were important or special **or** your family didn't look out for each other, feel close to each other, or support each other?
No Yes If yes, enter 1: _____
5. Did you **often or very often** feel that you didn't have enough to eat, had to wear dirty clothes, and had no one to protect you **or** your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
No Yes If yes, enter 1: _____
6. Were your parents **ever** separated or divorced?
No Yes If yes, enter 1: _____

The Long-Term Effects of Childhood Trauma

7. Was your mother or stepmother **often or very often** pushed, grabbed, slapped, or had something thrown at her? Or **sometimes, often, or very often** kicked, bitten, hit with a fist, or hit with something hard? Or **ever** repeatedly hit at least a few minutes or threatened with a gun or knife?

No Yes If yes, enter 1: _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

No Yes If yes, enter 1: _____

9. Was a household member depressed or mentally ill, or did a household member attempt suicide?

No Yes If yes, enter 1: _____

10. Did a household member go to prison?

No Yes If yes, enter 1: _____

Now add up your “Yes” answers: _____ This is your ACE Score.

The ACE score doesn't determine your past or future; it's meant as guidance. When used in the context of CASA/GAL work, it helps advocates understand the situations the children and youth they care for are facing. ACE scores don't measure the inner resources of the individual, the nurturing and positive experiences that may have mitigated the traumatic ones, and the strong loving relationships that may have protected against some of trauma's effects.

To learn more, check the CDC's ACE Study website at:
www.cdc.gov/violenceprevention/acestudy/index.html

Helping Youth Build Resilience

Considerable research has shown that child abuse and neglect increase the likelihood of developing problems later, but not all children subjected to lives of severe adversity go on to become dysfunctional adults. Some don't experience problems or do so to only a minor degree. This is resilience: the ability to become strong, healthy or successful again after something bad happens. Resilient people overcome the ravages of poverty, abuse, unhappy homes, parental loss, disability or any of the other risk factors known to set people on a difficult course in life.

Resilient children achieve normal development despite their experience of past or present adversity. Studies of resilient people have repeatedly identified the presence of certain protective factors: personal qualities, family, relationships, outlooks and skills that assist them in overcoming hardships and finding success. Helping children and youth in the child welfare system discover and/or develop some of these characteristics can significantly improve their chances for positive life outcomes.

THE SEVEN C's: THE ESSENTIAL BUILDING BLOCKS OF RESILIENCE

When we encounter stress in our lives, we tend to develop ways to overcome that stress or prevent it in the future. Over time, overcoming stress can be refined, practiced and improved, making us more resilient to adverse situations. Healthy ways of dealing with stress include fostering one of the "seven C's":

- **Competence:** When we notice what young people are doing right and give them opportunities to develop important skills, they feel competent. We undermine competence when we don't allow young people to recover themselves after a fall.
- **Confidence:** Young people need confidence to be able to navigate the world, think outside the box and recover from challenges.
- **Connection:** Connections with other people, schools and communities offer young people the security that allows them to stand on their own and develop creative solutions.
- **Character:** Young people need a clear sense of right and wrong, and a commitment to integrity.

Helping Youth Build Resilience

- **Contribution:** Young people who contribute to the well-being of others will receive gratitude rather than condemnation. They will learn that contributing feels good and may therefore more easily turn to others and do so without shame.
- **Coping:** Young people who possess a variety of healthy coping strategies will be less likely to turn to dangerous quick-fixes when stressed.
- **Control:** Young people who understand that privileges and respect are earned through demonstrated responsibility will learn to make wise choices and feel a sense of control.

Bottom Line #1

Young people live up or down to expectations we set for them. They need adults who believe in them unconditionally and hold them to the high expectations of being compassionate, generous and creative.

Bottom Line #2

What we do to model healthy resilience strategies for our children is more important than anything we say to them.

The Seven Cs are an adaptation from the Positive Youth Development movement.

Because a strong sense of connection is critical for both healthy development and resilience, one thing CASA volunteers can do to support children in healing from trauma and building resilience is to advocate for them to have as many relationships with healthy adults as possible. Check in proactively with your CASA supervisor for support around continuing your family-finding and family engagement efforts as you work your case, and explore resources in your community for connecting youth with mentors who can provide added connection and support.