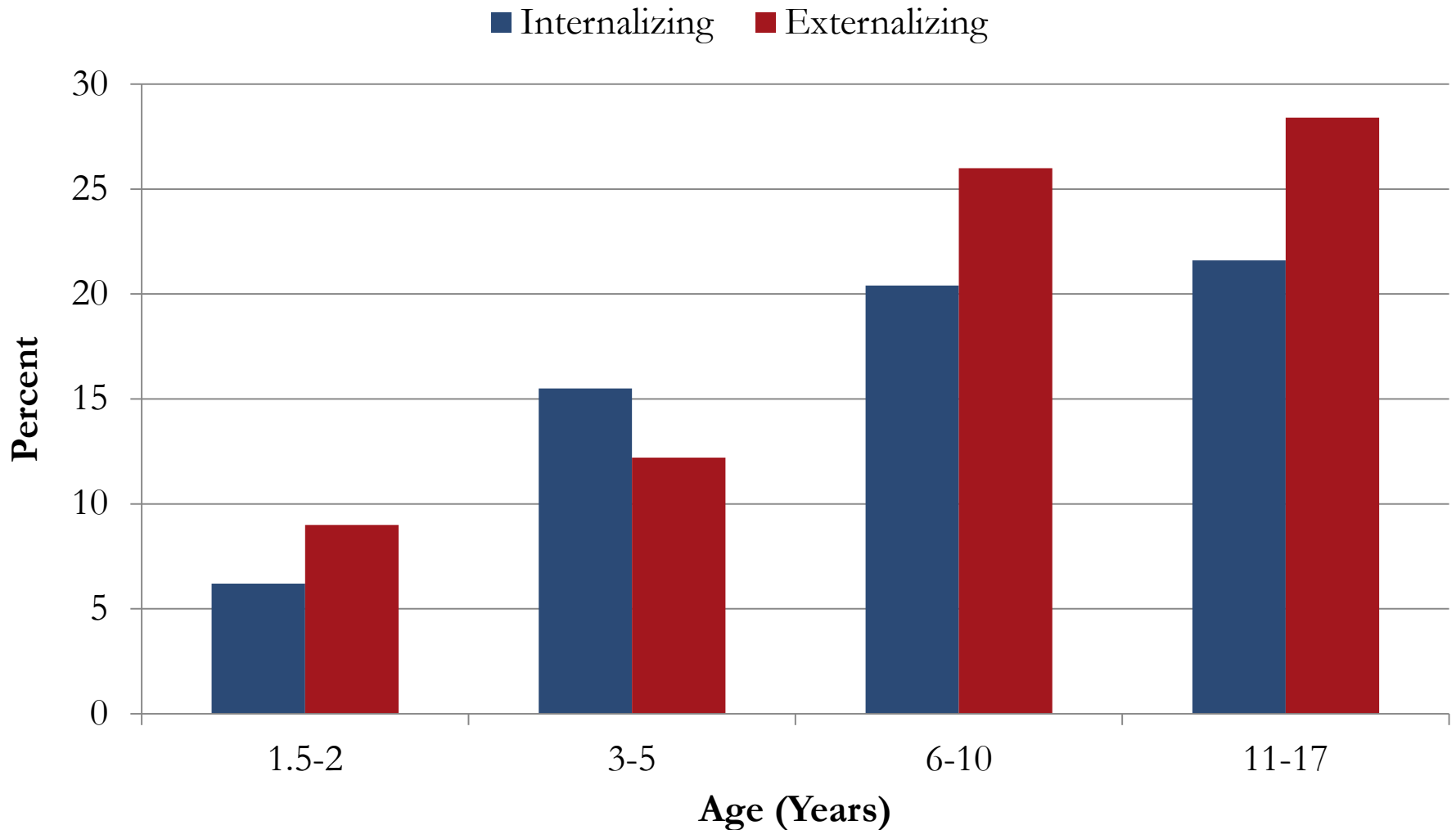


Optimizing Health: Addressing Social & Emotional Needs of Children in Child Welfare

**Bryan Samuels, Commissioner
Administration on Children, Youth and Families**



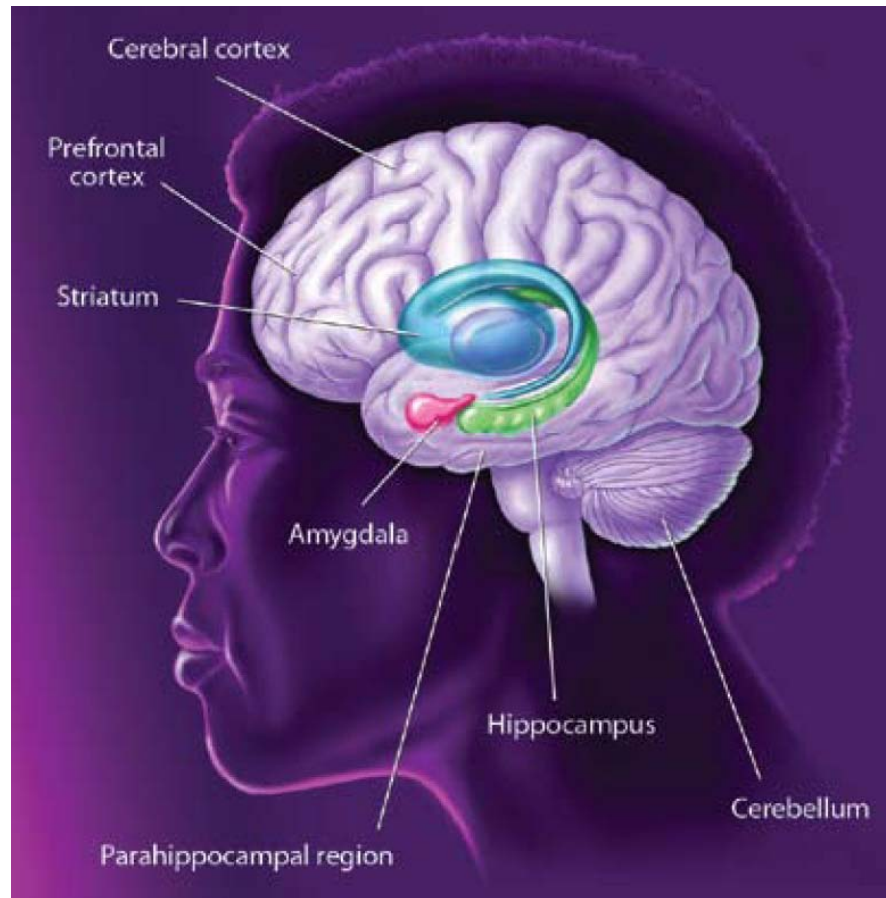
Clinical-Level Behavioral Problems among Children Known to Child Welfare



Behavioral Problems: Internalizing vs. Externalizing

- **Internalizing:** “Over control” of emotions, including social withdrawal, demand for attention, feelings of worthlessness or inferiority, and dependency. The Child Behavior Checklist has three scales for internalizing behavior: anxious, withdrawn, and somatic complaints.
- **Externalizing:** “Undercontrol” of emotions, including difficulties with interpersonal relationships, rule-breaking, and displays of irritability and belligerence. The Child Behavior Checklist has two externalizing scales: delinquent behavior and aggressive behavior.

Emotional, and Social Capacities Are Inextricably Intertwined Within the Architecture of the Brain



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Three Levels of Stress

Positive

Brief increases in heart rate,
mild elevations in stress hormone levels.

Tolerable

Serious, temporary stress responses,
buffered by supportive relationships.

Toxic

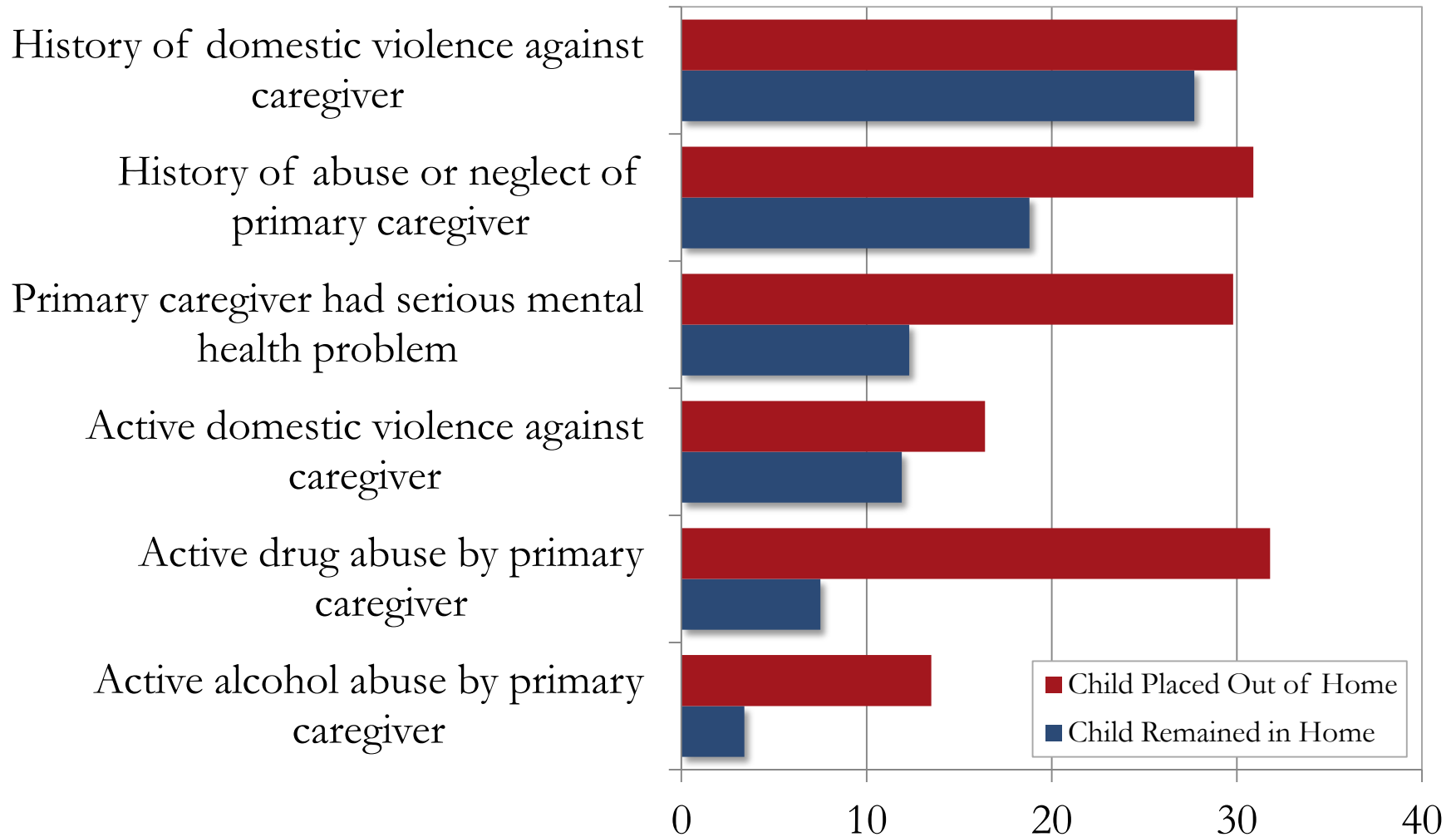
Prolonged activation of stress response systems
in the absence of protective relationships.

Administration for Children and Families

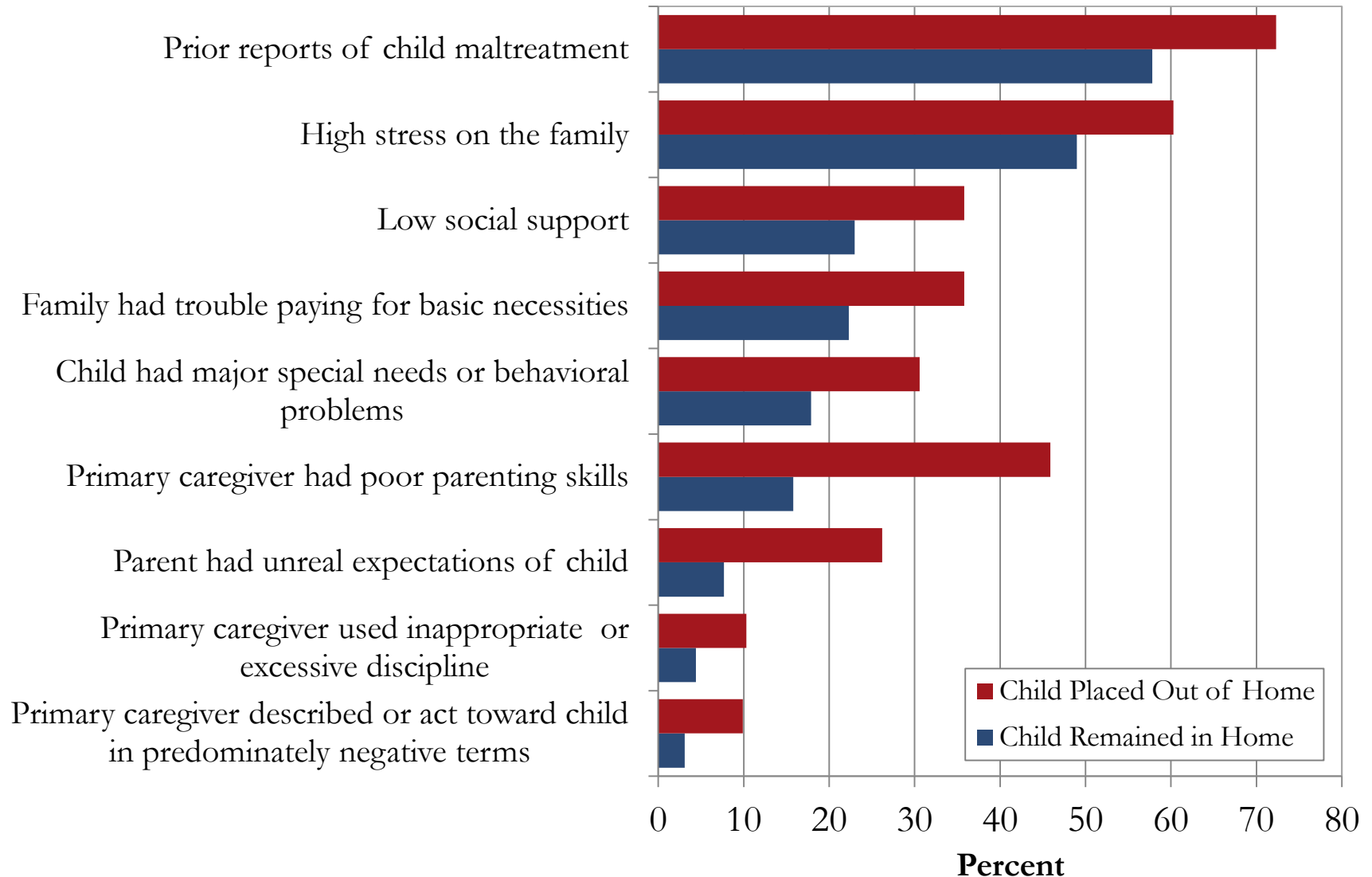


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Toxic Stress in Home of Children Involved in Child Welfare



Toxic Stress in Home of Children Involved in Child Welfare



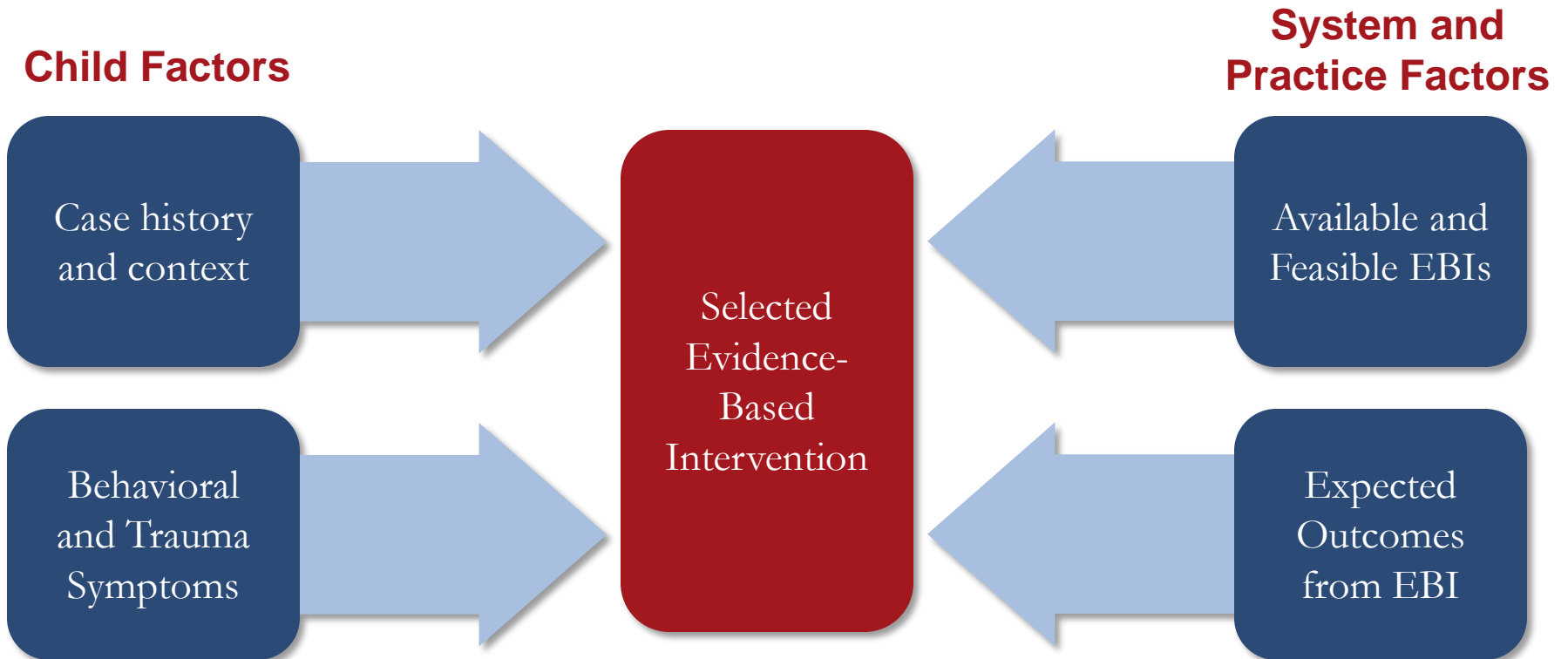
*“Simply removing a child from a dangerous environment will not by itself undo the serious consequences or reverse the negative impacts of early fear learning. There is no doubt that children in harm’s way should be removed from a dangerous situation. However, **simply moving a child out of immediate danger does not in itself reverse or eliminate the way that he or she has learned to be fearful.** The child’s memory retains those learned links, and such thoughts and memories are sufficient to elicit ongoing fear and make a child anxious.”*

National Scientific Council on the Developing Child (2010). *Persistent Fear and Anxiety Can Affect Young Children’s Learning and Development: Working Paper No. 9.* Retrieved from www.developingchild.harvard.edu (emphasis added)

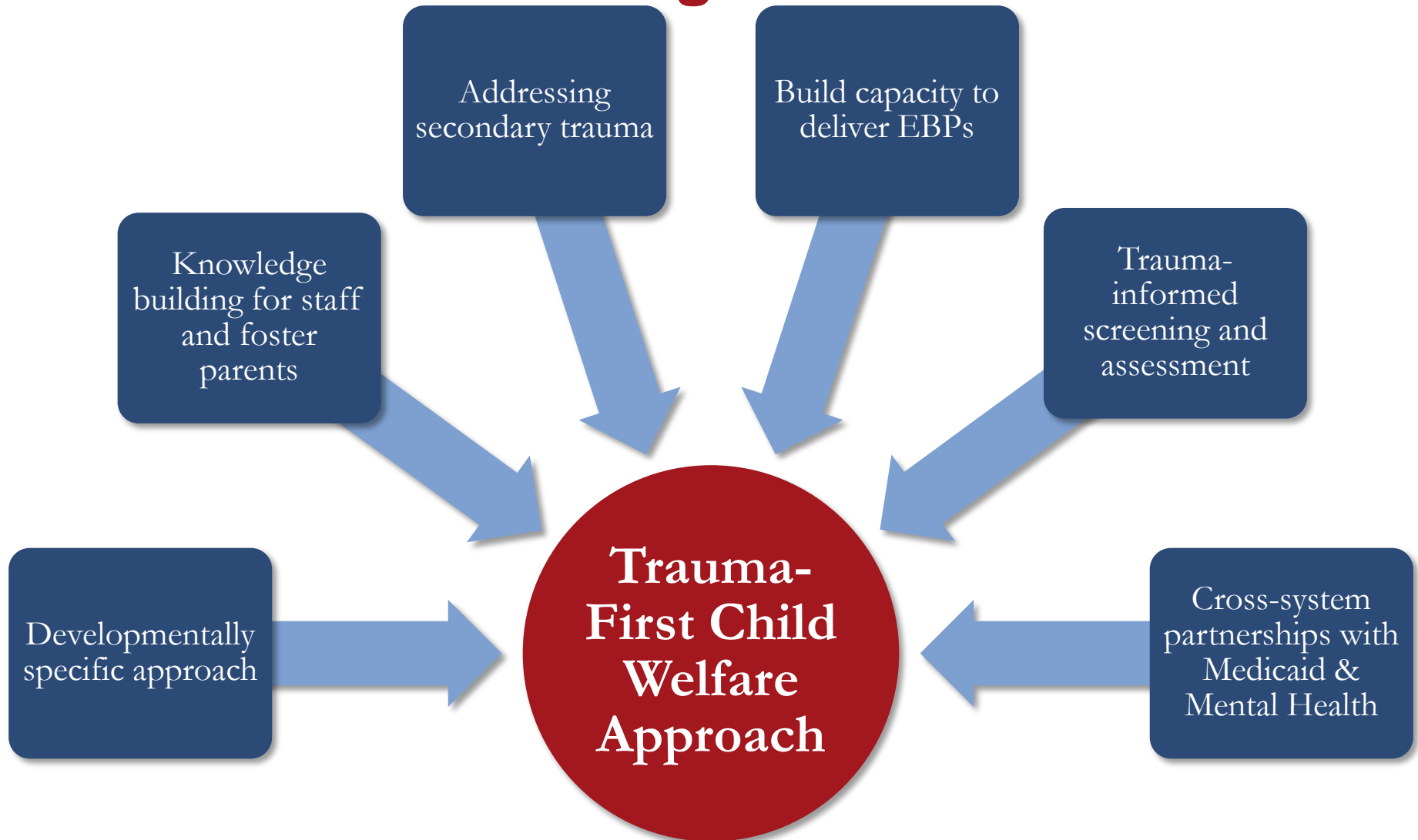
*“Traditional child welfare approaches to maltreatment focus largely on physical injury, the relative risk of recurrent harm, and questions of child custody, in conjunction with a criminal justice orientation. In contrast, when viewed through a child development lens, **the abuse or neglect of young children should be evaluated and treated as a matter of child health and development within the context of a family relationship crisis,** which requires sophisticated expertise in both early childhood and adult mental health.”*

National Scientific Council on the Developing Child (2004). *Young Children Develop in an Environment of Relationships: Working Paper No. 1.* Retrieved from www.developingchild.harvard.edu (emphasis added)

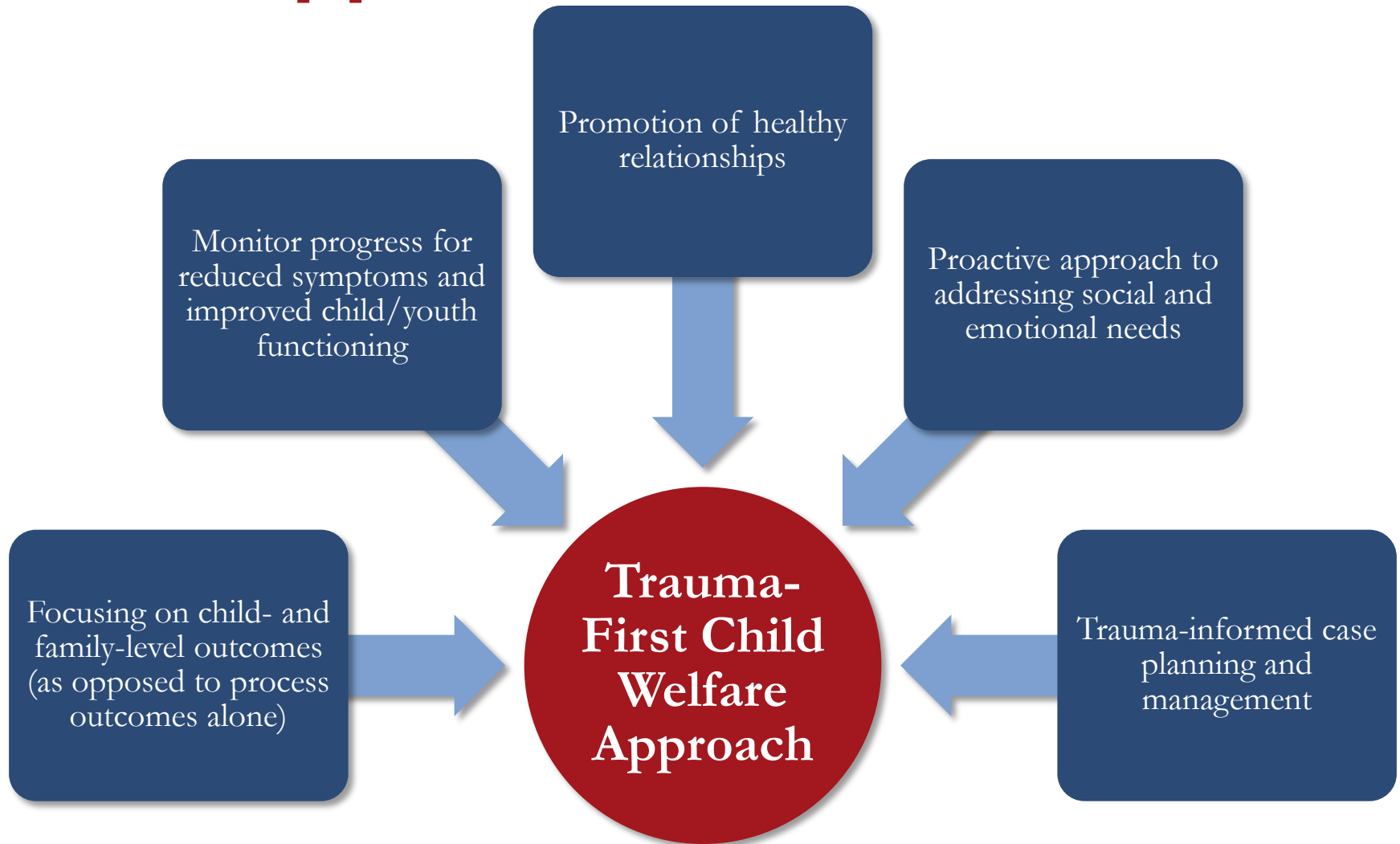
Optimizing Health: Building Capacity to Matching Needs with Interventions



Optimizing Health: Addressing Social & Emotional Well-being



Practice Elements of Trauma-First Approach



Optimizing Health: Addressing Social & Emotional Well-being

