

INCREASING PLACEMENT STABILITY THROUGH SCREENING AND INTERVENING IN CHILDREN’S TRAUMA SYMPTOMS



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When controlling for demographic and case characteristics, children with clinically significant trauma symptoms had 46% higher odds of placement instability than those with less significant trauma symptoms.

BACKGROUND



Why Foster Care Placement Instability Matters

Placement instability among children in foster care matters for children’s experiences and well-being. When children move frequently among placements, this instability is associated with increased rates of attachment disorders and behavioral problemsⁱ and greater mental health costsⁱⁱ, while placement stability may improve psychosocial adjustment and behaviorⁱⁱⁱ. And placement instability matters for children’s long-term outcomes. Crucially, placement stability can lead to permanency^{iv}--the goal of most child welfare services. Since placement stability or its absence can make such a difference in a child’s life, child welfare systems should prioritize policy and practice changes to facilitate these better outcomes.



STUDY PURPOSE & DESIGN



Various risk and protective factors influence how a child responds to a traumatic event. To investigate how these differences may contribute to child welfare outcomes, this study considered the effects of trauma symptoms on placement instability (defined as three or more foster care placements). For analysis, the Child Report of Post-Traumatic Stress assessment was used to measure self-reported trauma symptoms in a sample of 1,668 children ages 5 and older who completed a trauma symptom assessment within 120 days of entering foster care and linked to administrative records of children’s foster care placements.

KEY FINDINGS

Trauma Symptoms and Placement Instability

Results indicated that children with trauma symptoms above the clinical threshold experienced greater placement instability. Specifically, youth who had clinically significant trauma symptoms had 42% higher odds of placement instability than youth with trauma scores below the cutoff. This relationship was significant in both bivariate analyses that assessed the role of trauma symptoms on placement instability singularly and multi-variable analyses that controlled for demographic and case characteristics.

When controlling for demographic and case characteristics that can also affect placement instability, **children with clinically significant trauma symptoms had 46% higher odds of placement instability** than those with less significant trauma symptoms. Crucially, these findings suggest that trauma symptoms could be early signals of opportunities for intervening to promote healing, improve functioning, and achieve permanency.

Other Needed Child Welfare Reforms

Trauma symptoms are not the only force contributing to placement instability. In this study, some children and some types of child welfare cases were also associated with greater risk of instability. Demographic variables statistically significantly associated with higher odds of placement stability included being older, being male, being Black or another race other than White, and having any type of disability. **Case characteristics associated with placement instability included having at least one prior foster care episode and being removed due to neglect, parental drug use, parent incapacity, child behavior, or child drug use. Crucially, Black youth had a 73% higher odds of placement instability compared to White youth even after controlling for demographics, case, and clinically significant trauma symptoms.** Given other evidence of racial disparities in child welfare—including in placement instability—these odds underscore the need to eliminate structural mechanisms of racism.

IMPLICATIONS

Addressing Placement Instability with Screening and Intervention for Trauma

Trauma is a part of most children's child welfare journeys. These histories will continue to affect their lives in various ways—including by altering outcomes in the child welfare system. Further, the complications presented by some children's particular cases and the realities of structural disparities may all conspire to interfere with stable foster care placement. By revealing the potential significance of trauma symptoms in differentially influencing children's outcomes in foster care, this study points to practices that may increase the likelihood of stable placement and its significant positive effects. These findings offer hope to child welfare workers seeking to improve how well children do in and following their time in foster care.

Successful intervention begins with identifying those children whose trauma symptoms may disrupt foster care placements without adequate supports^v. However, in this study, only 26% of youth who should have received a screen did. This suggests needed practice reforms to integrate trauma screening, assessment, and treatments within child welfare.

- While screening for the number of traumatic events alone may not adequately identify treatment needs, understanding youths' response to traumatic events in terms of trauma symptomology and strengths/resiliency may help professionals determine the best combination of services.
- Challenges in implementing trauma screening in child welfare services^{vi} must be acknowledged, and child welfare workers should be partners in reforms to address trauma symptoms more comprehensively.
- This study's administrative data lacked information on referral or receipt of treatment, but future research should investigate whether trauma symptoms predict placement instability when treatments are provided. While clinically significant symptoms might be related to placement instability despite youth receiving appropriate trauma-informed treatments, trauma symptoms' effects on placement instability could be due to insufficient and/or inappropriate referrals and services.
- In addition to intervention by child welfare workers, trauma-responsive approaches for courts, foster parents, birth parents, and other stakeholders may also be warranted.

This study reveals trauma symptoms as predictive of placement instability even while controlling for demographic and case characteristics. This underscores trauma screening and intervention as important steps toward addressing trauma's influence on children's trajectories in foster care—toward more stable placements today and better permanency outcomes for the future.

CITATION

Clark, S. L., Palmer, A. N., Akin, B. A., Dunkerley, S., & Brook, J. (2020). Investigating the Relationship between Trauma Symptoms and Placement Instability. *Child abuse & neglect*, 108, 104660. <https://doi.org/10.1016/j.chiabu.2020.104660>

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ENDNOTES

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