

Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents

Facilitator's Guide

February 2010



From the National Child Traumatic Stress Network

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Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.

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Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents Facilitator's Guide

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Preparing for the Workshop

Materials Checklist

- Desktop computer/laptop with mouse
- Lapel microphone (depending upon size of group and of room)
- LCD projector and screen
- Remote control to advance slides
- Facilitator's Guides* for both facilitators
- Participant Handbooks* for both facilitators and each participant
- Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents* PowerPoint files
- Name badges
- Sign-in sheets
- Five flip charts and stands, blackboard (if using a classroom)
- Pads of blank white paper (one for each participant)
- Index cards
- Pens/pencils
- Markers
- Highlighters
- Plastic sandwich bags for “What’s in the Suitcase?” group activity in Module 3
- Slips of paper (with one emotion per slip) for the “What’s my emotion?” group activity in Module 5

Make sure you have enough for at least half the participants, and include the following emotions:

- | | | |
|--------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Angry | <input type="checkbox"/> Frightened | <input type="checkbox"/> Sad |
| <input type="checkbox"/> Bored | <input type="checkbox"/> Frustrated | <input type="checkbox"/> Shy |
| <input type="checkbox"/> Confused | <input type="checkbox"/> Happy | <input type="checkbox"/> Surprised |
| <input type="checkbox"/> Embarrassed | <input type="checkbox"/> Hopeful | <input type="checkbox"/> Suspicious |

- ❑ Bowls for the “What’s my emotion?” and “Taking Stock” group activities in Module 5, and “Advocacy in Action” group activity in Module 7
- ❑ Small candies (M&Ms®, Skittles®, etc.) for “Taking Stock” group activity in Module 5
- ❑ Paper cups for “Taking Stock” group activity in Module 5
- ❑ Slips of paper (one team member on each slip) for “Advocacy in Action” group activity in Module 7

Make sure you have enough for at least half the participants, and include the following roles:

- | | | |
|--------------|----------------|--------------------|
| ■ Teacher | ■ Pediatrician | ■ Coach |
| ■ Caseworker | ■ Judge | ■ School counselor |
| ■ Principal | ■ Therapist | ■ Pastor |

Goals of This Workshop

- To educate resource parents about the impact of trauma on the development and behavior of children in foster care
- To provide resource parents with the knowledge and skills needed to:
 - Respond appropriately to the behavioral and emotional challenges of traumatized children
 - Help traumatized children develop healthy attachments
 - Help traumatized children recognize and develop their strengths
 - Help traumatized children develop the coping strategies needed to grow into healthy and functional adults
 - Take care of themselves and seek support from others

Before You Begin

This workshop is formatted to be presented in seven consecutive sessions of up to two hours each. The workshop Welcome, Module 1, and Module 2 should be presented in a single session. All subsequent modules may be presented as individual sessions.

The workshop is designed to be conducted by a team of two facilitators, one of whom should either be or have experience as a resource parent. Before conducting the workshop, both facilitators should read through the entire *Facilitator's Guide* and *Participant Handbook* and have a thorough knowledge of the material to be covered.

Throughout this Guide, suggested script for presenting the information is shown in regular font. Directions on how to conduct the presentation and group activities are in italics. Icons indicating additional information for facilitators and when to conduct group activities are located in the left-hand column of each page.

When conducting the workshop, **do not rely entirely on the slides. The script includes key information that needs to be presented.** Although you don't want to read directly from the Guide, it is important to be familiar with the key points to be made in conjunction with each slide.

To make effective use of the cofacilitator format, the facilitator team should meet in advance to:

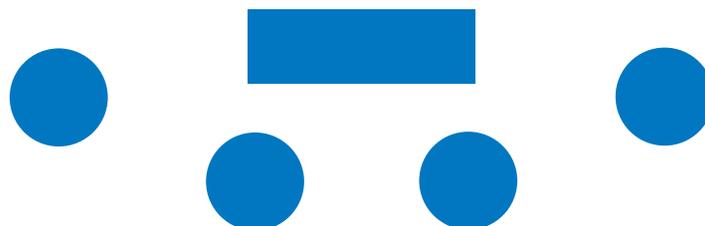
- Decide who will take the lead on each presentation.
- Decide how to conduct oversight of group activities.

Recommended Class Size

The workshop is designed for groups of between 10 and 50 participants, with a recommended class size of 25.

Recommended Room Setup

Once you know the number of participants who will be attending the workshop, determine the size and location of the room needed and reserve the room as far in advance as possible. If you have to order tables, several round or square tables that can accommodate five to eight participants will work best. Request an extra table in front for facilitator supplies, an extra table for food (if being served), and an extra table for the projector. The table layout below works well for this training.



Pre-session Checklist

Complete the following items at least one week before the scheduled training day:

- Confirm the training room reservation.
- Confirm the number of attendees.
- Assemble your materials and supporting documentation.
- Do a dry run to test the materials and your comfort level.
- Review the objectives to be sure they are in line with what you intend to deliver.
- Assemble backup of supplies, such as markers, masking tape, name tags, spare bulbs for equipment, extension cords, etc.
- Test the PowerPoint slides, the overhead projector, and audio equipment (if applicable).

Making the Most of the Group Activities

Many of the activities in this workshop involve small-group discussions. Ideally, groups should consist of no more than five participants. Listed below are some general guidelines that can help provide group members with a meaningful experience:

- Prepare the group so that members know what they are expected to do.
- Encourage everyone to participate.
- Give clear directions.
- Show enthusiasm and interest.
- Move about the room during small-group discussions to answer any questions and help maintain focus on the task.
- Stay in control of the activity.
- Be flexible and alter the activity to best fit the size and dynamics of the group, if necessary.

Tips for Facilitating

Both facilitators should be active throughout the training and set an example of how resource parents and professionals can work as a team.

- Both facilitators should be ready to share personal examples and insights in order to encourage group participation.

- During group discussions, one facilitator should lead the discussion while the other writes notes and key discussion points on the blackboard or a flipchart.
- When not actively presenting, facilitators should monitor the room to encourage group participation and ensure that participants' questions are addressed.
- Both facilitators should circulate around the room during small-group activities.

The overall goals of facilitating are to (1) improve participants' understanding of the effects of trauma on the children in their care, (2) transfer information and skills that will help participants to effectively parent traumatized children, and (3) encourage retention and ongoing use of the material. The following tips may help you to accomplish these goals:

- Welcome the participants as they enter the room.
- Start off with as much enthusiasm as possible.
- Stick to the training agenda.
- Keep the presentation and discussion trauma-focused.
- Use the participants' names as much as possible.
- Do not read word-for-word from your notes or slides.
- Give participants a chance to read from their handbook and the slides.
- Encourage participation; however, take care to retain a trauma focus when faced with overly active groups, long-winded discussion, or any individuals monopolizing the training.
- Make eye contact with participants.
- Do not turn your back to the participants.
- Move around the room.
- Be flexible (be ready to adapt the training to the needs of the participants).
- Use the space in front of the participants (avoid standing behind a podium), but do not stand in front of slides or block the participants' views.
- Speak a little louder than you would normally and confirm that everyone can hear you.
- Nod your head to acknowledge that you are listening.
- Stay on schedule for breaks ending the training; keep track of the time and be prepared to skip or condense optional material if time is tight.

Using the Case Studies

The workshop includes nine case studies that illustrate the impact of trauma on children, families, and resource parents. Details of each case—including capsule summaries, the modules where they are used, and key teaching points—can be found in the Case Studies section of this Guide (pp. 13-47). Both facilitators should read through the case studies and become familiar with the key points of each case before conducting the workshop.

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Case Studies

The Story of Maya (8 months old)

Summary: Maya’s case illustrates how very young babies react to the trauma of physical abuse, neglect, and medical trauma. It also depicts how with thoughtful, consistent care, babies can resume their normal developmental course and learn to trust others to take care of them. (This case is used in Modules 1, 2, and 3; see sidebars for specifics.)

Maya wakes up crying in the middle of the night.

When her Aunt Jenna tries to soothe her, Maya arches her back, pushes her hands against Jenna’s shoulders, and screams even harder.

When Jenna tries to make eye contact with Maya, the baby turns her head away.

“This little baby makes me feel completely rejected,” Jenna says. “Sometimes I feel so helpless, I just have to put her down and let her cry.”

Background

Maya was taken into care after her 17-year-old mother Angela brought her to the ER unconscious, with two broken arms and bruises.

Maya and her mother Angela had been living with her mother’s abusive boyfriend, Remy. The police had received frequent reports of loud arguments and a baby crying in Angela and Remy’s apartment, but Child Protective Services was never called in.

For a brief time recently, Angela and Maya had lived in a shelter for victims of domestic violence, but Angela had returned to Remy. Angela claimed Maya was hurt while in the shelter.

Before being placed with Jenna, Maya spent some time hospitalized, and in casts that made it impossible for her to move her arms.

Since coming to live with her aunt, Maya has trouble sleeping, startles easily, and cries when she hears loud voices. She also avoids physical contact, and screams when taken on medical visits.

See Facilitator Notes for:

Module 2, slides 22–23; Module 3, slides 19-21

Key Teaching Points

- Maya exhibits traumatic stress reactions typical of infants: hyperarousal (startles at loud noises); sleep problems; and reactions to trauma reminders (screams in the doctor’s office).
- Physical contact has become a reminder of being injured.
- The process of attachment to a caregiver has been disrupted.

Recognizing Resilience

Jenna has discovered that Maya is most comfortable taking her bottle if it is propped up so she can hold it herself.

After Jenna played a particularly soothing piece of classical music every time she fed Maya, the baby began to calm down when she heard the music.

One evening, Jenna began to hum the tune as she gave Maya her bottle, and Maya made eye contact with her.

See Facilitator Notes for:

Module 2, slide 30

Key Teaching Points

- Even a very young baby has strengths that a caretaker can build on.

The Story of Rachel (17 months old)

Summary: Rachel’s case illustrates how toddlers respond to trauma and loss, and can be helped to grieve and heal with trauma-focused therapy. It also illustrates how resource parents, caseworkers, and therapists can work together to help children make the transition to the best possible permanent home. (This case is used in Module 1; see sidebars for specifics. Participants should also be encouraged read this case after completion of Module 7, as an example of effective advocacy and trauma-informed treatment.)

One month ago, Rachel was removed from her mother Tamika’s custody because of neglect and failure to protect.

Since being placed in care, Rachel has shown little interest in food, and has lost a pound. Rachel used to say, “mamma,” “dadda,” “babba,” “hi,” and “bye,” but has stopped talking.

Rachel often stands by the door or window, silently looking around as if waiting for someone.

Background

In addition to Rachel’s lack of appetite and weight loss, she isn’t sleeping well. Many nights she wakes up crying and cannot be soothed. Her foster parents, Mrs. Williams and her husband, have tried rocking, singing, giving a bottle, and taking Rachel to bed with them, but nothing helps. Eventually she cries herself into exhaustion and falls asleep. During the day, Rachel seems content to quietly explore her toys, but at some point, she always goes to the door or window, and stands there looking sad, watching, and waiting.

Two weeks before Rachel was taken into care, her half-sisters were removed from the home when they disclosed that Rachel’s father, Charles (their stepfather) had sexually abused them. They also reported that Charles had beaten Tamika many times. Charles was arrested, but was released on bail.

Rachel was left in the home with the understanding that Tamika would obtain a protective order to keep Charles away. However, when the caseworker visited, he found Charles at Tamika’s apartment, holding and rocking Rachel. Tamika insisted that Charles had the right to see his daughter. “He loves that baby,” she said. The child welfare worker removed Rachel that day and placed her in foster care with Mr. and Mrs. Williams.

See Facilitator Notes for:
Module 1, slide 14

Key Teaching Points

- Rachel exhibits traumatic stress reactions common in toddlers: loss of appetite, crying, disturbed sleep, and loss of a developmental milestone (speech).

Shortly after Rachel entered foster care, Charles returned to Tamika’s apartment in a rage and fatally stabbed her. Rachel’s father is now in jail and her half-sisters are living with their biological father. Rachel hasn’t seen her half-sisters since being taken into care. No one has explained to Rachel what has happened.

Helping Rachel Grieve

After the Williamses reported what they had observed to Rachel’s caseworker, she contacted a therapist experienced in Parent-Child Psychotherapy who conducted an in-home session. It was important that at least one of Rachel’s caregivers, in this case Mrs. Williams, participate.

From the caseworker, the therapist had obtained a photograph of Rachel’s mother Tamika. She had the picture laminated so that Rachel could touch it without its being damaged. When the therapist arrived she found Rachel sitting in a high chair with bits of scrambled eggs and toast on the tray, and a sippy cup of milk. She did not appear interested in the food or in Mrs. Williams, who sat nearby and encouraged Rachel to eat. Rachel did not hold eye contact or make any sounds.

The therapist sat on the floor with a bag containing several toys: a baby doll and bottle, a storybook, a ball, some blocks, and a medical kit. After several minutes, Mrs. Williams put Rachel on the floor. She was cautious and did not approach the therapist. Mrs. Williams encouraged her, saying, “This nice lady is here to play with you. She brought you toys.”

Rachel slowly approached the toy bag and pulled out the baby doll. She held it briefly and rocked it. The therapist said, “You’re rocking the baby just like your mommy rocked you.” Rachel pulled the baby bottle out of the bag and played briefly at feeding the baby. Then she put the bottle in her own mouth and curled up on the floor near Mrs. Williams. The therapist said, “You’re still a baby. You want to be held and fed like a baby.” Mrs. Williams picked Rachel up and Rachel molded into her arms, still sucking at the bottle.

Then the therapist held the picture of Tamika out to Rachel, who grabbed it, kissed it, and began to

Key Teaching Points

- Even very young children can experience grief over the loss of an attachment figure.
- Trauma-informed therapy can help very young children put into words what they are expressing through their actions.
- The therapist’s approach shows it is possible to tell even a toddler the very tragic truth about what has happened in her life. The therapist tells Rachel that her mother has died rather than lying to her or using a euphemism that might confuse her more.
- It is important that caretakers participate in the therapy process.

cry. Mrs. Williams snuggled her and hummed softly. Rachel stopped crying and stayed curled up in Mrs. Williams' arms, sucking on the baby bottle. The therapist said, "Your mommy died too soon. You're just a baby and you want your mommy, but she can't come. She got so hurt that the doctors couldn't help her and she died. But Mrs. Williams is here to take care of you and keep you safe. She can help you when you feel sad."

The therapist gave Tamika's picture to Mrs. Williams who placed it on a low table in the living room so that Rachel could look at it and hold it whenever she wanted to. Whenever Mrs. Williams saw Rachel looking at her mother's picture, she'd say, "That's your mommy, honey." Rachel cried less frequently as time went by, and when she did, she turned to Mrs. Williams for comfort.

Finding Permanency for Rachel

Rachel had two aunts, one maternal and one paternal, who wanted to adopt Rachel. They began to visit on alternate weekends, and then to take Rachel to their homes for sleepovers.

It was a struggle for the Williamses to turn Rachel over to her paternal aunt at first, knowing that she was the sister of the man who had murdered Rachel's mother. Mrs. Williams was hesitant to mention her fears. Since she and Mr. Williams were not in a position to adopt Rachel, she wondered if they had any right to voice their feelings. The child welfare worker reassured her that he was open to any information she could provide. He explained to her that Rachel's aunt felt no loyalty to her brother. She had, in fact, pulled away from the whole family. She had raised two children of her own who were now in community college and doing well. She had a secure job and was in a long-term marriage.

The Williamses became very comfortable with Rachel's auntie, and began to swap stories about Rachel and collaborate in parenting her. Instead of just dropping Rachel off, her aunt would come in for a visit when she brought Rachel back, and chat about how Rachel was doing. Rachel seemed to do well on her visits and to enjoy getting closer to her Auntie, Uncle, and cousins.

Rachel's maternal aunt would also take Rachel on sleepover weekends. Since she didn't have transportation, a transport worker would pick Rachel up to take her to her aunt's apartment. Her aunt lived in a large housing project where there was constant coming and going of extended family and acquaintances. Sometimes the worker would arrive at the aunt's apartment, find no one home, and bring Rachel back to the Williamses' home.

Rachel often returned from visits to her maternal aunt's home agitated and exhausted. Once she returned from a visit to her maternal aunt's home at 3:00 p.m., immediately fell asleep in Mrs. Williams' arms, and still hadn't woken up by 8:30 the next morning.

The longer Rachel was in her home, and the closer Mrs. Williams felt to her, the angrier she got at the maternal aunt's lack of dependability. She worried that the chaos of the maternal aunt's

apartment might be frightening Rachel or keeping her up at night. She was also angry at the caseworker for continuing to schedule the visits.

After conferring with Rachel's therapist about how to talk with the caseworker about her concerns, Mrs. Williams met with the caseworker. She carefully described Rachel's behaviors, being cautious not to draw any conclusions or become too emotional. The caseworker took Mrs. Williams' concerns seriously, and when Rachel's maternal aunt continued to prove unreliable, recommended that the paternal aunt be allowed to adopt her.

By the time Rachel moved into her auntie's house, she was a few weeks shy of two. She was still only speaking a few words. Though she said "hi" and "bye-bye" and asked for her bottle, she still had no names for herself or other people. The child welfare agency plans to have a regional center evaluate Rachel for developmental lags. The paternal aunt has stayed in touch with the Williamses, sending them updates on Rachel and photographs.

Key Teaching Points

- Resource parents, therapists, and caseworkers can work effectively as a team to ensure safety and permanency for children who have experienced trauma.
- Resource parents can provide constructive feedback to other members of the child's team that can help the placement process.

The Story of Tommy (4 years old)

Summary: Tommy's case provides an excellent example of traumatic play and of how a preschool-aged child reacts to a trauma reminder. It also demonstrates how foster parents can give an effective safety message, and speak honestly about trauma and trauma reminders with preschool-aged children. (This case is used in Modules 1, 2, and 4; see sidebars for specifics. The material about giving a safety message can also be used in Module 7 as an example of effective advocacy and teamwork.)

Tommy is four years old and has been in foster care for three weeks. He was taken into care after his father beat his mother so severely that she required hospitalization.

Tommy plays repeatedly with a toy police car and ambulance, crashing them into each other while making the sound of sirens wailing.

When his foster father tries to change Tommy's play by having the ambulance take someone to the hospital, Tommy screams and throws the police car and ambulance.

Background

Tommy witnessed his parents' frequent, violent fights for all of his young life. Whenever things got really bad, Tommy would retreat to a corner under his bed and cover his ears. Sometimes Tommy would feel guilty because a fight would start over something he had done, and his parents would argue over how he should be punished.

Tommy was placed in foster care after neighbors heard shouting in his home and called the police. When the police arrived, they found that Tommy's father had beaten his mother severely. He went to jail for the assault, and Tommy's mom was taken to the hospital. She was found to be suicidally depressed and after being released from medical care was admitted to a psychiatric facility for inpatient treatment.

Tommy watched as his father was taken away in handcuffs and his mother was taken away in an ambulance. Tommy has been told that his mommy is in the hospital, but hasn't been able to see her.

Tommy Hears an Argument

Recently, Tommy's foster parents had a minor disagreement over household finances.

See Facilitator Notes for:

Module 4, slide 27

Key Teaching Point

- The argument was a trauma reminder of Tommy's parents' violent fights.

Tommy came into the room just as his foster father was starting to raise his voice. Tommy became hysterical, clapped his hands over his ears, and ran and hid under his bed, where he curled into the corner and chanted “Stop, stop, stop” over and over.

Tommy’s Foster Parents Respond

After realizing what had happened, Tommy’s foster parents stopped arguing and went into Tommy’s room. Together, they coaxed Tommy out from under his bed.

When he came out, they cuddled him and told him that they were sorry they had scared him and understood why he had been so frightened. “When we raised our voices at each other, it scared you,” they said. “We’re sorry that what we did made you feel so afraid.”

“You’ve heard mommies and daddies fight before,” they said, “and sometimes bad things happened, so maybe you’re afraid that something bad is going to happen now too.”

Tommy looked sad and nodded his head slowly.

His foster parents reassured him that even though they might raise their voices and get upset with each other, they would never hit each other.

“Everyone gets scared sometimes, but you don’t have to hide under the bed to be safe,” they said. “We’ll keep you safe.” They also asked that whenever they, or anyone else, did something to scare him, Tommy should let them know how he was feeling so that they could help him feel safe.

Tommy Gets a Safety Message

After Tommy reacted so strongly to hearing the argument, his foster parents discussed what had happened with his caseworker. They also described how he continued to repeat the events of the night he was taken from his home in his play. The caseworker arranged a visit to their home so that she could assist Tommy’s foster parents in providing a safety message.

See Facilitator Notes for:

Module 4, slide 32

Key Teaching Points

Tommy’s foster parents:

- Showed Tommy they were united and not fighting any more
- Reoriented Tommy and let him know the argument was not his fault
- Validated Tommy’s experience and gave words to what he was feeling

See Facilitator Notes for:

Module 4, slide 32

Key Teaching Points

Tommy’s foster parents:

- Differentiated Tommy’s past from the present
- Reassured him of his safety
- Offered him other options for coping with trauma reminders

They all sat down with Tommy, and the caseworker explained, “We all want to make sure that you understand that your mommy is in the hospital but she’s safe and getting better. You’ll be able to talk to her on the phone very soon. We’re going to work to help your mommy and daddy stop fighting. It’s our job to do that, and not yours. Nothing that happened is your fault. You’re safe here and we’re going to work with your parents so that you’ll be safe with them too.”

It was clear to everyone that even though Tommy’s foster parents had told him that his mother was okay and in the hospital, he had been confused and afraid that he would never see her again. He may also have been blaming himself since his parents sometimes argued over his behavior and appropriate punishment. Of course, he would need more help to make sense out of what he had seen, and what had happened afterward.

After this meeting, although he still played with the police car and ambulance, Tommy began to be more open to playing out different stories with his foster father. His foster parents also supported Tommy’s sense of connection to his mother by encouraging him to make drawings or other little presents for her.

Key Teaching Points

- A safety message can be delivered more effectively when resource parents and caseworker deliver it as a team.
- The safety message should orient children to what is happening in their lives and reassure them that the trauma was not their fault.
- Effective safety messages may reduce traumatic stress reactions such as traumatic play.

The Story of Andrea (9 years old)

Summary: Andrea’s case illustrates how resource parents can help school-aged children who act out sexually by being honest and loving, setting clear boundaries, and advocating for trauma-focused therapy. (This case is used in Module 1. It can also be used in Module 5 as an example of how to address problematic sexual behavior and in Module 7 as an example of advocacy.)

Andrea enjoys reading with her foster father. One day, while she was sitting on his lap, she began to rub herself up and down against his crotch.

Shocked and startled, Andrea’s foster father pushed her away, roughly telling her, “Get out of here!”

Andrea ran to her room sobbing, “Why does everyone hate me?” and began frantically packing her suitcase.

Background

Andrea has two brothers, who are 18 months and four years older than her. All three children were removed from their depressed and drug-addicted mother due to persistent, severe neglect.

For several years after the children were taken into care, their mother tried to regain custody. She would work her way up to weekend and overnight visitations, and then relapse into drug use and disappear for weeks at a time. The court finally terminated her parental rights when Andrea was seven years old.

From ages one to seven, Andrea and her brothers lived with the same foster family. The parents had a very traditional marriage and the father was domineering with his wife and strict and authoritarian with Andrea’s brothers. Andrea was reportedly close to her foster father, and seemed to escape the harsh treatment he doled out to her brothers. The children were removed from this foster home and placed in a preadoptive home when the parents’ marriage began to fail.

The children’s next foster placement broke down when the foster mother found Andrea and her brothers “doing disgusting things to each other.” Because of this inappropriate sexual behavior, the children were separated, and Andrea was placed in her current home.

Key Teaching Points

- Andrea’s experiences with her birth mother and foster mother may have taught her that women cannot be trusted or relied upon.
- Andrea’s experience in her past foster placement may have taught her that men have all the power in a family.

Andrea's Behaviors

Andrea seems to have become very attached to her new foster father, but is indifferent to her foster mother. She likes to read with her foster father and act out characters from her story books. When upset, Andrea will talk baby talk, or suck her thumb like a much younger child. She frequently asks about her brothers and why she can't see them.

Andrea's current foster family has two older boys, 11 and 13 years old. Andrea often goes into their room and lies on the floor. When they will not give her attention, she takes their computer mouse and threatens to throw it across the room or lies down on top of it so that they have to wrestle her to get it back. She has also exposed herself to them and laughed.

Andrea's Foster Parents Respond

After the incident during their story time, Andrea's foster father realized that he had upset Andrea and that what had happened wasn't her fault. He went to her room to apologize.

"What you did surprised me," he said. "I'm sorry if I hurt your feelings. It wasn't your fault. Maybe you were repeating something you learned to do with another grown-up. But what that grown-up did was wrong. Children and their mommies, and children and their daddies, can cuddle and hug each other, but do not rub on each other that way."

Andrea calmed down and said she felt better. Her foster father hugged her and said, "I really enjoy our story time so much, and we are still going to read books together."

Although Andrea was supposed to have entered therapy after her last foster placement broke down, this had fallen through the cracks. The day after the incident with her foster father, her foster parents met

Key Teaching Points

- Children who have been sexually abused may feel fear and shame, but also pleasure that they cannot control or understand.
- Children who have been sexually abused may come to believe that sexualized behaviors are the only way to get attention and approval.

Key Teaching Points

When a child acts out sexually, it is important to:

- Set limits without shaming or rejecting the child
- Acknowledge what may have happened to the child in the past
- Stress that what was done to the child was wrong but not his or her fault
- Make it clear that sexuality is private and not something to share with parents or siblings
- Encourage other forms of closeness
- Secure trauma-focused treatment for the child

with the caseworker to discuss Andrea's sexualized behaviors and to advocate for her to receive treatment.

The caseworker made arrangements for her to see a trauma-informed therapist with experience in treating children who had been sexually abused.

During the initial meeting with the therapist, she explained to Angela's foster parents that Andrea might begin to talk about what had happened in the past during the course of treatment. Her foster parents might need to let her know that it was okay to "tell." Her therapist would also guide them in how to respond if Andrea began to talk about her past abuse.

Keeping Andrea Connected

Andrea's foster parents talked to the caseworker and therapist about Andrea's missing her brothers, and worked out a plan to help Andrea stay in contact with them through pictures, drawings, and letters until the child welfare team could set up a plan for supervised visitation between the siblings. The foster parents would suggest things for Andrea to save and share with her brothers ("That's such a nice picture! Would you like to make a copy that we can send to your brothers?") and helped her put together packages to send to them once a week. The caseworker coordinated a similar effort with the brothers' foster parents.

The Story of James (12 years old)

Summary: James' case is a good example of (1) withdrawal and avoidance in a preteen who suffered early childhood trauma followed by a traumatic loss; (2) a reaction to a trauma reminder that could be misinterpreted as anger and rebelliousness; and (3) traumatic grief. (This case is used in Modules 1 and 4; see sidebars for specifics. It can also be used in Module 5 to illustrate techniques for dealing with problem behaviors.)

James is 12 years old, and has been with his foster family for about six months. He had been living since early childhood with his maternal grandparents, but was taken into care after his grandfather died and his grandmother's health declined.

He is withdrawn and hardly speaks to his foster parents or other adults. When asked what he wants, he says "Whatever" and shrugs his shoulders.

James has been doing poorly in school and hanging out with a group of kids who dress all in black and listen to music about everything being hopeless.

When James first moved in, his foster parents asked if he wanted to put up some pictures of his grandparents.

In a rare show of emotion, James snapped, "No, I don't. Leave me alone!" and retreated to his room for several hours.

Background

James was removed from his parents' home for neglect when he was two years old. His parents were drug users and frequently left him alone. They also injected him with dissolved sleeping pills to keep him quiet while they partied. James still has scars on his arms from the injections.

From the ages of two to 12, James lived with his maternal grandparents, with whom he was very close. When he first came to live with them, he moped around as if he had given up. He would hold out his arms at bedtime as if he expected to be given a shot. He also gave shots to his stuffed animals. But then he began to play ball and go fishing with his grandpa and came back to life.

Key Teaching Points

- James' early childhood trauma may make him more susceptible to traumatic stress reactions in response to later events.
- The trauma of being left alone and sedated by his birth parents may predispose James to becoming withdrawn and passive when he feels distressed.

About a year ago, James' grandfather had a massive heart attack and died while sitting at the dinner table. The paramedics came and tried to resuscitate him while James and his grandmother watched helplessly.

Afterwards, James' grandmother could not recover from her grief. She stopped eating, became confused, and went downhill physically. During this time, James' mother began to visit, saying that she wanted to help and take care of James, but she was unreliable. When his grandmother had to go into an assisted living facility, the court ruled that his mother was unfit to care for James, and he was placed in foster care.

James Refuses to Come to Dinner

Over the last six months, James has rejected any attempts by his foster parents to talk to him about his grandfather, and has also stopped doing many of the sports and other activities he used to do with him. James spends most of his time in his room. When James' foster parents try to draw him out, he responds with a shrug and "Whatever."

James' foster family has a tradition of sharing a meal together on Sunday evenings. One Sunday night James' foster mother prepared a leg of lamb for dinner. When James came to the table and saw the leg of lamb he grew pale. Then he said to his foster parents, "I'm not hungry," and left the table.

James' foster father followed him to his room. "You know we have a rule that Sunday night we all sit down to dinner together," his foster father said.

"I'm not hungry," James said.

"That's the rule," his foster father said.

James threw down some schoolbooks that had been sitting on his desk. "You can't make me!" he yelled.

James' foster father tried to put his arm on James' shoulder but James shook him off and said, "Don't touch me!"

James' foster father decided not to press James, and went back down to dinner alone.

See Facilitator Notes for:

Module 4, slide 27

Key Teaching Points

- Trauma reminders may not be something obviously associated with the trauma.
- Children's reactions to trauma reminders can be confusing and easily misinterpreted by caregivers and others.
- Children may not recognize the link between their reactions and the trauma reminder.

James' Foster Parents Respond

After dinner, he came back to James' room. "I need to understand what's going on with you, and I want to help you. What got you so upset?"

"I don't know," James mumbled.

"Let's just go over what happened," his foster father said.

"I came to the table and I felt sick," James said.

"What about the table?" his foster father asked.

"I don't know!" James snapped.

"Let's think about it calmly," his foster father said. "What was different about tonight?"

After a while James remembered that his grandmother had made a leg of lamb the night his grandfather had his fatal heart attack at the dinner table.

"The way you reacted was understandable. Seeing that leg of lamb must have made you remember what happened," his foster father said. "It's lousy that you had to see your grandfather die that way. I lost my father when I was a teenager and it was really rough."

"My grandfather didn't have to die that night," James said. "It was my fault. That afternoon, we had a fight. I wanted him to take me to the batting cage and he said he was too tired. I kept arguing with him. It's my fault he died."

"It's not your fault," his foster father said. "Your grandfather was old and had a heart condition. It could have happened any day. Your grandfather loved you very much."

James Refuses to Do His Homework

On a recent Friday, James went to visit his grandmother in the assisted living facility. He spent the rest of the weekend holed up in his room.

By Sunday night, his foster parents were feeling aggravated. They wanted to set limits and be clear and consistent about the household rules, but suspected he was upset about his grandmother. Together, they went to James' room and told him that he needed to come down to Sunday dinner or lose some privileges. James said, "I don't care. Do whatever you want to me."

See Facilitator Notes for:

Module 4, slide 32

Key Teaching Points

James' foster father:

- Did not assume that James' behavior was just rebellion
- Worked with James to identify the trauma reminder
- Validated James' experience and expressed empathy
- Reassured James that he was not responsible for his grandfather's death
- Encouraged James to express his feelings about his loss

“What about the social studies test you have tomorrow?” his foster mom asked. “Don’t you think you should study?”

James mumbled “What difference does it make? I’m just going to wind up a junkie like my parents.”

“Did something happen today at your grandma’s that’s making you feel this way?”

After a while James explained that when he was visiting his grandmother, his mother had appeared and started pestering her for money. His grandmother grew more and more agitated and confused, and a nurse asked James and his mother to leave.

James’ foster mom listened quietly as James told his story and then tried to put words to James’ emotions. She acknowledged how upsetting the visit must have been, and that it must have brought up very strong feelings. After a while, James said that he was ashamed of his parents, and repeated his fear that he would end up “just like them.”

James’ foster mom reassured James that even though his parents were very troubled and had made some very bad choices, James had the power to make different choices. She reminded him of how much his grandparents loved him, and of how happy he had made them. She then pointed out that those choices could begin with studying for his test. Then she offered to come back to his room and drill him on the test questions in an hour.

Meeting Grandma

James’ foster parents asked the caseworker if they could transport James to his visits with his grandmother and—if James agreed—meet his grandmother. The caseworker and James agreed. James’ foster parents also asked the caseworker about getting James into psychotherapy. They were concerned that James still could not bear to talk about his grandfather, and about his continuing problems with motivation and depression. James entered therapy with a clinician experienced in treating traumatic grief.

The first few times James’ foster parents transported him to his visits, they dropped him off and picked him up afterward. But after several weeks, as James got out of the car, he turned back and said “Ummm . . . do you guys want to come up?”

See Facilitator Notes for:

Module 4, slide 32 and Module 5, slide 30

Key Teaching Points

James’ foster mother:

- Used active listening to help James talk about what had happened and put his feelings into words
- Empathized with James and reassured him of his worth and potential
- Offered James another way to think about his present situation
- Supported James in changing his behavior by working with him to study for the test

James' foster parents introduced themselves to James' grandmother. They told her they were doing their best to take care of James, and thanked her for raising him so well. They let her know that they considered him a great kid, and that he loved her very much.

Making Connections

James' foster parents began to join James regularly on visits to his grandmother. James' foster parents began to develop a relationship with his grandmother as she told them stories of James' early childhood, and they shared with her details of their current family life.

After having been in therapy for a number of weeks, James began to talk a bit about his grandfather and to acknowledge just how much he missed him. He showed pictures of his grandfather to his foster parents, and asked his grandmother questions about what his grandfather had been like as a young man. Through these conversations, James began to realize just how many good traits he shared with his grandfather.

The Story of Javier (15 years old)

Summary: Javier’s case illustrates how trauma-informed parenting can modify impulsive and aggressive behavior in adolescents who have experienced trauma, help them to make better choices, and assist them in channeling their energy and talents in constructive ways. (This case is used in Modules 1, 2, and 4; see sidebars for specifics. It can also be used in Module 5 to illustrate techniques for dealing with problem behaviors.)

Javier is 15 years old, and has been in foster care for a little under a year. He has gotten into trouble for not paying attention and joking around in class. Now he’s skipping classes to drink or smoke pot in a nearby park.

At a party, Javier saw a friend verbally abusing a girl. When his friend pushed the girl, Javier beat up his friend.

When his caseworker asked what had happened, Javier said, “I don’t know. I just went into kill mode.”

Background

Javier grew up watching his parents battle. One night when Javier was six he awoke to his mother’s screams and the sound of his father throwing furniture. Every time his mother screamed, he imagined her lying on the floor but was too afraid to get up from his bed. He lay trembling, feeling too weak and small to do anything.

During one fight, the neighbors called the police, but the officers “didn’t do anything to help her, they just left.”

Unable to convince his mother to leave his father, Javier tries to divert his mother by making jokes, and takes great joy when he can make her laugh.

A year ago, Javier witnessed a drive-by shooting. He was standing right next to a friend who was shot. He still has nightmares about the shooting and wakes up with his heart pounding. Shortly after the shooting, Javier tried to intervene in one of his parents’ arguments and was severely beaten by his father. His father was arrested and Javier was taken into care.

See Facilitator Notes for:
Module 2, slides 24–25

Key Teaching Points

- Javier’s early traumatic experiences have prevented him from accomplishing some of the developmental tasks of childhood, such as learning to control his impulses, to think before acting, or to analyze the reasons behind his behavior.

Javier will not be allowed to return home until his father completes anger management and parenting classes, but his father refuses. “It’s my right to put my boy in his place,” he said. Javier’s mother comes for supervised visits with Javier at the child welfare offices. Javier worries about his mother’s safety.

Javier and the iPod®

Ever since seeing his friend get shot, Javier gets nervous in crowds. He doesn’t like loud noises and startles easily.

One day in math class, the door opened suddenly and another boy came into class late. As he passed Javier’s desk, he abruptly reached into his pocket. Javier instinctively ducked under his desk, knocking his books to the floor.

The other boy looked at him in confusion, holding the iPod® he had just pulled from his pocket, and everyone laughed at Javier, including a girl who sits in front of him whom he really likes.

Furious, Javier jumped back up, grabbed the kid’s iPod®, and threw it across the room.

Javier’s Foster Parents Respond

Javier’s foster parents were called in to meet with the vice principal. During the meeting, Javier’s foster parents discussed Javier’s traumatic past and persuaded the vice principal to give Javier a week’s detention rather than expulsion, as long as he apologized and paid for the other boy’s iPod®.

At home, Javier’s foster parents asked him to explain what happened in the classroom. Javier admitted that when he saw the boy’s sudden move, he thought “Gun!” and ducked under the desk. For the first time, he told his foster parents about seeing his friend get shot. He said his classmates’ laughter made him feel like “some sort of weak fool.”

See Facilitator Notes for:

Module 4, slide 27

Key Teaching Points

- Children and adolescents who have experienced trauma may be exposed to many trauma reminders over the course of a day.
- Feelings—such as Javier’s humiliation about his classmates’ mocking laughter—can also be trauma reminders.

See Facilitator Notes for: Module 4, slide 32

Key Teaching Points

Javier’s foster parents:

- Helped Javier to recognize the connection between his reaction and his past experience
- Acknowledged the validity of some of Javier’s reaction given his past experience
- Helped Javier to see that he has other options when faced with a reminder of past trauma

Javier's foster parents heard him out, and acknowledged that his reaction made sense given what he'd experienced. But they also pointed out that once he realized there was no threat, he had a choice of how to respond. He had chosen to throw the iPod® because he felt angry and humiliated.

They reviewed with him the risks and benefits of other actions he could have taken instead: he could have informed his classmates that he was reacting to something that reminded him of a very bad event he'd witnessed; he could have said nothing and simply told his teacher later. Javier realized that he could have just made a joke of the situation, since his classmates were used to him goofing around. His foster parents then helped him to plan what he would say in apologizing to the boy for breaking his iPod®.

Javier's foster parents also told him that even though they would front the money for the new iPod®. Javier would have to work off the cost by spending several Saturdays working with his foster mom at their church food bank. His foster mom noted that the many older ladies who worked at the bank could "really use a set of strong arms" to load boxes.

Concerned about Javier's violent outbursts, Javier's foster parents pressed the caseworker to arrange therapy so that Javier could get help in dealing with his grief, anger, and impulse control. They also consulted with the school counselor about finding ways to channel Javier's energy, particularly his "class clown" tendencies, in a more positive direction. She noted that the school drama club was going to be doing a comedy that year and suggested that Javier audition.

Javier Finds New Strengths

Javier continued to see a therapist. After some initial grumbling about having to spend Saturdays at the food bank, Javier discovered that he enjoyed the work, particularly handing out boxes of food to families in need and making them laugh. He also got a part in the school play and between rehearsals and the food bank has no time to hang out at the park.

See Facilitator Notes for:

Module 5, slide 30

Key Teaching Points

Javier's foster parents:

- Helped him to see that he made a choice and that he had the power to make other choices
- Helped him to see the negative consequences of his choice
- Set clear consequences for Javier's behavior
- Redirected Javier's energies to positive activities that fostered his interests and talents
- Advocated for trauma-informed therapy

A Family Tale

Summary: This story of a family coping with trauma and separation illustrates how different family members can have different reactions to the same event. It also illustrates how each child in a family has a unique relationship with parents, siblings, foster parents, and other family members. (This case is used in Module 6. See the full facilitator notes included with the slides.)

This story is the basis for an interactive exercise in which participants break out into five groups and assume the point of view of each of the family members:

- Joey, the four-year-old boy
- Sandy, the nine-year-old girl
- John, the 14-year-old boy
- Thelma, Jane’s mother and kinship caregiver to four-year-old Joey
- Rana, foster mother to Sandy and John

At various points in the story, you will ask the participants how “their” character might feel and think about the events going on and give participants five minutes to brainstorm.

The Background

Four-year-old Joey, his nine-year-old sister Sandy, and their 14-year-old brother John have been in foster care for six months. The children were taken into care after their mother, Jane, left Joey and Sandy alone for several days while she was on an alcohol and cocaine binge. She had told the children she’d be “right back.” Sandy didn’t call the police for fear she’d get her mother into trouble. She tried to take care of Joey. Eventually, neighbors heard Joey crying and called the police.

At first, the police couldn’t find John because he had run away from home the day before Jane left and was hiding at a friend’s house. He said he didn’t know that his siblings had been left alone.

Child Protective Services removed the children from Jane’s care. Thelma, Jane’s mother, had been divorced twice and lived alone. She felt that she was too old and had too many health problems to take all three

See Facilitator Notes for:
Module 6, slides 9–12

Key Teaching Points

- Trauma has been a part of the family’s history for several generations.
- The children have also lost their father and don’t even know if he is alive.

children. She assumed care of Joey. Sandy and John went to live with Rana, a young, single, and relatively new foster mom.

Jane's own father was an alcoholic who was sometimes violent. Jane has a long history of substance abuse. Since her teen years, Jane has struggled with substance abuse and attempts to get sober. Her children have seen her passed out on the floor. Once Jane hit her head before passing out, and when Sandy saw her unconscious with all the blood, she feared that Jane was dead.

The children's father was also a drug user. The couple had violent fights in front of their children. During those fights, Joey used to scream, shut his eyes, and cover his ears while Sandy held him. During one fight, John had to hold his mother back when she had a knife in her hand and was threatening to stab his father. The father disappeared two years ago without saying goodbye.

The Children's Reactions to Being in Care

Joey misses his mother. He worries about her getting "sick" again. He gets nervous and clingy on Thursday just before her calls. He misses Sandy and asks his grandmother over and over again when he is going to get to see "my Sandy."

Sandy remembers having fun and good times with her mother when Jane wasn't "loaded." She's angry at her father for leaving and wonders if he is dead. Sometimes she has nightmares about her mother passed out on the floor. She misses Joey and feels as if she is the only one who knows how to take care of him. She's angry at her grandmother for rejecting her and John, and says, "If you really loved us, you would have kept us together."

John had a rough time when his father left because he always felt close to him. He blames his mother for the split and has pulled away from his family. He thinks he's old enough to be on his own and resents being placed with Rana. John believes that women cannot be trusted to take care of their loved ones.

See Facilitator Notes for: Module 6, slides 9–12

Key Teaching Points

- Joey misses his mother and his sister. He knows that something is wrong with his mother but can only comprehend it in terms of illness.
- Sandy feels protective of her mother and had taken on the role of parent to both her mother and Joey. She fears for her mother's safety and feels rejected by her grandmother.
- John blames his mother for what has gone on in the family. He has reacted to the trauma and chaos by withdrawing and trying not to need anyone, particularly women.

A Missed Call

Jane has been struggling to maintain sobriety. Sober for the past five weeks, she has called the children every Thursday night and visited with them every Sunday. On each visit Jane told the children, “We will all be together again soon.”

During their last visit Jane looked a little disheveled but insisted to Thelma and Rana that everything was fine. That Thursday Jane failed to call the children.

The Family Reacts

Joey cried and asked his grandmother whether Mommy was “sick.” He stayed close to the telephone, hoping she would call. He became clingier, and refused to go to bed alone. Then he began talking about finding just the right toy to give Jane on Sunday “so she’ll think about me all the time.”

Sandy became nervous and shaky. She kept seeing images of her mother on the floor, and worried that she had hit her head again and was bleeding somewhere with no one to help her. She told John that she was afraid her mother was dead, and he snapped, “Grow up! I stopped caring about her a long time ago!” Then Sandy lashed out at Rana. “It’s your fault she didn’t call. You probably made her feel bad the last time we saw her!”

John withdrew even further from his siblings and pretended not to care, but his mother’s failure to call made him wonder if he would ever see her again. He thought about the last time he saw his father and missed him.

Thelma was worried about her daughter, but also angry at her and ashamed at what Rana must think of her. She kept thinking about the nights her husband never came home because he was drunk.

Rana was worried about Jane, but also felt judgmental. She thought the children should appreciate her all the more for being reliable, and was very hurt when Sandy turned her anger on her.

Jane Is a No-Show

On Sunday, Jane didn’t show up for the scheduled visit.

After waiting for half an hour, Rana and Thelma prepared to leave. Joey began screaming and crying: “She’s coming. I have a present for her . . . she has to come. Mommy! Mommy!”

Thelma became more and more upset as Joey kicked and shrieked. She spent a long time trying to convince Joey to get into the car, as Sandy tried to comfort him. She ended up pushing Sandy out of the way as she struggled with Joey. Sandy started to sob, and yelled at her grandmother, “Joey should be with me. I’m the one who knows how to take care of him. “

On the way home in the car, Sandy screamed at her foster mom, “Why did you make me come on this visit?”

Rana said, “I made you come on this visit because I know it’s important to you to see your mom.”

Sandy snapped back, “I didn’t want to see my mom. You made me. If my mom really loved us, she’d get off drugs so we could all be together.”

Rana, exasperated, agreed, “You’re right; she would.”

This only made Sandy angrier. “You don’t know anything about our family!” she shouted. “My mom loves us a lot. And you don’t know what it’s like to be the only foster child in my whole school. You don’t know anything about me!”

Suddenly John—who had been listening to his iPod®—stomped down his foot. “Shut up!” he yelled. “I wish I’d never been born into this family!”

See Facilitator Notes for: Module 6, slides 14–15

Key Teaching Points

- As a preschooler, **Joey** believes that he is at the center of everything, and still uses magical thinking. Magical thinking means that Joey makes connections between things and events that are not logically related, and may believe that something he did or even thought could have made his mother go away. He may believe that because he brought his mother a present, she would have to come, as if the present had the power to make her show up.
- As a school-aged child, **Sandy** is at an age where she’s especially concerned about the reactions and approval of her peers. She may be feeling ashamed of being a foster child, or of having a mom who uses drugs. She may lash out at Rana because it is safer to express anger towards a reliable adult than at her mother, who is unreliable and unpredictable and whom she may perceive as fragile.
- As a teenager, **John** may have a lot of questions about his parents’ drug use that he’s ashamed to ask. He may be wondering whether he can have a better future or if he’s doomed to wind up like his parents. After years of trauma, John has withdrawn. He needs help to reconnect with his siblings and to take an interest in his own future.

When Your Child's Trauma Becomes Your Own: The Story of Ralph and Susan

Summary: This case story of Ralph and Susan illustrates the impact of secondary traumatic stress (STS) on resource parents caring for children with a history of trauma, and provides tips on how to prevent and cope with STS. (This case is used in Module 8. See the full facilitator notes included with the slides.)

Background

Ralph and Susan are a couple in their 30s. They both had relatively happy childhoods and married right out of high school. Aside from a brief episode of depression when he was unemployed for six months, Ralph has had no psychological problems. Neither has Susan, although she considers herself a very sensitive person who always cries in movies and feels a lot of empathy for others, especially children. That is partly why they decided to become foster parents.

Four-year-old Jody and her 18-month-old brother Jimmy came to live with Ralph and Susan three months ago. Shortly before coming to live with Ralph and Susan, the children witnessed their father fatally shoot their mother and then commit suicide.

At age four, Jody did not understand exactly what had happened. She saw a lot of scary blood, but did not understand that death was irreversible. Her father had told her not to go outside the apartment without a grown-up. Also, she did not want to leave her little brother alone, and she could not carry him by herself. So she stayed in the apartment with her parents' bodies and took care of her brother.

At first, she tried to revive her parents by yelling at them to wake up, shaking them, and putting cereal in their mouths. She put a blanket over her mother.

Then she did what she had watched her mommy do: fed her brother and changed his diapers, putting his dirty diapers in a neat pile on the bathroom floor so they would not "stink up the house" and make her daddy mad.

Jimmy cried for his mother and became frustrated when Jody could not rouse her. Several times during the two days, he nestled in next to her body, seeking comfort. After two days, police arrived and took the children into custody.

See Facilitator Notes for:

Module 8, slide 16

Key Teaching Points

- Resource parents can be exposed to children's trauma through media reports or other sources that detail the trauma.

By the time Jody and Jimmy came to live with Ralph and Susan, the details of their story had been all over the TV and in the newspaper. Susan already had pictures in her head that came from this coverage: the children had tracked their parents' blood through the house on their footprints; Jody had tried to revive her parents; Jimmy had been found curled up in a fetal position in a corner by his mother's body.

The Children's Responses to Trauma

When Jimmy first came to live with Susan and Ralph he had stopped walking and would crawl or pull himself along on the ground. When a loud noise startled him or something upset him, instead of crying, he would freeze in position and then lie flat on the ground. It made Susan wonder if he was imitating what his mother did when the bullet hit her. Susan would pick him up and hold him at these times. Jimmy also would wake up screaming in the middle of the night. Sometimes he could say enough to let Ralph and Susan know he'd had a nightmare.

In her play, Jody would put a blanket over her doll again and again. When Susan first served the children Cheerios®, Jody became upset, shook her head, and stared into space, but would not talk. She also became very upset when Susan put a red tablecloth on the table.

Jimmy and Jody were both in treatment. After a while, Jody began to talk about the two days she had spent in the apartment with her brother. Every time she sat on the toilet to have a bowel movement, her memories would come up. It seemed as if being on the toilet reminded her of changing her brother's "poopy diapers" and stacking them up in the bathroom.

Susan's Traumatic Stress Reactions

Susan began to have symptoms of traumatic stress. When she was driving or trying to fall asleep, she would see images of the children's trauma. The images came from the media reports and also from what she could put together from what Jody had told her. She started to feel jumpy and anxious. She dreaded having to help Jody in the bathroom and having to

See Facilitator Notes for:

Module 8, slide 17

Key Teaching Points

- Jimmy exhibits traumatic stress reactions common in toddlers: sleep disturbances, and loss of a developmental milestone (walking).
- Loud noises are a trauma reminder for Jimmy. When he freezes and lies on the ground, he may be repeating moments from the trauma.
- Jody exhibits reexperiencing and traumatic play (putting her blanket over her doll).
- Cheerios, the color red, and going to the bathroom are trauma reminders for Jody.
- Typical of children her age and older, Jody is trying to talk about the trauma and make sense of it.

hear what Jody might say next about the traumatic events.

When Jimmy froze in his tracks, Susan would imagine his father shooting his mother, the sound of the blast, and the splatter of blood. She started to feel uncomfortable around the color red and tried to protect Jody from any exposure to it. Susan's symptoms began to interfere with her life and her ability to take care of the children.

Ralph's Traumatic Stress Responses

Ralph reacted very differently from Susan. He withdrew from the children and from Susan. He lost interest in being intimate with his wife, and seemed emotionally flat. He lost faith in other people. "If a man could do that to his wife while his children watched, then there's no hope for mankind," Ralph would say. "There's so much evil in the world; what can anyone do about it?" He questioned whether he and Susan could do the children any good at all: "They're probably ruined for life no matter what we do."

Overcoming Secondary Traumatic Stress

Susan's and Ralph's reactions illustrate how disruptive and overwhelming secondary traumatic stress can be for resource parents. To prevent and ease their secondary traumatic stress, Ralph and Susan should try to take the following steps:

- Remind themselves that the children are safe and that the traumatic events are over.
- Work hard to distinguish between their own interpretations and fantasies of what the trauma was like for the children and the children's actual experiences.
- Focus on the children's immediate concerns and present-day lives.

See Facilitator Notes for: Module 8, slide 18

Key Teaching Points

- Exposure to children's traumatic material can cause resource parents to experience symptoms of traumatic stress.
- Susan is exhibiting reexperiencing, hyperarousal, disturbed sleep, reactions to trauma reminders, and avoidance.

See Facilitator Notes for: Module 8, slide 19

Key Teaching Points

- Secondary traumatic stress can threaten placements and disrupt other relationships in resource parents' lives.
- Ralph is exhibiting withdrawal, emotional numbing, and changes in his overall world view.

- Build on the children’s resiliency and strengths. Jody’s strengths include the wherewithal to keep herself and her brother alive, a strong, loving bond with her little brother, and the ability to talk about what happened and try to make sense of it. Jimmy’s strengths include his strong, loving bond with his big sister and the ability to take comfort from Susan and Ralph.
- Try not to generalize.
- Take frequent time outs from parenting.
- Seek support—from family, friends, clergy, or a trauma-focused therapist.

When Your Child's Trauma Is a Reminder: The Story of Betty and Janis

Summary: This case study is about Betty, an experienced foster parent who is challenged when her 13-year-old foster daughter Janis reminds her of her own adolescent trauma. The way Betty has coped with her own past actually gets in the way of her ability to parent Janis. (This case is used in Module 8. See the full facilitator notes included with the slides.)

Background

Betty is a 50-year-old African American woman who has successfully fostered two adolescent boys. She became a foster mom to help other children overcome the hardships she faced growing up poor in the inner city. Betty put herself through school, and now has a good job. She is very active in her church, where she has lots of friends.

Janis is Betty's 13-year-old African American foster daughter. She was placed with Betty when she was 11 years old. She was removed from the home of her chronically mentally ill single mom after years of neglect. She told her caseworker matter of factly that her mother's boyfriend had sexually abused her since she was six. When she came to Betty she hardly knew how to groom herself. She wasn't very good at making friends. Other kids made fun of her and wouldn't let her eat at their lunch table.

For the first year and a half of her placement, Janis and Betty got along very well. At church, Janis enjoyed singing in the youth choir. Her self-esteem improved and she learned to take pride in her appearance.

Problems Develop

Around the time Janis turned 13, Betty started complaining to the caseworker. She said that Janis dawdled over her homework, listened to hip-hop music, and practiced "freak dancing" around the house.

One day, Betty called the caseworker and asked for respite care. She said, "You've got to help me out, I just can't handle this girl."

The caseworker had never heard Betty sound so frazzled, even when her boys had gotten into some serious misbehavior. Finally, Betty blurted out the story.

See Facilitator Notes for:
Module 8, slide 26-27

Key Teaching Points

- Resource parents' own trauma histories may make certain issues more emotionally charged than others.

During lunch at school, Janis had been caught inviting boys into an out-of-the-way bathroom. She encouraged them to touch her private parts, and she touched theirs. “It’s not as if she just went along with the boys,” Betty explained. “She initiated it.”

Betty began to cry. “I’m so ashamed! What if the ladies at my church find out?”

Janis Enters Therapy

The caseworker explained to Betty that children who have been sexually abused may act out sexually with peers, younger children, or adults. Sexual issues may surface or become more intense at adolescence. Janis probably had confusing and conflicted feelings about sex and intimacy, and since she had so much trouble making friends, sex was one way she could get boys’ attention.

Janis entered trauma-focused therapy. Betty was asked to attend some sessions. In the therapist’s office, Betty became more and more uncomfortable as Janis was encouraged to talk about what happened with her mother’s boyfriend. Betty felt like crawling out of her skin. She said to the therapist, “What’s the point of spending all this time talking about the bad things that happened to her? It’s better just to forget about it and move on.”

At home, Janis would try to talk to Betty about boys, but Betty shut down. She felt angry at Janis and ashamed. Whenever Janis tried to give her a hug, Betty stiffened and pulled away. Janis and Betty started to argue about everything: chores around the house, homework, and the fact that Janis wanted to go to school dances rather than church events.

About halfway through Janis’ therapy, Betty called the caseworker and said, “You’ve got to get this girl out of my house.”

In a meeting with the caseworker, Betty cried and explained that she had come upon Janis naked, masturbating on her bed. The caseworker tried to reassure Betty that masturbation was normal adolescent behavior. Why didn’t Betty just set limits by telling her daughter that masturbation was private and that she should shut her bedroom door? On hearing this, Betty began to sob.

See Facilitator Notes for:

Module 8, slide 30-31

Key Teaching Points

- Traumatized children can serve as trauma reminders for resource parents who have not worked through their own traumatic pasts.
- If resource parents fail to acknowledge the connection between their own experiences and their reactions to their children, placements can be threatened.
- Seeking support—including trauma-informed therapy—can help resource parents heal from their own past traumas while helping children to heal as well.

She revealed to the caseworker that she had been sexually abused herself—once as a young girl by a relative, and then again as a teenager when she was raped by a friend. Janis' experience had brought back a flood of disconnected and disturbing images and feelings. Betty had never told anyone about her sexual abuse. She had simply put it out of her mind and turned to God. She had never had much of a sex life, but that wasn't important to her. Her approach had worked for thirty years. Now it was all coming back.

"I don't think I can get through this with Janis," she told the caseworker. "Maybe you'd better place her somewhere else."

Welcome



What You Will Need

- Introduction and Module 1 PowerPoint slides 1–10
- *Feelings Thermometer* worksheet (*Participant Handbook*, p. 9)
- Pens/pencils

Icon Reminders

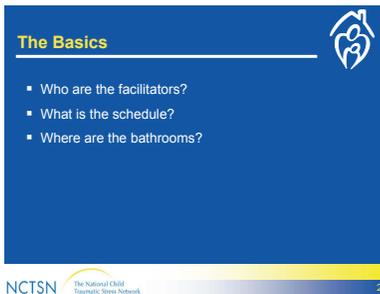
-  Facilitator tip
-  Group activity/discussion
-  Click to advance slide content

Facilitator Goals

- Review the overall goals of the workshop/preview the session content.
- Assess the experience level and background of participants and make adjustments to content, as needed.
- Assess participants' familiarity and experience with traumatized children's difficulties and make adjustments to content, as needed.
- Assure participants that the workshop will help them to care more effectively for their children.
- Assure participants that their own feelings and reactions will be respected and addressed.



Welcome!



The Basics

Once everyone has settled in, remind participants of sign-in sheets and the location of handbooks, supplies, etc.

- 🕒 **Briefly** introduce yourself and your cofacilitator, including your experience in the foster/child welfare system
- 🕒 Review the schedule, including the timing of breaks
- 🕒 Provide logistical information (e.g., locations of bathrooms and phones)



- Who are we?
- Why are we here?
- What do we hope to learn?

Getting to Know Each Other



Go around the room and ask each person to provide a little information about him- or herself. As one facilitator asks the questions, the other should write the answers on the whiteboard.

- **How long have they been fostering?**
- **How many children of what ages are in their home right now?**
- **What brought them to the workshop?**
- **What are they hoping to learn?**
- **Are they facing a compelling problem that they're hoping the workshop will help them solve?**

Gear the workshop to the needs of the group. For example, if many participants are fostering very young children, use the cases that feature young children to explore the group's issues.

Write the participants' questions and goals for the workshop on the whiteboard. Come back to the particular questions as the day progresses and use the workshop material to answer or at least illuminate them.

Why a Trauma Workshop?



- Many children in foster care have lived through traumatic experiences.
- Children bring their traumas with them into our homes.
- Trauma affects a child's behavior, feelings, relationships, and view of the world in profound ways.

(Continued)

Why a Trauma Workshop?

- ④ Trauma is an important topic for resource parents because many children in foster care have lived through traumatic experiences.
- ④ Children bring these traumas with them when they come into your home.
- ④ Traumatic stress reactions and other responses to trauma can cause children to behave in ways that may baffle you. Their relationship with you, with other adults, and even with their peers may feel shaky or unpredictable, and all your usual approaches to parenting—the tricks that might have worked like a charm with your own children—may not work with them.

Why a Trauma Workshop? (Continued)



- Children's trauma affects us, too:
 - Compassion fatigue
 - Painful memories
 - Secondary traumatization
- Trauma's effects—on children and on us—can disrupt a placement.

Why a Trauma Workshop? (Continued)

- 🔒 Children's traumas can directly affect you as well.
- 🔒 Dealing with trauma without the proper tools and understanding can lead to compassion fatigue—feeling numb, burned out, and unable to handle one more child's sad history.
- 🔒 A child's trauma-related behavior can also bring back memories of your own that you may have struggled hard to forget. Could that be why you find it so much harder to take care of this child than any other you've had in your home? What about the child who tells you about terrible things that happened that now you can't stop thinking or dreaming about?

We'll learn more about how a child's trauma can affect resource parents and what to do to take care of yourself later in this workshop.

- 🔒 A child's responses to trauma—and our responses—can be so severe as to disrupt a child's placement in your home.

And with each move, each new placement, the child's burden of trauma and loss only increases.

A Foster Dad Speaks

No one really explained to me about the impact of trauma on a child's life. I wish I'd known more about trauma sooner.

—Sam, foster dad

NCTSN The National Child Traumatic Stress Network

Read-Aloud Quote: A Foster Dad Speaks

Over the course of these eight sessions, you will learn not only how trauma affects children, but how you, as resource parents, can use this knowledge to make sense of your child's feelings, attitudes, and behavior.

For each module of the workshop, you'll receive a *Participant Handbook* that includes the materials you will need for the various exercises and discussions, handouts with additional information on crucial topics, and a list of books, Web sites, and other resources that can help you in caring for traumatized children.

What We'll Be Learning

- Module 1: Introductions
- Module 2: Trauma 101
- Module 3: Understanding Trauma's Effects
- Module 4: Building a Safe Place

(Continued)

NCTSN The National Child Traumatic Stress Network

What We'll Be Learning

- 🗣️ In **Module 1**, we'll be introducing you to the stories of several children who have experienced trauma, and review the "essential elements" that every resource parent should know when caring for a child who has been through trauma.
- 🗣️ In **Module 2**, we'll talk a bit about what trauma is and how we, as resource parents, can help children move past their traumatic pasts.
- 🗣️ During **Module 3**, we will take a closer look at how trauma affects children's development and discuss the effects of trauma on children of various ages.
- 🗣️ **Module 4** focuses on the importance of safety. We'll discuss the difference between physical safety and psychological safety, and learn techniques for helping traumatized children feel safe.



- Module 5: Dealing with Feelings and Behaviors
- Module 6: Connections and Healing
- Module 7: Becoming an Advocate
- Module 8: Taking Care of Yourself

What We'll Be Learning (Continued)

- 👤 In **Module 5**, we'll delve more deeply into how trauma affects children's feelings and behaviors, and learn new approaches for changing negative or destructive behaviors and reactions.
- 👤 **Module 6** focuses on the importance of connections in the lives of traumatized children. We'll talk about ways to help children maintain the positive relationships in their lives, and how to help children "make meaning" of their traumatic pasts.
- 👤 During **Module 7**, we'll discuss how resource parents can work effectively with the team of people who are involved in a child's life. We will also discuss how to recognize when a child needs professional help to heal from the effects of trauma.
- 👤 **Module 8** is all about you. In this module, we'll talk about how a child's trauma can affect you, and about how important it is to take care of yourself.

Some Ground Rules

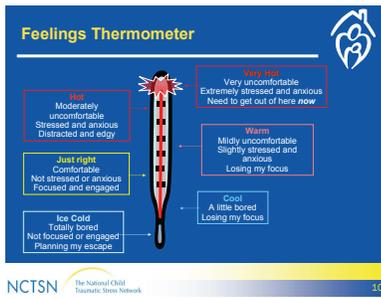


- One person speaks at a time.
- It's okay to disagree.
- Respect everyone's contributions and experiences.
- If a topic or activity makes you uncomfortable, feel free to take a time out.

Some Ground Rules

Before we get started, let's take a few moments to go over some ground rules for the workshop. These should make it easier and more enjoyable for us to learn and brainstorm together.

- 🗣️ We'll be doing group activities and having lots of conversations about the material being presented. We want everyone to have a chance to participate, so please try not to interrupt or talk over one another.
- 🗣️ Obviously, people here may have different experiences, perspectives, and parenting philosophies, so we may not always agree. That's okay; in fact, disagreements often make for the liveliest and most productive discussions.
- 🗣️ However, we need to show respect for each other's contributions and experiences. We are here to learn together.
- 🗣️ If a topic or activity makes you uncomfortable, feel free to take a "time out" and step away from the room for a bit.



Feelings Thermometer

Because this workshop is about trauma, some of the material we cover may be emotionally intense. Being aware of your own emotional “temperature” can be a powerful tool, not only during this course, but also in other settings.

Ask participants to turn to page 9 of the Participant Handbook—the “Feelings Thermometer.”

The Feelings Thermometer worksheet is there to help you gauge your reactions to the material in this workshop. It will 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. As we’ll see, spacing 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.

As we go through this workshop, keep paying attention to your Feelings Thermometer. If need be, you can take a “time out” and leave the room.

If any special arrangements have been made for participants who want to opt out, specify them at this point.

End of Welcome

Module 1: Introductions



Illustration by Erich Ippen, Jr.
Used with permission.

What You Will Need

- Introduction and Module 1 PowerPoint slides 11–35
- “My Child” Worksheet, Module 1 (*Participant Handbook*, p. MC-3)
- *Essential Elements of Trauma-Informed Parenting* handout (*Participant Handbook*, pp. 1-17 to 1-18)
- *Myths to Avoid* handout (*Participant Handbook*, p. 1-19)
- Pens/pencils

Icon Reminders

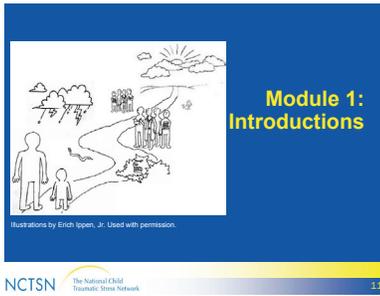
-  Facilitator tip
-  Group activity/discussion
-  Click to advance slide content

Facilitator Goals

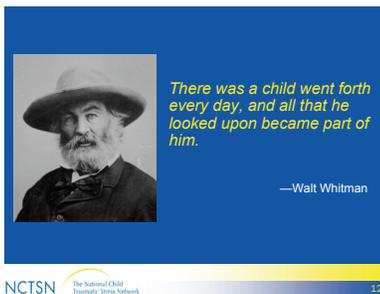
- Introduce the concept of trauma as an underlying factor in some foster children's problems.
- Provide "real-world" examples of trauma in children.
- Introduce the "My Child" Worksheet.
- Provide an overview of the "Essential Elements of Trauma-Informed Parenting."

Key Learning Objectives

- Describe the concept of trauma-informed parenting and its benefits.



Module 1: Introductions



Read-Aloud Quote

Ask for a volunteer to read the quote aloud. If no one volunteers, one facilitator should read the quote.

Everything that children experience becomes a part of the fiber of their being.

These experiences include the very bad and confusing events we call trauma, as well as the good experiences we create and share with them.

We will be examining the effects of trauma by looking at the stories of children of different ages who have been in foster care. Although the details have been changed to protect the privacy of the families, these cases are based on the experiences of real children and adolescents. Let's meet some of them.

Direct participants to the children's case histories on pages CS-1 through CS-28 of the Participant Handbook.

Meet the Children: Maya (8 Months Old)



Maya wakes up crying in the middle of the night.

- When her Aunt Jenna tries to soothe her, Maya arches her back, pushes her hands against Jenna's shoulders, and screams even harder.
- When Jenna tries to make eye contact with Maya, the baby turns her head away.
- "This little baby makes me feel completely rejected," Jenna says. "Sometimes I feel so helpless, I just have to put her down and let her cry."

Meet the Children: Maya

Maya is eight months old. She was taken into care after her 17-year-old mother, Angela, brought her to the emergency room unconscious, with broken arms and bruises on her body. Maya currently is living with her mother's older sister, Jenna.

- 🕒 Maya often wakes up in the middle of the night crying hysterically.
- 🕒 When her aunt picks her up to soothe her, Maya arches her back, pushes her hands against Jenna's shoulders, and screams even harder.
- 🕒 When Jenna holds tighter and tries to make eye contact with Maya, the baby turns her head away.
- 🕒 "This little baby makes me feel completely rejected," Jenna says. "Sometimes I feel so helpless, I just have to put her down and let her cry."

Meet the Children: Rachel (17 Months Old)



Since being placed in foster care, Rachel has shown little interest in food and has lost a pound.

- Rachel used to say *mamma*, *dadda*, *babba*, *hi*, and *bye-bye*, but has stopped talking.
- Rachel often stands by the door or window, silently looking around as if waiting for someone.

Meet the Children: Rachel

Rachel is 17 months old. One month ago, she was removed from her mother Tamika's custody because of neglect and failure to protect.

- Ⓜ Since being placed in foster care, Rachel has shown little interest in food, and has lost a pound.
- Ⓜ Rachel used to say “mamma,” “dadda,” “babba,” “hi,” and “bye-bye,” but has stopped talking.
- Ⓜ Several times during the day, Rachel stands by the door or window, silently looking around as if waiting for someone.

Meet the Children: Tommy (4 Years Old)



Tommy plays repeatedly with a toy police car and ambulance, crashing them into each other while making the sound of sirens wailing.

- When his foster father tries to change Tommy's play, Tommy screams and throws the police car and ambulance.

Meet the Children: Tommy

Tommy is four years old, and has been in foster care for three weeks. He was taken into care after his father beat his mother so severely that she required hospitalization.

- 🔊 He plays repeatedly with a toy police car and ambulance, crashing them into each other while imitating the sound of sirens wailing.
- 🔊 When his foster father tries to change Tommy's play by having the ambulance take someone to the hospital, Tommy screams and throws the police car and ambulance.

Meet the Children: Andrea (9 Years Old)



Andrea enjoys reading with her foster father. One day, while she was sitting on his lap, she began to rub herself up and down against his crotch.

- Shocked and startled, Andrea's foster father pushed her away, roughly telling her to "Get out of here!"
- Andrea ran to her room, sobbing, "Why does everyone hate me?" and began frantically packing her suitcase.

Meet the Children: Andrea

Andrea is nine years old, and was placed in foster care when she was about a year old because of severe neglect. She has been in this, her third foster home, for about a month. This is her first placement apart from her brothers.

- 🕒 Andrea enjoys reading with her foster father. One day, while sitting on his lap reading her favorite storybook, Andrea began to rub up and down against his crotch.
- 🕒 Shocked and startled, Andrea's foster father pushed her off his lap, roughly telling her to "Get out of here!"
- 🕒 Andrea ran to her room sobbing, "Why does everyone hate me?" and began frantically packing her suitcase.

Meet the Children: James (12 Years Old)



James is withdrawn and unresponsive with his foster parents. When asked what he wants, he says "whatever" and shrugs his shoulders.

- James has been failing classes at school and hanging out with kids who dress in black.
- When James moved in, his foster parents asked if he wanted to put up some pictures of his grandparents.
- "No, I don't. Leave me alone!" he snapped, and retreated to his bedroom.

Meet the Children: James

James is 12 years old, and has been with his foster family for about six months. He had been living since early childhood with his maternal grandparents, but was taken into care after his grandfather died and his grandmother's health declined.

- 🗣️ He is withdrawn and hardly speaks to his foster parents or other adults. When asked what he wants, he says "Whatever" and shrugs his shoulders.
- 🗣️ James has been doing poorly in school and hanging out with a group of kids who dress all in black and listen to music about everything being hopeless.
- 🗣️ When James first moved in, his foster parents asked if he wanted to put up some pictures of his grandparents.
- 🗣️ In a rare show of emotion, James snapped, "No, I don't. Leave me alone!" and retreated to his room for several hours.

Meet the Children: Javier (15 Years Old)



Javier has gotten into trouble for not paying attention and joking around in class. Now he's skipping classes to drink or smoke pot in a nearby park.

- At a party, Javier saw a friend verbally abusing a girl. When his friend pushed the girl, Javier beat up his friend.
- When his caseworker asked what had happened, Javier said "I don't know. I just went into kill mode."

Meet the Children: Javier

Javier is 15 years old and has been in foster care for a little under a year. He was removed from his parents' home after he tried to intervene in one of his parents' fights and his father beat him severely.

- 🕒 At school, Javier frequently gets into trouble for being "class clown," and lately has been skipping classes to drink or smoke pot in a nearby park.
- 🕒 While at a party recently, Javier saw one of his friends verbally abusing a girl. When the friend pushed the girl, Javier jumped in, beating up the other boy.
- 🕒 When his caseworker asked what had happened, Javier said "I don't know. It was like I just went into kill mode."



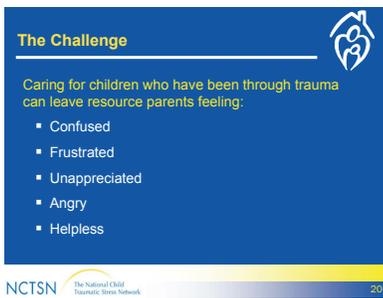
Sound Familiar?

Do any of those behaviors or situations sound familiar?

Ask participants to share similar situations from their own experience. Allow five minutes for discussion.



All of these children have experienced some form of trauma. As a result, they present unique challenges for the resource parents responsible for their care.



The Challenge

Caring for a traumatized child can be very difficult. As you know, trying to make sense of the behaviors, reactions, and attitudes of these children can leave resource parents feeling:

-  Confused
-  Frustrated
-  Unappreciated
-  Angry
-  Helpless

The Solution: Trauma-Informed Parenting



When you understand what trauma is and how it has affected your child, it becomes easier to:

- Communicate with your child
- Improve your child's behavior and attitudes
- Get your child the help he or she needs
- Reduce the risk of your own compassion fatigue or secondary traumatization
- Become a more effective and satisfied resource parent

The Solution: Trauma-Informed Parenting

But there is hope. We now know a great deal about trauma and its impact on children, including how to help children recover from trauma's effects.

Once you understand why your child is behaving in a certain way, you'll be better prepared to help him or her to cope with the effects of trauma. Becoming a trauma-informed parent will make it easier for you to:

- 🏠 Communicate with your child
- 🏠 Improve your child's behavior and attitudes
- 🏠 Get your child the help he or she needs from schools, caseworkers, therapists, etc.
- 🏠 Reduce your own risk of compassion fatigue or secondary traumatic stress
- 🏠 Become a more effective and satisfied resource parent

We've summarized what it means to be a trauma-informed resource parent in the "Essential Elements of Trauma-Informed Parenting."

The Essential Elements of Trauma-Informed Parenting*

1. Recognize the impact trauma has had on your child.

(Continued)

*Adapted from "The essential elements of trauma-informed child welfare practice" from the National Child Traumatic Stress Network's Child Welfare Trauma Training Toolkit

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The Essential Elements of Trauma-Informed Parenting

The first and most basic element of trauma-informed parenting is to recognize the impact trauma has had on your child's life.

When we view children's challenging behaviors through the "lens" of their traumatic experiences, that behavior begins to make more sense. When resource parents, caseworkers, and other members of the child's team share this lens, they can develop effective strategies together.

The Essential Elements of Trauma-Informed Parenting (Continued)

1. Recognize the impact trauma has had on your child.
2. Help your child to feel safe.

(Continued)

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The Essential Elements of Trauma-Informed Parenting (Continued)

Safety is critical for children who have experienced trauma. Many have not consistently felt safe or protected in their own homes. A child who has experienced trauma may be physically safe and still not feel psychologically safe. As a resource parent, you can establish an environment that is physically safe and work with your child to learn what it will take to create psychological safety.

The Essential Elements of Trauma-Informed Parenting (Continued)

1. Recognize the impact trauma has had on your child.
2. Help your child to feel safe.
3. Help your child to understand and manage overwhelming emotions.

(Continued)

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The Essential Elements of Trauma-Informed Parenting (Continued)

Trauma can result in such intense fear, anger, shame, and helplessness that the child feels overwhelmed. For children who are plagued with memories, images, and thoughts of past trauma, even neutral experiences may unleash a flood of overwhelming emotions and panic.

In addition, trauma can derail development so that children fail to learn how to identify, express, or manage their emotional states. For example, babies learn to regulate and tolerate their shifting feelings by interacting with caring adults. Older children who did not develop these skills during infancy may seem more like babies emotionally. By providing calm, consistent, and loving care, you can set an example for your children and teach them how to define, express, and manage their emotions.

The Essential Elements of Trauma-Informed Parenting (Continued)

1. Recognize the impact trauma has had on your child.
2. Help your child to feel safe.
3. Help your child to understand and manage overwhelming emotions.
4. Help your child to understand and modify problem behaviors.

(Continued)

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The Essential Elements of Trauma-Informed Parenting (Continued)

Overwhelming emotion can have a very negative impact on children's behavior, particularly if they cannot make the connection between feelings and behaviors. Because trauma can derail development, children who have experienced trauma may display problem behaviors more typical of younger children.

For example, during the school-age years, children learn how to think before acting. Adolescents who never learned this skill may be especially impulsive and apt to get into trouble. As a trauma-informed parent, you can help your children to understand the links between their thoughts, feelings, and behaviors, and to take control of their behavioral responses.

The Essential Elements of Trauma-Informed Parenting (Continued)

1. Recognize the impact trauma has had on your child.
2. Help your child to feel safe.
3. Help your child to understand and manage overwhelming emotions.
4. Help your child to understand and modify problem behaviors.
5. **Respect and support positive, stable, and enduring relationships in the life of your child.**

(Continued)

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The Essential Elements of Trauma-Informed Parenting (Continued)

Children learn who they are and what the world is like through the connections they make, including relationships with other people. These connections help children define themselves and their place in the world. Positive, stable relationships play a vital role in helping children heal from trauma.

Children who have been abused or neglected often have insecure attachments with other people. Nevertheless, they may cling to these attachments, which are disrupted or even destroyed when they come into care.

As a trauma-informed resource parent, you can help your child to hold on to what was good about these connections, reshape them, make new meaning from them, and build new, healthier relationships between yourself and your child, and others as well.

The Essential Elements of Trauma-Informed Parenting (Continued)

1. Recognize the impact trauma has had on your child.
2. Help your child to feel safe.
3. Help your child to understand and manage overwhelming emotions.
4. Help your child to understand and modify problem behaviors.
5. Respect and support positive, stable, and enduring relationships in the life of your child.
6. Help your child develop a strength-based understanding of his or her life story.

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The Essential Elements of Trauma-Informed Parenting (Continued)

In order to heal from trauma, children need to develop a strong sense of self, to put their trauma histories in perspective, and to recognize that they are worthwhile and valued individuals.

Unfortunately, many children who have experienced trauma live by an unwritten rule of “Don’t tell anyone anything.” They may believe that what happened to them is somehow their fault because they are bad, or damaged, or did something wrong.

You can help your child or children to overcome these beliefs by being a safe listener when they share, working with them to build bridges across the disruptions in their lives, and helping them to develop a strength-based understanding of their life stories.

The Essential Elements of Trauma-Informed Parenting (Continued)

1. Recognize the impact trauma has had on your child.
2. Help your child to feel safe.
3. Help your child to understand and manage overwhelming emotions.
4. Help your child to understand and modify problem behaviors.
5. Respect and support positive, stable, and enduring relationships in the life of your child.
6. Help your child to develop a strength-based understanding of his or her life story.
7. Be an advocate for your child.

(Continued)

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The Essential Elements of Trauma-Informed Parenting (Continued)

Trauma can affect so many aspects of a child’s life that it takes a team of people and agencies to facilitate recovery. As the person who is most intimately and consistently connected with the child, you are a critical part of this team and can help ensure that efforts are coordinated. As a trauma-informed resource parent, you may be in a position to help others view your child through a “trauma lens.”

The Essential Elements of Trauma-Informed Parenting (Continued)

1. Recognize the impact trauma has had on your child.
2. Help your child to feel safe.
3. Help your child to understand and manage overwhelming emotions.
4. Help your child to understand and modify problem behaviors.
5. Respect and support positive, stable, and enduring relationships in the life of your child.
6. Help your child to develop a strength-based understanding of his or her life story.
7. Be an advocate for your child.
8. Promote and support trauma-focused assessment and treatment for your child.

(Continued)

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The Essential Elements of Trauma-Informed Parenting (Continued)

Children who have experienced trauma often need specialized assessment and treatment in order to heal. There are many treatments available whose effectiveness has been established.

As resource parents, we are in a unique position to advocate for trauma-informed psychological assessment and treatment offered by experienced child trauma professionals.

The Essential Elements of Trauma-Informed Parenting (Continued)

1. Recognize the impact trauma has had on your child.
2. Help your child to feel safe.
3. Help your child to understand and manage overwhelming emotions.
4. Help your child to understand and modify problem behaviors.
5. Respect and support positive, stable, and enduring relationships in the life of your child.
6. Help your child to develop a strength-based understanding of his or her life story.
7. Be an advocate for your child.
8. Promote and support trauma-focused assessment and treatment for your child.
9. Take care of yourself.

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The Essential Elements of Trauma-Informed Parenting (Continued)

Taking good care of ourselves is one of the most important skills we can develop as caregivers. In taking care of ourselves, we help our children learn how to take good care of themselves as well.

The Essential Elements of Trauma-Informed Parenting

1. Recognize the impact trauma has had on your child.
2. Help your child to feel safe.
3. Help your child to understand and manage overwhelming emotions.
4. Help your child to understand and modify problem behaviors.
5. Respect and support positive, stable, and enduring relationships in the life of your child.
6. Help your child to develop a strength-based understanding of his or her life story.
7. Be an advocate for your child.
8. Promote and support trauma-focused assessment and treatment for your child.
9. Take care of yourself.

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The Essential Elements of Trauma-Informed Parenting

These Essential Elements make up the backbone of this workshop. Over the course of the next seven modules, we'll work together to gain the knowledge and skills to put each of these elements to work.

Myths to Avoid



- My love should be enough to erase the effects of everything bad that happened before.
- My child should be grateful and love me as much as I love him/her.
- My child shouldn't love or feel loyal to an abusive parent.
- It's better to just move on, forget, and not talk about past painful experiences.

Myths to Avoid

The Essential Elements are the “Do” part of this workshop.

But there are also a few “don'ts”—all-or-nothing myths that can actually get in the way of trauma-informed parenting and make our lives even more stressful. Let's take a look at them.

- 🕒 It's impossible to be the “perfect foster parent.” If we fall into the trap of believing that we have to be perfect parents, it may keep us from being the “good-enough” parents our children need.
- 🕒 Just as it's important to accept your own limitations, it's important to accept your child's limitations. Your child may appreciate you and let you know—or not. But the fact that the child doesn't express appreciation or love does not mean that you're not having an impact.
- 🕒 Even children who have suffered extreme neglect or abuse at the hands of their families will feel deeply connected and attached to them.
- 🕒 We may feel that the best way to get over traumatic experiences is to not think about them or talk about them, and to just move on. This may have even worked for us in our own lives. But many children can't forget. They need our help to talk about and make sense of their traumatic experiences in order to keep the experiences from having negative reverberations in all aspects of their lives.

"My Child" Worksheet (Group Activity)



Imagine a real child—a child in your home, a child from your neighborhood, or even a child from the past.

- Fill in the basic information about your child—first name, age, gender—on the "My Child" worksheet.
- Write down what you know about this child's life before he or she came into your home.
- Make a note of anything about this child that you would like to understand better.

"My Child" Worksheet

Ask the participants to turn to page MC-1 of their Participant Handbook—the "My Child" Worksheet.

The point of this workshop is to give you skills that you can use in the real world. The "My Child" Worksheet is a tool to help you apply the lessons you learn over the next few sessions to an actual child from your own life.

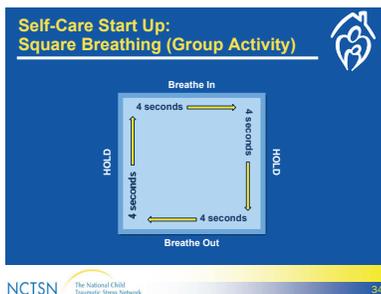


Imagine a real child sitting in the chair beside you. This child could be a child currently in your home, a child who was once in your home, or a child you know from church, your extended family, or your neighborhood. **Using the worksheet, fill in the basic information about the child: his or her first name, age, gender.**

Note down anything you know about the child's life before coming into your home: Where did he or she live before? Was it with the birth family? Another foster placement? A group home? Why was he or she removed and placed in your home? Include whatever you know about the child's life prior to placement. Why is the child in foster care?

Is there anything about this child that you would like to understand better? A behavior that seems confusing? A reaction you can't make sense of? Note it down as well.

Keep your child in mind throughout the workshop. At different points, you'll have the opportunity to take a fresh look at your child's behaviors, feelings, attitudes, and relationships from a trauma-informed perspective. In the end, becoming a trauma-informed parent should not only give you new insights into your child's behavior and responses, but also improve your experience as you care for other children who've been through traumatic experiences.



Self-Care Start Up: Square Breathing (Group Activity)

As we noted earlier, learning to see your child through a “trauma lens” can bring up some intense feelings and reactions. Before we break, let’s try a simple relaxation technique that can help you—and your child—to calm down when feeling a little overwhelmed.

You begin by exhaling completely and then:

- 🕒 Take a long, deep breath to a count of four.
- 🕒 Hold this breath for four seconds.
- 🕒 Exhale completely to a count of four.
- 🕒 Wait four seconds, then inhale again slowly.

Repeat the cycle until you feel yourself calming down.



Let’s try it now.

Ask the participants to get as comfortable as possible in their chairs. One facilitator should lead the exercise, providing instructions in a calm, soothing voice and counting out the time for each breath. Begin by asking them to exhale completely and then:

- Breathe in, 2-3-4.
- Hold, 2-3-4.
- Breathe out, 2-3-4.
- Hold, 2-3-4.

After repeating this cycle a couple of times, ask the group how they feel. (Hopefully, they will be feeling a bit more relaxed!)

End of Module 1



Let's Take a Break!

Announce a 10-minute break.

Be sure to remind the group of the location of bathrooms, phones, etc.

Note the current time and the time when the workshop will resume.

Module 2: Trauma 101

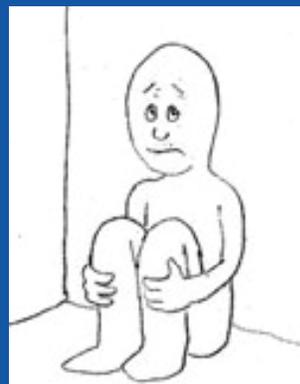
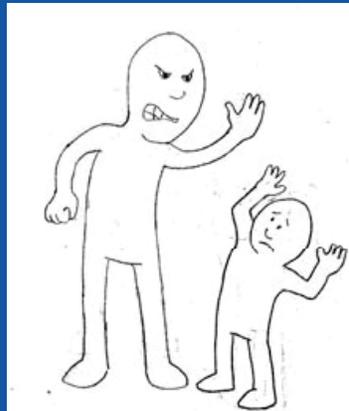


Illustration by Erich Ippen, Jr.
Used with permission.

What You Will Need

- Module 2 PowerPoint slides 1–34
- “My Child” Worksheet, Module 2 (*Participant Handbook*, pp. MC-5 and MC-6)
- Pens/pencils

Icon Reminders

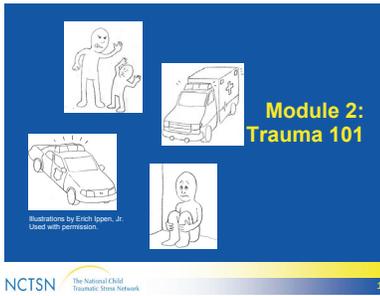
-  Facilitator tip
-  Group activity/discussion
-  Click to advance slide content

Facilitator Goals

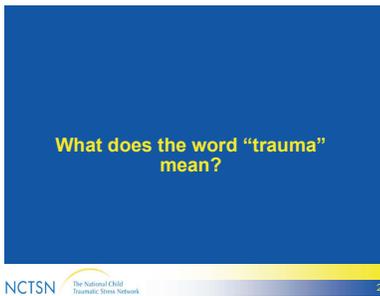
- Assess participants' current understanding of child trauma.
- Introduce participants to the most current definition(s) of trauma.
- Review the factors that influence a child's response to potentially traumatic experiences.
- Define traumatic stress reactions and how they may manifest in children.
- Introduce the concept of resilience and its role in helping children to withstand and recover from traumatic events.
- Help participants to apply the lessons of this module to the children in their "My Child" Worksheets.

Key Learning Objectives

- Define child trauma and describe how children may respond to traumatic events.
- Define resilience and describe how resource parents can promote resilience in their children.



Module 2: Trauma 101



What does the word “trauma” mean? (Group Activity)

How would you define the word “trauma”? What is it that makes something traumatic, as opposed to just stressful?



As the participants respond, one facilitator should list the various definitions on the blackboard or easel.

After five minutes (less if participants finish responding sooner), summarize the common themes from the participants’ responses and then move on to the next slide, where the group can see how closely their definitions correspond to the “official” definition of trauma.

A traumatic experience . . .



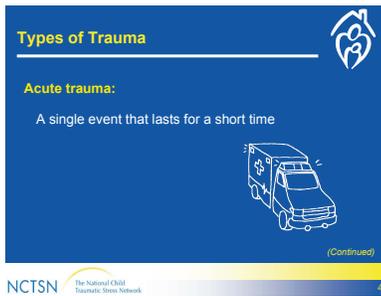
- Threatens the life or physical integrity of a child or of someone important to that child (parent, grandparent, sibling)
- Causes an overwhelming sense of terror, helplessness, and horror
- Produces intense physical effects such as pounding heart, rapid breathing, trembling, dizziness, or loss of bladder or bowel control

A traumatic experience...

According to mental health experts, a traumatic event is different from run-of-the-mill stressful or upsetting events in several important ways:

- 1 First, it threatens the life or physical integrity of the child or of someone critically important to the child (such as a parent, grandparent, or sibling).
- 2 Second, it causes an overwhelming sense of terror, helplessness, and horror.
- 3 Third, the body reacts to this threat automatically with an increased heart rate, shaking, dizziness or faintness, rapid breathing, release of stress hormones like adrenaline and cortisol, and loss of control of the bowel or bladder.

The physical responses to trauma can be terrifying in and of themselves. Feeling that their body is out of control adds to children's feelings of helplessness and panic. The danger may feel as if it's outside and inside all at once. One little boy said, "My heart was beating so hard I thought it would come out of my chest."



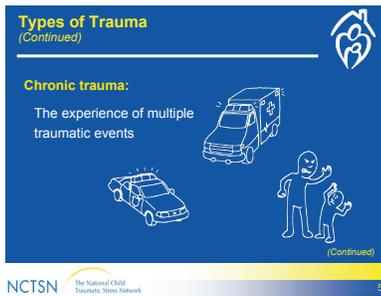
Types of Trauma

An **acute trauma** is a single event that lasts for a limited period of time. Examples of acute trauma include:

- Being in a car accident, being bitten by a dog
- Witnessing (or being a victim of) a school shooting, a crime, or gang violence
- Going through a natural disaster like a tornado
- Seeing a loved one die
- A physical or sexual assault

Even during a brief traumatic event, a child can go through an amazing—and bewildering—number of feelings, thoughts, and physical responses as he or she reacts to the danger and thinks of how to find safety.

Certain moments during the event—such as the dog baring its teeth or the bad guy pointing his gun—can stick in a child’s mind as the worst or scariest. Children gauge the seriousness of an event by parents’ and other adults’ responses. For example, one little girl said that the scariest part of a hurricane was seeing her mother crying in fear.



Types of Trauma (Continued)

Chronic trauma is when a child experiences many traumatic events, often over a long period of time.

Chronic trauma can mean recurrent traumatic events of the same kind (such as physical or sexual abuse) or the experience of many different traumatic events—such as a child who has seen a violent fight between his parents, and later gets hurt in a drive-by shooting, and then has to spend weeks in the hospital undergoing frightening medical procedures.

Even in cases of chronic trauma, such as physical abuse, there may be particular events that stand out as especially terrifying. For example, one little girl couldn't stop thinking about "the night Mommy was so drunk I was sure she was going to kill my sister" or "the time Daddy was screaming at people who weren't there."

The effects of chronic trauma build on each other. The brain and body of a child who has experienced chronic trauma for years may respond differently to a scary event than a normal child's does. Children who have experienced a series of traumas may become more overwhelmed by each event that follows and more convinced that the world is not a safe place.

**Types of Trauma:
What About Neglect?**

- Failure to provide for a child's basic needs
- Perceived as trauma by an infant or young child completely dependent on adults for care
- Opens the door to other traumatic events
- May reduce a child's ability to recover from trauma



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Types of Trauma: What About Neglect?

Neglect is one of the most common reasons children are taken into care.

- Ⓜ Neglect is defined as the “failure to provide for a child’s basic needs.”
- Ⓜ If you think of neglect as just the absence of something good, it may not seem that traumatic. But to a child who is completely dependent on adults for care, being left alone in a crib, in a wet, dirty diaper, suffering from the pain of hunger and exhausted from hours of crying, neglect feels like a threat to survival.
- Ⓜ For older children, not having proper care, attention, and supervision often opens the door to trauma such as accidents, sexual abuse, and community violence.
- Ⓜ Neglect can also make children feel abandoned and worthless, and reduce their ability to recover from traumatic events.

When Trauma Is Caused by Loved Ones



The term **complex trauma** is used to describe a specific kind of chronic trauma and its effects on children:

- Multiple traumatic events that begin at a very young age
- Caused by adults who should have been caring for and protecting the child

Source: Cook et al. (2003). *Psychiatric Annals*, 33(9), 390-395.
van Der Kolk, C. A., & Courtois, B. A. (2005). *Journal of Traumatic Stress*, 18, 385-388.

When Trauma Is Caused by Loved Ones

The effects of trauma are compounded when trauma is caused by the people children depend on for survival and safety.

In recent years, trauma experts have used the term “complex trauma” to describe this kind of trauma and its effects.

Complex trauma occurs when:

- 🕒 Children are exposed to chronic trauma from a very young age (typically younger than age five) as a result of
- 🕒 The actions of parents or other adults who should have been caring for and protecting them.

Chronic physical and sexual abuse are two kinds of traumatic experiences associated with complex trauma. Negligence, neglect, and complex trauma often go together with negligent parents committing such acts as confining a child to a closet, tying him or her up in bed, refusing food or water, or drugging a child to keep him or her quiet.

Not surprisingly, many children in the child welfare system have experienced this kind of trauma.

**My Child's Traumas
(Group Activity)**

- Acute
- Chronic
- Complex
- Neglect
- What don't I know?

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My Child's Traumas (Group Activity)

Ask the group to turn to page MC-5 of the Participant Handbook.

Take a moment to think about the child in your “My Child” Worksheet.

 **Based on what you now know about trauma, what sort of traumatic experiences has he or she experienced?**

Write them down on your worksheet.



Let participants know that if they need help, they can use the “Trauma and Loss Inventory” on page MC-6 of the Participant Handbook. Give the group a moment to make notes on their sheets before asking the group to share what they've written.

 Now consider what you don't know about your child's history. One of the most frustrating things about being a foster parent is how little we know about our children's experiences. But even when we don't know exactly what happened, using a “trauma lens” can help us to see children's behaviors as the result of trauma, rather than as stubbornness or inexplicable acting out.

How Children Respond to Trauma



Long-term trauma can interfere with healthy development and affect a child's:

- Ability to trust others
- Sense of personal safety
- Ability to manage emotions
- Ability to navigate and adjust to life's changes
- Physical and emotional responses to stress

(Continued)

How Children Respond to Trauma

Trauma can have profound effects on a child's healthy physical and psychological development.

Children who have survived trauma often find it difficult to:

- 🔒 Trust other people
- 🔒 Feel safe
- 🔒 Understand and manage their emotions
- 🔒 Adjust and respond to life's changes
- 🔒 Physically and emotionally adapt to stress

Repeated traumatic experiences—particularly in very young children, and especially those at the hands of caregivers—can actually alter crucial pathways in the developing brain. Over time, a child who has felt overwhelmed over and over again may not react normally to even minor everyday stresses.

How Children Respond to Trauma

(Continued)



A child's reactions to trauma will vary depending on:

- Age and developmental stage
- Temperament
- Perception of the danger faced
- Trauma history (cumulative effects)
- Adversities faced following the trauma
- Availability of adults who can offer help, reassurance, and protection

(Continued)

How Children Respond to Trauma (Continued)

Every child reacts to trauma differently. A child's response to a traumatic event will vary depending on factors such as:

- 1. The child's age and developmental stage
- 2. The child's basic temperament—some children are more fearful, more sensitive; others are more even, harder to upset
- 3. How the child perceived or understood the danger
- 4. The child's past experience with trauma. Trauma's effects can be cumulative—the more trauma in a child's history, the harder it may be to cope with any new traumatic event.
- 5. What happens afterward. If the child's life returns to normal and the child feels safe, recovery from the trauma may be easier. Think about what happened to the thousands of children displaced by Hurricane Katrina. In addition to the trauma of going through a hurricane and subsequent flood, these children lost their homes, their neighborhoods, their friends, their schools. They watched their parents suffering to make ends meet. The initial trauma of the hurricane was made much worse by the many terrible things that followed.
- 6. The availability of adults who can offer help, reassurance, and protection. A loving adult is often the most important factor in a child's recovery from trauma. A caring resource parent who provides safety, reassurance, guidance, and protection can help a child recover.

Children who have been through trauma may show a range of symptoms that are called "traumatic stress reactions." These reactions are grouped into three categories.

How Children Respond to Trauma
(Continued)




Hyperarousal:

- Nervousness
- Jumpiness
- Quickness to startle

(Continued)

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How Children Respond to Trauma (Continued) [1/2/3]

Hyperarousal means that the child is jumpy, nervous, or quick to startle. After an acute traumatic event, such as a car accident or natural disaster, many of us have had this experience.

How Children Respond to Trauma
(Continued)




Reexperiencing:

- Intrusive images, sensations, dreams
- Intrusive memories of the traumatic event or events

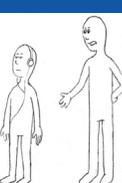
(Continued)

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Reexperiencing means that images, sensations, or memories of the traumatic event keep coming uncontrollably into the child's mind.

This is what people commonly call flashbacks. But reexperiencing may not be as dramatic as being thrust back into the scene—it may be subtler. For example, whenever the child tries to think about his mother, he keeps remembering the way her face looked the night she was passed out on the floor.

How Children Respond to Trauma
(Continued)

Avoidance and withdrawal:

- Feeling numb, shutdown, or separated from normal life
- Pulling away from activities and relationships
- Avoiding things that prompt memories of the trauma

(Continued)

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Avoidance and withdrawal mean that the child feels numb, frozen, shut down, or separated from normal life, and may pull away from friends and activities, even those he or she used to enjoy. Sometimes children withdraw to avoid any reminders of the traumatic event.

**What You Might See:
Reactions to Trauma Reminders**



Trauma reminders:
Things, events, situations, places, sensations, and even people that a child connects with a traumatic event

(Continued)

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What You Might See: Reactions to Trauma Reminders

Closely linked to reexperiencing and withdrawal are reactions to trauma reminders. During the course of a traumatic event, everything associated with it—sights, smells, tastes, sounds, sensations, people, places, colors, textures, words, emotions—may become linked in the child’s brain with the trauma.

This isn’t a conscious process. The child may be unaware of the connections.

**Reactions to Trauma Reminders
(Continued)**

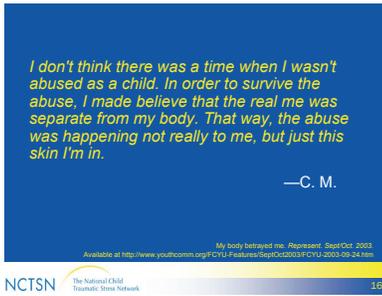
- Reexperiencing
- Withdrawal
- Disassociation

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Reactions to Trauma Reminders (Continued)

When faced with a trauma reminder, the child may:

- 🕒 **Reexperience** the trauma, feel unpleasant emotions or sensations that happened during the traumatic event, or react as if back inside it
- 🕒 **Withdraw** from ordinary activities to avoid being confronted by trauma reminders, or
- 🕒 **Dissociate**—which means that the child disconnects from present surroundings and appears to withdraw internally or completely “space out”



Read-Aloud Quote

Ask for a volunteer to read the quote. If no one offers, one facilitator should read the slide aloud.

“I don’t think there was a time when I wasn’t abused as a child. In order to survive the abuse, I made believe that the real me was separate from my body. That way, the abuse was happening not really to me, but just this skin I’m in.”

Some children, like this young girl, dissociate when they are physically or sexually abused, so that the event seems to be happening outside of themselves. A child who has learned to dissociate to protect him- or herself may dissociate during any stressful or highly emotional event.

What about Posttraumatic Stress Disorder?



Posttraumatic stress disorder (PTSD) is diagnosed when:

- A person displays severe traumatic stress reactions,
- The reactions persist for a long period of time, and
- The reactions get in the way of living a normal life.

What about posttraumatic stress disorder?

Posttraumatic stress disorder, or PTSD, is a diagnosis that was originally developed to help define and treat the troubling symptoms seen in Vietnam combat veterans.

PTSD is diagnosed when:

- ⓐ A person experiences hyperarousal, reexperiencing, and withdrawal/avoidance
- ⓑ For a long period of time, and
- ⓒ The reactions get in the way of living a normal life

Because the classification of PTSD was based on research in adults, it doesn't take into account all the unique ways that trauma can affect children of different ages, as well as their later development.

Some traumatized children may be diagnosed with PTSD, but many children have some but not all the symptoms that go into a PTSD diagnosis. Many suffer a great deal from the effects of trauma without matching the clinical definition of PTSD.

What You Might See: Traumatic Stress Reactions



- Problems concentrating, learning, or taking in new information
- Difficulty going to sleep or staying asleep, nightmares
- Emotional instability; moody, sad, or angry and aggressive, etc.
- Age-inappropriate behaviors; reacting like a much younger child

What You Might See: Traumatic Stress Reactions

Traumatic stress reactions can lead to a range of troubling, confusing, and sometimes alarming behaviors and emotional responses in children. For example:

- 🕒 They may have trouble learning. They may not be able to focus, concentrate, or take in new information.
- 🕒 Children may have trouble going to sleep or staying asleep, or experience nightmares when they do sleep.
- 🕒 They may feel moody, being tearful one minute and cheerful the next, or suddenly becoming angry or aggressive.
- 🕒 They may not “act their age”—instead reacting like a much younger child.

What You Might See: Traumatic Play



When playing, young children who have been through traumatic events may:

- Repeat all or part of the traumatic event
- Take on the role of the abuser
- Try out different outcomes
- Get “stuck” on a particular moment or event

(Continued)

What You Might See: Traumatic Play

Children’s worries about traumatic events may surface in play. This kind of play can serve many purposes, including helping young children make sense of—or process—traumatic events.

- 🕒 Children may act out the whole story of the trauma—Daddy hitting Mommy and being taken away—or only a piece of it, such as the moment the ambulance came.
- 🕒 Children may also take on the role of the abuser—such as hitting or yelling at a doll.
- 🕒 Some children may try out different outcomes, such as a superhero flying in to the rescue.
- 🕒 Sometimes children get “stuck” on one moment in the traumatic event, such as when they felt the most scared or helpless.

Remember Tommy, the little boy who kept acting out the scene with the police car and ambulance? Tommy becomes upset whenever his foster father tries to change the story of his play by having the ambulance go to the hospital. He is still stuck in the earlier traumatic moment.

Traumatic Play

(Continued)



Seek professional help if your child:

- Centers most play activities around traumatic events
- Becomes very upset during traumatic play
- Repeatedly plays the role of the abuser with dolls or stuffed animals or acts out abuse with other children
- Plays in a way that interferes with relationships with other children

Traumatic Play (Continued)

Seek professional help if your child:

- 🕒 Centers most play activities around traumatic events
- 🕒 Becomes very upset when engaging in traumatic play
- 🕒 Repeatedly plays the role of the abuser with dolls or stuffed animals or acts out abuse with other children
- 🕒 Plays in a way that seems to be interfering with the child's relationships with other children or his or her own development

When in doubt, talk to your child's caseworker about what you've observed.

What You Might See: Talking About Trauma



- Talking about certain events all the time
- Bringing up the topic seemingly “out of the blue”
- Being confused or mistaken about details
- Remembering only fragments of what happened
- Avoiding talk about anything remotely related to the traumatic events

What You Might See: Talking About Trauma

Although some children are unwilling or unable to talk about trauma, others may talk about traumatic events in ways that are confusing or disturbing. For example:

- 🏠 They may constantly talk about a particular traumatic event or events.
- 🏠 They may bring the topic up at unexpected and inexplicable times.
- 🏠 They may be confused or mistaken about details of the event.
- 🏠 They may remember only fragments of what happened.
- 🏠 They may avoid talking about anything even remotely related to the trauma.

Later in this workshop, we will go into more detail about how you can be supportive and help your child to talk about trauma. However, children should receive professional help if it’s clear to you that talking about traumatic events:

- Interferes with their ability to focus on anything else
- Gets in the way of their relationships with other children
- Is focused on feelings of regret, guilt, shame, or an inability to accept what happened

To get a sense of how trauma can affect children of different ages and developmental stages, let’s take another look at the youngest and the oldest of the children we’ve met—Maya and Javier.

Direct participants to page CS-3 and pages CS-17 to CS-18 of the Participant Handbook for more details on the stories of Maya and Javier.

Maya's Story



- Maya was taken into care after her 17-year-old mother brought her to the ER unconscious, with broken arms and bruises.
- Maya and her mother Angela had been living with her mother's abusive boyfriend.
- For a brief time recently, Angela and Maya had lived in a shelter for victims of domestic violence.
- Angela claimed Maya was hurt while in the shelter.

Maya's Story

- ④ As you may remember, Maya was placed in the care of her aunt due to physical abuse that included two broken arms.
- ④ Maya's mother, Angela, was just 17 when Maya was born and living with her 20-year-old boyfriend, Remy. The police received frequent reports of loud arguments and a baby crying in Angela and Remy's apartment, but Child Protective Services was never called in.
- ④ A few days before bringing Maya to the hospital, Angela had moved with Maya to a shelter for victims of domestic violence.
- ④ Angela claimed that it was in the shelter that Maya had been hurt.

Maya's Response to Trauma (Group Activity)



- Wakes up crying in the middle of the night
- Easily startled by loud noises
- Squirms away from being held
- Doesn't make eye contact
- Screams when taken on medical visits

Maya's Response to Trauma (Group Activity)

Since coming to live with her aunt, Maya:

- 🔒 Has trouble sleeping
- 🔒 Startles easily and cries when she hears loud voices
- 🔒 Avoids physical contact, and
- 🔒 Screams when taken on medical visits



How does this fit into what we now know about trauma and its effect on young children? How do these responses relate to Maya's history?

One facilitator should lead the conversation, while the other makes notes on the board or easel. Be sure the following connections are raised:

- *Maya's sleep problems and exaggerated startle response are probably related to what she experienced when her parents fought. Although Maya was too young to understand exactly what was happening when adults argued, her body and brain reacted with the symptoms of hyperarousal.*
- *Maya has learned to associate physical contact and being held with danger. Note that if Angela held Maya during her fights with Remy, Angela's pounding heart and sobbing would have added to Maya's distress.*
- *The pain and immobility Maya went through in the hospital was also traumatic. She remembers the smells and sounds of the hospital and so screams when taken to the clinic.*
- *The normal process of attachment and trust has been disrupted.*

Javier's Story



- Grew up seeing his parents battle
- Would try to divert his parents by making jokes
- Mother refuses to leave father
- Taken into care after he tried to intervene during a fight and was badly beaten by his father

Javier's Story

- 🔒 15-year-old Javier was taken into care after he tried to intervene in one of his parents' fights and his father severely beat him.
- 🔒 Javier spent his whole life watching his parents battle. Even when they seemed to be getting along, at any moment his father could become enraged and start yelling and threatening his mother.
- 🔒 Javier would try to divert his parents' attention by making jokes, taking particular joy in making his mother laugh.
- 🔒 Javier has begged his mother to leave his father, but she continues to stay with him, even though this means Javier cannot come home.

Javier's Response to Trauma (Group Activity)



- Not interested in school, jokes around in class
- Frequently skips school to smoke and drink with friends in a nearby park
- Has sudden outbursts of violence: recently beat up a boy he saw pushing a girl

Javier's Response to Trauma (Group Activity)

- 🔒 At school, Javier frequently gets into trouble for being "class clown," and lately has been skipping classes to drink or smoke pot in a nearby park.
- 🔒 Recently, when a friend yelled at and then pushed a girl at a party, Javier jumped in and beat him up. When the caseworker asked Javier what had happened, Javier said, "It wasn't fair. She's way smaller than him." He added, "I felt like it was all coming back, the same garbage I lived with in my family."

Javier's situation shows what can happen to children who experience years of trauma from a very young age. Since Javier's trauma began when he was very young and went on for his entire childhood, it has had a very negative effect on his development.



Knowing this, how might Javier's responses relate to his history?

One facilitator should lead the conversation, while the other makes notes on the board or easel. Be sure the following connections are raised:

- *Javier's withdrawal, lack of interest in school, and hopelessness may be related to the helplessness and frustration he feels about his family (for example, his mother staying with his father)*
- *Making others laugh may be the only thing Javier feels good at. He used humor to defuse fights and tension at home.*
- *Javier's aggressive reaction to his friend may have been due to a trauma reminder (seeing a girl being abused). Following his father's example, he may have internalized the view that violence is the way to handle conflicts.*

Javier has never accomplished some of the developmental tasks of childhood, such as learning to control his own impulses, to calm down and think before acting, or to analyze the reasons behind his own behavior. He doesn't see the connections between what he feels, how he thinks, and what he does.



- Hyperarousal?
- Withdrawal?
- Reexperiencing?
- Reacting like a much younger child?
- Reactions to trauma reminders?

My Child's Response to Trauma (Group Activity)

Let's go back to the child in your "My Child" Worksheet.

What behaviors or responses have you seen that may be reactions to trauma?



Give the group a moment to make notes on their sheets before asking the group to share what they've written.

Ask whether any of the participants are seeing their children's reactions in a new way.

Obviously, trauma can be very damaging to children, and many children in the child welfare system have been through multiple traumatic experiences. But there is another side to the trauma story.



Have you ever known someone who went through something incredibly awful, and not only survived, but thrived?

Allow time for participants to share their stories. If no one volunteers, use something from your own experience, or cite some examples from famous people such as the poet Maya Angelou—who was so traumatized by sexual abuse as a child that she stopped talking for five years, or the author and peace activist Elie Wiesel—who was shipped to a concentration camp at the age of 16 and lost his entire family.

**Recovering from Trauma:
The Role of Resilience**

- Resilience is the ability to recover from traumatic events.
- Children who are resilient see themselves as:
 - Safe
 - Capable
 - Lovable

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Recovering from Trauma: The Role of Resilience

Resilience is the ability to recover from traumatic events.

- 👤 In general, children who are resilient see themselves as:
- 👤 Safe,
- 👤 Capable, and
- 👤 Lovable

Just as despair can come to one only from other human beings, hope, too, can be given to one only by other human beings.

—Elie Wiesel
Author, activist,
and Holocaust survivor

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Read-Aloud Quote

Ask for a volunteer to read the quote. If no one offers, one facilitator should read the slide aloud.

“Just as despair can come to one only from other human beings, hope, too, can be given to one only by other human beings.”

Elie Wiesel’s words about hope and despair are very applicable to the role we, as resource parents, can play in the lives of traumatized children. We cannot fix all the hurts in our children’s lives, but we can foster their resilience and give them the skills, and the hope, to heal.

Growing Resilience



Factors that can increase resilience include:

- A strong relationship with at least one competent, caring adult
- Feeling connected to a positive role model/mentor
- Having talents/abilities nurtured and appreciated
- Feeling some control over one's own life
- Having a sense of belonging to a community, group, or cause larger than oneself

Growing Resilience

Although nothing can entirely wipe out the effects of trauma, research has shown that there are many factors in a child's life that can promote resilience.

Children will be more likely to “bounce back” from trauma if they:

- 1. Have a strong, supportive relationship with a competent and caring adult
- 2. Feel a connection with a positive role model or mentor. This can be someone who has also gone through painful experiences and survived, or someone the child aspires to be like as an adult.
- 3. Feel that their talents and abilities are being recognized and nurtured
- 4. Feel some sense of control over their own lives. Being removed from one's home and placed in foster care can increase traumatized children's feelings of having no control, no say in what happens in their lives. Being empowered can help in their recovery from trauma.
- 5. Feel invested in and part of a larger community, be it their neighborhood, faith-based group, scout troop, or extended family. Some school-aged children or adolescents who have experienced trauma find that serving a cause can be healing.

As resource parents, we can play a big role in helping the children in our care develop resilience.

Let's consider the potential for resilience in Maya and Javier.



- Able to express her needs through crying. She has not given up
- Able to take comfort from her bottle
- Responds positively to music and has learned she can rely on it
- Beginning to trust and enjoy being with her aunt

Recognizing Resilience: Maya (Group Activity)

Jenna has discovered that Maya is most comfortable taking her bottle if it is propped up so that she can hold it herself.

After Jenna began playing a particularly soothing piece of classical music every time she fed Maya, Maya began to calm down when she heard the music. One evening, Jenna began to hum the tune as she gave Maya her bottle, and Maya made eye contact with her.



What does this tell us about Maya's strengths?

One facilitator should lead the discussion while the other makes notes on the board or easel. Allow five minutes for discussion before moving on to the points on the slide:

- 🗣️ Maya is still able to express her needs through crying. She has not given up.
- 🗣️ Maya is able to take comfort from her bottle.
- 🗣️ She is able to respond to soothing music.
- 🗣️ When her aunt hums the melody that she has come to associate with comfort and safety, Maya begins to connect to Jenna.



How can Jenna build on these strengths?

One facilitator should lead the discussion while the other makes notes on the board or easel. Allow five minutes for discussion. Make sure the following points are made:

- *As Maya's needs continue to be met predictably and consistently by Jenna, Maya will begin to learn that the world can be safe and other people can be relied upon. Through Jenna's simple actions, Maya can begin to feel safe, capable (she can hold her own bottle), and lovable (love = consistent, predictable care).*

Recognizing Resilience: Javier



- Attached to and loyal to his mother
- Talented as an entertainer, jokester
- Has formed friendships with his peers
- Has a sense of justice and wants to make things right in the world
- Has empathy for others, particularly women in jeopardy

Recognizing Resilience: Javier (Group Activity)

Javier has been through a lot in his young life, but his story contains several hints that with the help of his resource parents and others he will be able to move beyond his traumatic past.



What does this tell us about Javier's strengths?

One facilitator should lead the discussion while the other makes notes on the board or easel. Allow five minutes for discussion before moving on to the points on the slide:

- 🗨️ He formed a strong attachment with his mother.
- 🗨️ He has talent as an entertainer, and has a great sense of humor. It will be important for his resource parents to nurture his talents and encourage him to test them in the world.
- 🗨️ He is able to form friendships with his peers.
- 🗨️ He has a strong sense of justice and morality.
- 🗨️ In protecting the young woman, Javier has shown that he can care about people other than himself. With the proper direction, he could turn his interest in social justice into some form of community service.

Recognizing Resilience: My Child (Group Activity)



- What strengths or talents can you encourage?
- What people have served as role models?
- What people have served as sources of strength or comfort?
- What does your child see as being within his/her control?
- What causes larger than him/herself could your child participate in?

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Recognizing Resilience: My Child (Group Activity)

Let's consider the potential for resilience and the strengths you can build on in the child in your "My Child" Worksheet.

Quickly click through each of the bullet points on the slide.

-  What strengths or talents can you encourage?
-  What people have served as role models?
-  What people have served as sources of strength or comfort?
-  What does your child see as being within his or her control?
-  What causes larger than him- or herself could your child participate in?

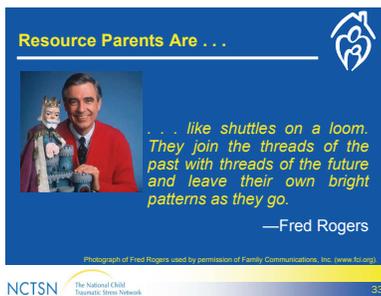


Give the group a moment to make notes on their sheets before asking the group to share what they've written.

Has looking back on this child with a more trauma-informed point of view revealed anything you hadn't noticed or thought of before?



Allow time for participants to share any new insights they have gathered. If no one speaks up, you may share something from your own experience or simply move on to the next slide.



Read-Aloud Quote: Resource Parents Are . . .

Ask for a volunteer to read the quote. If no one offers, one facilitator should read the slide aloud.

“Resource parents are like shuttles on a loom. They join the threads of the past with threads of the future and leave their own bright patterns as they go.”

By parenting our children in a trauma-informed way—with a full understanding of how trauma has altered their lives and their expectations of the world around them—we can indeed leave new “bright patterns” in our children’s lives.



Module 2: Wrap Up

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Module 2: Wrap Up

Ask each table to choose two *Big Ideas* that they consider to be the most useful or important things they learned during the session, and to write each idea on an index card. Give the groups three minutes to discuss and decide on their ideas. One facilitator should serve as timekeeper and give the groups a one-minute warning before calling “time” and collecting the cards.

One facilitator should read from the index cards, while the other notes the ideas on the board or easel. Allow another five to 10 minutes to review, discuss, and condense (if appropriate) the ideas presented into three or four *Big Ideas* for the day. Ask the participants to keep these ideas in mind as they deal with their children in the days before the next module.

Finally, revisit the *Feelings Thermometer* and go around the room checking in. If desired, do a relaxation or stress buster exercise with the group before breaking for the day.

End of Module 2

Module 3: Understanding Trauma's Effects

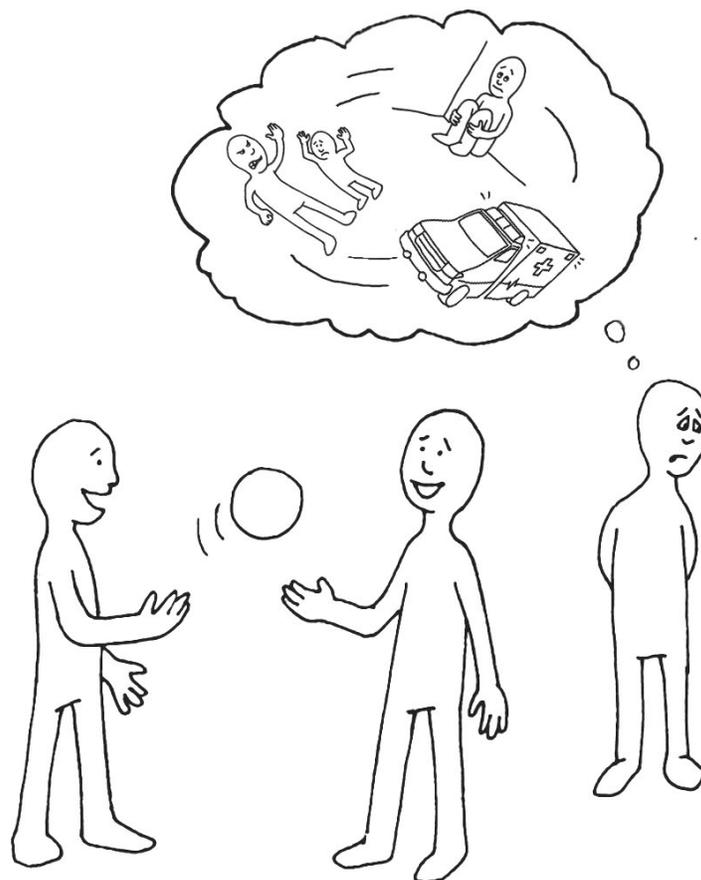


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Erich Ippen, Jr.
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What You Will Need

- Module 3 PowerPoint slides 1–25
- “My Child” Worksheet, Module 3 (*Participant Handbook*, p. MC-7)
- Plastic sandwich bags for “What’s in the Suitcase?” Group Activity
- Index cards for “What’s in the Suitcase?” Group Activity
- Pens/pencils

Icon Reminders

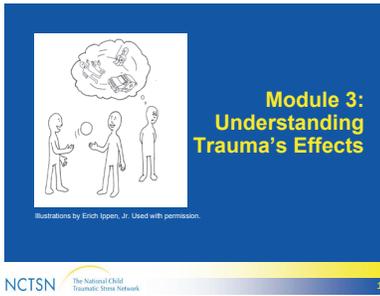
-  Facilitator tip
-  Group activity/discussion
-  Click to advance slide content

Facilitator Goals

- Make participants aware of the profound impact trauma has on children’s development and functioning.
- Introduce concept of the “Invisible Suitcase.”
- Reassure participants that children can heal from the effects of trauma and that resource parents play a crucial role in the healing process.

Key Learning Objectives

- Describe the ways in which trauma can interfere with children’s development and functioning.
- Describe how children of different ages may respond to trauma.
- Describe the “Invisible Suitcase” and how trauma-informed parenting can “repack” the suitcase.



Module 3: Understanding Trauma's Effects

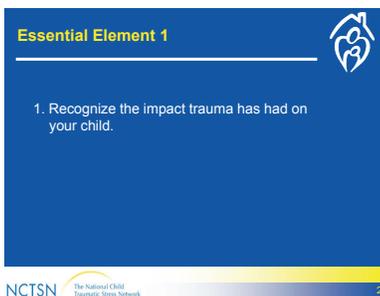
Before participants arrive, write on the board (or an easel) the Big Ideas that the group identified during the last module. Greet participants as they enter the room.

Keep participants informed of the time remaining until the session begins. Remind participants of basic logistical information (location of bathrooms, timing of breaks, etc.).



Start the session by thanking the participants for coming back and directing their attention to the Big Ideas from the last session. Ask the participants to share any experiences or insights they may have had since the last session. Allow 5 to 10 minutes for discussion.

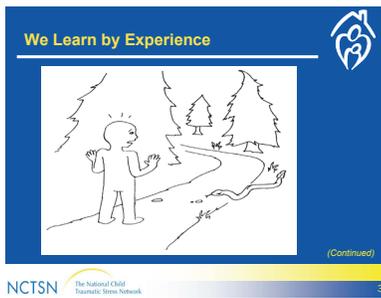
In the last session, we discussed what trauma is and how it affects children. Now let's take a closer look at what happens inside the bodies and minds of children who have been through traumatic experiences.



Essential Element 1

The effects of trauma may reveal themselves through a child's acting-out behaviors, withdrawal, difficulties in school, or even as physical complaints like headaches or stomachaches. In adolescence, substance abuse, eating disorders, and self-harming behaviors like cutting can result from trauma exposure.

To understand why trauma has these effects, we need to understand how experience shapes the brain.

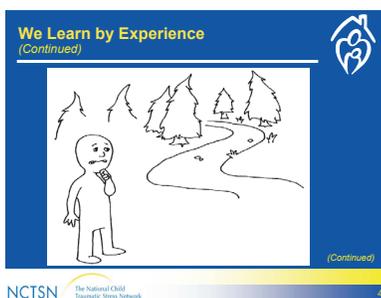


We Learn by Experience (1/2/3)

Everything that we expect and believe—about ourselves, about other people, and about the world that we live in—is learned through experience. For example, imagine that you’re taking a walk in a park near your home. You glance down, and in front of you is a huge snake.

How do you think you’d react?

Allow time for responses.

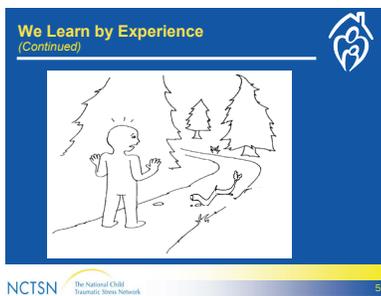


Now imagine that you have to walk through that same park a couple of days later. How do you think you’d feel about it?

Allow time for responses.



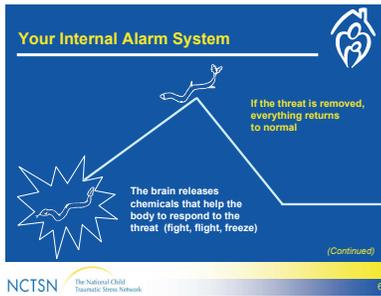
More than likely you’re going to be watching the ground a lot more closely!



And if you happen to see a stick on the path, you’re likely to startle, even before the thought “Augh! Snake!” reaches your conscious awareness.

Even if you’d been through the park many times before without seeing a snake, seeing a snake once changes your perception of the park, and makes you expect danger there.

That’s because it’s a lot more dangerous to mistake a snake for a stick than to see a snake in every stick. Our brains are wired this way—to generalize in the direction of looking out for danger so that we can protect ourselves.



Your Internal Alarm System

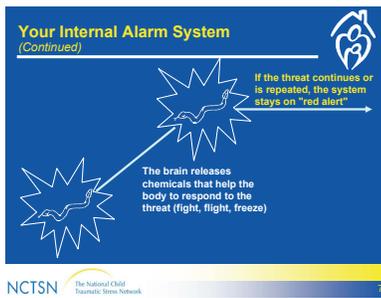
To fully understand just how the brain responds to danger, it helps to take a closer look at the body's internal alarm system.

- 🗣️ When faced with a threat:
- 🗣️ The brain triggers the release of adrenaline, cortisol, and other stress hormones. These chemicals activate the systems you need to immediately respond to the threat—either by fighting back, getting away, or freezing.

The area of the brain that prompts the response is sometimes called “primitive brain.” It is the first part of the brain to develop, and it controls the most basic functions and reactions that we need to survive—including fear, anger, sexual responses, and memory. It's the primitive brain that enables us to make the split-second decisions that protect us in a dangerous situation.

Other, more advanced parts of the brain are responsible for thinking, reasoning, and consciously processing information. These areas of the brain help to analyze the threat and signal the primitive brain to stop pumping out stress hormones so the body's systems can return to normal.

- 🗣️ When you realize that you're looking at a stick, not a snake, and you feel yourself relax, those higher centers have done their job.



Your Internal Alarm System (Continued)

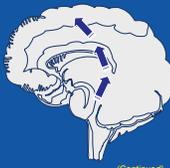
For most people, the body's emergency response shuts down shortly after danger has passed.

- Ⓜ But in children exposed to severe or chronic trauma, the emergency response system can get stuck in the "on" position.
- Ⓜ The stress hormones keep flowing and make it harder for the parts of the brain that think and plan to work efficiently. The stress hormones and related brain chemicals that are generated actually get in the way of rational thinking.

Take a moment and remember a time that you were really frightened. Were you able to think clearly, take in new information, and plan for the future during that moment? Or was all of your mental energy focused on keeping yourself safe?

Experience Grows the Brain

- Brain development happens from the bottom up:
 - From primitive (basic survival)
 - To more complex (rational thought, planning, abstract thinking)



(Continued)

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Experience Grows the Brain (1/2)

Trauma during childhood affects many aspects of a child's functioning because childhood is when the brain develops and becomes organized.

Ⓜ A child's brain grows from the bottom up, starting with the most basic functions needed for survival (including those controlled by the primitive brain) and then getting more and more complex as the child accumulates experiences.

Experience Grows the Brain (Continued)

- The brain develops by forming connections.
- Interactions with caregivers are critical to brain development.
- The more an experience is repeated, the stronger the connections become.



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Ⓜ The brain develops by forming connections.

Even though a baby is born with 100 billion brain cells, the connections between these cells form over time. These connections, called neural pathways, are like the wiring in a house or highways that connect one part of the brain to the other.

Ⓜ Experience—especially interactions with parents (or other caregivers)—determines the growth and pattern of brain development, including the connections that form the basis for thoughts, feelings, and behaviors. It is through relationships with caring adults that children develop the brain connections that make it possible for them to trust, regulate their own emotions, and love other people.

Ⓜ The more an experience is repeated, the stronger the resulting brain connections become. For example, when you repeat words and phrases to a baby, you are strengthening the language connections in the brain that enable the child to understand speech.

Repeated traumatic experiences, on the other hand, have a more negative effect.



For more information on how the brain develops during childhood, direct participants to pages 3-17 through 3-24 of the Participant Handbook, "Understanding Brain Development in Young Children."

Trauma Derails Development

Exposure to trauma causes the brain to develop in a way that will help the child survive in a dangerous world:

- On constant alert for danger
- Quick to react to threats (fight, flight, freeze)

The stress hormones produced during trauma also interfere with the development of higher brain functions.

Source: Teicher, M. B. (2002). Soar that with fear: The neurobiology of child abuse. *Scientific American*, 286(7), 68-73.

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Trauma Derails Development

When the people who should be protecting, loving, and guiding young children expose them to trauma instead of care, children’s development can get derailed.

A brain that is constantly reacting to threats can become “wired” for survival in a risky and unpredictable world—developing in a way that:

- 🔒 Keeps the child on constant alert for danger
- 🔒 Allows the child to respond quickly to even the slightest threat

When this happens, other developmental pathways get disrupted, and children may fail to accomplish other important “developmental tasks.”

Young Children (0–5)	
Key Developmental Tasks	Trauma's Impact
<ul style="list-style-type: none"> • Development of visual and auditory perception • Recognition of and response to emotional cues • Attachment to primary caregiver 	<ul style="list-style-type: none"> • Sensitivity to noise • Avoidance of contact • Heightened startle response • Confusion about what's dangerous and who to go to for protection • Fear of being separated from familiar people/places

(Continued)

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Young Children (0–5)

There are certain periods—special times during the brain's development—when it is most open to certain kinds of learning and development. When trauma occurs during one of these periods, it may show itself in specific ways.

🕒 Early childhood—about birth through the preschool years—is crucial for the development of brain pathways that:

- Help children process what they see and hear
- Enable children to recognize, analyze, and respond to emotional cues
- Enable children to become attached to their primary caregiver—the person on whom they depend for survival

Children who have experienced trauma during early childhood may:

- Be particularly sensitive to loud noises
- Reject contact and avoid being touched
- Have a heightened startle response
- Be confused about what's dangerous and whom to go to for protection, particularly if the trauma was at the hands of a caregiver
- Be clingy and resist being separated from familiar adults or places where they feel safe

School-Aged Children (6–12)	
Key Developmental Tasks	Trauma's Impact
<ul style="list-style-type: none"> • Manage fears, anxieties, and aggression • Sustain attention for learning and problem solving • Control impulses and manage physical responses to danger 	<ul style="list-style-type: none"> • Emotional swings • Learning problems • Specific anxieties and fears • Attention seeking • Reversion to younger behaviors
(Continued)	

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School-Aged Children (6–12)

During the school years, the brain starts building the pathways that help children do more conscious, rational processing of their experiences. This growth enables them to:

- Manage fears, anxieties, and aggression
- Focus their attention on learning and solving problems
- Control their impulses and manage their physical reactions to perceived dangers

School-aged children who have experienced trauma may:

- Experience mood swings, for example, shifting between being shy and withdrawn to being aggressive
- Have difficulties in school and other learning situations
- Have specific anxieties and fears, such as fear of the dark
- Demand lots of attention
- Revert to “younger” behaviors, such as baby talk or wanting adults to feed or dress them

Adolescents (13–21)	
Key Developmental Tasks	Trauma's Impact
<ul style="list-style-type: none"> • Think abstractly • Anticipate and consider the consequences of behavior • Accurately judge danger and safety • Modify and control behavior to meet long-term goals 	<ul style="list-style-type: none"> • Difficulty imagining or planning for the future • Over- or underestimating danger • Inappropriate aggression • Reckless and/or self-destructive behaviors

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Adolescents (13–21)

During adolescence, the brain continues to build connections and pathways that enable young people to:

- Think abstractly
- Imagine the future and anticipate and consider the consequences of their behaviors
- Make realistic appraisals of what's dangerous and what's safe
- Alter their current behaviors in order to meet their longer-term goals

Adolescents who have experienced trauma may:

- Have difficulty imagining or planning for any kind of future, instead “living in the moment” without regard to consequences
- Have trouble accurately assessing risk—either over- or underestimating the danger of a situation or activity
- Engage in aggressive or disruptive behaviors
- Engage in reckless or self-destructive behaviors, such as drug or alcohol abuse, cutting themselves, or having unprotected sex

Adolescents who are reexperiencing their trauma or are troubled by trauma reminders may feel that they are weak, strange, or childish, or “going crazy” because of their bouts of fear or exaggerated physical responses. This may lead them to even further isolation, anxiety, and depression.

Getting Development Back on Track



- Traumatized children and adolescents can learn new ways of thinking, relating, and responding.
- Rational thought and self-awareness can help children override primitive brain responses.
- Unlearning—and rebuilding—takes time.

(Continued)

Getting Development Back on Track

- ④ The good news is that children and youth whose development has been derailed by trauma can learn new ways of thinking, relating, and responding emotionally. In fact, the cortex, the highest part of the brain—the part that makes us human and that is associated with reason and analysis—continues to develop throughout adolescence and into adulthood.
- ④ By providing new, positive experiences and examples, we can help traumatized children and adolescents to build new neural pathways to bypass old ones.
- ④ Rational thought and self-awareness can help young people override primitive brain responses.
- ④ The process of unlearning and rebuilding will take time—and patience—but we should always remember that there is hope and the potential for change.



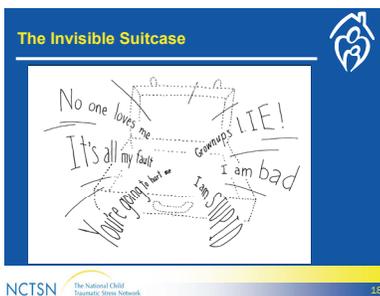
The Invisible Suitcase

We've seen that trauma can actually affect the development of children's brains. In the process, trauma also shapes children's beliefs and expectations about:

- 🧠 Themselves
- 🧠 The adults who care for them
- 🧠 The world in general

Many who survived trauma have learned to expect and believe the worst about themselves and about the people who care for them.

These beliefs and expectations are like an "Invisible Suitcase" that children carry with them from placement to placement, from school to school, and from childhood into adulthood.



The Invisible Suitcase (Continued)

You didn't create this Invisible Suitcase, and the beliefs inside aren't specifically about you. But understanding the contents of your child's Invisible Suitcase is critical to understanding your child and helping him or her to overcome the effects of trauma.

Let's consider Maya's Suitcase.

Refer participants to Maya's complete case history on page CS-3 of the Participant Handbook.

Maya's History



- Exposure to domestic violence
- Physical abuse, including broken bones and bruises
- Separation from her mother
- Medical trauma, including hospitalization

Maya's History

It might seem as if Maya is too young to have anything in her Suitcase—she's only eight months old.

Still, Maya's brain has already begun to connect certain experiences and sensations with others.

In the course of her short life, Maya has experienced:

- 🏠 Exposure to domestic violence
- 🏠 Physical abuse
- 🏠 Separation from her mother
- 🏠 Medical trauma, including time with her arms in casts

Maya's Behaviors

- Cries and screams, rejects comfort
- Is easily startled and distressed by loud noises
- Screams when brought to the doctor's office—even before a doctor or nurse has touched her
- Takes comfort from her bottle when it is propped up rather than when it is being held
- Is soothed by a particular piece of music

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Maya's Behaviors

Now that Maya is living with her aunt, she:

- 🗣️ Cries and screams, but seems to reject all attempts to physically comfort her
- 🗣️ Is easily startled and upset by loud noises
- 🗣️ Becomes particularly upset when brought to the doctor's office
- 🗣️ Calms down when she can hold her bottle propped up in the crib, as opposed to being held in her aunt's arms
- 🗣️ Seems to take comfort from a particular piece of music

**What's in Maya's Suitcase?
(Group Activity)**

- Beliefs about herself?
- Beliefs about her caregivers?
- Beliefs about the world?

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What's in Maya's Suitcase? (Group Activity)

Given what we know, what do you think Maya has learned?

🗣️ **What are her beliefs about herself?**



Give participants time to share their thoughts. One facilitator should lead the discussion while the other makes notes on the board.

Allow five minutes for this discussion (fewer if the participants finish sooner). Make sure the following points are made:

- *Crying is scary.*
- *When I cry, no one responds to me.*
- *When I cry, others hit me or yell at me.*

- *No one is there to comfort me, so I try to comfort myself.*
- *I'm not worth taking care of.*

 **Okay, how about her beliefs about her caregivers?**



Give participants time to share their thoughts. Allow five minutes for this discussion (fewer if the participants finish sooner). Make sure the following points are made:

- *Others cause pain, not comfort.*
- *Others are not safe and cannot be trusted.*

 **What do you think she has learned about the world?**



Give participants time to share their thoughts. Allow five minutes for this discussion (fewer if the participants finish sooner). Make sure the following points are made:

- *The world is a scary and dangerous place.*
- *Hospitals are scary places where I might be hurt or left alone.*
- *The world often sounds loud and overwhelming.*
- *The bottle is good.*
- *The music is good.*

What's in the Suitcase? (Group Activity)



- Take a plastic sandwich bag from the center of the table.
- Using separate slips of paper, write down what you think might be in your child's "invisible suitcase." Be sure to include:
 - Beliefs and expectations about him or herself
 - Beliefs and expectations about you and other caregivers
 - Beliefs and expectations about the world

What's in the Suitcase? (Group Activity)

Okay, let's bring things back around to our own children.

In the middle of the table there are some plastic sandwich bags and index cards. Everybody take one bag and at least three cards (you may need more as we go along). Think about the child in your "My Child" Worksheet.

Based on what you know of his or her behaviors and trauma history, what sort of beliefs and expectations is your child carrying around in that Invisible Suitcase?

Write them down on the cards—one belief/expectation per card.

Be sure to include at least one belief about:

- Him- or herself
- You or other caregivers
- The world in general

Give participants approximately five minutes to think about it and fill in their cards. At five minutes, ask if everyone is done filling the "Suitcases." (You might also want to note that, for many children, their actual suitcases are often nothing more than plastic bags, so using sandwich bags for this exercise seemed appropriate.)

"Repacking" the Suitcase (Group Activity)



- How can we "repack" this suitcase with positive experiences and beliefs?
- How can we promote resilience in this child by making him or her feel:
 - Safe?
 - Capable?
 - Lovable?



"Repacking" the Suitcase (Group Activity)

Ask for one or two volunteers to share the contents of their children's Suitcases. Try to pick participants who have not been dominating the discussion.

Ask the participants to briefly describe their child's age, trauma history, and behaviors before reading each "item" from the Suitcase.

One facilitator should lead the discussion while the other writes the information about the child and the Suitcase on the board or easel, leaving one-half of the easel free for suggestions from the group discussion.

When the participants have finished describing their children and the Suitcase, thank them and open the discussion to the group.

Now that we have an idea of what's IN these Suitcases, let's talk about what we can do to get some of this negative stuff OUT.

🗣️ What can we do to repack these Suitcases with more positive beliefs and experiences?

🗣️ How can we help these children to become more resilient and to believe that they are safe, capable, and lovable?

One facilitator should lead the discussion, going over one Suitcase item at a time, while the other notes the suggestions on the board or easel. Be careful to gently correct any trauma misinformation. Allow 10 to 15 minutes for this activity.

At the end of the discussion, thank participants for their great ideas and ask them to turn to page MC-7 of their "My Child" Worksheet. Give participants five minutes to fill out the Invisible Suitcase section of the worksheet before moving on.

What Trauma-Informed Parenting Can Do



When we protect them from harm . . .

. . . children learn that the world is safe.

When we support, nurture, and respond to them . . .

. . . children learn that they are capable.

When we give them affection and love . . .

. . . children learn that they are lovable.

What Trauma-Informed Parenting Can Do

- ④ When we protect children from harm, children learn that the world is safe.
- ④ When we nurture children's strengths and respond to children's needs, children feel capable of navigating the world.
- ④ And when we provide affection and love, children develop self-esteem and learn that they are worth loving.



Module 3: Wrap Up

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Module 3: Wrap Up

Ask each table to choose two *Big Ideas* that they consider to be most useful or important things that they learned during the session, and to write each idea on an index card.



Give the groups three minutes to discuss and decide on their ideas. One facilitator should serve as timekeeper and give the groups a one-minute warning before calling “time” and collecting the cards.

One facilitator should read from the index cards, while the other notes the ideas on the board or easel. Allow another five to 10 minutes to review, discuss, and condense (if appropriate) the ideas presented into three or four *Big Ideas* for the day. Ask the participants to keep these ideas in mind as they deal with their children in the days before the next module.

Finally, revisit the *Feelings Thermometer* and go around the room checking in. If desired, do a relaxation or stress buster exercise with the group before breaking for the day.

End of Module 3

Module 4: Building a Safe Place



Illustration by Erich Ippen, Jr.
Used with permission.

What You Will Need

- Module 4 PowerPoint slides 1–34
- Index cards for “What Is Safety” Group Activity
- Pens/pencils
- “My Child” Worksheet, Module 4 (*Participant Handbook*, p. MC-9)
- Reprint of A. M.’s story from *Represent* magazine (*Participant Handbook*, pp. 4-19 to 4-27)
- Case studies of Tommy, James, and Javier (*Participant Handbook*, pp. CS-9 to CS-11 and pp. CS-13 to CS-18)

- *Stress Busters for Kids Worksheet* (*Participant Handbook*, p. 4-37)

Icon Reminders

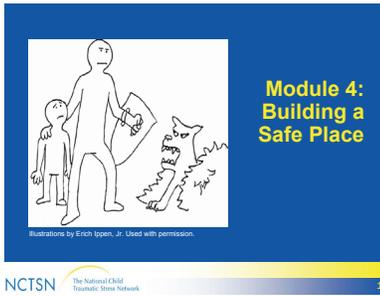
-  Facilitator tip
-  Group activity/discussion
-  Click to advance slide content

Facilitator Goals

- Help participants understand the difference between physical and psychological safety in children and adolescents who have experienced trauma.
- Introduce participants to the concept of the safety message and how to deliver it effectively to children and adolescents who have experienced trauma.
- Provide participants with concrete examples of—and techniques for coping with—trauma reminders.

Key Learning Objectives

- Describe the key components of a safety message and how to deliver an effective safety message to children who have experienced trauma.
- Define trauma reminders and give an example of a reminder and reaction.
- List at least three ways resource parents can help children to cope with trauma reminders.



Module 4: Building a Safe Place

Before participants arrive, write on the board (or an easel) the Big Ideas the group identified during the last module.

Greet participants as they enter the room.

Keep participants informed of the time remaining until the workshop begins.

Remind participants of basic logistical information (location of bathrooms, timing of breaks, etc.).



Start the session by thanking the participants for coming back and directing their attention to the Big Ideas from the last session. Ask the participants to share any experiences or insights they have had since the last session that relate to these Big Ideas.

Allow five to 10 minutes for discussion.



2. Help your child to feel safe.

Essential Element 2

During the last module, we focused on understanding the impact that trauma can have on the children who come into our homes.

Now let's start looking at the ways in which we can help children recover and become more resilient, in particular Essential Element 2: Help your child to feel safe.

Safety is important for all children, but it is particularly crucial for children who have experienced trauma. For these children, the world has often been a harsh and unpredictable place. To heal, they need to feel safe and to believe that there are adults in their lives who can offer safety and security.

**What Is Safety?
(Group Activity)**

Pronunciation: \ˈsāf-tē\
Function: Noun
From the Middle English *saufte*, from the Anglo-French *salveté*, *sauffté*, from *saif* safe
Definition:
1) the condition of being safe from undergoing or causing hurt, injury, or loss

Merriam-Webster Online Dictionary (2008). Retrieved April 27, 2009 from <http://www.merriam-webster.com/dictionary/safety>

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What Is Safety? (Group Activity)

According to the dictionary, “safety” is “the condition of being safe from undergoing or causing hurt, injury, or loss.”

In the real world, of course, safety is a bit more complicated.



Take a couple of index cards from the middle of the table. **Think of a specific time in your own life when you felt endangered, scared, or worried.** Really try to remember what it felt like—both physically and emotionally. Write the situation or incident down on one of the cards.

Give participants a moment to think about it and to make their notes.

Now think about what it took to make you feel safe and secure again. Was it something you did? Something another person did? Going to a special place? A spiritual belief? An object? Or some combination? Write it all down on your card.

Give participants a few moments to write, then open the discussion to sharing for no longer than 10 minutes. One facilitator should lead the discussion while the other notes responses on the board or an easel and helps to monitor the room.



- Physical safety is not the same as psychological safety.
- Your child's definition of "safety" will not be the same as yours.
- To help your child feel safe, you will need to look at the world through his or her "trauma lens."

(Continued)

Safety and Trauma

The exercise we just completed shows us that:

- ④ Physical safety is not always the same as psychological safety. You can be physically safe and not feel safe. Children—and adults—who have experienced trauma are likely to feel unsafe long after they are out of actual physical danger.
- ④ Your child's definition of safety will not be the same as yours. Children who have experienced trauma may get comfort and a sense of safety from things we take entirely for granted—like having heat in every room of the house, or cereal in the kitchen cabinet. On the other hand, actions and activities that we consider comforting or benign—like a pat on the shoulder or a hot bath—may have dangerous overtones to a child who has been physically or sexually abused.
- ④ To help these children feel safe, we as resource parents need to look at the world through the child's "trauma lens."

Safety and Trauma (Continued)



Children who have been through trauma may:

- Have valid fears about their own safety or the safety of loved ones
- Have difficulty trusting adults to protect them
- Be hyperaware of potential threats
- Have problems controlling their reactions to perceived threats

Safety and Trauma (Continued)

Children who have been through trauma may need more control, more reassurance, and more information to feel psychologically and physically safe. Because of their traumatic experiences, these children may:

- 👤 Have valid real-life concerns about their own safety and the safety of siblings, parents, or other loved ones
- 👤 Find it difficult to trust that adults can—or will—protect them
- 👤 Be hyperaware of potential threats, including threats that may seem illogical or unreasonable to us
- 👤 Have trouble controlling their reactions to any threat

When supper was over I saw that there were many biscuits piled high upon the bread platter, an astonishing and unbelievable sight to me. . . .

I was afraid that somehow the biscuits might disappear during the night, while I was sleeping. I did not want to wake up in the morning. . . . feeling hungry and knowing that there was no food in the house. So, surreptitiously I took some of the biscuits from the platter and slipped them into my pocket, not to eat, but to keep as a bulwark against any possible attack of hunger. . . .

I did not break the habit of stealing and hoarding bread until my faith that food would be forthcoming at each meal had been somewhat established.

—Richard Wright

Wright, R. (1945). *Black boy*. NY: HarperCollins Publishers, Inc.

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Read-Aloud Quote

Ask for a volunteer to read the quote from the slide. If no one volunteers, a facilitator should read it aloud.

“When supper was over I saw that there were many biscuits piled high upon the bread platter, an astonishing and unbelievable sight to me. . . . I was afraid that somehow the biscuits might disappear during the night, while I was sleeping. I did not want to wake up in the morning . . . feeling hungry and knowing that there was no food in the house. So, surreptitiously I took some of the biscuits from the platter and slipped them into my pocket, not to eat, but to keep as a bulwark against any possible attack of hunger. . . .

I did not break the habit of stealing and hoarding bread until my faith that food would be forthcoming at each meal had been somewhat established.”

Does this sound familiar? For this author, as for many children who have experienced abuse and neglect, the presence and availability of food was directly tied to his sense of safety. Just having enough food did not immediately allow him to feel safe—he continued to need to hoard food in order to feel safe. As resource parents, it is important that we recognize the link between trauma and behaviors such as hoarding food.

Promoting Safety



- Help children get familiar with the house and neighborhood.
- Give them control over some aspects of their lives.
- Set limits.
- Let them know what will happen next.
- See and appreciate them for who they are.
- Help them to maintain a sense of connection and continuity with the past.

Promoting Safety

There are several ways you can help traumatized children feel psychologically safe (some of this might sound familiar to you from your previous training):

- ① Help them to become familiar with your home and neighborhood so these places feel less foreign.
- ① Give them choices and responsibilities so they can experience a sense of control over their day-to-day lives.
- ① Set limits so they don't feel overwhelmed or responsible for more than they can handle.
- ① Give them some idea of what is going to happen in their future. Children will feel safe if they have some idea of what is going to happen and how decisions affecting them will be made. How much specific information you provide will depend on the age of the child.
- ① See and appreciate each child as a unique and special person. Provide opportunities for children to express themselves freely. The more a child feels "known" and understood by the people around them, the less they will feel like a stranger among strangers.
- ① Help them maintain a sense of connection and continuity with their culture and their past (We'll be going into this in more detail in Module 6: Connections and Healing).

Give a Safety Message



- Partner with the social worker or caseworker.
- Get down to the child's eye level.
- Promise to keep the child physically safe.
- Ask directly what the child needs to feel safe.
- Follow the child's lead.
- Let the child know that you are ready to hear what he or she needs.

(Continued)

Give a Safety Message

When a child who has experienced trauma comes into your home, it's important to give an immediate assurance of safety.

- 🗣️ If possible, ask the social worker who brings the child to your home to stay for an hour or so to participate in this safety message. In this way, you and the social worker are immediately seen as a team working together to keep the child safe.
- 🗣️ Get down to the child's eye level and use language appropriate to the child's age.
- 🗣️ Promise to keep the child physically safe. Avoid making promises that are unrealistic, such as "Nothing bad will ever happen to you again," but let the child know that you will do everything you can to keep him or her safe and protected.
- 🗣️ Ask the child what he or she needs to feel safe.
- 🗣️ As you give your safety message, be sure to follow the child's lead. Don't push it if the child seems distracted, nervous, or unwilling to go into details.
- 🗣️ Very young children, or children who were traumatized at a very young age, literally may not have the words to tell you what they need to feel safe. But we can still let children know that we care about their needs and are ready to listen to what they have to say. Reassure the child that you are always ready to help or talk if he or she feels anxious or afraid.

Give a Safety Message (Continued) (Group Activity)



Take concerns seriously:

- Empathize.
- Acknowledge that the child's feelings make sense in light of past experiences.
- Be reassuring and realistic about what you can do.
- Be honest about what you do and don't know.
- Help your child to express his or her concerns to other members of the child welfare team.

Give a Safety Message (Continued) (Group Activity)

If the child does share worries with you, take them seriously, even if they seem exaggerated or unrealistic.

-  Be empathetic. Let the child know that you care.
-  Acknowledge that the child's feelings make sense in light of past experiences. This lets the child know that all fears and concerns are "mentionable" in your household. This can go a long way toward helping the child to feel more "normal" and less bound by secrecy.
-  Be reassuring, but also be realistic about the limitations of your own power. Don't promise more than you can deliver.
-  Be honest about what you do and don't know.
-  If necessary, help the child to make a list of concerns for the caseworker or other members of the team. Just writing down a fear can help a child to feel more in control.

Ask the group to turn to page MC-9 of their Participant Handbook, the "My Child" Worksheet, Module 4. Ask the group to take a moment to think about the child in their worksheet.



What sort of safety message would you want to share with

this child? What reassurances of physical safety can you offer? Keeping the child's age in mind, what phrasing would you use? How can you work with the caseworker to deliver this message?

Allow five to 10 minutes for questions and discussion.

Explain Rules

When explaining household rules:

- Consider the child's history.
- Don't overwhelm the child.
- Emphasize protection.
- Be flexible when you can.



Explain Rules

Household rules and routines are one of the ways we keep things running smoothly in our homes, particularly when we have several children (and a partner, and perhaps some pets) living under one roof.

Structure and routine are an important part of building a sense of security in children who have survived trauma. Explaining how your household works can keep a child from feeling adrift and out of sync with the family. But laying down dictatorial rules during the first hour (or day) that a child arrives can send a message that your home is harsh and institutional rather than safe and comforting. To help strike the right balance:

- 🕒 Keep the child's history in mind. Many children with a history of trauma have lived in households that were chaotic, without rules or routines. Others may have lived in families where breaking any rule had terrible consequences. It can be helpful to start by asking the child how things were done in his or her home (when they ate supper, who did the dishes, etc.) so you can explain how—and why—things are done differently in yours.
- 🕒 Don't overwhelm the child by telling him or her everything at once. Start with the rules he or she may need to know right away, and explain others as the need arises.
- 🕒 When explaining the rules of your household, stress the positive. Let the child know that the rules are there to help protect the child, others in the household, and the household itself.
- 🕒 Be flexible even as you set limits. Keep in mind that a child coming from a neglectful or abusive home may be unfamiliar with the concept of consistent rules. Let the child know that you are willing to listen and help if the child has trouble understanding or following the rules.



Be an “Emotional Container”

As we’ve learned, children who have been through trauma may not have developed the skills to understand, express, and manage their emotions. They may feel overwhelmed by their feelings, particularly in the face of new stresses, strange situations, and trauma reminders.

Children burdened by the negative beliefs and expectations of their Invisible Suitcases may unconsciously try to “confirm” these beliefs by acting out in ways that will provoke the responses they expect from adults.

When faced with these behaviors, the greatest gift we can give is to be an “emotional container” for the child: responding calmly and appropriately and disproving the beliefs in the child’s Invisible Suitcase.

I started cursing at the foster mom. I wanted her to lose control. I figured that sooner or later she would say something that would hurt me. I wanted to hurt her first . . .

Later, I felt depressed. I knew I'd acted out of control. When I get angry I don't even realize what I do and I hurt the people around me. . . .

I feel sad that I'm not good about expressing myself. I feel like a walking time bomb. I hope I can find a foster mom who can handle my anger, and help me take control of myself.

—A. M.

Am I too angry to love? Reprinted Nov/Dec 2004. Available at http://www.youthconnect.org/CTC/CTC_Features/NovDec2004/CTC_11_10_04.html

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Read-Aloud Quote

Ask for a volunteer to read the quote on the slide. If no one volunteers, one facilitator should read the slide aloud.

“I started cursing at the foster mom. I wanted her to lose control. I figured that sooner or later she would say something that would hurt me. I wanted to hurt her first . . .

Later I felt depressed. I knew I'd acted out of control. When I get angry I don't even realize what I do and I hurt the people around me. . .

I feel sad that I'm not good about expressing myself. I feel like a walking time bomb. I hope I can find a foster mom who can handle my anger, and help me take control of myself.”

A child like A. M. is crying out for an emotional container, someone who can handle her anger or other overwhelming emotions and help her to take control of herself without hurting other people. Only then can a child like A. M. feel safe.

 *Inform participants that they can read more of A. M.'s story, in her own words, beginning on page 4-19 of the Participant Handbook.*

Be an “Emotional Container” (Continued)



- Be willing—and prepared—to tolerate strong emotional reactions.
- Remember the suitcase!
- Respond calmly but firmly.
- Help your child identify and label the feelings beneath the outburst.
- Reassure your child that it is okay to feel any and all emotions.

Be an “Emotional Container” (Continued)

To be an effective “emotional container” for your child, you will need to:

- 🏠 Be willing—and prepared—to tolerate strong emotional reactions.
- 🏠 Remember the Suitcase! Even though the child may be acting out with you, those behaviors are not really about you.
- 🏠 Respond calmly but firmly to emotional outbursts.
- 🏠 Help your child to identify and label his or her sometimes frightening feelings. Suggest and set an example of appropriate ways of expressing feelings without damaging things or lashing out at other people.

In the next module, we will go into more detail about coping with children’s strong emotional reactions and the behaviors they produce.

Manage Emotional “Hot Spots”



- Food and mealtime
- Sleep and bedtime
- Physical boundaries, privacy, personal grooming, medical care

Manage Emotional “Hot Spots”

Some situations may be particularly difficult for children who have experienced trauma, and may trigger a child to act out, struggle over control, or become emotionally upset. These emotional “hot spots” include:

- 🕒 Mealtimes or other situations that involve food
- 🕒 Bedtime, including getting to sleep, staying asleep, and being awakened in the morning
- 🕒 Anything that involves physical boundaries, including baths, personal grooming, nudity, privacy issues, and medical exams and procedures that expose or invade the body

I made a list of things my sister and I eat so [our new foster mother] could buy our food, but she didn't buy exactly what we wanted.

She bought the wrong kind of cereal, she put ginger in the juice even though I told her not to, and the bread was some damn thick . . . bread.

All of these little things made me furious. I believed she thought it didn't matter what I told her, and that she could treat us how she wants.

—A. M.

Am I too angry to love? Represent Nov/Dec 2004. Available at http://www.youthcomm.org/CTV/L4_Features/NovDec2004/CTV11_2004_11_10_04

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Read-Aloud Quote

Ask for a volunteer to read the quote. If no one volunteers, one facilitator can read it aloud.

“I made a list of things my sister and I eat so [our new foster mother] could buy our food, but she didn’t buy exactly what we wanted.

She bought the wrong kind of cereal, she put ginger in the juice even though I told her not to, and the bread was some damn thick . . . bread.

All of these little things made me furious. I believed she thought it didn’t matter what I told her, and that she could treat us how she wants.”



Ask the participants for their thoughts and reactions to the quote—how does it make them feel?

Does A. M.’s reaction seem unreasonable? Ungrateful? Understandable? Have you run into similar reactions from children in your care?

Allow a few minutes for discussion.

**Food and Meals
(Group Activity)**

- Be aware of the child's history.
- Accommodate food preferences, if possible.
- Set consistent meal times.
- Involve child in planning and making meals.
- Keep mealtimes calm and supportive.



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Food and Meals (Group Activity)

For many traumatized children, food and the experience of being fed can be emotionally charged. When dealing with mealtimes:

- 🕒 Be aware of your child's history. In your child's past, meals may have been inadequate, unpredictable, or a time when family conflicts rose to the surface. In some families, food may have been the only source of comfort. In others, children may have been forced to fend for themselves, scrounging food from dumpsters or begging from strangers.
- 🕒 When possible, try to accommodate the child's food preferences. Foods that a child equates with safety and comfort may seem foreign or even unhealthy to you, but if you make sure that at least a few of them are always available, you will be sending a powerful safety message to your child.
- 🕒 Set consistent mealtimes.
- 🕒 Involve the child in planning and preparing meals. As always, keep your child's history in mind. Although having a say in the menu can be empowering, for children who always had to fend for themselves, helping to prepare a meal may be more of a trauma reminder than a comfort. Tailor your actions to the needs and trauma history of your child.
- 🕒 Keep mealtimes calm and supportive. Help the child to see mealtimes as a time when family members come together to enjoy each other and share experiences.



In what other ways can we make mealtimes “safer” for our children?

Open the floor for five minutes of suggestions and discussion. One facilitator should lead the discussion, while another notes the suggestions on the board or easel. Take care to keep the discussion trauma-focused.

I woke up in a panic. I couldn't stay asleep. [My foster mother] came into my room. "Honey, what's wrong?"

I couldn't even tell her how I felt. I couldn't get the words out to say what was the matter.

—A. M.

Learning to Live Again, Re-present—July/Aug 2005
Available at http://www.youthcomm.org/FCYU-Features/JulyAug2005/05_07_04b.htm

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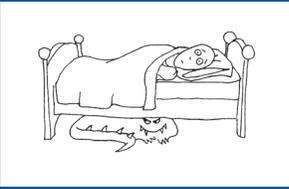
Read-Aloud Quote

Ask for a volunteer to read the quote aloud. If no one volunteers, one facilitator should read it.

“I woke up in a panic. I couldn’t stay asleep. [My foster mother] came into my room. ‘Honey, what’s wrong?’

I couldn’t even tell her how I felt. I couldn’t get the words out to say what was the matter.”

**Sleep and Bedtime
(Group Activity)**



(Continued)

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Sleep and Bedtime (Group Activity)

Like meals, bedtime, sleeping, and dreaming may be especially difficult. As we’ve seen, a child suffering from traumatic stress reactions may have trouble sleeping. When a child like A. M. shuts her eyes, images of past traumatic events may appear. Later, nightmares may awaken her. For this reason, a traumatized child may avoid bedtime.

Being in bed may also make children feel especially vulnerable or alone. They may have been sexually abused while in bed, or thrown into bed at the end of a parent’s raging and physical abuse.

A child who’s been traumatized may also find waking up in the morning difficult. Children who have grown up in unstable environments may feel that no sooner did they feel safe enough to go to sleep than they were being asked to wake up and face the day again.



- Help your child to “own” the bedroom.
- Respect and protect your child’s privacy.
- Acknowledge and respect fears.
- Set consistent sleep and wake times with predictable, calming routines.
- Seek help if needed.

Sleep and Bedtime (Continued)

Some basic steps you can take to help a traumatized child feel safe when going to bed, sleeping, and waking up include:

- 1. Encourage a sense of control and ownership by letting the child make choices about the look and feel of the bedroom space.
- 2. Respect and protect your child’s privacy, and make sure that other members of the family do the same. For example, always ask permission before sitting on the child’s bed.
- 3. Acknowledge and respect your child’s fears—be willing to repeatedly check under the bed and in the closet, or show that the window is locked. Provide a nightlight, and reassure your child that you’ll defend against any threat.
- 4. Set consistent times for going to bed and getting up in the morning, and establish regular, calming bedtime and waking rituals. Let the child decide how to be awakened. An alarm clock might be too jarring for a child who is always on alert for danger. How about a clock radio tuned to a favorite station? A touch on the shoulder? Make sure children know exactly what to expect each night and morning. By creating dependable routines, you can help your child start and end the day feeling safe.
- 5. Children who are having a great deal of trouble with bedtime and sleep may need help from a therapist specifically trained in trauma treatment.



Open the floor for five minutes of suggestions and discussion. One facilitator should lead the discussion while the other notes the participants’ suggestions on the board or easel. Take care to keep the discussion trauma-focused.

I don't think there was a time when I wasn't abused as a child. In order to survive the abuse, I made believe that the real me was separate from my body. That way, the abuse was happening not really to me, but just this skin I'm in.

Still, my body sometimes betrayed me. Crying when I wanted to remain strong, becoming tired and refusing to obey my commands to stay awake, and, most horribly, physically responding to sexual advances. It seemed to me like my body had a mind of its own. I hated the thought of sexual contact, yet my body would respond to it, even when it was unwanted.

—C. M.

My body betrayed me. Reprinted: Sept. 2002
Available at <http://www.youthconnect.org/> 17114-8484/sexualabuse/02090201013_0025-00-04.htm

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Read-Aloud Quote

Ask for a volunteer to read the quote aloud. If no one offers, one facilitator should read the slide.

“I don’t think there was a time when I wasn’t abused as a child. In order to survive the abuse, I made believe that the real me was separate from my body. That way, the abuse was happening not really to me, but just this skin I’m in. Still, my body sometimes betrayed me. Crying when I wanted to remain strong, becoming tired and refusing to obey my commands to stay awake, and, most horribly, physically responding to sexual advances. It seemed to me like my body had a mind of its own. I hated the thought of sexual contact, yet my body would respond to it, even when it was unwanted.”

Children like C. M. have learned to see their bodies as the enemy, or as something that needs to be hidden and made as unattractive as possible. Seemingly positive things like a hug, brushing hair, or a hot shower may have very different meanings for a child whose body has been violated. We need to be very sensitive to our children’s trauma history when it comes to situations that involve physical boundaries, including personal grooming, privacy, touch, and medical exams and procedures.

Physical Boundaries



Children who have been neglected and abused may:

- Never have learned that their bodies should be cared for and protected
- Feel disconnected and at odds with their bodies
- See their bodies as “vessels of the negative memories and experiences they carry, a constant reminder not only of what has happened to them but of how little they are worth”

Pughe, B., & Phipps, T. (2007). *Living alongside a child's recovery*. London, UK: Kingston Publishers.

Physical Boundaries

Do you remember when you learned to brush your teeth? To comb your own hair? To wash your face?

For many of us, learning those basic skills happened so early that it's hard to recall exactly who taught us, or when.

But have you ever noticed how often the children who come to our homes don't seem to have these skills? They may arrive with teeth that are desperately in need of cleaning, or hair so tangled it's hard to get a brush through it. And they may be resistant to grooming, to bathing, to anything that involves seeing or touching their bodies.

- ☎ Children who have been abused and neglected may never have learned that their bodies should be cared for and protected.
- ☎ Sexual and physical abuse can leave children like C. M. feeling disconnected from—or even at odds with—their physical selves, with no sense of ownership, comfort, or pride in their bodies.
- ☎ Instead, they may see their bodies as “vessels of the negative memories and experiences they carry, a constant reminder not only of what has happened to them but of how little they are worth.”

Physical Boundaries (Continued) (Group Activity)



- Respect your child's physical boundaries.
- Make the bathroom a safe zone.
- When helping younger children bathe, ask permission before touching and be clear about what you are doing and why.

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Physical Boundaries (Continued) (Group Activity)



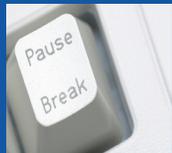
For more information on safety issues, refer participants to "Managing Emotional 'Hot Spots': Tips for Resource Parents" and "The Importance of Touch: Caring for Infants Who Have Experienced Trauma" beginning on page 4-29 of the Participant Handbook.



Some of the steps you can take to help children feel more comfortable and safe within their bodies include:

- 🕒 Respect the child's physical boundaries. Don't assume the child wants to be hugged; take cues from your child before initiating physical contact.
- 🕒 Make the bathroom a safe zone: introduce older children to all the workings of the bathroom, and make it clear that their time in the bathroom is private, and that no one will be walking in on them during bath time.
- 🕒 When helping to bathe younger children, be careful to ask permission before touching and to be clear about exactly why, how, and where you will be touching them.

Open the floor for five minutes of suggestions and discussion. One facilitator should lead the discussion while the other notes the participants' suggestions on the board or easel. Take care to keep the discussion trauma-focused.



Let's take a break!

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Let's Take a Break!

Announce a 10-minute break.

Be sure to remind the group of the location of bathrooms, phones, etc.

Note the current time and the time when the workshop will resume.

Trauma Reminders

People, situations, places, things, or feelings that remind children of traumatic events:

- May evoke intense and disturbing feelings tied to the original trauma
- Can lead to behaviors that seem out of place, but may have been appropriate at the time of the original traumatic event



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Trauma Reminders

Psychological safety comes not only from having a sense of control over your outside world, but also from having a sense of control over what goes on inside yourself.

Trauma reminders can cause physical and emotional reactions that threaten a child's sense of safety.

As we discussed earlier in this training, during a traumatic event sights, smells, sounds, things, places, people, words, colors, even a child's own feelings—can become linked with the trauma.

- Ⓐ Afterward, exposure to any of the things that have become associated with the trauma in the child's mind can bring up intense and terrifying feelings, similar to those felt during the trauma itself. Sometimes the child may understand what's happening, but more often than not the reaction is completely unconscious—which can make it even more terrifying.
- Ⓐ Exposure to trauma reminders can prompt children to behave in ways that may seem out of place in the current situation, but that made sense—and may even have been helpful—at the time of the original traumatic event.

Trauma Reminders' Impact



Frequent reactions to trauma reminders can:

- Keep a child in a state of emotional upset
- Be seen by others as overreacting to ordinary events
- Result in avoidance behaviors
- Isolate the child from peers and family
- Make a child feel ashamed or afraid of going "crazy"

Trauma Reminders' Impact

Children who have been exposed to chronic trauma may face many trauma reminders in the course of a day. They may feel as if danger is everywhere and they can never be safe.

- Ⓘ Facing many trauma reminders can keep a child in a chronic state of emotional upset.
- Ⓘ Since other people may not recognize the child's trauma reminders, they might think that the child is overreacting or reacting strangely to ordinary events.
- Ⓘ In order to avoid trauma reminders, a child may become isolated.
- Ⓘ A child who is having frequent reactions may avoid other people or activities because that is the only way to feel safe.
- Ⓘ Children—particularly adolescents—can be embarrassed when others notice their reactions to trauma reminders. For example, a teenaged boy who jumps in class every time someone drops a book or slams a locker door may worry that his friends will make fun of him, or think he is going crazy.



Refer participants to pages

4-35 and 4-36 of the Participant Handbook, "Coping with Trauma Reminders: Tips for Resource Parents," for more information on trauma reminders.

Identifying Trauma Reminders



- When your child or adolescent has a reaction, make note of:
 - When
 - Where
 - What
- When possible, reduce exposure.
- Share your observations with your child's caseworker and therapist.

Identifying Trauma Reminders

A child who is having frequent reactions to trauma reminders may need trauma-focused psychotherapy to help identify reminders and reduce the intensity of reactions. No one expects you to be your child's therapist. (We will be talking more about this in Module 7: Becoming an Advocate.) That said, there are things you can do:

- 🕒 Be observant. Since your child may be unaware of what is causing the reactions, you may have to play detective to make the connection between a reminder and the trauma. When your child has a reaction, look for patterns and pay attention to:
 - 🕒 When the reaction occurred. Has the child had similar reactions at the same time of day? What happened before the reaction?
 - 🕒 Where the reaction occurred. School? Home? A particular room? A particular place in the room?
 - 🕒 What was around at the time? Try to identify the people, sights, sounds, and other cues that might have been trauma reminders for your child. Remember that the reminder may be something obviously related—such as loud noises for a child who was witness to a shooting, or something that just happened to be present when a traumatic event occurred—such as the song that was playing on the radio.
- 🕒 Once you've identified potential trauma reminders, it may be possible to reduce your child's exposure. In the long run, we want to help our children to manage their reactions to trauma reminders. But in the beginning—especially with children too young to comprehend the relationship—the best way to help may be to manage the environment to reduce exposure.
- 🕒 Let the caseworker (and therapist if there is one) know what you've observed.

What's the Reminder? (Group Activity)



- What situation or event did the child react to?
- Based on the child's trauma history, what was it a reminder of?
- What else could serve as trauma reminders? (Try to think of at least three for each child.)

What's the Reminder? (Group Activity)

Let's try identifying trauma reminders in some of the children we met in Module 1.



Ask the participants to break out into three groups. Assign one child to each group: Tommy, James, and Javier. Ask the groups to turn to relevant pages in the Participant Handbook (for Tommy, pages CS-9 and CS-10, for James, pages CS-13 to CS-16, and for Javier, pages CS-17 and CS-18) to review each child's background and to answer the questions on the slide.

- For Tommy, ask the group to focus on "Tommy hears an argument."
- For James, ask the group to focus on "James won't come to dinner."
- For Javier, ask the group to focus on "Javier and the iPod®."

Allow five minutes for the group to review and discuss, and then ask each group to report their thoughts. Allow 10 minutes for discussion. One facilitator should lead the discussion while the other makes notes on the board or easel and helps to monitor the room. Make sure the following points are made:

Tommy

- His foster parents' argument (the sound of a man and woman screaming, disagreeing) was a reminder of his parents' arguments, and he reacted as he had to their arguments.
- Other potential reminders: screaming, physical violence in real life or on the TV or in a movie; seeing someone get hurt or getting hurt himself; a woman crying; an ambulance or police siren

James

- *Since James' grandfather died while at the dinner table, something about this dinner must have been a trauma reminder. In this case it's the leg of lamb that his grandmother prepared the night his grandfather died.*
- *Other potential reminders: seeing someone collapse; seeing a heart attack depicted in a book, on TV, or in the movies; paramedics or ambulances; seeing a man on the street who looks like his grandfather; the anniversary of his grandfather's death, etc.*

Javier

- *When the boy reached inside his jacket, it reminded Javier of the boy who reached for a gun the night his friend was shot. His feelings when his schoolmates laughed may also have been a reminder of his feelings of powerlessness and humiliation when he could not stop his father from abusing his mother.*
- *Other potential reminders: blood; the sight of guns or sound of gunfire on TV or in a movie; a group of boys congregating on a street corner; anyone shouting or fighting; his own feelings of powerlessness or humiliation, etc.*



Think about the child in your “My Child” Worksheet. Based on what you know about his or her trauma history, has he or she exhibited any behaviors or reactions that may have been due to trauma reminders?

Allow five minutes for discussion.



- Ensure safety
- Reorient
- Reassure
- Define what's happened
- Respect and normalize the child's experience
- Differentiate past from present

Coping with Trauma Reminders: What Parents Can Do

Now let's talk a little bit about what you can do to help when your child experiences a reaction to a trauma reminder.

- 🕒 Your first and foremost goal is to ensure the child's physical safety. Make sure your child won't get hurt because of panic, distress, or dissociation.
- 🕒 Reorient your child to the here and now. You can do this by focusing the child's attention on something in the present. Some children like being touched at this time, others don't. You can give the child something to do to ground him or her in the present. For example, one trauma expert suggests having an upset child drink a glass of cold water.
- 🕒 As the child begins to calm down, provide firm and specific reassurances of safety. Give the child a chance to tell you what happened. Encourage the child to describe physical sensations as well as emotions.
- 🕒 Help your child define what happened. It can be helpful to repeat or rephrase the child's words to affirm that you understand.
- 🕒 Respect and normalize the child's experience by acknowledging how real and overwhelming it felt. Remind your child that reactions to trauma reminders are normal. It's the way our brains protect us from danger—they just sometimes keep reacting even when the danger is past. Reassure your child that the intensity of reactions to reminders usually lessens over time, especially as your child becomes aware of what's causing these reactions.
- 🕒 Help your child understand that the present situation is different from past experiences. Even though the trauma reminder may make the child feel as if bad things are still happening, those events are over, and now you are there to protect and help.

Coping with Trauma Reminders: What NOT to Do



- Assume the child is being rebellious
- Tell the child he or she is being dramatic or "overreacting"
- Force the child to face reminder
- Express anger or impatience

Coping with Trauma Reminders: What NOT to Do

Children's reactions to trauma reminders can be unexpected, confusing, and frustrating, which makes it all the more important to view their behavior through the trauma lens and remember your role as emotional container.

Above all, try not to:

- ❗ Assume that the child is just being rebellious. Remember, children who are reacting to a trauma reminder rarely understand why the reaction is happening and are not fully in control of the reaction.
- ❗ Tell the child that he or she is being dramatic or overreacting. This will only reinforce the child's sense of being misunderstood and out of control.
- ❗ Force the child to face the reminder. Understanding and overcoming trauma reminders takes time.
- ❗ Express anger or impatience. Responding with anger or impatience will only reinforce the negative beliefs in the child's Invisible Suitcase.

Coping with Trauma Reminders: What Children Can Do—SOS



- **Stop**
 - Stop and take several long, deep breaths.
- **Orient**
 - Look around and take in immediate surroundings.
 - Make note of physical reactions (breathing, heartbeat, etc).
- **Seek Help**
 - Use a "stress buster" to help calm down.
 - If needed, call a trusted friend or reliable adult.

Coping with Trauma Reminders: What Children Can Do—SOS

We can empower our children by helping them develop their own strategy for coping with trauma reminders or other stressful situations.

SOS is one technique that can be helpful. You can coach your child in this technique and help walk him or her through it the first few times.

- 🕒 **Stop**, take a deep breath, and try to put the brakes on the reaction before it gets out of control.
- 🕒 **Orient** yourself to the place you are right now, not just externally, but internally. How is your body feeling? How are you breathing? Breathing too fast? Holding your breath? Is your heart pounding?
- 🕒 **Seek help**, in the form of a stress buster—something that makes you feel better and more relaxed—or by talking to a friend or adult you trust.

SOS: Identifying Stress Busters



- Activities (running, playing a particular song)
- Things (a toy, a stuffed animal, a picture, a favorite blanket, a particular food)
- Places (a spot in the yard or a park, a room)
- People
- A specific thought, phrase, or prayer

SOS: Identifying Stress Busters

To use SOS effectively, children will need to have some idea of what helps them to calm down when they are feeling upset or stressed. Your child's stress busters might include:

- 🏠 Activities (running, playing a particular song)
- 🏠 Things (a toy, a stuffed animal, a picture, a favorite blanket, a particular food, a special book)
- 🏠 Places (a spot in the yard or a park, a room)
- 🏠 People
- 🏠 Specific thoughts, phrases, or prayers

You can help your child to figure out which stress busters work best in which situations by filling out the "Stress Busters for Kids Worksheet" on page 4-37 of the *Participant Handbook*.

Coping with Trauma Reminders (Group Activity)



How did the resource parents . . .

- Reorient the child and ensure safety?
- Help the child understand what happened?
- Differentiate past from present?
- Give the child new options for coping with a reminder?

Would you have done anything differently?

Coping with Trauma Reminders (Group Activity)

Okay, let's go back to your smaller groups and review what the resource parents actually did and said to help each of the children: Tommy, James, and Javier. Review the case study and discuss the following questions about the resource parents' actions:

- 🕒 How did they reorient the child and reassure him of his safety?
- 🕒 How did they help the child understand what was going on in understandable terms, given the child's age?
- 🕒 How did they help the child differentiate past from present?
- 🕒 Did they provide the child with new options for coping with trauma reminders?
- 🕒 Would you have done anything differently?



Allow five minutes for the group to review and discuss, and then ask each group to report their thoughts. Allow 10 minutes for discussion. Make sure all of the points on the slide are covered.

I woke up in a panic. I couldn't stay asleep. [My foster mother] came into my room. "Honey, what's wrong?"

I couldn't even tell her how I felt. I couldn't get the words out to say what was the matter.

"You're safe here, OK? If anyone tries to get through the door to hurt you I will get them."

I was glad that she was so aggressive—it made me feel like I could loosen up and let someone else protect me. I didn't have to worry anymore.

—A. M.

Learning to love again. Reprinted. July/Aug 2006.
Available at http://www.youthconnect.org/PC/114/Parkland_July/Aug2006-07_046.html

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Read-Aloud Quote

Ask for a volunteer to read the quote. If no one volunteers, one facilitator should read it aloud.

“I woke up in a panic. I couldn’t stay asleep. [My foster mother] came into my room. ‘Honey, what’s wrong?’

I couldn’t even tell her how I felt. I couldn’t get the words out to say what was the matter.

‘You’re safe here, OK? If anyone tries to get through the door to hurt you I will get them.’

I was glad that she was so aggressive—it made me feel like I could loosen up and let someone else protect me. I didn’t have to worry anymore.”

When it comes to building a safe place, this should be our goal—not just at bedtime, but in every aspect of our children’s lives. When traumatized children feel safe in our homes and believe that they can trust us to protect them, they can at last “loosen up” and the healing process can begin.



Module 4: Wrap Up

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Module 4: Wrap Up

Ask each table to choose two *Big Ideas* that they consider to be the most useful or important things that they learned during the session, and to write each idea on an index card.



Give the groups three minutes to discuss and decide on their ideas. One facilitator should serve as timekeeper and give the groups a one-minute warning before calling “time” and collecting the cards.

One facilitator should read from the index cards, while the other notes the ideas on the board or easel. Allow another five to 10 minutes to review, discuss, and condense (if appropriate) the ideas presented into three or four *Big Ideas* for the day. Ask the participants to keep these ideas in mind as they deal with their children in the days before the next module.

Finally, revisit the *Feelings Thermometer* and go around the room checking in. If desired, do a relaxation or stress buster exercise with the group before breaking for the day.

End of Module 4

Module 5: Dealing with Feelings and Behaviors

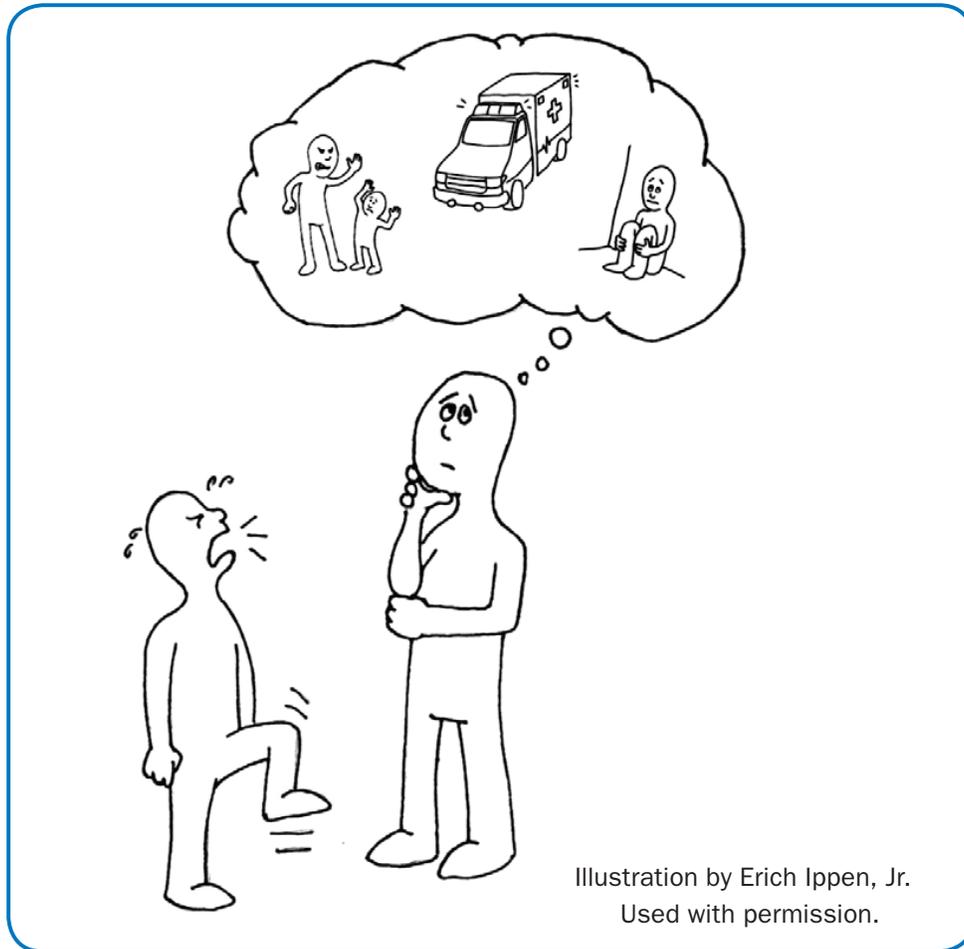


Illustration by Erich Ippen, Jr.
Used with permission.

What You Will Need

- Module 5 PowerPoint slides 1–31
- “My Child” Worksheet, Module 5 (*Participant Handbook*, p. MC-11)
- Bowls for “What’s my emotion?” and “Taking Stock” Group Activities
- Slips of paper (with one emotion per slip) for the “What’s my emotion?” Group Activity
- Small candies (M&Ms®, Skittles®, etc.) for “Taking Stock” Group Activity

- Paper cups for “Taking Stock” Group Activity
- Pens/pencils

Icon Reminders

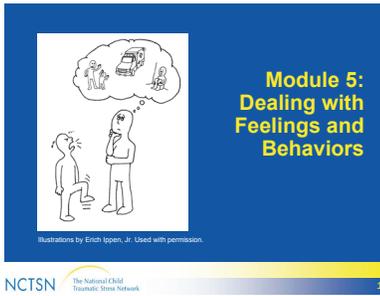
-  Facilitator tip
-  Group activity/discussion
-  Click to advance slide content

Facilitator Goals

- Introduce participants to the Cognitive Triangle, and the impact of trauma on children's thoughts, feelings, and behaviors.
- Introduce techniques for helping traumatized children understand and control their emotional and behavioral reactions.

Key Learning Objectives

- Describe the Cognitive Triangle and apply it to a child who has experienced trauma.
- Identify at least three reasons why children who have experienced trauma may act out.
- Describe at least three ways in which resource parents can help children develop new emotional skills and positive behaviors.



Module 5: Dealing with Feelings and Behaviors

Before participants arrive, write on the board (or an easel) the Big Ideas that the group identified during the last module.

Greet participants as they enter the room.

Keep participants informed of the time remaining until the workshop begins.

Remind participants of basic logistical information (location of bathrooms, timing of breaks, etc.).



Start the session by thanking the participants for returning and directing their attention to the Big Ideas from the last session. Ask the participants to share any experiences or insights they may have had since the last session that relate to these Big Ideas.

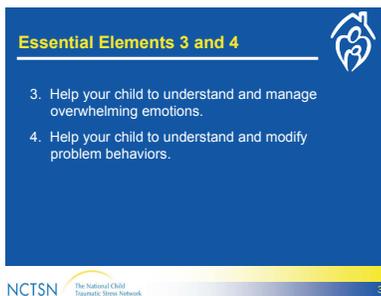
Allow five to 10 minutes for discussion before moving on to the next slide.



Seeing Below the Surface

Your child's problem behaviors are likely to be part of what motivated you to take this training.

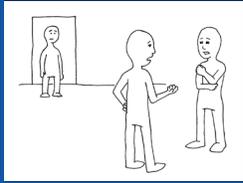
- 🕒 But the behavior you see—no matter how disruptive and frustrating—is only the tip of the iceberg for children who've been through trauma.
- 🕒 Below the surface are the feelings, thoughts, expectations, and beliefs that the children have accumulated as a result of their traumatic experiences.



Essential Elements 3 and 4

In this module we're going to learn some techniques for looking below the surface so we can fulfill Essential Elements 3 and 4:

- 🕒 Help children to understand, express, and control their sometimes overwhelming emotional responses.
- 🕒 Help children to understand and change the problem behaviors that come with those responses.



What If . . . ? (Group Activity)

Imagine that you go to your child's school for a PTA meeting. As you walk in, you notice two parents you know only slightly on the other side of the room. They look your way, but continue to talk to each other without acknowledging you or coming over to you.

What are you likely to think?



Give participants time to respond, with one facilitator leading the discussion and the other noting participants' responses on the board or an easel. Possible responses could include:

- They're talking about me
- They didn't see me
- They're angry at me

After participants have provided several options/interpretations, ask

How would you feel in response to each of these thoughts?

Possible responses could include:

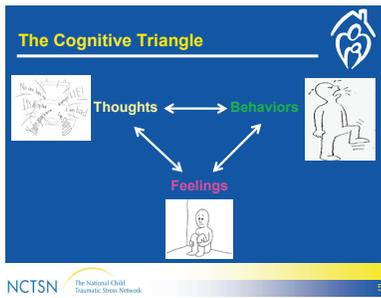
- They're talking about me—angry/embarrassed/hurt
- They didn't see me—neutral/curious
- They're angry at me for some reason—worried/angry

What action would you take based on those feelings?

Possible responses could include:

- Angry/embarrassed/hurt—glare at them/snub them/say something nasty about them to one of the other parents
- Neutral/curious—go over and say hello/not worry about it and say hello if you run into them later
- Worried/angry—avoid them/rush over and confront them

Even though the objective reality is exactly the same, our response to that reality changes depending on the way we think and feel about the situation.



The Cognitive Triangle

Psychologists refer to this relationship between what we think, what we feel, and what we do as the Cognitive Triangle. What we think directly affects how we feel, and how we feel affects how we behave.

You may have noticed that the arrows in the triangle are all two-way. That's because each element of the triangle influences the others and feeds back into the others. If you feel sad and stay in bed all day, you're only going to feel sadder, and you're likely keep having negative thoughts such as "I'm always going to be lonely." After a while, you won't know whether your feelings are causing your behavior or your behavior is creating your feelings. This is why many mental health experts believe that making a change at any point on the triangle will have an effect on the other two.

For example, in the situation we just discussed, even if your first thought was that the people across the room were talking about you, telling yourself "Oh, they must not have seen me" would change the way you felt and acted in that situation. A simple shift in thinking can have a profound effect on feelings and behavior.

Trauma and the Triangle

Children who have experienced trauma may find it hard to:

- See the connection between their feelings, thoughts, and behaviors
- Understand and express their own emotional reactions
- Accurately read other people's emotional cues
- Control their reactions to threats or trauma reminders

(Continued)

Trauma and the Triangle

When you recognize the connections between thoughts, feelings, and behaviors, it's much easier to make these kinds of changes.

- ④ But seeing these connections can be difficult for children and adolescents whose development has been derailed by trauma.
- ④ They may find it hard to understand or express what they are feeling and why.
- ④ They may not be very good at accurately reading other people's emotional cues.
- ④ They may be extremely reactive to any perceived threat. Seemingly minor things can set off a flood of emotions that the child can barely describe, let alone control.



Children may act out as a way of:

- Reenacting patterns or relationships from the past
- Increasing interaction, even if the interactions are negative
- Keeping caregivers at a physical or emotional distance
- “Proving” the beliefs in their Invisible Suitcase
- Venting frustration, anger, or anxiety
- Protecting themselves

Trauma and the Triangle (Continued)

Although these emotional reactions and behaviors can be frustrating and challenging, they are not calculated or conscious. Children who have been through trauma may act out for a variety of unconscious reasons, including:

- 🔒 To reenact patterns or relationships from the past, including the conditions in their prior home, which may have been chaotic, but were at least familiar
- 🔒 To increase their interactions with you—even if the attention is negative
- 🔒 To keep people—including you—at a physical and emotional distance
- 🔒 To “prove”—on an unconscious level—that the negative beliefs in their Invisible Suitcases are true (“You can’t fool me—sooner or later, you’ll get mad and reject me!”)
- 🔒 To vent frustration, anger, or anxiety
- 🔒 To protect themselves. In fact, many of the troubling behaviors and reactions that we see in children who have been through trauma may actually have helped them to survive in troubled or abusive homes. But those survival strategies can get in the way of learning other equally important emotional skills, including the development of healthy new relationships.

Whenever I feel threatened I get this feeling that I want to hurt anybody who might try to harm me and my sister.

I started cursing at the foster mom. I wanted her to lose control. I figured that sooner or later she would say something that would hurt me. I wanted to hurt her first. . .

Later, I felt depressed. I knew I'd acted out of control. When I get angry I don't even realize what I do and I hurt the people around me. . .

I feel sad that I'm not good about expressing myself. I feel like a walking time bomb. I hope I can find a foster mom who can handle my anger, and help me take control of myself.

—A. M.

Am I too angry to love? Reprinted: Nov./Dec. 2004. Available at <http://www.pediatrics.com/cgi/content/full/114/6/e1000>

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Read-Aloud Quote

Ask for a volunteer to read the quote on the slide. If no one volunteers, one facilitator should read the slide aloud.

“Whenever I feel threatened I get this feeling that I want to hurt anybody who might try to harm me and my sister.

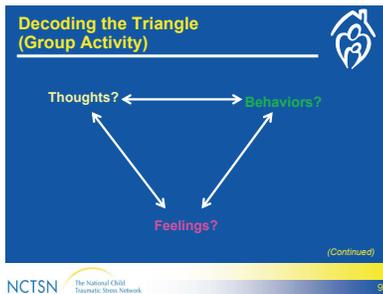
I started cursing at the foster mom. I wanted her to lose control. I figured that sooner or later she would say something that would hurt me. I wanted to hurt her first. . .

Later I felt depressed. I knew I'd acted out of control. When I get angry I don't even realize what I do and I hurt the people around me. . .

I feel sad that I'm not good about expressing myself. I feel like a walking time bomb. I hope I can find a foster mom who can handle my anger, and help me take control of myself.”

Does this sound familiar? How many of us have cared for children who felt like “walking time bombs”?

 **Remind participants that they may remember A. M. from the previous session on “Building a Safe Place,” and that they can read her full story—in her own words—beginning on page 4-19 of their Participant Handbook.**



Decoding the Triangle (Group Activity)

Let's look at how A. M.'s experience ties in to the Cognitive Triangle.



One facilitator should lead the discussion, while the other draws the triangle and records notes on the board or easel.

 What are A. M.'s underlying thoughts?

Responses should include: Something or someone is going to hurt me or my sister.

One of the beliefs in A. M.'s Invisible Suitcase seems to be that “sooner or later” everyone will hurt her.

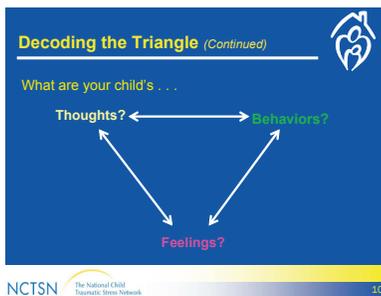
 What is she feeling?

Responses should include: anger, fear.

 What are her behaviors?

Responses should include: cursing and lashing out.

Within a couple of weeks of this incident, A. M.'s foster mom asked that she and her sister be removed. This must have only reinforced her belief that hurt is inevitable and that she is too angry to love.



Decoding the Triangle (Continued)

Let's try applying the triangle to a child you actually know.

Turn to the "My Child" Worksheet on page MC-11 of the *Participant Handbook*.

- 🕒 Think of a particular problem behavior that you have encountered with the child in your "My Child" worksheet. Write a brief description of the situation and the behavior under the "Behavior" heading of the triangle.

Allow a moment for participants to come up with a situation/behavior and write it down.

Now it's time to use your "trauma lens"! Consider everything you know about the child's trauma history and relationships with other caregivers. Think about the beliefs and expectations the child may have developed about him- or herself, about adults who are caregivers, and about the world in general.

- 🕒 Based on what you know, what thoughts could have led up to this behavior? Note them down.

Allow a moment for participants to write down their child's thoughts.

- 🕒 What feelings could your child have been experiencing?

Allow a moment for participants to write down their child's feelings.



Ask for up to three volunteers to share their child's Cognitive Triangle with the group. One facilitator should lead the discussion, while the other draws the triangles and information on the board or easel. After each volunteer presents the triangle, allow three minutes or so for a larger group discussion of how the child's behaviors, thoughts, and feelings relate to the child's past trauma.

Now let's consider how changing the thoughts or feelings of these children might affect their behaviors.

Allow five minutes for discussion.



Read-Aloud Quote

Ask for a volunteer to read the quote on the slide. If no one volunteers, one facilitator should read the slide aloud.

“Experience is biology . . . Parents are the active sculptors of their children’s growing brains.”

Understanding the Cognitive Triangle can help us make sense of our children’s behavior and reactions, but it will take time and patience to change the thoughts, feelings, and behaviors of the children themselves. This is because traumatic experiences—particularly at a young age—throw normal, healthy development off course. As we saw in Module 3, trauma can sculpt the brain in a way that prepares the child for survival in a dangerous and unpredictable world.

But when we provide new, positive experiences and establish supportive relationships, we can help children who survived trauma to build new neural pathways—sculpting the brain so children can better understand, express, and control their emotions and behaviors.

How You Can Help



- Differentiate yourself from past caregivers.
- Tune in to your child's emotions.
- Set an example of the emotional expression and behaviors you expect.
- Encourage positive emotional expression and behaviors by supporting the child's strengths and interests.
- Correct negative behaviors and inappropriate or destructive emotional expression, and help your child build new behaviors and emotional skills.

How You Can Help

You can help this process in several ways:

- ④ Differentiate yourself from others in your child's past who may have been unpredictable, rejecting, angry or frightening, or simply absent.
- ④ Tune in to your child's emotions, and help your child to define and express his or her feelings.
- ④ Set an example of appropriate emotional expression and behavior.
- ④ Encourage positive emotional expression and behavior by supporting your child's strengths and interests.
- ④ Correct negative behaviors and inappropriate/destructive emotional expression and help your child build new behaviors and emotional skills.

We will spend the rest of our time in this session talking about each of these important strategies.

Differentiate



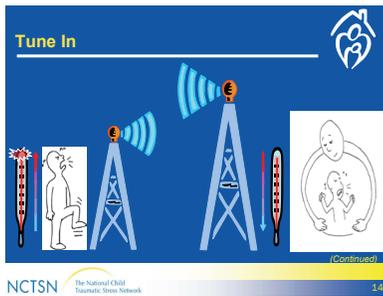
Take care not to:

- "Buy into" the beliefs in their invisible suitcases
- React in anger or the heat of the moment
- Take behavior at face value
- Take it personally

Differentiate

One of the most basic things we can do is avoid repeating the child's negative experiences from the past. When faced with challenging behaviors or reactions, take care not to:

- 🕒 Buy into the child's negative beliefs and expectations.
- 🕒 React in anger or the heat of the moment. Sometimes this may mean stepping away and bringing your own thoughts and feelings under control before taking on your child's behavior.
- 🕒 Take the child's behavior at face value. Remember that what you are seeing is only the tip of the iceberg. As we saw with A. M., anger and acting out often mask feelings of fear, pain, and loss that the child is unable to express.
- 🕒 Take the child's behavior personally. Although the child is responding to you, the response may not be about you. Many, if not most, of the child's reactions are the result of the beliefs and expectations in his or her Invisible Suitcase.



Tune In

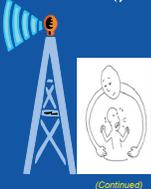
In addition to being aware of our own responses, we need to be aware of what our children are really feeling.

- 📻 Children who have experienced trauma will send out many signals about their feelings—but few will be direct, or even verbal.
- 📻 To be an effective emotional container, we need to tune in to the feelings behind children’s words and actions,
- 📻 Help them understand and “cool down” confusing or out-of-control emotional responses, and
- 📻 Send consistent and reliable signals—both verbal and nonverbal—about safety, emotional expression, and behavior.

Let’s go over some specifics . . .

Tune In (Continued)

- Help the child identify and put into words the feelings beneath the actions.
- Acknowledge and validate the child's feelings.
- Acknowledge the seriousness of the situation.



(Continued)

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Tune In (Continued)

- 🗣️ We can help children recognize their feelings by trying to put them into words. For example, say something like, “I wonder if you are feeling really scared about this?”
- 🗣️ Acknowledge the validity of the child’s emotions and his or her right to feel them. Let children know that “We don’t always have to see things the same way.” The simple act of recognizing and validating a child’s feelings can have a very powerful impact on children who have been through trauma.
- 🗣️ Acknowledge the seriousness of what the child is experiencing. Although it may be tempting to try to calm the child with statements like “Don’t cry, everything will be okay,” resist the impulse. It doesn’t reflect how the child feels and won’t make the child feel better.

Tune In (Continued)

- Let the child know it's okay to talk about painful things.
- Be sensitive to cultural differences.
- Be reassuring, but be honest.

(Continued)

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Tune In (Continued)

- 👂 If your child talks about feelings or memories of trauma, stay calm and be supportive and matter-of-fact. Let the child know that it is okay to talk about both the good and the bad. (We will be going into this in more detail in Module 6.)
- 👂 Children come into our homes from varied backgrounds. As we learn to tune in to and read their emotions, we have to consider how these factors affect the way children express and interpret feelings. If you've ever been to an emotional event such as a wedding or funeral, you probably noticed that some people express their feelings by rushing right at your personal space and smothering you with hugs and kisses. Others appear standoffish and are uncomfortable with physical contact of any kind, perhaps barely even making eye contact. In such situations, the collision of cultural—and personal—differences can lead to unintended hurt feelings, misunderstandings, perceived insults, or awkward moments. The same holds true for children.
- 👂 Provide realistic reassurance and comfort. We can't guarantee that nothing bad will ever happen to our children again, but we can let them know that we will do everything in our power to help.



For more tips on tuning in to children's emotions, direct participants to page 5-19 of their Participant Handbook, "Tuning in to Your Child's Emotions: Tips for Resource Parents."



Provide opportunities to practice emotional skills in playful, nonthreatening ways:

- Feelings thermometer/feelings charts
- Feelings charades
- Other practice activities
- Games and storybooks

Tune In (Continued)

Besides tuning in when children are actively sending signals through their behaviors or reactions, you can also help children practice emotional skills in nonthreatening and playful ways.

Some children respond well to regular “check-ins” that give them a chance to assess their feelings in the moment (at breakfast, for example, or when they come home from school).

Tools like the Feelings Thermometer and the “*Make Your Own Feelings Chart*” on page 5-21 of the *Participant Handbook* can be very useful for these kind of feelings check-ins.

Games can also be a fun way to help children express a variety of emotions in a stress-free way. Let’s try one.



Let's Play . . . "What's my emotion?"

Please pair up into teams of two. Try not to pair off with someone you already know well. Once you have your partner, take a minute to decide who will be the actor and who will be doing the guessing.



Give participants a couple of minutes to choose their partners. If there are an uneven number of participants, you can have the extra person join an existing pair.

Once everybody is paired off, circulate around the room and have the "actors" pull a word out of the hat or basket.

This hat contains slips of paper with various emotions written on them. I'd like each of you actors to pick out a slip. Your job will be to get your partner to guess what emotion you are portraying without using any words or sounds. Feel free to use your hands and your body, but don't use typical charades techniques like the "sounds like" signal. The goal is to look like you're actually experiencing the emotion. You'll have 60 seconds.

Once everyone has their slip, give the actors a couple of seconds to think, then cue the group to start the exercise. At the end of 60 seconds, call "time" and poll the group to see how many people were able to identify the emotion their partner was acting out.

Which emotions were easy to portray and to guess? Which were tougher?

Likely responses for "easy" include anger, sadness, fear, surprise. Likely responses for "hard" include embarrassed, shy, proud.

Can you see yourself trying this game with your own family?

There are many commercially available games that are designed to help children identify, express, and control their feelings, as well as excellent storybooks for children of various ages. A partial list of these resources can be found starting on page 5-23 of the *Participant Handbook*.

Set an Example



Express the full range of emotions:

- Stay clear, calm, and consistent.
- Be honest and genuine.
- Let your child know that it's normal to feel different (or mixed) emotions at the same time.

Set an Example

We all know that children learn by example. Children who have been through trauma may have had very little experience with adults who were able to control their emotions. We can show by our example that it is possible to experience emotion without being overwhelmed, and to express emotion without losing control.

- 🗣️ We need to be clear, calm, and consistent in expressing our feelings to the child. That can be hard when faced with some of the challenging behaviors these children can show. But every time we correct a child without flying off the handle, express sadness without retreating into depression, or express disappointment without shaming, we are showing that child not only how to express emotions, but that it is safe to do so.
- 🗣️ Being calm and consistent does not mean being dishonest. You can—and should—let children know if you are feeling hurt, disappointed, or unhappy with something they've done or said, provided you can do it in a calm, non-shaming way.
- 🗣️ Children who have experienced trauma can have particular difficulty understanding mixed emotions, or understanding that they can feel different emotions at the same time (e.g., anger and love towards a birth parent or family member). We can reassure children that it is normal to have mixed emotions about some things, and set an example of how to express and cope with this ambivalence.

[One day] my rabbit died. I started to cry. That rabbit was so small and defenseless. It needed me and I let it die. Then [my foster mother] hugged me. "If that happened to my cat . . . I would feel the same way that you do," she said. She wanted my rabbit to be buried and offered to buy me another one. That's how I realized she wasn't a fake.

I felt different at that moment. It was like she felt the anger that I had inside of me, and was saying that it was OK to feel that way. That it was OK to be sad and for me to let my guard down . . . That it was OK to let someone into my world and let them help me.

— A. M.

Learning to love again. Reprinted, July/Aug 2008. Available at http://www.youthconnect.org/TCOJ_Features/JulyAug2008/2205-07_048.htm

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Read-Aloud Quote

Ask for a volunteer to read the slide. If no one volunteers, one facilitator should read it aloud.

“[One day] my rabbit died. I started to cry. That rabbit was so small and defenseless. It needed me and I let it die. Then [my foster mother] hugged me. ‘If that happened to my cat . . . I would feel the same way that you do,’ she said. She wanted my rabbit to be buried and offered to buy me another one. That’s how I realized she wasn’t a fake.

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**What happened?
(Group Activity)**

- Why did A. M. react the way she did?
- What did her foster mother do right?
- Have you ever experienced something similar with the children in your care?

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What happened? (Group Activity)



Why do you think A. M. responded the way she did?

What did the foster mother do right?

Have you ever experienced something similar with the children in your care?

Allow five to 10 minutes for discussion before taking a break.



Let's Take a Break!

Announce a 10-minute break.

Remind the group of the location of bathrooms, phones, etc.

Note the current time and the time when the workshop will resume.

During the break, prepare a large bowl of small candies (M&Ms®, Skittles®, or similar) for each of the tables, along with stacks of paper cups (one for each participant sitting at the table).



Encourage

One of the best ways to discourage negative or disruptive behaviors is to encourage positive behaviors. Some children, of course, are more likely to get noticed for their negative behaviors. For them, we may have to be deliberate and creative about noticing and encouraging positive behaviors.

- 🕒 Try to “catch” your child being good—in particular, look for small things that can help build to larger changes.
- 🕒 Provide lots of praise. To be effective, praise must be specific, prompt, and genuine. Vague, insincere, or incomprehensible praise can do more harm than good. Backhanded compliments (e.g., “It’s so nice to see you reading instead of playing those stupid videogames”) will only reinforce the child’s negative beliefs and expectations.
- 🕒 Although it might not be easy, try to maintain a balance of at least six praises for every correction. This kind of positive reinforcement has been shown to be much more effective at shaping children’s behavior than punishment.

Encourage (Continued)



Encourage and support the child's strengths and interests:

- Offer choices whenever possible.
- Let children "do it themselves."
- Recognize and encourage the child's unique interests and talents.
- Help children master a skill.

Encourage (Continued)

The more we can build on the strengths of our children and provide them with a sense of mastery and control, the greater our chances of success when trying to encourage positive behaviors.

- 👉 To enhance children's sense of having control over their own lives, offer choices whenever possible.
- 👉 Give children opportunities to "do it themselves," while always letting them know that you are there to help and take care of them if they need it.
- 👉 Pay attention to the child's interests and special skills, and give support and encouragement as appropriate.
- 👉 Help children develop responsibility and build self-confidence by mastering a new skill that they are interested in. Physical activities might include horseback riding, swimming (especially in the "deep end"), or martial arts. Nonphysical options might include activities such as painting a large wall or mural or playing a large instrument (e.g., cello, piano, drums).

Taking Stock (Group Activity)



In the last week, how many times did you . . .

- Compliment your child for doing something well?
- Say “thank you” to your child?
- Ask your child’s opinion about something?
- Give your child a chance to do something for him- or herself?
- Offer your child options?
- Laugh with your child?

(Continued)

Taking Stock (Group Activity)

Let’s try a little game.



One facilitator should place a bowl of candies on each table while the other passes around the paper cups.

Think about a particular child currently living in your home. Over the past week, how many times did you:

 **Compliment the child for doing something well?** Really think about it. You can estimate the exact number of times, but try to be honest. Put one candy in the cup for each time you complimented the child.

 **Say “thank you” to the child?**

Give participants a moment to think and collect their candies.

 **Ask the child’s opinion?**

Give participants a moment to think and collect their candies.

 **Give the child a chance to do something for him- or herself?**

Give participants a moment to think and collect their candies.

 **Offer the child options?**

Give participants a moment to think and collect their candies.

 **Laugh with the child?**

Give participants a moment to think and collect their candies. Look around the room and get a sense of how many candies participants have put in their cups.

Looks like there are some pretty full cups out there!

Taking Stock (Continued)



In the last week, how many times did you . . .

- Tell your child to do something?
- Tell your child *not* to do something?
- Tell your child to *stop* doing something?
- Have to impose consequences on your child?
- Ask your child what on *earth* he or she was thinking?

Taking Stock (Continued)



All right, now let's look at the flip side. As before, you can estimate, but try to be honest. Take out one candy for each incident. For the same child, how many times during the last week did you:

Tell the child to do something?

Give participants a moment to think and remove their candies.

Tell the child NOT to do something?

Give participants a moment to think and remove their candies.

Tell the child to STOP doing something?

Give participants a moment to think and remove their candies.

Have to impose some kind of consequence on the child?

(Grounding, time out, etc.)

Give participants a moment to think and remove their candies.

Ask the child WHAT ON EARTH he or she was thinking (or doing)?

Give participants a moment to think and remove their candies.

Look around the room and get a sense of how many candies participants have left in their cups.

Cups aren't quite so full now, are they?

There's no doubt about it, striking a balance between encouragement and correction can be hard when caring for children who have been through trauma. These children can test us in ways we never expected, and it might take a bit of planning and awareness to make sure that we encourage positive behaviors more than we correct negative ones.

One family uses a “prize jar” to recognize what they call “random acts of goodness.” Use a giant pickle or pretzel jar and stock it with little things that will bring a smile to a child’s face. For small children, these might be actual small toys or trinkets or snack items. For older children, they might be “gift certificates” for things like an extra hour of staying up at night or an extra dessert. These prizes can be handed out to children when you catch them “being good.”

It can also be helpful to set up a routine of recognizing and appreciating every member of the family. One family does what they call “pats on the back” at Sunday dinner. They trace a handprint on a sheet of paper and write the words “pat on the back to ____ for ____” inside the shape of the hand. They copy it onto bright-colored paper and have a supply of them in an easily accessible place. Children and adults are encouraged to use them to notice something good someone else has done and write it down anytime during the week. On Sunday night at dinner, these are all read aloud, to much applause.

Achieving a Balance



- What talents/skills/interests can you encourage?
- Where can you give the child some control?
- What fun activities/interests can you share?
- What kinds of praise would your child appreciate?
- What kind of rewards would be most meaningful?

Achieving a Balance

To achieve a balance between encouragement and correction, keep the child's individual history, interests, and talents in mind. Try to plan specific actions that take into account:

- ④ The child's talents, skills, and interests
- ④ The areas where you can reasonably give the child some additional control
- ④ Fun activities that you can share with the child
- ④ The types of praise the child is most likely to appreciate
- ④ The kinds of rewards that would be most meaningful to the child

Correct and Build



When correcting negative or inappropriate behavior and setting consequences:

- Be clear, calm, and consistent.
- Target one behavior at a time.
- Avoid shaming or threatening.
- Keep the child's age (and "emotional age") in mind.
- Be prepared to "pick your battles."

(Continued)

Correct and Build

Despite our best efforts, there still will be times when we need to impose consequences for inappropriate or problematic behavior.

When correcting behaviors and establishing consequences, keep in mind everything we've learned about how trauma affects children's sense of self and their ability to control their emotions and behavior. When correcting children who have experienced trauma, remember to:

- 🗣️ Be clear, calm, and consistent. This means using a calm voice, showing a calm face and body, and using few words.
- 🗣️ Target one behavior at a time. This makes it easier to stay consistent and see results, and will avoid setting children up for failure.
- 🗣️ Avoid shaming or threatening, especially threatening children with removal from the home for bad behavior. This will only serve to confirm the beliefs in their Invisible Suitcases, which will likely escalate bad behavior and become a self-fulfilling prophecy.
- 🗣️ As we have discussed, children who have experienced trauma—particularly early and chronic trauma—may act younger than their chronological age. Keep this "developmental" or "emotional age" in mind when you give consequences.
- 🗣️ Pick your battles. Sometimes the most effective option is to leave the behavior to the magic of "natural consequences." For example, when a preteen refused to clean up his room, his foster parents decided to close the door and not look at it anymore.

Sure enough, the day came when the boy discovered that an important homework assignment had been ruined because he'd left it on the floor and spilled soda on it. He had to miss a game he was looking forward to in order to redo the assignment. After the heat of the moment had passed, his parents had a chat with him and helped him come to his own conclusion that keeping his room neat was to his own advantage.



Focus on helping your child . . .

- Understand the links between thoughts, feelings, and behavior
- Understand the negative impact of his or her behavior
- Identify alternatives to problem/negative behaviors
- Practice techniques for changing negative thoughts and calming runaway emotions

Correct and Build (Continued)

Of course, it's not enough just to tell children that something is wrong and impose some type of consequence. To really help our children heal, we need to help them:

- ④ Understand the connections between their thoughts, feelings, and behaviors.
- ④ Understand the impact of their behaviors. In particular, children need to understand that the behavior is not helpful to THEM, and that they can benefit from changing the behavior.
- ④ Figure out workable alternatives to problem behaviors.
- ④ Learn and practice techniques that can help them change negative thoughts and take control of runaway emotions. Much of this work can—and should—be done in concert with other members of your child's team, and particularly with a trauma-informed therapist. (We'll be going into that in greater detail in Module 7.)

Dealing with Problem Behaviors (Group Activity)



- What are the negative effects of this behavior on your child's life?
- How can you help your child to understand these effects?
- What alternatives can you suggest for this behavior?
- What consequences can you set if the behavior continues?

Dealing with Problem Behaviors (Group Activity)

Let's return to the problem behavior you identified in the Cognitive Triangle for your child. Use the back of the sheet to answer the following questions.

-  **What are the negative effects of this behavior on your child's life?**
-  **How can you help your child to understand these effects?**
-  **What alternatives can you suggest for this behavior?**
-  **What consequences can you set if the behavior continues?**



Ask for up to three volunteers to share their answers with the group. Allow three minutes or so for a larger group discussion/brainstorm on other possible answers to the questions.



This exercise can also be conducted as a small group activity, using Javier (Participant Handbook pages CS-17 and CS-18, "Javier and the iPod®") or James (Participant Handbook page CS-15, "James Refuses to do His Homework") as examples.

Module 5: Wrap Up



Ask each table to choose two *Big Ideas* that they consider to be the most useful or important things that they learned during the session, and to write each idea on an index card.

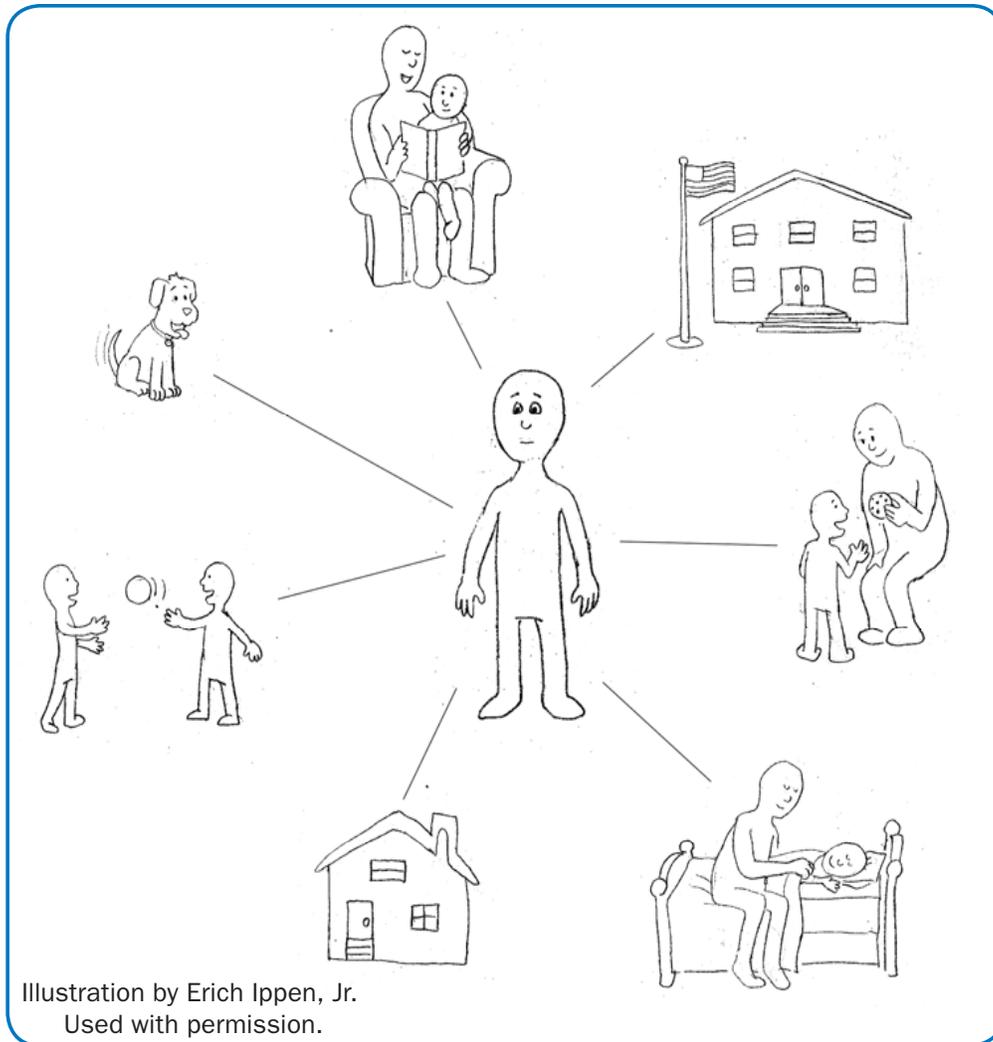
Give the groups three minutes to discuss and decide on their ideas. One facilitator should serve as timekeeper and give the groups a one-minute warning before calling “time” and collecting the cards.

One facilitator should read from the index cards, while the other notes the ideas on the board or easel. Allow another five to 10 minutes to review, discuss, and condense (if appropriate) the ideas presented into three or four *Big Ideas* for the day. Ask the participants to keep these ideas in mind as they deal with their children in the days before the next module.

Finally, revisit the *Feelings Thermometer* and go around the room checking in. If desired, do a relaxation or stress buster exercise with the group before breaking for the day.

End of Module 5

Module 6: Connections and Healing



What You Will Need

- Module 6 PowerPoint slides 1–28
- “My Child” Worksheet, Module 6 (*Participant Handbook*, p. MC-13)
- Index cards for “Name Your Connections” Group Activity
- Pens/pencils
- A *Family Tale* case study (*Participant Handbook*, pp. CS-19 to CS-21)

Icon Reminders

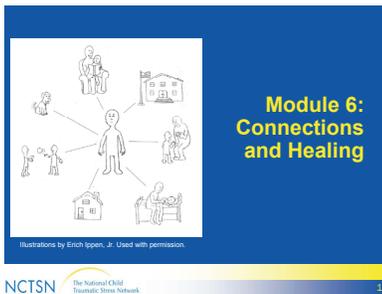
-  Facilitator tip
-  Group activity/discussion
-  Click to advance slide content

Facilitator Goals

- Explain how children form their identities through their attachments and connections.
- Use a case example to illustrate the intergenerational nature of trauma and how different family members respond to the same events.
- Help resource parents understand why it's important for children to talk about their traumatic experiences, and how resource parents can support children in this process.

Key Learning Objectives

- Identify at least three important connections in an actual child's life and ways resource parents can support and maintain these connections.
- Describe how trauma can affect children's view of themselves and their future.
- List at least three ways in which resource parents can help children feel safe when talking about trauma.



Module 6: Connections and Healing

Before participants arrive, write on the board (or an easel) the Big Ideas the group identified during the last module. Greet participants as they enter the room.

Keep participants informed of the time remaining until the workshop begins.

Remind participants of basic logistical information (location of bathrooms, timing of breaks, etc.).



Start the session by thanking the participants for coming back and directing their attention to the Big Ideas from the last session. Ask the participants to share any experiences or insights they may have had since the last session that relate to these ideas (for example, finding a new way to encourage positive behaviors, helping a child discover a new talent, or working with a child to modify a problem behavior).

Allow five to 10 minutes for discussion before moving on to the next slide and topic.

Read-Aloud Quote

*When you feel connected to something,
that connection immediately gives you a
purpose for living.*

—Jon Kabat-Zinn, PhD

Ask for a volunteer to read the quote on the slide. If no one volunteers, a facilitator should read it aloud.

“When you feel connected to something, that connection immediately gives you a purpose for living.”

The desire for connection is one of the most universal human needs.

What keeps you connected?

- Relationships
 - Family
 - Friends
 - Co-workers
- Life Stories – Past, Present, Future
 - Personal
 - Family
 - Cultural
- Places, things, rituals, and practices

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What keeps you connected?

We build our sense of connection in many ways, including:

- 👤 Our attachments to, and relationships with, other people
- 👤 Our understanding of our own stories: where we began, who we are now, and who we hope to become. Our own stories are interwoven with those of our families and our society or culture.
- 👤 Our ties to places, objects, cultural or religious rituals or practices

All these connections help us to define ourselves and our place in the world. These connections also play a vital role in helping children heal from trauma.



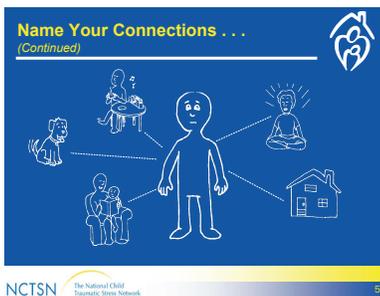
Name Your Connections... (Group Activity) (1/2)



Please take five index cards from the pile in the middle of the table.

On each card write down one of the five most important connections in your life.

They can be people, pets, places, activities, memories, things, or even wishes for the future.



Okay, now choose one thing to give up.

 Take that card and put it in the middle of the table.

Once everyone has given up one card, continue with . . .

Now hold up your four remaining cards as if they were your hand in a game of cards.



Both facilitators should now walk around the room and randomly take three cards away from each participant. Do not let participants select the cards for you. Once all the cards have been collected, return to the front of the room.

 Click three times to delete remaining items.

Read a few cards out loud to demonstrate what the participants were forced to “give up” as part of the exercise.

How did it feel to have your cards taken away?

Give participants a few moments to respond.

Children Define Themselves Through Their Connections



- Who am I?
- What is lovable about me?
- What am I capable of?
- How can I survive and make sense out of what's happened to me?
- Who will I be in the future?

Children Define Themselves Through Their Connections

If this imaginary exercise was tough on you, imagine how much worse actually losing familiar people, places, and things must be for a foster child.

Children learn who they are, and what the world is like, through the connections they make. Traumatized children often have particularly shaky or insecure attachments with other people. Nevertheless, they may cling to these fragile attachments, which are disrupted or even destroyed when they come into care.

As a resource parent, you can help your child hold on to what was good about those connections, reshape them, make new meanings from them, and build new, healthier connections with you and others as well.

Being taken from my parents didn't bother me . . . but being torn away from my brothers and sisters . . . they were my whole life.

It was probably the most painful thing in the world. They told me I would be able to see them a lot, but I was lucky to see them at all.

—Luis

Hudman, et al. (2014). Foster care: Voices from the inside. Washington, DC: Pew Commission on Children in Foster Care. Available at <http://pewfostercare.org/research/voices/voices-complete.pdf>

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Read-Aloud Quote

Ask for a volunteer to read the quote on the slide. If no one volunteers, a facilitator should read it aloud.

“Being taken from my parents didn’t bother me . . . but being torn away from my brothers and sisters . . . they were my whole life.

It was probably the most painful thing in the world. They told me I would be able to see them a lot, but I was lucky to see them at all.”

How does this quote make you feel?



Allow no more than three minutes for responses.

Luis’ experience illustrates the importance of understanding the significant relationships in the life of your child.

Ask the group to take a look at the card they still have left. Point out that even though a lot has been taken away, they still have something left, and that the same is true for the children in their care.

All children who have experienced trauma have strengths that can serve as the foundation for healing—including positive connections with people, places, experiences, memories, hopes, and dreams. In this module we are going to work on Essential Elements 5 and 6.



5. Respect and support positive, stable, and enduring relationships in the life of your child.
6. Help your child develop a strength-based understanding of his or her life story.

Essential Elements 5 and 6

 Your child's relationships with his or her birth family may not seem positive or stable to you. You may even see the birth family as nothing but a source of trauma and pain. But even when we see a child's past as having been all bad—something to forget—that child has often been able to take or make something good out of the bad. They may have strong connections with siblings, relatives, extended family members, and other adults and children from their communities. By respecting these attachments, and helping children maintain what is good about them, we help our children build a healthy sense of connection to their pasts as they move into the future.

Keep in mind that you can also **become** one of the supportive and stable relationships in your child's life. Even though your relationship may be time-limited, the positive nurturing you provide can be a healing force for your child.

 Trauma can shatter a child's sense of themselves and their life story. Being removed from home, or moved from one home to another, can further disrupt children's sense of who they are, where they came from, and where they belong. Too often, children come to define themselves only by their trauma, seeing themselves as damaged goods, ruined, or unlovable. When we help children sustain enduring relationships while building healthy new connections, they are able to put their traumatic pasts into the larger perspective of the ongoing stories of their lives.

A Family Tale



- Joey (four), Sandy (nine), and John (14) have been in foster care for six months.
- The children were taken into care after their mother, Jane, left Joey and Sandy alone for several days while she went on an alcohol and cocaine binge.
- Joey is with Thelma, their maternal grandmother. Sandy and John are with Rana, a foster mom.

(Continued)

A Family Tale

Ask participants to turn to page CS-19 of their Participant Handbooks, “A Family Tale.”

In this story of a family coping with trauma and separation, you will see how each child in a family may have experienced traumatic events differently, and drawn different meanings from them.

Have participants break up into five groups. Assign one family member to each group:

- *Joey, the four-year-old boy*
- *Sandy, the nine-year-old girl*
- *John, the 14-year-old boy*
- *Thelma, Jane’s mother and caregiver to four-year-old Joey*
- *Rana, foster mother to Sandy and John*

After each group has been given a role, explain that you are going to begin by reading the story. At various points, you will ask the participants how “their” character might feel and think about the events going on.

- 🗣️ Four-year-old Joey, his nine-year-old sister Sandy, and their 14-year-old brother John have been in foster care for six months.
- 🗣️ The children were taken into care after their mother, Jane, left Joey and Sandy alone for several days while she went on an alcohol and cocaine binge. She had told the children she’d be “right back.” Sandy didn’t call the police for fear she’d get her mother into trouble. She tried to take care of Joey. Eventually, neighbors heard Joey crying and called the police.

At first, the police couldn’t find John because he had run away from home the day before Jane left and was hiding at a friend’s house. He said he didn’t know that his siblings had been left alone.

- Thelma, Jane's mother, had been divorced twice and lived alone. She felt that she was too old and had too many health problems to take all three children. She assumed care of Joey. Sandy and John are with Rana, a young, single, and relatively new foster mom.

A Family Tale (Continued)

- Jane's father was an alcoholic who was sometimes violent
- Children often saw Jane passed out on the floor
- Once when Jane was passed out and bleeding from a head injury, Sandy feared she was dead
- Children witnessed violent fights between their parents
- Their father left two years ago without saying good-bye

(Continued)

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A Family Tale (Continued)

- Jane's own father was an alcoholic who was sometimes violent.
- Since her teen years, Jane has struggled with substance abuse and attempts to get sober. Her children have seen her passed out on the floor.
- Once Jane hit her head before passing out, and when Sandy saw her unconscious with all the blood, she feared that Jane was dead.
- The children's father was also a drug user. The couple had violent arguments in front of their children. During those fights, Joey used to scream, shut his eyes, and cover his ears while Sandy held him. Once John had to hold his mother back when she had a knife in her hand and was threatening to stab his father.
- The father disappeared two years ago without saying good-bye.

A Family Tale (Continued)

- Jane has had periods of sobriety and many relapses.
- Sober for the last five weeks, Jane called the children every Thursday night and visited them every Sunday.
- On each visit, Jane told the children, "We will all be together again soon."

(Continued)

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A Family Tale (Continued)

- Jane has been struggling to maintain sobriety.
- Sober for the past five weeks, Jane has called the children every Thursday night and visited with them every Sunday.
- On each visit Jane told the children, "We will all be together again soon."

A Family Tale (Continued)

- Joey misses and worries about his mother. Is nervous and clingy just before her calls. Asks when he is going to see "my Sandy" over and over again.
- Sandy remembers having fun with her mother when she wasn't "loaded." Has nightmares about her mother passed out on the floor. Angry at her father for leaving and wonders if he is dead.
- John was close to his father. Blames his mother for the split. Doesn't trust women. Feels "old enough" to be on his own.

(Continued)

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A Family Tale (Continued)

- Joey misses his mother. He worries about her getting "sick" again. He gets nervous and clingy on Thursday just before her calls. He misses Sandy and asks his grandmother over and over again when he is going to get to see "my Sandy."
- Sandy remembers having fun and good times with her mother when Jane wasn't "loaded." She's angry at her father for leaving and wonders if he is dead. Sometimes she has nightmares about her mother passed out on the floor. She misses Joey and feels as if she is the only one who knows how to take care of him. She's angry at her grandmother for rejecting her and John, and says, "If you really loved us, you would have kept us together."
- John had a rough time when his father left because he always felt close to his father. He blames his mother for the split and has pulled away from his family. He thinks he's old enough to be on his own and resents being placed with Rana. John believes that women cannot be trusted to take care of their loved ones.

A Family Tale (Continued) (Group Activity)



On Thursday, Jane didn't call.

- What might each of the family members feel and think?
- How might they behave?
- How might their past trauma and Invisible Suitcases influence their reactions?

(Continued)

A Family Tale (Continued) (Group Activity)

During their last visit, Jane looked a little disheveled but insisted to Thelma and Rana that everything was fine. This past Thursday, Jane failed to call the children.



Please take a few moments within your groups to consider the following questions:

- What might your family member feel and think?
- How might they behave?
- How might the traumatic experiences they'd been through, and the contents of their Invisible Suitcases, affect their reactions?

Allow five minutes for the groups to break out and then another five to 10 minutes for group discussion. One facilitator should make notes on the whiteboard or easel while the other facilitates the discussion.

A Family Tale (Continued)



- **Joey:** worried, clingy, focused on how he would give Jane a present on Sunday
- **Sandy:** upset and angry, argued with Rana about going to the Sunday visit
- **John:** withdrawn, said he didn't care about Jane
- **Thelma:** worried, angry, ashamed; remembered her husband's drunken nights
- **Rana:** worried but judgmental

(Continued)

A Family Tale (Continued)

Now let's look at what actually happened after Jane didn't call:

 **Joey** cried and asked his grandmother whether Mommy was “sick.” He stayed close to the telephone, hoping she would call. He became more clingy, and refused to go to bed alone. Then he began talking about finding just the right toy to give Jane on Sunday, “so she'll think about me all the time.”

 **Sandy** became nervous and shaky. She kept seeing images of her mother on the floor, and worried that she had hit her head again and was bleeding somewhere with no one to help her. She told John that she was afraid her mother was dead, and he snapped, “Grow up! I stopped caring about her a long time ago!” Then Sandy lashed out at Rana. “It's your fault she didn't call. You probably made her feel bad the last time we saw her!”

John withdrew even further from his siblings and pretended not to care, but his mother's failure to call made him wonder if he would ever see her again. He thought about the last time he saw his father, and missed him.

Thelma was worried about her daughter, but also angry at her and ashamed at what Rana must think of her. She kept thinking about the nights Jane's father never came home because he was drunk.

Rana was worried about Jane, but also felt judgmental. She thought the children should appreciate her all the more for being reliable, and was very hurt when Sandy turned her anger on her.



- On Sunday, Jane didn't show up for the visit.
- Joey threw a tantrum, insisting his mother would come.
- Sandy became upset and angry, tried to protect Joey, and lashed out at Thelma and Rana.
- John acted withdrawn and disinterested, but lashed out at Rana and Sandy in the car on the way home.

(Continued)

A Family Tale (Continued)

- 🗣️ On Sunday, Jane didn't show up for the scheduled visit.
- 🗣️ After waiting for half an hour, Rana and Thelma prepared to leave. Joey began screaming and crying: "She's coming. I have a present for her . . . she has to come. Mommy! Mommy!" Thelma became more and more upset as Joey kicked and shrieked. She spent a long time trying to convince Joey to get into the car, and then lost patience and carried him out howling.
- 🗣️ As Thelma struggled to put Joey in his car seat, Sandy tried to comfort him. Thelma pushed her out of the way. Sandy started to sob, and yelled at her grandmother, "Joey should be with me. I'm the one who knows how to take care of him!"

On the way home in the car, Sandy screamed at her foster mom, "Why did you make me come on this visit?"

Rana said, "I made you come on this visit because I know it's important to you to see your mom."

Sandy snapped back, "I didn't want to see my mom. You made me. If my mom really loved us, she'd get off drugs so we could all be together."

Rana, exasperated, agreed. "You're right; she would."

This only made Sandy angrier. "You don't know anything about our family!" she shouted. "My mom loves us a lot. And you don't know what it's like to be the only foster child in my whole school! You don't know anything about me!"

- 🗣️ Suddenly John—who had been listening to his iPod®—stomped his foot. "Shut up!" he yelled. "I wish I'd never been born into this family!"

What can be done? (Group Activity)



- How can Rana and Thelma help the children cope with Jane's behavior and maintain healthy connections?
- How can they help themselves?

What can be done? (Group Activity)

Please take 10 minutes within your groups to consider the following questions:

- What can Rana and Thelma do to help each child cope with Jane's behavior and maintain healthy connections?
- What can they do to help themselves?



Allow 10 minutes for brainstorming, and then ask each group to report their answers.

Allow 15 minutes for discussion. One facilitator should make notes on the whiteboard or easel while the other facilitates the discussion. Consider raising some of the key points below:

*For **Joey**, Thelma should:*

- *Reassure Joey that what happened was not his fault.*
- *When Joey is calmer, talk with him in simple language and encourage him to express his feelings in words or pictures.*
- *Be consistent, so Joey (and his siblings) learn that they can trust and depend on her for safety and nurturance.*
- *Avoid making promises about things she can't control. While it's natural to want to say, "It's okay, she'll be there next time," that could backfire if Jane fails to show up again.*
- *Arrange regular visits for Joey with Sandy. Help them stay in touch when they cannot be together.*

*For **Sandy**, Rana should:*

- *Allow Sandy to share all her feelings about her mother without agreeing or disagreeing.*
- *Set limits. Let Sandy know that she understands how frustrated and alone Sandy feels, but that it is not okay to scream and yell.*

- *Stress that Sandy and her siblings aren't to blame for their mother's illness or behavior.*
- *As a school-aged child, peer relationships are very important to Sandy. Rana should support Sandy in building social skills and confidence, and encourage her to participate in activities where she can connect with her peers.*

For **John**, Rana should:

- *Recognize that even though John seems unfazed, he is probably silently experiencing feelings of anger, hurt, and sadness.*
- *Understand that John may withdraw from relationships because of the traumas and losses he has experienced. He may avoid getting close to people because he's afraid of getting hurt physically or emotionally. He may also be afraid of his own anger or capacity for violence.*
- *As an adolescent, John may be trying to sort out whether he is doomed to be like his mother, father, and grandfather. Is he going to wind up an addict too? Provide as much accurate information as he is open to hearing about the genetics of addiction. Stress that he has the power to make the right choices.*
- *Reach out to John's caseworker or school counselor so he can be evaluated for depression and receive more guidance and support.*

Thelma should:

- *Find a counselor, clergy member, support group, or close friend to confide in.*
- *Recognize that it's normal to feel a wide range of feelings about her daughter and to want to blame someone for Jane's situation.*
- *Take a proactive role with Rana. Give her as much information as possible to help her with Sandy and John. Try to see her as a collaborator and not a judge.*
- *Recognize how her own trauma history with Jane's father affects her reactions.*

Rana should:

- *Find a counselor, clergy member, support group, or close friend to confide in.*
- *Recognize the limitations of a foster parent. Accept that she is not responsible for making everything all right, erasing the past, or rescuing the children from their family. Set small goals for what she can accomplish with the children given the limitations of her role.*
- *Reach out to Thelma as a collaborator.*
- *Try not to be judgmental.*

What about Jane? (Group Activity)



Trauma is intergenerational

- Grew up with an alcoholic and sometimes violent father
- History of abusive relationships
- Repeatedly tried to quit drugs and alcohol
- Loves her children even as she seems to “fail” them

What about Jane? (Group Activity)

In the exercise, we played the roles of all the major characters except for the one at the center of everything—Jane.

It may be hard to make sense of Jane’s behavior—abandoning her children while she did drugs, making promises to them she hasn’t kept, failing to call or to show up for appointments.

But Jane has her own history of trauma and an Invisible Suitcase that affects the way she deals with her children, her life, and the world. Although it is difficult to know the full extent of Jane’s past trauma, we do know that Jane:

- 🔒 Grew up watching her father getting drunk and occasionally becoming violent
- 🔒 Has repeatedly become involved with violent, drug-abusing men that her mother calls “losers”
- 🔒 Has tried on many occasions to get “clean,” only to slip back into drug use
- 🔒 Loves her children and wants them back



Allow five minutes for discussion/brainstorming about other traumas Jane may have experienced (abuse from her father or boyfriends, etc.) and the contents of her Invisible Suitcase (“I’m no good, I’ll never get off drugs, only losers can love me,” etc.). Stress that although Jane’s history doesn’t excuse her behavior, recognizing the impact of trauma on Jane can help Rana support and understand the children.

In this family, as in many birth families, trauma has become intergenerational. But with the help of trauma-informed parenting and support, John, Sandy, and Joey can break this cycle.

Lessons from Joey, Sandy, and John (Group Activity)



- Every child in a family has a unique relationship with his or her parents and siblings.
- Even children with the same trauma history will understand those events differently. They may have different trauma reminders and react differently to them.
- Caregivers must take care not to burden children with their own strong and complicated feelings toward birth parents.

Lessons from Joey, Sandy, and John (Group Activity)

- 👤 As we've seen in this story, every child in a family has a unique relationship with parents and siblings. Each one may recall the same events differently or take different sides when there is a conflict or dispute.

Children from troubled families are likely to have complicated and ambivalent feelings towards their parents, and yet feel loyalty towards their family members. For example, Sandy is both angry at her mother and ready to defend her.

- 👤 Children of different ages and developmental stages will have different reactions to the same event.
- 👤 Caregivers—particularly family members—are likely to have very strong and complicated feelings toward parents who have failed their children. It is important not to burden the children by sharing all of those feelings.



Take a moment to think about the child in your “My Child” Worksheet. **Who is he (or she) connected to? Is the relationship positive? Negative? A little of both? What can you do to support and enhance the positive connections in your child’s life?**

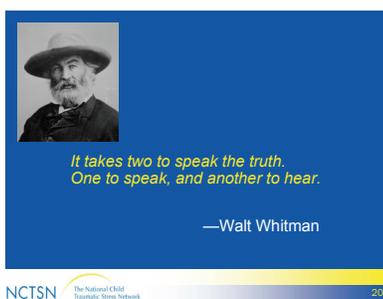


Let's Take a Break!

Announce a 10-minute break.

Be sure to remind the group of the location of bathrooms, phones, etc.

Note the current time and the time when the workshop will resume.



Read-Aloud Quote

Ask for a volunteer to read the quote from the slide. If no one volunteers, a facilitator should read it aloud.

“It takes two to speak the truth. One to speak, and another to hear.”

Providing children with an opportunity to talk about their lives—including unpleasant or traumatic experiences—is one of the greatest gifts we as resource parents can give.

Making It Safe to Talk



- Makes the “unmentionable” mentionable
- Reinforces the message that the child is not responsible for the trauma
- Provides an opportunity to correct mistaken beliefs
- Teaches children that trauma does not have to define their lives

Making It Safe to Talk

It can be tempting to think that the best thing for traumatized children is to forget that the bad events in their lives ever happened. Why would children want to think or talk about something so painful now that they are safe?

But for children who have experienced trauma, the memories are always there.

- 🗣️ Many children who have experienced trauma have lived by the unwritten rule of “Don’t tell anyone anything.” Keeping a secret can be as damaging and isolating as the trauma itself. Letting children talk about their traumas makes the unmentionable mentionable, and cuts through this veil of secrecy.
- 🗣️ Allowing children to talk freely about their trauma reinforces the message that the trauma is not their fault. On the other hand, children who are “shut down” when they try to talk about a traumatic experience may feel even more guilty and ashamed.
- 🗣️ Talking about trauma provides an opportunity to gently correct mistaken beliefs and perceptions (for example, “Daddy wouldn’t have sexually abused me if I hadn’t asked him to hug me” or “I’m doomed to be as violent as my dad”).
- 🗣️ Finally, allowing children to talk about their trauma helps them to put the trauma in perspective and realize that it does not have to define their lives.

Read-Aloud Quote

Harry: *I just feel so angry all the time. . . . What if after everything I've been through, something's gone wrong inside me? What if I'm becoming bad?*

Sirius: *I want you to listen to me very carefully, Harry. You're not a bad person. You're a very good person who bad things have happened to.*

From *Harry Potter and the Order of the Phoenix* (Warner Brothers, 2007)

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Ask for a volunteer to read the quotes on the slide. If no one offers, the facilitators should read the exchange aloud.

“Harry: I just feel so angry all the time. . . . What if after everything I've been through, something's gone wrong inside me? What if I'm becoming bad?”

Sirius: I want you to listen to me very carefully, Harry. You're not a bad person. You're a very good person who bad things have happened to.”

Okay—this isn't a quote from an actual foster child! But anyone who has seen a Harry Potter movie should recognize the characters. Have you ever noticed just how many traumatic experiences Harry Potter has been through? Parents murdered in front of him . . . abusive relatives . . . repeated loss of father figures. In some ways, he's a classic traumatized child. And, like many traumatized children, he battles a belief that he may be inherently bad or damaged in some way.

What Harry says is an excellent example of how many traumatized children feel, and his godfather's response is an excellent example of what all traumatized children need to hear.



- Expect the unexpected.
- Be aware of your reactions.
- Don't make assumptions.
- Be ready to listen and talk openly with your child, rather than avoiding the topic.

(Continued)

Talking About Trauma

As your child becomes more comfortable with you, it is possible—indeed likely—that he or she will want to share something about past traumatic experiences.

- 🗣️ These disclosures may come when you least expect them. A child may tell you something disturbing in a very casual way, as if not upset by it at all, or may only tell you when very upset over something that seems unrelated.
- 🗣️ When a child begins to talk to you about trauma, your reactions—spoken and unspoken—will send powerful messages to the child about whether it is safe and acceptable to talk about past pain. Be aware of what you are conveying—both verbally and in your body language. It's okay to let a child know that you feel sad or sorry about what's happened to them, as long as you don't overwhelm the child with your emotions.
- 🗣️ Remember: even when we think of a child's past as having been all bad, a child has often been able to take or make something good out of the bad.
- 🗣️ It's important to be ready to listen and talk openly about your child's trauma without retreating or changing the subject. However, you need not draw out details or engage in extensive conversations. Let the child set the pace.



- Stop what you are doing and make eye contact.
- Listen quietly.
- Provide simple, encouraging remarks in a calm tone of voice.
- Avoid "shutting down" the child.

(Continued)

Talking About Trauma (Continued)

When your child does bring up his or her traumatic experiences, be an active listener:

- 👂 Stop what you are doing and make eye contact.
- 👂 Listen quietly to what the child has to say.
- 👂 Stick to simple, calm, encouraging, and empathetic remarks (“I’m so sorry that you had to go through that” or “How do you feel now about what happened?”). Repeat what you’ve heard.
- 👂 Avoid “shutting down” the child. Rushing in to make everything immediately all better may have the effect of shutting down discussion. For example, don’t say, “But you’re over all that and safe, so you don’t need to think about it now.”

Talking About Trauma (Continued) (Group Activity)



- Offer comfort without being unrealistic.
- Praise the child's efforts to tell what happened.
- Provide constructive feedback.
 - Focus on the *behavior* of the caregiver, rather than making judgments.
- Be ready to share information with the child's therapist, and to report abuse or neglect that has not yet been reported.

Talking About Trauma (Continued) (Group Activity)

- Ⓜ Although it is important to provide comfort, avoid making promises that are unrealistic, such as “Nothing bad will ever happen to you again.”
- Ⓜ Praise the child's effort to talk with you about trauma (“I'm really glad that you're talking to me about what happened. I'm proud of you.”).
- Ⓜ Children often misunderstand the causes of the traumas in their lives, believing that they caused the trauma (“If I hadn't been so bad, my mom wouldn't have hit me so much”) or could have prevented it (“If I hadn't gone to school that day, my dad wouldn't have gotten high and hurt my mother.”).

When this happens, try to provide accurate information. Offer feedback that focuses on the specific behavior of the person involved rather than a value judgment (“Your mommy made some choices that weren't very good, but it wasn't your fault”).

- Ⓜ Be prepared to share information with your child's therapist. If your child tells you about abuse or neglect that was not previously reported, follow your state's guidelines for reporting child abuse/neglect.



Ask the group if anyone has a personal example of a child talking about trauma, and how they handled it. One facilitator should lead the discussion, while the other makes notes on the board or easel.

If a participant's example illustrates an appropriate/effective way of talking with a child about trauma, point out the ways in which he or she succeeded. If the participant didn't know what to say, or behaved in a way that shut the child down, ask the group to brainstorm other ways in which the situation might have been handled.

Allow 10 minutes for this discussion.

Building New Connections



Build connections across the disruptions in your child's life:

- Document positive events and experiences (photos, scrapbooks, journals, etc.).
- Help "reconstruct" past experiences.
- Encourage your child to look forward to future goals and dreams.

Building New Connections

To put trauma in perspective, children need to feel connected to the positive aspects of their lives and histories. Entering foster care and being moved from placement to placement can make it difficult for children to hang onto the mementos and keepsakes that connect them to their past.

You can help your child to build positive connections across these disruptions in several ways:

- 🔗 Document special events and experiences that happen in your home and give your child copies. (You may also want to keep a separate set of copies for yourself, in case the child needs them at a later date.) Commemorate birthdays and personal accomplishments with special meals or rituals. Help your child to make and recognize positive memories.
- 🔗 “Reconstruct” the child’s past by consulting with birth families, friends, and other important people from your child’s life. If no photos or mementos are available, help your child to write an autobiography. You can also make a scrapbook that represents his or her history by cutting pictures out of magazines, drawing pictures or writing about memories, or copying lines of poetry. A trauma-focused therapist can also work with your child to sort through the past, and create a “life book” that captures not only past pain, but also past and current experiences of kindness, caring, and courage.
- 🔗 Encourage your child to look forward—to family events, school trips, graduations, and what he or she wants to be as an adult. Plot events on a calendar and share it with your child to help the child plan for the future. Ask who your child admires; discuss the steps it would take for the child to achieve what that person has accomplished. Share biographies of people who had difficult childhoods so your child can see that other people have gone through hardship and achieved success.

Helping Your Child (Group Activity)



Think about the child in your My Child Worksheet. How can you help this child. . .

- Feel safe when talking about trauma?
- Build connections across disruptions?
- Look positively towards the future?

Helping Your Child (Group Activity)

Ask the group to turn to page MC-13 of their Participant Handbook, the “My Child” Worksheet, Module 6.



Think about the child in your “My Child” Worksheet. How can you help this child:

-  **Feel safe when talking about trauma?**
-  **Build connections across the disruptions in his or her life?**
-  **Look positively towards the future?**

Allow a few minutes for discussion and for participants to make notes in their worksheets.

All of these suggestions are great, but it’s important to remember that you are not in this alone. You can get help from others on your child’s team. In Module 7, we’ll learn more about how to be an advocate for your child, including when to seek trauma-focused treatment for your child. And because hearing about your child’s trauma can also be stressful for you, we’ll talk more about advocating for—and taking care of—yourself in Module 8.



Module 6: Wrap Up

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Module 6: Wrap Up



Ask each table to choose two *Big Ideas* that they consider to be most useful or important things they learned during the session, and to write each idea on an index card. Give the groups three minutes to discuss and decide on their ideas. One facilitator should serve as timekeeper and give the groups a one-minute warning before calling “time” and collecting the cards.

One facilitator should read from the index cards, while the other notes the ideas on the board or easel. Allow another five to 10 minutes to review, discuss, and condense (if appropriate) the ideas presented into three or four *Big Ideas* for the day. Ask the participants to keep these ideas in mind as they deal with their children in the days before the next module.

Finally, revisit the *Feelings Thermometer* and go around the room checking in. If desired, do a relaxation or stress buster exercise with the group before breaking for the day.

End of Module 6

Module 7: Becoming an Advocate

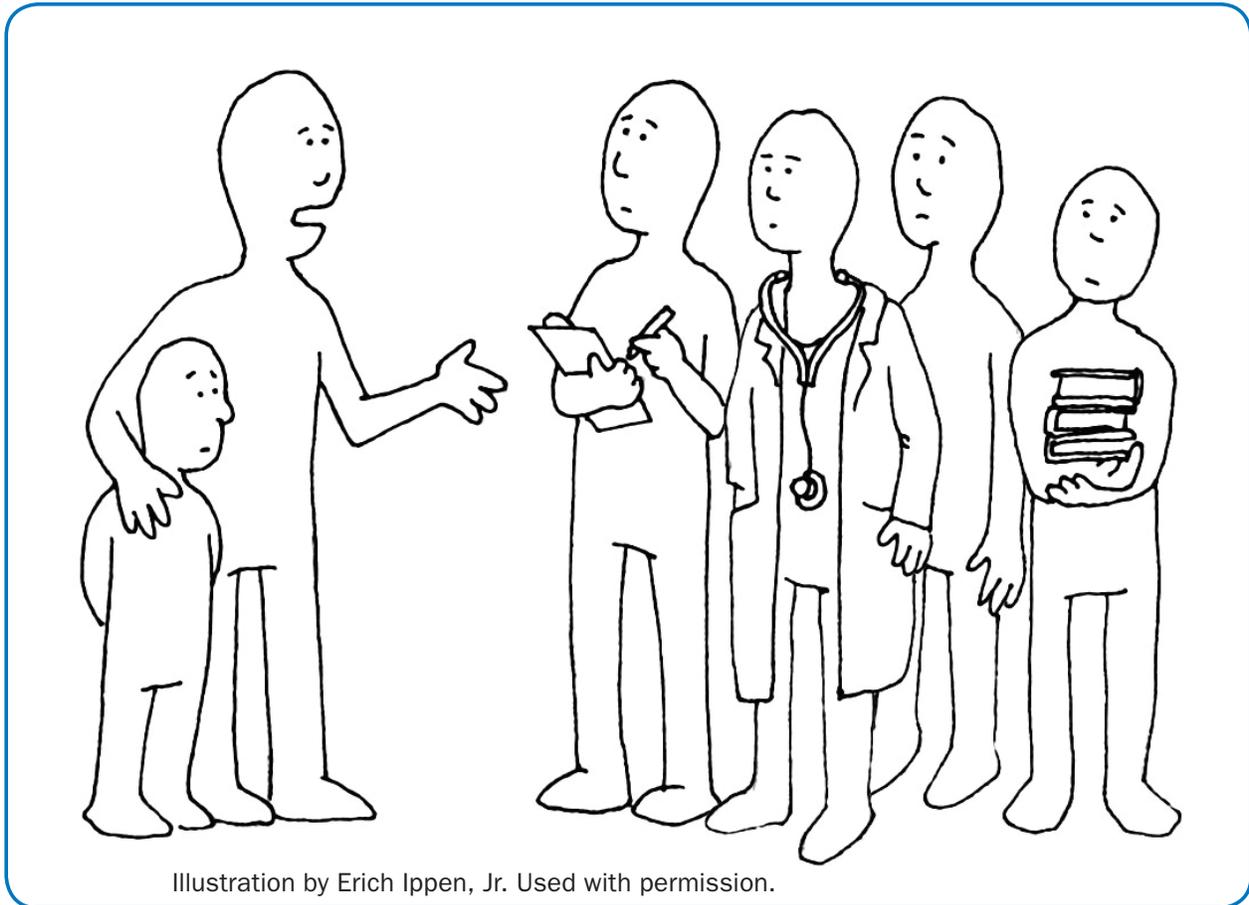


Illustration by Erich Ippen, Jr. Used with permission.

What You Will Need

- Module 7 PowerPoint slides 1–24
- “My Child” Worksheet, Module 7 (*Participant Handbook*, p. MC-15)
- Slips of paper (one team member listed per slip) for “Advocacy in Action” Group Activity
- Pens/pencils

Icon Reminders

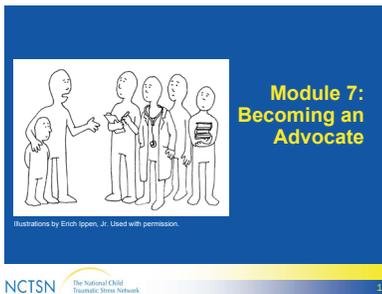
-  Facilitator tip
-  Group activity/discussion
-  Click to advance slide content

Facilitator Goals

- Enhance participants' ability to share a trauma-informed perspective with caseworkers and other adults on the child's team.
- Empower participants in their roles as advocates.
- Help participants recognize when trauma-related problems require the help of trauma-informed professionals.
- Provide participants with information about what they can expect from a trauma-informed therapist.

Key Learning Objectives

- List at least three of the basic elements of trauma-informed advocacy.
- List at least four indicators that a child may need the support of a trauma-informed therapy.
- Describe specific actions resource parents can take with an actual member of the child's team.



Module 7: Becoming an Advocate

Before participants arrive, write on the board (or an easel) the Big Ideas that the group identified during the last module.

Greet participants as they enter the room.

Keep participants informed of the time remaining until the workshop begins.

Remind participants of basic logistical information (location of bathrooms, timing of breaks, etc.).



Start the session by thanking the participants for returning, and direct their attention to the Big Ideas from the last session. Ask the participants to share any experiences or insights they may have had since the last session that relate to these Big Ideas.

Allow five to 10 minutes for discussion before moving on to the next slide and topic.



7. Be an advocate for your child.
8. Promote and support trauma-focused assessment and treatment for your child.

Essential Elements 7 and 8

We've spent the last six modules exploring how trauma affects children and how we, as resource parents, can help them to heal. Now it's time to look beyond our homes and into the broader world that our children inhabit.

In this module, we're going to talk about your role within the team of people who are involved in your child's life. In particular, we'll be looking at how you can serve as advocates for your children and help make sure they get the help they need to recover from the effects of trauma.



Know Your Child's Team (Group Activity)

The team of people involved in your child's life can include:

- 🕒 Birth parents and other members of the birth family, such as grandparents, aunts and uncles, and, occasionally, siblings
- 🕒 Child welfare, mental health, education, and medical professionals, including caseworkers, therapists, physicians, daycare workers, teachers, tutors, and other members of the educational system
- 🕒 Members of the legal system, including judges, legal guardians, and court-appointed special advocates



Ask the group to turn to page MC-15 of their Participant Handbook, the "My Child" Worksheet, Module 7.

Think about the child in your "My Child" Worksheet.

Who are your child's team members?

What sort of connections do they have with your child?

Give participants a few minutes to map out their child's team.

Working as a Team



The team members involved in your child's life:

- Share a commitment to your child's safety, permanency, and well-being
- Have distinct roles and responsibilities
- Relate to your child in different ways
- Are NOT equally trauma-informed

Working as a Team

- ④ Ideally, every member of the team should be striving for the same goals: your child's safety and well-being, and the development and maintenance of a positive and stable home.
- ④ Each member of the team has distinct roles and responsibilities in the system.
- ④ Some members of the team may have close, positive relationships with your child. Others may not be very active or engaged with your child. Still others may be a source of conflict and stress.
- ④ It is unlikely that many members of your child's team will be trauma-informed. Many professionals working in the child welfare system (and even the mental health system) are not trained to understand trauma or view your child through a "trauma lens."

Some members of the team may have trauma histories of their own or they might be experiencing secondary traumatic stress. Secondary traumatic stress refers to the emotional effects of close, constant contact with children who have experienced trauma, and we will talk more about this in Module 8.

Ask the group to turn to page 7-29 of their Participant Handbook, "Becoming an Advocate: Additional Resources."

This section of your handbook includes resources for teachers, child welfare workers, judges, and other team members that you can use to help introduce them to a trauma-informed perspective.

I would feel like I was just being passed around and not really knowing what was going on. No one explained anything to me.

I didn't even know what rights I had . . . if I had any.

No one told me what the meaning of foster care was. No one told me why I had been taken away from my mom. I knew there were bad things going on, but no one really explained it to me.

—Luis

Hochman, G., Hochman, A., & Miller, J. (2004). Foster care: Voices from the inside. Washington, DC: Free Children of Foster Care. Retrieved at <http://www.fostercare.org/research/voices/voices-complete.pdf>

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Read-Aloud Quote

Ask for a volunteer to read the quote out loud. If no one volunteers, one facilitator should read the quote.

“I would feel like I was just being passed around and not really knowing what was going on. No one explained anything to me. I didn’t even know what rights I had . . . if I had any.

No one told me what the meaning of foster care was. No one told me why I had been taken away from my mom. I knew there were bad things going on, but no one really explained it to me.”

The child welfare system can be very complicated even for adults to understand. Imagine, then, how tough it must be for a child.

Situations like Luis’ show how important it is for the resource parent to be there as an advocate for the child. If your foster child has experienced trauma, your role as an advocate is even more important.

By working as a member of the team, you can help your children understand what is happening and ensure that the lines of communication are kept open among the many adults who are making decisions about their lives.

Trauma-Informed Advocacy



- Help others to understand the impact trauma has had on your child.
- Promote the importance of psychological safety.
- Share strategies for helping your child manage overwhelming emotions and problem behaviors.

(Continued)

Trauma-Informed Advocacy

The basic elements of trauma-informed advocacy parallel those of trauma-informed parenting. Now that you are becoming a trauma-informed parent, you can share this perspective with others on your child's team.

- 🕒 As you've learned, trauma's effects can be wide-ranging and can affect brain development as well as the development of beliefs about oneself and the world. Teachers and school personnel, for example, might not appreciate the impact trauma can have on a child's ability to pay attention in class or behave on the playground. Mental health providers might misdiagnose a child if they fail to consider his or her trauma history.
- 🕒 Share your observations about what your child needs to feel psychologically safe, including what you know about your child's trauma reminders. Because of the responsibilities of their jobs, others on the child's team might focus only on physical safety, without considering the importance of psychological safety.
- 🕒 Help others to make the connection between a child's thoughts, feelings, and problem behaviors (the Cognitive Triangle) and his or her trauma history. If other team members become frustrated, impatient, or punitive, offer constructive suggestions about how to work with your child.



- Support the positive, stable, and enduring relationships in the life of your child.
- Help others to appreciate your child's strengths and resilience.
- Advocate for the trauma-specific services your child needs.
- Know when you need support.

Trauma-Informed Advocacy (Continued)

- ④ Be an advocate for maintaining connections, whether that means keeping the child in your home or supporting reunification with the birth family. Although this may be challenging, remember that one of your child's most vital connections is with you and your family.
- ④ Point out your child's strengths and resilience in face of adversity. Retain optimism about your child's future and help others to see that he or she is not just a victim.
- ④ Advocate for the trauma-specific services your child needs, including trauma-informed assessment and mental health services, special accommodations at school, or additional support from the caseworker.
- ④ Sometimes being an effective advocate for yourself can be just as important as being an advocate for your child. Be sure to let other members of the team know what you need as you work with your child.

We will be talking more about self-care in Module 8. Be mindful of how stressful working with traumatized children can sometimes be, for you and for others on the team.



Help your team member understand . . .

- What child traumatic stress is
- How trauma has affected your child
- Your child's strengths and resiliency
- What your child needs

Advocacy in Action (Group Activity)

Now we will practice putting some of these advocacy skills into action.



Instruct participants to pair off. Pass around a box with slips of paper that list the names of different team members (e.g., teacher, caseworker, therapist, pediatrician, judge, etc.). Each participant should take one slip.

You are each going to take a turn playing the resource parent, while the other person takes the role of the team member listed on the slip of paper. For purposes of this activity, assume that the other team member is having a problem with your child and doesn't seem to understand the role that trauma might play in his or her life.

The person playing the resource parent should:

- **Describe what child traumatic stress is**
- **Describe how trauma has affected your child**
- **Describe your child's strengths and resiliency**
- **Explain what your child needs to help him or her heal from the effects of trauma**

The person playing the other team member should ask questions and offer some resistance to what the resource parent is saying. Try to draw from your own experience as you play your roles.

After five minutes, remind the participants to switch, giving the other partner a chance to play the resource parent.

After 10 minutes, bring the group back together to share their observations.

Do they feel prepared to describe traumatic stress and how it has affected their children's lives?

What additional information or support would be helpful to them in their efforts to educate other team members about child trauma?



- **Respect the connection** that children share with their parents and other birth family members.
- **Be prepared** for conflicted or even hostile initial reactions from birth parents and other family members.
- **Use your “trauma lens”** when interacting with birth parents and other family members.

Partnering with Birth Families

Partnering with birth families can be one of the most challenging parts of the team approach, particularly when they were directly or indirectly the source of your child’s trauma.

- 🕒 As we saw in the last module, the connections between parents, children, and other family members can be strong, even in the most troubled families. Acknowledging and respecting these connections is critical to working effectively with parents and other members of your child’s birth family.
- 🕒 This also means being prepared for the full range of reactions you may get from birth parents and other family members. “Losing” a child to the child welfare system is tremendously upsetting for birth parents, many of whom are dealing with their own histories of trauma.
- 🕒 Very often the child in your care was not the only member of his or her family to have experienced trauma. The same concepts you’ve learned during this training (such as the Invisible Suitcase and Cognitive Triangle) might help you to understand why some birth parents behave the way they do, and might even help you to connect with them on a different level.



For more information on partnering with birth parents, direct participants to the article, “Building a Positive Relationship with Birth Parents,” starting on page 7-15 of the Participant Handbook.

It's been almost 11 years now since my son has come home [and] one consistent thing for my son and me has been our relationship with his foster parents.

My son has spent many nights and weekends at their house and gone on many vacations with them. . . . I've also been able to help them out by babysitting their youngest daughter. I feel especially good knowing they trust me. Now we are as big a part of their lives as they are in ours. . . . I'm no longer that angry, jealous and resentful person, but one who can appreciate that my son benefits from the caring of this family who took him into their hearts and home.

—L. M., birth mother

Heaven sent, First Magazine (2005). Available at <http://www.firstmagazine.org>

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Read-Aloud Quote

Ask for a volunteer to read the quote. If no one volunteers, one of the facilitators should read it aloud.

“It’s been almost 11 years now since my son has come home, [and] one consistent thing for my son and me has been our relationship with his foster parents.

My son has spent many nights and weekends at their house and gone on many vacations with them. . . . I’ve also been able to help them out by babysitting their youngest daughter. I feel especially good knowing they trust me. Now we are as big a part of their lives as they are in ours. . . . I’m no longer that angry, jealous and resentful person, but one who can appreciate that my son benefits from the caring of this family who took him into their hearts and home.”

L. M.’s experience shows what can happen when resource and birth parents work together in the interest of the child. You can read all of L. M.’s story starting on page 7-19 of your *Participant Handbook*.

Thinking About My Child (Group Activity)



- Who are three **key players** in your child's life?
- How can you **work together more effectively** to help your child?
- How might **using your "trauma lens"** change the way you work with other team members or with the child's birth parents?

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Thinking About My Child (Group Activity)

Ask the group to return to page MC-15 of their Participant Handbook, the "My Child" Worksheet, Module 7.



Looking at the members of your child's team whom you identified earlier, including the child's birth parents and other family members:

- 🕒 **Pick three key players in your child's life.**
- 🕒 **How can you work together more effectively to help your child?**
- 🕒 **How might using your "trauma lens" change the way you work with other team members or with the child's birth parents?**

After participants have had time to write down a few ideas, ask for volunteers to share some examples from their worksheets. One facilitator should lead the discussion while the other notes the group's ideas on the board or an easel.

Allow five minutes for this discussion.

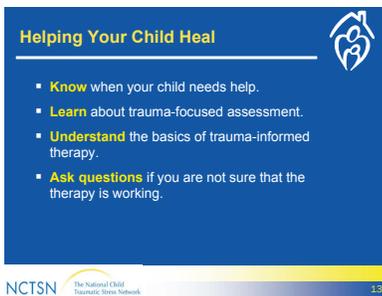


Let's Take a Break!

Announce a 10-minute break.

Be sure to remind the group of the location of bathrooms, phones, etc.

Note the current time and the time when the workshop will resume.



Helping Your Child Heal

Even though you are an effective resource parent, you are not a trained therapist—nor are you expected to be. However, as “the anchor” on your child’s team, you are in a special position to advocate for your child so that he or she can receive appropriate trauma-informed treatment.

To effectively advocate for trauma-informed treatment, you will need to:

- 🕒 Know when your child needs help
- 🕒 Understand the basics of trauma-informed therapy
- 🕒 Learn why trauma-focused assessment is important
- 🕒 Ask questions if you are not sure that the therapy is working

When to Seek Help

When you:

- Feel overwhelmed

When your child:

- Displays reactions that interfere with school or home life
- Talks about or commits acts of self-harm (like cutting)
- Has trouble falling asleep, wakes up often during the night, or frequently has nightmares
- Complains of frequent physical problems but checks out okay medically

(Continued)

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When to Seek Help

- 🕒 You, as a resource parent, should seek help when you feel overwhelmed by your child's trauma reactions.

You also should seek help when your child:

- 🕒 Displays reactions that interfere with the ability to function in school and at home
- 🕒 Talks about or commits acts of self-harm (like cutting)
- 🕒 Has trouble falling asleep, wakes up often during the night, or frequently has nightmares
- 🕒 Complains of frequent physical problems but checks out okay medically

When to Seek Help
(Continued)

When your child:

- Asks to talk to someone about his or her trauma
- Talks over and over again about the trauma or seems "stuck" on one aspect of it
- Seems plagued by guilt or self-blame
- Expresses feelings of helplessness and hopelessness

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When to Seek Help (Continued)

Treatment may be needed when your child:

- 🕒 Asks to talk to someone about a traumatic experience
- 🕒 Talks over and over again about the trauma, or seems "stuck" on a particular part of it
- 🕒 Seems plagued by guilt or self-blame
- 🕒 Expresses feelings of helplessness and hopelessness

Trauma Assessment



Trauma assessment is important for any child who has experienced trauma.

- Includes gathering a thorough trauma history
- Seeks input from you and others who know the child
- Should be used to determine the treatment plan

Trauma Assessment

The first step in securing help for your child is getting a trauma assessment. Trauma assessment is a good idea for any child who has experienced trauma, even if the child seems to be “handling” the stress. Children who don’t show signs of distress may be bottling up their feelings, which can affect their performance in school and their ability to connect with you and others around them.

- ④ When conducting a trauma assessment, the therapist should gather a thorough trauma history, including all traumatic events experienced directly or witnessed by the child. A comprehensive assessment should also include assessment of the child’s developmental level, strengths, relationships and attachments, and trauma reminders or triggers.
- ④ This information may come from you, from others on the team, and from the child. You and others with firsthand knowledge of the child’s traumatic stress symptoms should be asked for your impressions and observations. Ideally, standardized questionnaires or checklists would be used in addition to open-ended questions.
- ④ The results of the assessment should be shared with you and should be used to determine the child’s treatment plan.



Common elements of effective treatments:

- Scientifically based
- Include comprehensive trauma assessment
- Based on a clear plan that involves caregivers
- Trauma-focused

The Basics of Trauma-Informed Treatment

There is no “one size fits all” when it comes to treatments for children who have experienced trauma. However, research has shown that most effective trauma-informed treatments include some common elements.

- ④ First, they are based on scientific evidence rather than just someone’s idea about what works. This means that these treatments have been systematically studied, and data demonstrating their effectiveness have been published.
- ④ They include a comprehensive trauma assessment to determine the child’s trauma history and needs.
- ④ After the assessment, the provider proposes a treatment plan, which includes involvement of parents, family, or guardians in the child’s therapy.
- ④ Trauma-focused therapy actively addresses the child’s traumatic experiences and traumatic stress symptoms. This type of treatment has been proven effective for children of every age, from infants and toddlers to teenagers. It is never “too late” for a child (or an adult) to seek treatment for trauma-related problems.

Ineffective or Harmful Treatments



Beware of:

- Treatments that promise an instant cure
- Treatments that use hypnosis or drugs to retrieve “repressed” memories
- Rebirthing, holding therapies
- Treatments that are offered by nonlicensed providers or are outside of the medical mainstream

Ineffective or Harmful Treatments

Beware of treatments that:

- ④ Promise an instant cure or complete effectiveness for 100 percent of children treated
- ④ Claim that the key to undoing trauma’s effects is to retrieve “repressed” memories with the use of hypnosis or drugs
- ④ Use rebirthing and holding therapies
- ④ Are offered by providers who are unlicensed or outside of the medical mainstream

**Trauma-Informed Therapy:
The Real World**

- Effects of trauma missed or underappreciated
- Goals of therapy unclear

(Continued)

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Trauma-Informed Therapy: The Real World

“Okay,” I hear some of you saying, “that all sounds great, in an ideal world. But what about the world I live in?”

As a trauma-informed resource parent, you should be familiar with best practices, but you should also be prepared to problem-solve when something doesn't seem right to you.

Ⓜ Children in foster care are sometimes given many different diagnoses, and the effects of trauma may be misunderstood or even misdiagnosed by mental health providers who are not trauma experts. For example, the nervousness and inability to pay attention that comes with trauma may be misdiagnosed as attention deficit hyperactivity disorder (ADHD); the moodiness and irritability may be misdiagnosed as bipolar disorder.

As we discussed earlier, as part of trauma-informed advocacy, you might need to share information about your child's trauma history with the provider and ask about the role that traumatic stress might be playing in your child's symptoms.

Ⓜ Trauma-informed therapy is specifically focused on helping children to cope with the effects of trauma. Although play, art, and just plain talking may all be a part of trauma-informed therapy, the therapist should take an active role, laying out goals for the therapy and how these goals will be accomplished. If you are unclear about the goals of therapy, or feel that the approach is not structured or directive enough, you should share your concerns with the child's therapist or caseworker.



- Inconsistent care
- Therapy seems to be upsetting child
- No trauma-informed providers available

Trauma-Informed Therapy: The Real World (Continued)

- 🗨️ Children in foster care are often switched from one provider to another, or are removed from therapy prematurely. It can be difficult for children to form a connection with a therapist or to show progress in therapy if their treatment is not consistent. Communication between providers, as well as between providers and resource parents, can be lacking (and is sometimes hampered by rules about confidentiality). Parents should advocate for continuity of care and do their part to facilitate communication, while respecting the boundaries of confidentiality.
- 🗨️ Participating in trauma-informed therapy takes courage, and the process of therapy can have its ups and downs. Some children may seem to get worse before they get better. By praising children for their accomplishments in therapy and taking an active role in the process yourself, you can encourage children to stick with it. If you have questions about whether a particular treatment is working, or whether a child is “ready” to talk about his or her trauma, you should raise these with the child’s therapist.
- 🗨️ The symptoms of traumatic stress should be treated by someone who has the specific training to do so. This can be a challenge in some communities. Ideally, your child’s caseworker will be able to help you identify trauma-informed therapists and get the needed referral. You can also talk to other resource parents in your community about their experiences with local providers. At a minimum, you should ask the therapist about his or her understanding of trauma and comfort level working with resource parents.

Medications and Trauma

- Some medications can be safe and effective
- Resource parents should ask questions about:
 - Medications alone, without therapy
 - Medication prescribed for children under age 4
 - Multiple medications
 - Side effects that concern you or the child
- When in doubt, do some research

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Medications and Trauma

Children in foster care are more likely to be prescribed psychiatric medications than other Medicaid-eligible children, and are also likely to be taking multiple medications.

Ⓜ Some psychiatric (or “psychotropic”) medications can be safe and effective for reducing specific symptoms such as nightmares, sleep problems, and anxiety, but no medication can “cure” children’s traumatic stress.

Few guidelines exist on when and how to prescribe psychotropic medications for children, and little research has been done on the effectiveness and safety of drug combinations in children. Because many children are prescribed medications “off label”—meaning the drugs have not been evaluated or approved for use in children—it is important to take extra care when children receive psychotropic medication.

Ⓜ Even if your child’s psychiatrist is an expert on this issue, it is appropriate to ask questions or raise concerns if:

Ⓜ Your child is prescribed medications alone, and is not receiving any therapy

Ⓜ Medications have been prescribed for a child younger than age four

Ⓜ Your child is taking more than one psychotropic medication

Ⓜ You observe any side effects that concern you, or your child reports discomfort with side effects

Ⓜ Do your research so you have as much information as possible about the medications your child is taking. If you have serious concerns, it may be worth trying to obtain a second opinion from another psychiatrist or pediatrician.

 *Direct participants to page 7-30 of the Participant Handbook for additional resources on medications.*



Scenario 1:

- Your child is taking three different medications but is not receiving therapy.

Scenario 2:

- You are not involved in your child's therapy, and important information is not shared with you.



Putting Your Advocacy Skills to Work (Group Activity)

Depending on the size of the group and remaining time available, you may (a) divide participants into smaller groups for this exercise, or (b) ask the large group to select the one scenario that most affects them.

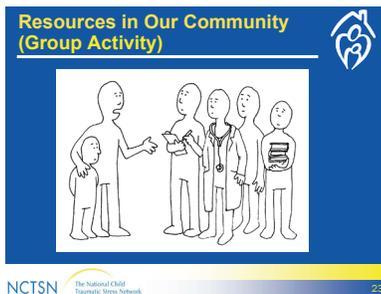
One participant should begin by briefly describing a personal experience similar to the scenario identified.

The facilitator should play the role(s) of the physician, therapist, or caseworker who is challenging or thwarting the resource parent's efforts to address the situation.

Other group members should assist by "coaching" the parent about what he or she might say or do.

If doing this exercise in several small groups, a second participant in each group should enact the role of the physician, therapist, or caseworker. The facilitators should circulate through the groups to monitor the discussion and help reinforce key points.

Allow 10 minutes for this activity.



Resources in Our Community (Group Activity)

As an advocate for your child, you don't have to go it alone. Other resource parents can provide you with a wealth of information, supportive advice, and valuable contacts. Let's take the next 10 minutes to brainstorm together about the trauma-informed resources in our community.



One facilitator should pose the following questions to the group while the other makes notes on the blackboard or easel.

Who are the trauma-informed resources in our community?

Ask participants to share names of individual mental health providers and agencies that offer trauma-focused treatment.

Are there others in the system (for example, a casework supervisor, pediatrician, attorney or guardian *ad litem*) who have been helpful advocates for trauma-informed care?

How can we work together to advocate for a more trauma-informed system? What can be done to expand the number of mental health providers who can deliver trauma-informed therapy?

This activity could be assigned as "homework" if there is not enough time remaining. Ask participants to write down their ideas and bring them to the next session, or ask them to share information informally with one another.

Offer to type up the tips and resources that have been written on the blackboard or easel and provide them as "take-home" resource sheets to the participants before the end of the course.

Module 7: Wrap Up



Ask each table to choose two *Big Ideas* that they consider to be the most useful or important things that they learned during the session, and to write each idea on an index card.

Give the groups three minutes to discuss and decide on their ideas. One facilitator should serve as timekeeper and give the groups a one-minute warning before calling “time” and collecting the cards.

One facilitator should read from the index cards, while the other notes the ideas on the board or easel. Allow another five to 10 minutes to review, discuss, and condense (if appropriate) the ideas presented into three or four *Big Ideas* for the day. Ask the participants to keep these ideas in mind as they deal with their children in the days before the next module.

Finally, revisit the *Feelings Thermometer* and go around the room checking in. If desired, do a relaxation or stress buster exercise with the group before breaking for the day.

End of Module 7

Module 8: Taking Care of Yourself



What You Will Need

- Module 8 PowerPoint slides 1–37
- *Self-Care Checkup* quiz (*Participant Handbook*, pp. 8-21 to 8-22)
- *When Your Child's Trauma Becomes Your Own: The Story of Ralph and Susan* (*Participant Handbook*, pp. CS-23 to CS-25, *Facilitator Guide*, pp. 41 to 44)
- *When Your Child's Trauma Is a Reminder: The Story of Betty and Janis* (*Participant Handbook*, pp. CS-27 to CS-28, *Facilitator Guide*, pp. 45 to 47)

- *My Self-Care Plan* (*Participant Handbook*, p. 8-23)
- Pens/pencils

Icon Reminders

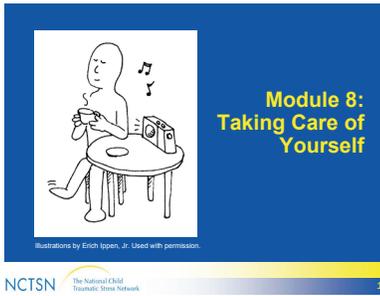
-  Facilitator tip
-  Group activity/discussion
-  Click to advance slide content

Facilitator Goals

- Review the definitions and warning signs of compassion fatigue and of secondary traumatic stress.
- Use case examples to illustrate secondary traumatic stress and how a child's trauma can serve as a trauma reminder to a resource parent.
- Help participants develop a self-care plan for preventing secondary traumatic stress.

Key Learning Objectives

- Define and list the warning signs of compassion fatigue and secondary traumatic stress.
- Identify specific self-care techniques that can help prevent secondary traumatic stress.
- Describe at least three coping strategies you can use when a child's trauma is a reminder of your own past trauma.



Module 8: Taking Care of Yourself

Before participants arrive, write on the board (or an easel) the Big Ideas the group identified during the last module.

Greet participants as they enter the room.

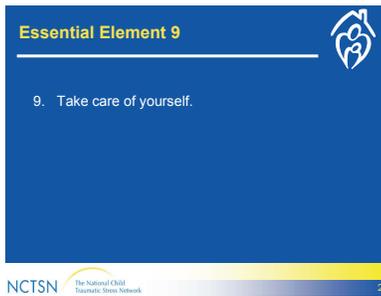
Keep participants informed of the time remaining until the workshop begins.

Remind participants of basic logistical information (location of bathrooms, timing of breaks, etc.).



Start the session by thanking the participants for returning, and directing their attention to the Big Ideas from the last session. Ask the participants to share any experiences or insights they may have had since the last session that relate to these ideas (for example, working more effectively with birth parents, finding a trauma-informed therapist, improving communication with a caseworker).

Allow five minutes for discussion.



Essential Element 9

It's time to focus on the final—and in some ways most important—essential element of trauma-informed parenting: taking care of ourselves.



Caregivers Also Need Care

Have any of you been on a plane recently? Remember how the flight attendant always says “Before assisting your child, put your own oxygen mask on first”? It makes sense, because you’re not going to be much use to your child if you’ve passed out from oxygen deprivation.

But how often, in day-to-day life, do we forget to put on our oxygen masks first? In our zeal to keep all of the plates spinning, we put taking care of ourselves as our last priority. Then we wonder why we find ourselves exhausted, drained, frustrated, angry, resentful, and unable to take joy in the good work we do.

Learning how to take care of ourselves is one of the most important skills we can develop as caregivers. And by modeling how we take care of ourselves, we can help our children learn how to take good care of themselves as well.

Read-Aloud Quote

*Yet, taught by time,
My heart has learned to glow
For other's good
And melt at other's woe.*

—Homer
(not Simpson)
900 BC–800 BC

NCTSN 

Ask for a volunteer to read the quote. If no one volunteers, one of the facilitators should read it aloud.

“Yet, taught by time,
My heart has learned to glow
For other’s good
And melt at other’s woe.”

When the philosopher Homer wrote these words more than 2,000 years ago, he was basically describing empathy: the ability to feel another’s distress or pleasure as if it were our own.

Empathy allows us to feel our children’s pain, to understand what they need, and to connect with them. If we could not feel what they are feeling, we might not be able to reach them at all.

Empathy is part of what makes us human. But it can also get us into trouble.

Compassion Fatigue: Warning Signs



- Mental and physical exhaustion
- Using alcohol, food, or other substances to combat stress and comfort yourself
- Disturbed sleep
- Feeling numb and distanced from life
- Feeling less satisfied by work
- Moodiness, irritability
- Physical complaints—headaches, stomachaches

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Compassion Fatigue: Warning Signs

For many resource parents, the day-to-day grind of caring for a traumatized child or, as is often the case, a procession of traumatized children, takes an emotional and physical toll.

When the stress of parenting affects our own mental and physical health, and impairs our ability to parent effectively, we are suffering from compassion fatigue. How many of these signs of compassion fatigue do you have?

-  **Do you feel mentally or physically exhausted most of the time?**
-  **Are you using alcohol, food, caffeine, or any other substance to combat your feelings of being overwhelmed?**
-  **Are you sleeping too little or too much?**
-  **Do you feel numb and distanced from your own life?**
-  **Have you stopped taking satisfaction in your work?**
-  **Do you feel moody? Do you fly off the handle frequently at your kids or significant other?**
-  **Are you having frequent headaches or stomachaches, or catching every cold that comes along?**

If you answered “yes” to more than three of these questions, you may be on your way to compassion fatigue. This is particularly likely when you neglect your own needs in an effort to be a “perfect” resource parent.



Refer participants back to “Myths to Avoid” handout on page 1-19 of Participant Handbook.



Self-Care Checkup (Group Activity)

Direct participants to pages 8-21 and 8-22 of the Participant Handbook, the “Self-Care Checkup.”



Give participants three minutes to complete and score their quizzes before moving on to discussion. One facilitator should lead the discussion, while the other makes notes of the tallies on the board or an easel.

Okay, how many people scored higher than 24 points?

Do a tally of the number of participants, and note that these people seem to be maintaining a balance between caring for others and caring for themselves. Allow three minutes for participants to share a couple of tips on how they make time for themselves, and note that the group will be going into this in more detail later in the session.

How many people scored between 12 and 23 points?

Do a tally of the number of participants, and note that even though these people are doing some things to meet their own needs, they may need to make a greater commitment to self-care.

How many folks scored lower than 12 points?

Do a tally of the number of participants, and note that although these participants are probably doing a tremendous number of positive things for other people, it’s important that they learn to take care of themselves as well.

Self-Care Basics



- Get enough sleep.
- Eat well.
- Be physically active.
- Use alcohol in moderation, or not at all.
- Take regular breaks from stressful activities.
- Laugh every day.
- Express yourself.
- Let someone else take care of you.

Self-Care Basics

Later on in this module, we're going to talk about how to commit to a regular, sustainable plan for self-care. For now, let's just review a few of the basics:

- 🕒 Get enough sleep most nights; for some folks this is six hours a night, for others eight.
- 🍏 Eat a healthful, balanced diet, including breakfast. Try to avoid eating on the run, behind your desk, or in your car.
- 🏃 Get some form of regular physical exercise.
- 🍷 Use alcohol in moderation, or not at all.
- 🕒 Take regular breaks from stressful activities. Remember, nonstop parenting can be a stressful activity. Find a way, somehow, every day, to have at least a few minutes to yourself.
- 😄 Laugh every day.
- 🗣 Express yourself. If you're feeling frustrated, sad, or angry, be honest about your emotions before they get out of control. Tell your children or spouse calmly that you are angry before you fly off the handle. Express the positive, as well, by making time to engage in something that you love, such as a craft, a game, writing, painting, a sport.
- 🕒 Let someone else do something to take care of you.

By taking care of ourselves, we can reduce our risk of developing compassion fatigue, and make it easier to face the challenges that come with parenting children who have endured trauma.

Secondary Traumatic Stress (STS)

Trauma experienced as a result of exposure to a child's trauma and trauma reactions

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Secondary Traumatic Stress (STS)

In addition to compassion fatigue, there are other ways that parenting a traumatized child can affect us.

Most surprising may be what happens when we start to feel almost as if our child's traumatic experiences happened to us. This is called Secondary Traumatic Stress (STS).

Stress and Exposure to Trauma

Exposure can be through:

- What a child tells you or says in your presence
- The child's play, drawings, written stories
- The child's reactions to trauma reminders
- Media coverage, case reports, or other documents about the trauma

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Stress and Exposure to Trauma

As a resource parent, you may be exposed to your child's trauma through:

- 🔊 What your child tells you or says in your presence
- 🔊 Your child's traumatic play, drawings, or other representations of the trauma
- 🔊 Observing your child's reaction to trauma reminders
- 🔊 Media reports, case reports, medical records, or other documents that detail the trauma

When Your Child's Trauma Becomes Your Own



Exposure may cause:

- Intrusive images
- Nervousness or jumpiness
- Difficulty concentrating or taking in information
- Nightmares, insomnia
- Emotional numbing

(Continued)

When Your Child's Trauma Becomes Your Own

Exposure to your child's traumatic material can actually cause you to experience the same symptoms associated with traumatic stress. You may:

- 🔊 Reexperience the trauma in the form of intrusive images you can't get out of your mind
- 🔊 Become jumpy or nervous
- 🔊 Find it hard to concentrate
- 🔊 Have nightmares about the trauma, insomnia, or fear of going to sleep because you don't want to dream about your child's experiences
- 🔊 Become emotionally numb or withdrawn, or shut down to avoid thinking about the traumatic experiences

When Your Child's Trauma Becomes Your Own (Continued)



Exposure may cause:

- Changes in your worldview (how you see and feel about your world)
- Feelings of hopelessness and/or helplessness
- Anger
- Feeling disconnected from loved ones

(Continued)

When Your Child's Trauma Becomes Your Own (Continued)

Just as some traumatized children come to see the world as hopeless or indifferent to their pain, exposure to your children's traumatic experiences may:

- ④ Change your worldview
- ④ Leave you feeling hopeless or helpless
- ④ Make you may feel angry at the world, or specifically at birth families, society, or even God
- ④ Cause you to feel separated from others and disconnected from your loved ones by what you've experienced



You may:

- Lose perspective, identifying too closely with your child
- Respond inappropriately or disproportionately
- Withdraw from your child
- Do anything to avoid further exposure

When Your Child's Trauma Becomes Your Own (Continued)

When you develop your own traumatic stress as a result of exposure to your child's trauma, you may:

- 🕒 Lose perspective, identifying so closely with your child that you cannot operate effectively as a parent
- 🕒 Respond inappropriately or disproportionately to your child. For example, you may attempt to cocoon your child from any possible trauma reminders
- 🕒 Feel the need to withdraw and disengage
- 🕒 Do anything to avoid further exposure. For example, you may not want to be alone with your child for fear he or she will talk about the trauma.

Now let's look at a situation where the children's trauma history had an unexpectedly intense impact on the resource parents.

Direct participants to "When Your Child's Trauma Becomes Your Own: The Story of Ralph and Susan," on pages CS-23 to CS-25 of their Participant Handbook.

The Story of Ralph and Susan

- In their 30s
- Relatively happy childhoods, with no known trauma history
- Ralph: A brief episode of depression while unemployed
- Susan: A very sensitive person

(Continued)

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The Story of Ralph and Susan

- ④ Ralph and Susan are a couple in their 30s.
- ④ They both had relatively happy childhoods and married right out of high school.
- ④ Aside from a brief episode of depression when he was unemployed for six months, Ralph has had no psychological problems.
- ④ Neither has Susan, although she considers herself a very sensitive person who always cries at movies and feels a lot of empathy for others, especially children. That is partly why the couple decided to become foster parents.

The Story of Ralph and Susan
(Continued)

- Four-year-old Jody and 18-month-old brother Jimmy
- Children saw father fatally shoot mother and then commit suicide

(Continued)

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The Story of Ralph and Susan (Continued)

- ④ Four-year-old Jody and her 18-month-old brother Jimmy came to live with Ralph and Susan three months ago.
- ④ Shortly before coming to live with Ralph and Susan, the children witnessed their father fatally shoot their mother and then commit suicide.



- Children stayed in apartment alone with parents' bodies
- Jody was afraid to open the door and seek help
- Took care of younger brother
- Tried to revive parents
- Police discovered children after two days

The Story of Ralph and Susan (Continued)

At age four, Jody did not understand exactly what had happened. She saw a lot of scary blood, but did not understand that death was irreversible. Her father had told her not to go outside the apartment without a grown-up.

Also, she did not want to leave her little brother alone, and she could not carry him by herself. So she stayed in the apartment with her parents' bodies and took care of her brother.

At first, she tried to revive her parents by yelling at them to wake up, shaking them, and putting cereal in their mouths. She put a blanket over her mother.

Then she did what she had watched her mommy do: she fed her brother and changed his diapers, putting his dirty diapers in a neat pile on the bathroom floor so they would not "stink up the house" and make her daddy mad.

Jimmy cried for his mommy, and became frustrated when Jody could not rouse her. Several times during the two days, he nestled in next to her body, seeking comfort.

After two days, police arrived and took the children into custody.

The Story of Ralph and Susan (Continued)



- Children's story covered by TV
- Parts of police report in newspaper
- Images in Susan's head:
 - Children's bloody footprints
 - Splatter of blood and body fluids
 - Jimmy curled up by his mother's body

(Continued)

The Story of Ralph and Susan (Continued)

By the time the children came to live with Ralph and Susan, details of their story had been all over the TV and in the newspaper.

Susan already had pictures in her head that came from this coverage. The children had walked through their parents' blood and left bloody footprints all over the house, and blood and bodily fluids were splattered on the walls.

Jimmy had been found curled up in a fetal position in a corner by his mother's body.



Jimmy:

- Stops walking
- Freezes in position and falls over flat
- Has nightmares

Jody:

- Puts blanket on her doll
- Reacts to Cheerios™ and red tablecloth as trauma reminders

(Continued)

The Story of Ralph and Susan (Continued)

When Jimmy first came to live with Susan and Ralph, he had stopped walking and would crawl or pull himself along on the ground. When a loud noise startled him, or something upset him, he didn't cry. Instead, he would freeze in position and then lie flat on the ground.

It made Susan wonder if he did that because he was imitating what his mother did when the bullet hit her. Susan would pick him up and hold him at these times. He would be rigid and then mold to her body.

Jimmy would also wake up screaming in the middle of the night. Sometimes he could say enough to let Ralph and Susan know he'd had a nightmare.

In her play, Jody would put a blanket over her doll again and again. When Susan first served the children Cheerios®, Jody became upset, shook her head, and stared into space, but would not talk. She also became very upset when Susan put a red tablecloth on the table.

Jimmy and Jody were both in therapy. At home, Jody began to talk about the two days she'd spent alone in the apartment with her brother. Every time she sat on the toilet to have a bowel movement, her memories would come up. It seemed as if being on the toilet reminded her of changing her brother's "poopy diapers" and stacking them up in the bathroom.



Susan's traumatic stress reactions:

- Intrusive images of the children's trauma
- Nervousness and jumpiness, especially when helping Jody in the bathroom
- Nightmares about the shooting
- Desire to avoid future exposure to trauma

(Continued)

The Story of Ralph and Susan (Continued)

Susan began to have symptoms of traumatic stress. When she was driving or trying to fall asleep at night, she would see images of the children's trauma based on the media reports and what Jody had told her. She started to feel jumpy and anxious. She began to have nightmares about the shooting. She dreaded having to help Jody in the bathroom and not knowing what Jody might say next about the traumatic events.

When Jimmy froze in his tracks, Susan would imagine his father shooting his mother, the sound of the blast, and the splatter of blood. She started to feel uncomfortable around the color red and tried to protect Jody from any exposure to it. Susan's symptoms began to interfere with her life and her ability to take care of the children.

The Story of Ralph and Susan
(Continued)

Ralph's traumatic stress reactions:

- Lost interest in intimacy with his wife
- Withdrew and felt disconnected
- Felt hopeless
- Questioned his ability to help the children

(Continued)

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The Story of Ralph and Susan (Continued)

Ralph reacted differently. He withdrew from the children and from Susan as well. He lost interest in being intimate with his wife, and seemed emotionally flat. He lost faith in other people: "If a man could do that to his wife while his children watched, then there's no hope for mankind." He questioned whether he and Susan could do the children any good at all. "They're probably ruined for life no matter what we do," he'd say.

Has anyone had symptoms of traumatic stress like Susan's, linked to a child's trauma? Has anyone ever had a reaction like Ralph's?



Allow five minutes for discussion, beginning by giving participants an opportunity to share their own experiences of secondary traumatic stress.

The Story of Ralph and Susan
(Group Activity)

What can Susan and Ralph do:

- To help themselves?
- To help the children?

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The Story of Ralph and Susan (Continued) (Group Activity)

 What do you think Ralph and Susan can do to help themselves and to help the children?



Take 10 or 15 minutes to discuss.



- Recognize safety of current situation
- Distinguish adult interpretation from the child's experience
- Focus on resiliency and building positive experiences

Getting Past STS (Group Activity)

Just as there are ways to help children overcome their traumatic pasts, there are steps we can take when we start to feel overwhelmed by secondary traumatic stress.

- 🕒 One of the most fundamental steps is to remind ourselves that the children are now safe. The traumatic events, no matter how terrible, happened in the past. It is important for Susan to remind herself that the traumas are over and that the children are safe.
- 🕒 When we react to our children's traumas, we may get lost in "the big-picture horror" of what they went through. It can be helpful to distinguish our interpretations of what they experienced from their more immediate concerns. For example, Susan can help the children to grieve for their parents and focus on the good experiences the children are having now.

Ralph can help himself by not generalizing from the children's very rare experience to the world in general. Although there are limitations to what he can do, he and Susan can still have a very important positive impact on the children's lives.

- 🕒 It is also important to remember that all children have strengths that we can encourage and build upon. What are some of Jody and Jimmy's strengths?



Take five minutes for discussion and write the answers on the whiteboard. Here are a few possibilities:

- *Jody had the wherewithal to keep herself and her brother alive.*
- *Jody and her brother have a strong bond.*
- *Jody is talking about what happened and trying to make meaning out of it.*
- *Jimmy is able to take comfort from Susan and Ralph.*



Let's Take a Break!

After the break, we'll look at one of the other ways that children's trauma can affect resource parents—by becoming a reminder of the resource parent's own traumatic past.

Announce a 10-minute break.

Be sure to remind the group of the location of bathrooms, phones, etc.

Note the current time and the time when the workshop will resume.

When Your Child's Trauma Is a Reminder



You may:

- React as you would to any trauma reminder
- Have trouble differentiating your experience from your child's
- Expect your child to cope the same way you did
- Respond inappropriately or disproportionately
- Withdraw from your child

When Your Child's Trauma Is a Reminder

Many resource parents are drawn to this work because they want to save other children from going through what they went through. Because of this, we may understand better than others exactly what our children are feeling.

- Ⓜ But a child's trauma may also serve as a trauma reminder and cause us to react as we've seen our children react, with nervousness, reexperiencing, nightmares, avoidance, and so on.
- Ⓜ When a child's trauma reminds us of our own, we can lose perspective and have trouble differentiating our experience from our child's.
- Ⓜ If a particular strategy worked for us, we might expect it to work for our child, and become frustrated if our child rejects it.
- Ⓜ We may also respond inappropriately, or under- or overreact to the child's trauma-related behaviors and reactions.
- Ⓜ We may even find ourselves withdrawing from the child as a way of avoiding the reminder.

In the following story, we'll see how one mother was challenged when her foster daughter's experience reminded her of something from her own past that she had worked very hard to forget.



Direct participants to "When Your Child's Trauma is a Reminder: The Story of Betty and Janis," on pages CS-27 and CS-28 of their Participant Handbook.

The Story of Betty and Janis

Betty is a 50-year-old African American woman:

- Put herself through school, had a good job
- Was active in church
- Successfully raised two foster sons
- Was motivated to help other children escape the pain of her own inner city girlhood

(Continued)

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The Story of Betty and Janis

Betty is a 50-year-old African American woman who has successfully foster parented two adolescent boys. She became a foster mom to help other children overcome the hardships she faced growing up poor in the inner city. Betty put herself through school, and now has a good job. She sees herself as a role model for African American youth. She is very active in her church, where she has lots of friends.

The Story of Betty and Janis
(Continued)

Janis is Betty's 13-year-old African American foster daughter:

- Removed from the home of her single mom, who was chronically mentally ill
- Neglected during much of childhood
- Sexually abused by mother's boyfriend between the ages of 6 to 11
- Lacks social skills, has trouble making friends
- Lacks basic life skills

(Continued)

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The Story of Betty and Janis (Continued)

Janis was placed with Betty when she was 11 years old. She was removed from the home of her chronically mentally ill single mom after years of neglect. She told her caseworker matter of factly that her mother's boyfriend had sexually abused her since she was six.

When she came to Betty she hardly knew how to groom herself. She wasn't very good at making friends. Other kids made fun of her and wouldn't let her eat at their table during lunch.

The Story of Betty and Janis

(Continued)



- Placement goes well until Janis enters adolescence
- Betty complains: Janis dawdles over her homework and “freak dances”
- Janis gets into trouble at school
- Betty is angry and ashamed: “I just can’t handle this girl.”

(Continued)

The Story of Betty and Janis (Continued)

For the first year and a half of her placement, Janis and Betty got along very well. At church, Janis enjoyed singing in the youth choir. Her self-esteem improved and she learned to take pride in her appearance.

Around the time that Janis turned 13, Betty started complaining to the caseworker. She said that Janis dawdled over her homework, listened to hip-hop music, and practiced “freak dancing” around the house.

One day, Betty called the caseworker and asked for respite care. She said, “You’ve got to help me out. I just can’t handle this girl.”

The caseworker had never heard Betty sound so frazzled, even when her boys had gotten into some serious misbehavior. Finally, Betty blurted out the story. During lunch at school, Janis had been caught inviting boys into an out-of-the-way bathroom. She encouraged them to touch her private parts, and she touched theirs. “It’s not as if she just went along with the boys,” Betty explained. “She initiated it.”

Betty began to cry. “I’m so ashamed. What if the ladies at my church find out?”

The Story of Betty and Janis (Group Activity)



- Why do you think Betty is responding the way she is?
- Why do you think Janis did what she did at school?
- What would you do if this were your foster daughter?

(Continued)

The Story of Betty and Janis (Continued) (Group Activity)

Stop here and allow no more than five minutes for brainstorming and discussion around the questions on the slide.



One facilitator should lead the discussion while the other writes the various ideas on the board or easel. Then move to the next set of slides.

- 🗣️ Why do you think Betty is responding the way she is?
- 🗣️ Why do you think Janis did what she did at school?
- 🗣️ What would you do if this were your foster daughter?

The Story of Betty and Janis

(Continued)



- Janis enters trauma-focused treatment to work on her sexual abuse issues
- Betty participates in early sessions, then makes excuses not to come
- Janis wants to talk to Betty about boys; Betty shuts down
- Betty pulls away when Janis tries to get close

(Continued)

The Story of Betty and Janis (Continued)

Okay, now let's see what happened next.

The caseworker explained to Betty that children who have been sexually abused may act out sexually with peers, younger children, or adults. Sexual issues may surface or become more intense at adolescence. Janis probably had confusing and conflicted feelings about sex and intimacy, and because she had so much trouble making friends, sex was one way she could get boys' attention.

Janis entered trauma-focused therapy. Betty was asked to attend some sessions. In the therapist's office, Betty became more and more uncomfortable as Janis was encouraged to talk about what happened with her mother's boyfriend. Betty felt like crawling out of her skin. She said to the therapist, "What's the point of spending all this time talking about the bad things that happened to her? It's better just to forget about it and move on."

At home, Janis tried to talk to Betty about boys and Betty shut down. She felt angry at Janis and ashamed. Whenever Janis tried to give her a hug, Betty stiffened and pulled away. Janis and Betty started to argue about everything: chores around the house, homework, and the fact that Janis wanted to go to school dances rather than church events.

The Story of Betty and Janis
(Continued)

A Relationship in Crisis:
Betty: "You've got to get this girl out of my house."
Janis: "Why is my foster mom rejecting me?"

(Continued)

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The Story of Betty and Janis (Continued)

About halfway through Janis' therapy, Betty called the caseworker and said, "You've got to get this girl out of my house."

In a meeting with the caseworker, Betty cried and explained that she had come upon Janis naked, masturbating on her bed. The social worker tried to reassure Betty that masturbation was normal adolescent behavior. Why didn't Betty just set limits by telling her daughter that masturbation was private and that she should shut her bedroom door? On hearing this, Betty began to sob.

She revealed to the caseworker that she had been sexually abused herself—once as a young girl by a relative, and then again as a teenager when she was raped by a friend. Janis' experience had brought back a flood of disconnected and disturbing images and feelings. Betty had never told anyone about her sexual abuse. She simply put it out of her mind and turned to God. She had never had much of a sex life, but that wasn't important to her. Her approach had worked for 30 years. Now it was all coming back.

"I don't think I can get through this with Janis," she told the caseworker. "Maybe you'd better place her somewhere else."

Can This Placement Be Saved? (Group Activity)



- What is really going on between Betty and Janis?
- What can Betty do to help herself?
- What can Betty do to help Janis?



Can this placement be saved? (Group Activity)

Spend 10 minutes brainstorming about the questions on the slide. One facilitator should lead the discussion, while the other writes the group's ideas on the board.

Be sure that the following points are touched on in terms of the discussion of what's going on:

- *Janis' behavior has reminded Betty of her own trauma.*
- *Betty is having a hard time separating old feelings about what happened to her from current feelings about Janis.*
- *Betty never worked through her feelings about her own abuse and never wanted to. Just moving on worked best for her, so now she would like Janis to cope the same way she did.*

In the discussion of what Betty can do, make sure some of the following points are raised. Betty should:

- *Acknowledge the connection between Janis' experience and her own traumatic history.*
- *Recognize which feelings belong to the present and which to the past, so she will be less inclined to blame Janis for what she is feeling.*
- *Be honest with herself and Janis. Let Janis know that what she is going through reminds Betty of experiences in her own life, and that it makes her uncomfortable and confused.*
- *Accept her own limitations. When the situation becomes too emotionally charged, she may need to take a time out for herself.*
- *Reach out for support from her minister, extended family, and friends.*

In the discussion of how Betty can help Janis, make sure the following points are raised. Betty should:

- *Recognize that her approach—putting the trauma out of her mind and just moving on—may not be effective for Janis. Most trauma experts believe that Janis will have a better life if she can talk about and make sense of what happened to her rather than attempting to just forget and move on. The price of Betty’s approach may have been the loss of an intimate relationship with a man. While this might have been okay for Betty, Janis would like to grow up and get married, so she will need help learning to have a healthy intimate relationship.*
- *Help Janis get the support Betty cannot provide from others. For example, Betty can tell Janis, “Romance and being with a man are not something that has ever been important to me in my life. Maybe you can talk to Aunt Jocelyn about this instead. She has girls your age and might know more about this subject than I do.”*

Coping When a Child's Trauma Is a Reminder



- Recognize the connection between your child's trauma and your own history.
- Distinguish which feelings belong to the present and which to the past.
- Be honest: with yourself, with your child, and with your caseworker.
- Get support, including trauma-focused treatment. It's never too late to heal.
- Recognize that what worked for you may not work for your child.

Coping When a Child's Trauma Is a Reminder

The story of Betty and Janis is a powerful example of how a child's trauma—and reactions to trauma—can serve as a trauma reminder for a resource parent and can actually threaten a placement.

Coping when a child's trauma is a reminder can be challenging. But it can also be an opportunity for healing and growth. If a child in your care is triggering unexpected or intense feelings, reactions, or memories of past trauma, it is important to:

- 1. Recognize the connection between your reactions and your own trauma history.
- 2. Distinguish which feelings are about what is happening at the moment and which are related to your past experience.
- 3. Be honest with yourself, your child, and your caseworker about what is happening. This will make it easier to keep the lines of communication open and keep your child from feeling that he or she has done something wrong.
- 4. Reach out for support. No matter how many years have passed since your own traumatic experience, trauma-focused therapy can help you to work through the effects trauma has had on your life, and on your relationship with your child.
- 5. Accept that no matter what choice you make in dealing with your own trauma, what works for you may not work for your child.

Committing to Self-Care: Make a Plan



- Maintain a balance between work and relaxation, self and others.
- Include activities that are purely for fun.
- Include a regular stress management approach—physical activity, meditation, yoga, prayer, etc.

Committing to Self-Care: Make a Plan

At the beginning of this module, we talked about the importance of self-care. Now that we've looked at just how stressful caring for a traumatized child can be, we're going to work on creating an individualized plan for reducing that stress.

- 🕒 The goal of the self-care plan is to help you maintain a balance between work and relaxation, and between your commitments to others and to yourself.
- 🕒 It should include activities that you do purely for fun.
- 🕒 It should also include a regular stress management approach, such as a physical activity you enjoy, meditation, yoga, or prayer.

Let's take a moment right now to develop a written plan for making a commitment to self-care.

Please turn to page 8-23 of the *Participant Handbook*, "My Self-Care Plan."

**Committing to Self-Care: Daily
(Group Activity)**

- Walk the dog
- Play with the cat
- Exercise
- Pray
- Meditate
- Read a romance novel
- Write in my journal
- Chat with my neighbors
- Deep breathe
- Listen to music in the car

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Committing to Self-Care: Daily (Group Activity)

Let's start with things you can reasonably do every day.

You probably do a zillion things every day to please other people and to take care of their needs. **But what can you do every day just for you?**

- 🕒 What will give you pleasure, reduce your stress, keep you physically fit and strong, and restore your mental balance? What will make you laugh every day?
- 🕒 What can you do that is just plain fun?



Allow 10 minutes for the group to brainstorm the sorts of things they can do every day to care for themselves and relieve stress. One facilitator should lead the discussion, while the other writes the responses on the board or easel.

Now that we have some ideas, think about what you can realistically work into your daily schedule and write it down in your plan.

Committing to Self-Care: Weekly or Monthly (Group Activity)



- Play cards
- Go bowling
- Have a nice dinner out with my partner
- Get a manicure, pedicure, etc.
- Go out with a group of friends
- Attend a support group meeting
- Go to the movies
- Attend religious services

Committing to Self-Care: Weekly or Monthly (Group Activity)

 Okay, what are some activities that you might not be able to do every day, but that you can commit to doing on a weekly or monthly basis?



Allow 10 minutes for the group to brainstorm on the sorts of things they can do weekly or monthly to care for themselves and relieve stress. One facilitator should lead the discussion while the other writes the responses on the board or easel.

If no one mentions sex, raise the topic in a humorous way, such as, “Wow. What a celibate group—no sex here at all!” or something to that effect. This approach usually elicits a chuckle and is a good way of reminding folks that connecting with another person, including through sex, can be an important part of self-care.

Now that we have some ideas, write your choices into your self-care plan. Be sure that these are things that you really enjoy and can realistically do at least one or more times a month.

When you came in here today, you already had resources for self-care, but hopefully as a result of this discussion you’ve discovered a few more options and become even more motivated to take care of yourself.

Remember, the best plan in the world will only work if you actually follow through with it. Be sure to post your self-care plan somewhere where you can see it, and where it can serve as a reminder of your commitment to taking good care of yourself, as well as your children.

Putting It All Together (Group Activity)

Well, we've come to the end of the last module of the workshop!

We've covered a lot during these sessions, so before we conclude, let's take some time to put it all together.



Have the participants break into several small groups: one group for Modules 2 and 3 (Trauma 101 and Understanding Trauma's Effects), one for Modules 4 and 5 (Building a Safe Place and Dealing with Feelings and Behaviors), one for Modules 6 and 7 (Connections and Healing and Becoming an Advocate), and one for Module 8 (Taking Care of Yourself).

Ask the groups to choose three Big Ideas that they consider to be the most useful or important things that they learned during the module, and to write each idea on an index card. Give the groups 10 minutes to discuss and decide on their ideas. One facilitator should serve as timekeeper and give the groups a five- and two-minute warning before calling "time" and collecting the cards.

The Essential Elements of Trauma-Informed Parenting

1. Recognize the impact trauma has had on your child.
2. Help your child to feel safe.
3. Help your child to understand and manage overwhelming emotions.
4. Help your child to understand and modify problem behaviors.
5. Respect and support positive, stable, and enduring relationships in the life of your child.
6. Help your child to develop a strength-based understanding of his or her life story.
7. Be an advocate for your child.
8. Promote and support trauma-focused assessment and treatment for your child.
9. Take care of yourself.

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The Essential Elements of Trauma-Informed Parenting



One facilitator should read from the index cards while the other notes the ideas on the board or easel. Allow another five to 10 minutes for the overall group to discuss the Big Ideas for each module, linking them back to the Essential Elements of Trauma-Informed Parenting.

Then, ask the entire group to share how they think these ideas will change the way they care for their children—and themselves.

Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents

Thank you!

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Workshop Wrap Up



As we come to a close, remember to check in with your Feelings Thermometer.

Do you have any remaining questions?

Allow participants about 10 minutes to raise and discuss any questions they still may have. Finally, ask participants to complete the evaluations in their packets. Deliver any final announcements, instructions, or information about logistics. End on a note of congratulations, encouragement, and celebration!

End of Module 8