

# Caring for Children Who Have Experienced Trauma:

## A Workshop for Resource Parents

### Participant Handbook

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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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# Welcome

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When children or youth cannot remain safely at home with their birth families, they are most often placed temporarily in the homes of relatives—kin—or licensed foster parents. You, the “resource families,” as you have come to be called, have some of the most challenging and emotionally draining roles in the entire child welfare system.

You must be prepared to welcome children into your home at any hour of the day or night, manage the wide array of behaviors children present, and cope with agency regulations, policies, and paperwork. You are expected to provide mentoring, support, and aid to birth families while at the same time attaching to the children and youth in your care, preparing simultaneously for their reunification with their family, or for the possibility of making a lifelong commitment to them through adoption or legal custodianship.

In your home, you serve as parent, counselor, healer, mentor, role model, and disciplinarian. Beyond your doors, you are expected to attend meetings and classes at the Agency, school and medical appointments, case reviews, and court hearings.

Many children in the foster care system have lived through traumatic experiences. Understanding how trauma affects children can help you to make sense of your child’s sometimes baffling behavior, feelings, and attitudes. Once you understand why your child behaves the way he or she does, you’ll be better prepared to help him or her cope with the effects of trauma. In this workshop, you’ll improve your ability to communicate with your child, learn skills and techniques to influence your child’s behavior and attitudes, and learn ways to reduce the stress of parenting a traumatized child. The goal of this workshop is to make you a more effective resource parent, and to enable you to have more of the positive experiences that make being a resource parent so worthwhile.









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

Welcome!

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### The Basics



- Who are the facilitators?
- What is the schedule?
- Where are the bathrooms?

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### Getting to Know Each Other (Group Activity)



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

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## 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)

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## 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.

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## 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

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## 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)

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## What We'll Be Learning

(Continued)



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

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## 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.

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# Feelings Thermometer

**Very Hot**  
Very uncomfortable  
Extremely stressed and anxious  
Need to get out of here *now*

**Warm**  
Mildly uncomfortable  
Slightly stressed and anxious  
Losing my focus

**Just right**  
Comfortable  
Not stressed or anxious  
Focused and engaged

**Cool**  
A little bored  
Losing my focus

**Ice Cold**  
Totally bored  
Not focused or engaged  
Planning my escape

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## **Introduction**

### ***Supplemental Handouts***







# Feelings Thermometer

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The mind, emotions, and body are all involved in our experience of—and responses to—stress. This thermometer is a visual reminder of the ways in which stress can cause us to feel uncomfortable and react out of the “heat of the moment” rather than out of rational thinking.

Use this worksheet to track your emotions and identify topics or activities that trigger uncomfortable feelings. Being aware of the specific topics or situations that cause discomfort can be a powerful and useful tool not only for this workshop but in other settings. With this awareness, you can plan ahead for times that might “raise your temperature” and develop a plan for coping with those situations.



## VERY HOT

- Very uncomfortable
- Extremely stressed and anxious
- Need to get out of here now

## HOT

- Moderately uncomfortable
- Stressed and anxious
- Distracted and edgy

## WARM

- Mildly uncomfortable
- Slightly stressed and anxious
- Losing my focus

## JUST RIGHT

- Comfortable
- Not stressed or anxious
- Focused and engaged

## COOL

- A little bored
- Losing my focus

## ICE COLD

- Totally bored
- Not focused or engaged
- Planning my escape



Module or Activity	My Temperature





Illustrations by Erich Ippen, Jr. Used with permission.

# Module 1: Introductions







## Learning Objectives

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After completing this module, you should be able to:

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









Illustrations by Erich Ippen, Jr. Used with permission.

## Module 1: Introductions

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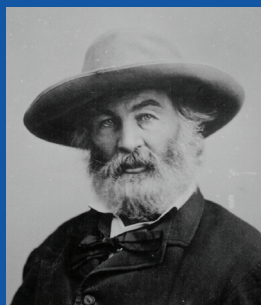
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*There was a child went forth  
every day, and all that he  
looked upon became part of  
him.*

—Walt Whitman

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### 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."

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## 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.

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## 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.

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## 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.

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## 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.

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## 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.”

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**Sound familiar?**

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## The Challenge



Caring for children who have been through trauma can leave resource parents feeling:

- Confused
- Frustrated
- Unappreciated
- Angry
- Helpless

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## 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

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## 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 *(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)*



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)*



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)*



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)*



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)*



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)*



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)*



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



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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## 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.

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## "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.

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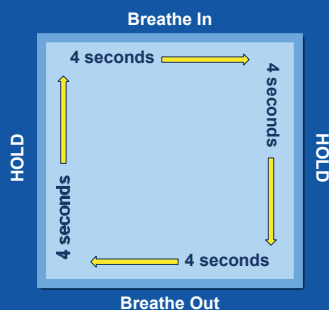
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## Self-Care Start Up: Square Breathing (Group Activity)




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**Let's take a break!**

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## **Module 1**

### ***Supplemental Handouts***







# The Essential Elements of Trauma-Informed Parenting

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

Children who have survived trauma can present incredible challenges. But when you view children's behaviors and reactions through the "lens" of their traumatic experience, many of these behaviors and reactions begin to make sense.

Using an understanding of trauma as a foundation, you can work with other members of your child's team to come up with effective strategies to address challenging behaviors and help your child develop new, more positive coping skills.

## **2. Help your child to feel safe.**

Safety is critical for children who have experienced trauma. Many have not felt safe or protected in their own homes, and are on a constant state of alert for the next threat to their well-being.

Children who been through trauma may be physically safe and still not feel psychologically safe. By keeping your child's trauma history in mind, you can establish an environment that is physically safe and work with your child to understand what it will take to create psychological safety.

## **3. Help your child to understand and manage overwhelming emotions.**

Trauma can cause such intense fear, anger, shame, and helplessness that children are overwhelmed by their feelings. 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.

## **4. Help your child to understand and manage difficult behaviors.**

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 resource parent, you can help your children to understand the links between their thoughts, feelings, and behaviors, and to take control of their behavioral responses.



## **5. Respect and support the positive, stable, and enduring relationships in the life of your child.**

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 to 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 with you and others as well.

## **6. Help your child to develop a strength-based understanding of his or her life story.**

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

## **7. Be an advocate for your child.**

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 one most intimately and consistently connected with your child, you are a critical part of this team. As a trauma-informed resource parent, you can help ensure that efforts are coordinated, and help others to view your children through a trauma lens.

## **8. Promote and support trauma-focused assessment and treatment for your child.**

Children who have experienced trauma often need specialized assessment and treatment in order to heal. The effects of trauma may be misunderstood or even misdiagnosed by clinicians who are not trauma experts. For example, the nervousness and inability to pay attention that comes with trauma may be misdiagnosed as ADHD, or moodiness and irritability may be misdiagnosed as bipolar disorder. Fortunately, there are trauma-focused treatments whose effectiveness has been established. You can use your understanding of trauma and its effects to advocate for the appropriate treatment for your child.

## **9. Take care of yourself.**

Caring for children who have experienced trauma can be very difficult, and can leave resource families feeling drained and exhausted. In order to be effective, it is important to also take care of ourselves, and take action to get the support we need when caring for traumatized children.



## Myths to Avoid

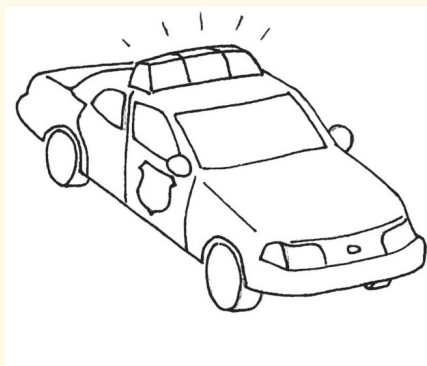
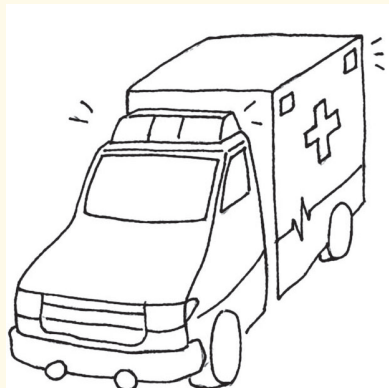
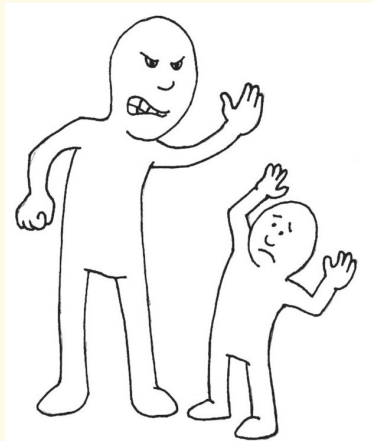
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- My love should be enough to erase the effects of everything bad that happened before.
- My child should be grateful and love me as much as I love him/her.
- My child shouldn't love or feel loyal to an abusive parent.
- It's better to just move on,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









Illustrations by Erich Ippen, Jr. Used with permission.

## Module 2: Trauma 101







## Learning Objectives

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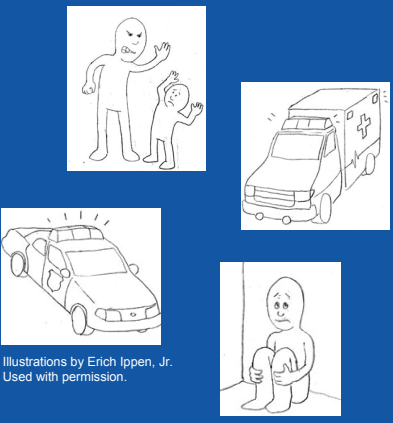
After completing this module, you should be able to:

- Define child trauma and describe how children may respond to traumatic events.
- Define resilience and describe how you can promote resilience in your children.









## Module 2: Trauma 101

Illustrations by Erich Ippen, Jr.  
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## What does the word “trauma” mean?

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## 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

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## Types of Trauma



### Acute trauma:

A single event that lasts for a short time



(Continued)

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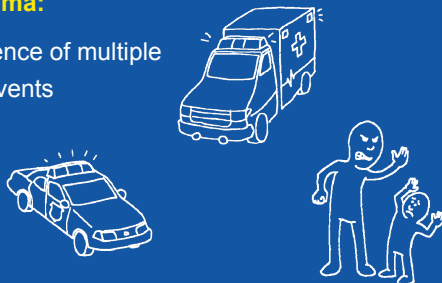
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## Types of Trauma (Continued)



### Chronic trauma:

The experience of multiple traumatic events



(Continued)

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## 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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## 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

Sources: Cook et al. (2005). *Psychiatric Annals*, 35(5), 390-398;  
van Der Kolk, C. A., & Courtois, B. A. (2005). *Journal of Traumatic Stress*, 18, 385-388.

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## My Child's Traumas (Group Activity)



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

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## 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)

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## 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)

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## How Children Respond to Trauma (Continued)



### Hyperarousal:

- Nervousness
- Jumpiness
- Quickness to startle

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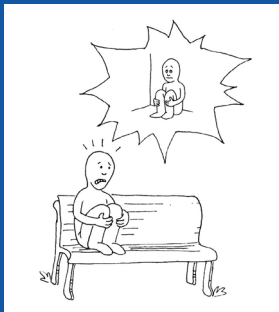
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## How Children Respond to Trauma (Continued)



### Reexperiencing:

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

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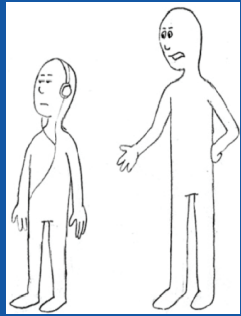
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## How Children Respond to Trauma (Continued)



### 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

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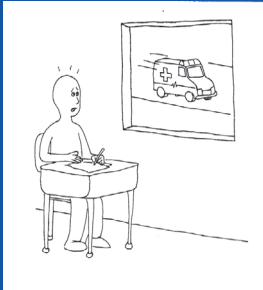
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## What You Might See: Reactions to Trauma Reminders



### Trauma reminders:

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

(Continued)

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## Reactions to Trauma Reminders (Continued)



- Reexperiencing
- Withdrawal
- Disassociation

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*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.*

—C. M.

My body betrayed me. Represent. Sept/Oct. 2003.  
Available at <http://www.youthcomm.org/FCYU-Features/SeptOct2003/FCYU-2003-09-24.htm>

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## 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.

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## 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

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## 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)

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## 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

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## 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

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## 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.

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## 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

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## 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

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## 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

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## My Child's Response to Trauma (Group Activity)



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

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## 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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*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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## 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

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## Recognizing Resilience: Maya



- 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

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## 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

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## 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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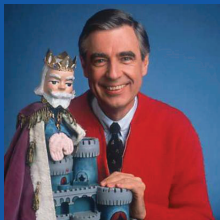
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## Resource Parents Are . . .



*. . . 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.*

—Fred Rogers

Photograph of Fred Rogers used by permission of Family Communications, Inc. (www.fci.org).

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## Module 2: Wrap Up

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## **Module 2**

### ***Supplemental Handouts***







# Child Traumatic Stress: A Primer for Resource Parents

## What Is Traumatic Stress?

By the time most children enter the foster care system they have already been exposed to a wide range of painful and distressing experiences. Although all of these experiences are stressful, **experiences are considered traumatic when they threaten the life or physical integrity of the child or of someone critically important to the child (such as a parent, grandparent, or sibling).** Traumatic events lead to intense physical and emotional reactions, including:

- An overwhelming sense of terror, helplessness, and horror
- Automatic physical responses such as rapid heart rate, trembling, dizziness, or loss of bladder or bowel control

## Types of Traumatic Stress: Acute Trauma

A single traumatic event that lasts for a limited period of time is called an acute trauma. A natural disaster, dog bite, or motor vehicle accident are all examples of acute traumas. Over the course of even a brief traumatic event, a child may go through a variety of complicated sensations, thoughts, feelings, and physical responses that change from moment to moment as the child appraises the danger faced and the prospects of safety. As the event unfolds, the child's pounding heart, out-of-control emotions, loss of bladder control, and other physical reactions are frightening in themselves and contribute to his or her sense of being overwhelmed.

## Types of Traumatic Stress: Chronic Trauma

Chronic trauma occurs when a child experiences many traumatic events, often over a long period of time. Chronic trauma may refer to multiple and varied events—such as a child who is exposed to domestic violence, is involved in a serious car accident, and then becomes a victim of community violence—or recurrent events of the same kind, such as physical or sexual abuse.

Even in cases of chronic trauma, there are often particular events or moments within those events that stand out as particularly horrifying. For example, one little boy reported “I keep thinking about the night Mommy was so drunk I was sure she was going to kill my sister.”

### What about neglect?

Neglect is defined as the failure to provide for a child's basic physical, medical, educational, and emotional needs. Since neglect results from “omissions” in care, rather than “acts of commission” (such as physical and sexual abuse), it might seem less traumatic. However, for an infant or very young 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 very real threat to survival.

For older children, not having proper care, attention, and supervision often opens the door to other traumatic events, such as accidents, sexual abuse, and community violence. Neglect can make children feel abandoned and worthless, and reduce their ability to recover from traumatic events.



Chronic trauma may result in any or all of the symptoms of acute trauma, but these problems may be more severe and more long lasting. The effects of trauma are often cumulative, as each event serves to remind the child of prior trauma and reinforce its negative impact. A child exposed to a series of traumas may become more overwhelmed by each subsequent event and more convinced that the world is not a safe place. Over time, a child who has felt overwhelmed over and over again may become more sensitive and less able to tolerate ordinary everyday stress.

## How Do Children Respond to Trauma?

Every child reacts to trauma differently. What is very distressing for one child may be less so for another. A child's response to a traumatic event will vary depending on factors such as:

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

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

- **Hyperarousal:** The child is jumpy, nervous, easily startled.
- **Reexperiencing:** Images, sensations, or memories of the traumatic event come uncontrollably into the child's mind. At its most extreme, reexperiencing may make a child feel back in the trauma.
- **Avoidance and withdrawal:** The child feels numb, frozen, shut down, or cut off from normal life and other people. The child may withdraw from friends and formerly pleasurable activities. Some children, usually those who have been abused, disconnect or withdraw internally during a traumatic event. They feel detached and separate from their bodies, and may even lose track of time and space. Children who have learned to dissociate to protect themselves may then dissociate during any stressful or emotional event.

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

- Trouble learning, concentrating, or taking in new information
- Problems going to sleep, staying asleep, or nightmares
- Emotional instability; being moody one minute and cheerful the next, or suddenly becoming angry or aggressive



## When Trauma Is Caused by Loved Ones: Complex Trauma

Some trauma experts use the term **complex trauma** to describe a specific kind of chronic trauma and its effects on children. Complex trauma refers to multiple traumatic events that begin at a very early age and are caused by the actions—or inactions—of adults who should have been caring for and protecting the child. When trauma begins early and is caused by the very people whom the child relies on for love and protection, it can have profound effects on a child's healthy physical and psychological development. Children who have experienced complex trauma have had to cope with chronically overwhelming and unmanageable stresses almost entirely on their own. As a result, these children often:

- Have difficulty regulating their feelings and emotions
- Find it hard to feel safe
- Have difficulty forming trusting relationships
- Find it hard to navigate and adjust to life's changes
- Display extreme emotional and physical responses to stress

## Transcending Trauma: Resilience and the Role of Resource Parents

The ability to recover from traumatic events is called resilience. In general, children who feel safe, capable, and lovable are better able to “bounce back” from traumatic events.

There are many factors in a child's life that can promote resilience and help a child see the world as manageable, understandable, and meaningful. Some of the factors that can increase resilience include:

- A strong, supportive relationship with a competent and caring adult
- A connection with a positive role model or mentor
- Recognition and nurturance of their strengths and abilities
- Some sense of control over their own lives
- Membership in a community larger than themselves, whether their neighborhood, faith-based group, scout troop, extended family, or a social cause

Regardless of the child's age or the types of trauma experienced, healing is possible. With nurture and support, children who have been through trauma can regain trust, confidence, and hope. Resource parents are critical in helping children in their care to build resilience and overcome the emotional and behavioral effects of child traumatic stress. By creating a structured, predictable environment, listening to the child's story at the child's pace, and working with professionals trained in trauma and its treatment, resource parents can make all the difference.





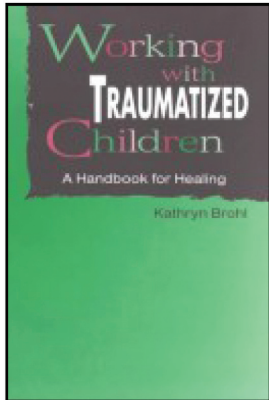


## Module 2: Trauma 101

### Additional Resources

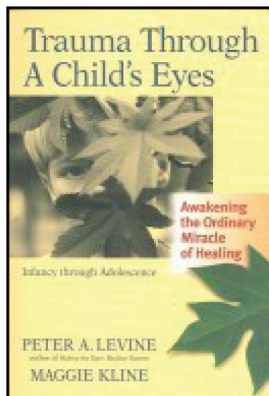
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#### Books on Traumatic Stress in Children



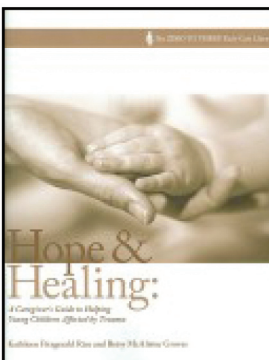
Brohl, K. (2007). *Working with traumatized children: A handbook for healing*. Mt. Morris, IL: Child Welfare League of America Press.

This practical handbook for anyone who works with traumatized children—teachers, parents, and professionals—provides needed information to understand and guide a child suffering from posttraumatic stress disorder (PTSD) through to recovery. It describes the physical and emotional effects of trauma, how to recognize maladaptive reactions, and specific strategies for treating its effects. Simply written and practical in orientation, *Working with Traumatized Children* offers an effective, step-by-step process for helping to heal the child traumatized by neglect and abuse.



Levine, P., & Klein, M. (2006). *Trauma through a child's eyes: Awakening the ordinary miracle of healing: Infancy through adolescence*. Berkeley, CA: North Atlantic Books.

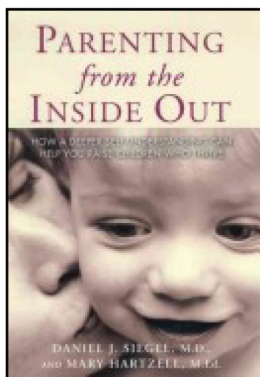
An essential guide for recognizing, preventing, and healing childhood trauma, from infancy through adolescence—what parents, educators, and health professionals can do. Trauma can result not only from catastrophic events such as abuse, violence, or loss of loved ones, but from natural disasters and everyday incidents such as auto accidents, medical procedures, divorce, or even falling off a bicycle. At the core of this book is the understanding of how trauma is imprinted on the body, brain, and spirit, resulting in anxiety, nightmares, depression, physical illnesses, addictions, hyperactivity, and aggression. Rich with case studies and hands-on activities, *Trauma Through a Child's Eyes* gives insight into children's innate ability to rebound with the appropriate support, and provides their caregivers with tools to overcome and prevent trauma.



Rice, K. F., & Groves, B. (2005). *Hope and healing: A caregiver's guide to helping young children affected by trauma*. Washington, DC: Zero to Three Press.

*Hope and Healing* is a guide for early childhood professionals who care for children in a variety of early care and education settings. The authors define trauma and help readers recognize its effects on young children. They also offer tips and resources for working with traumatized children and their families and for managing stress.





Siegel, D., & Hartzell, M. (2003). *Parenting from the inside out*. New York, NY: J.P. Tarcher/Putnam.

How many parents have found themselves thinking: “I can’t believe I just said to my child the very thing my parents used to say to me. . . . Am I just destined to repeat the mistakes of my parents?” In *Parenting from the Inside Out*, child psychiatrist Daniel J. Siegel, MD, and early childhood educator Mary Hartzell, MEd explore the extent to which our childhood experiences actually do shape the way that we parent. Drawing upon stunning new findings in neurobiology and attachment research, they explain how interpersonal relationships directly impact the development of the brain, and offer parents

a step-by-step approach to forming a deeper understanding of their own life stories that will help them raise compassionate and resilient children. In this book, Siegel and Hartzell present a unique perspective on the “art and science” of building nurturing relationships with our children. Born out of a series of workshops for parents that combined Siegel’s cutting-edge research on how communication impacts brain development with Hartzell’s 30 years of experience as a child development specialist and parent educator, *Parenting from the Inside Out* guides parents through creating the necessary foundations for a loving and secure relationship with their children.

## Videos

Calvacade Productions Inc. (2004). *The Traumatized Child* (video series). Nevada City, CA: Cavalcade Productions.

In this video series, therapists Margaret Blaustein, Joyanna Silberg, Frances Waters, and Sandra Wieland describe how traumatized children understand the world and interact with others differently from other children, and how adults can respond most effectively. They explore such topics as anger and anxiety, trauma triggers, dissociation, deescalation strategies, grounding techniques, and the process of building a trusting relationship. Their observations are reinforced by the accounts of parents, teachers, and former foster children. The presenters emphasize the importance of understanding what drives traumatized children’s behaviors, rather than simply reacting to them. They provide concrete suggestions for stabilizing traumatized children and improving adult/child interactions. The series consists of *Understanding the Traumatized Child* video (44 minutes), *Parenting the Traumatized Child* (45 minutes), and *Teaching the Traumatized Child* (45 minutes).

### Available from:

Calvacade Productions, Inc.:

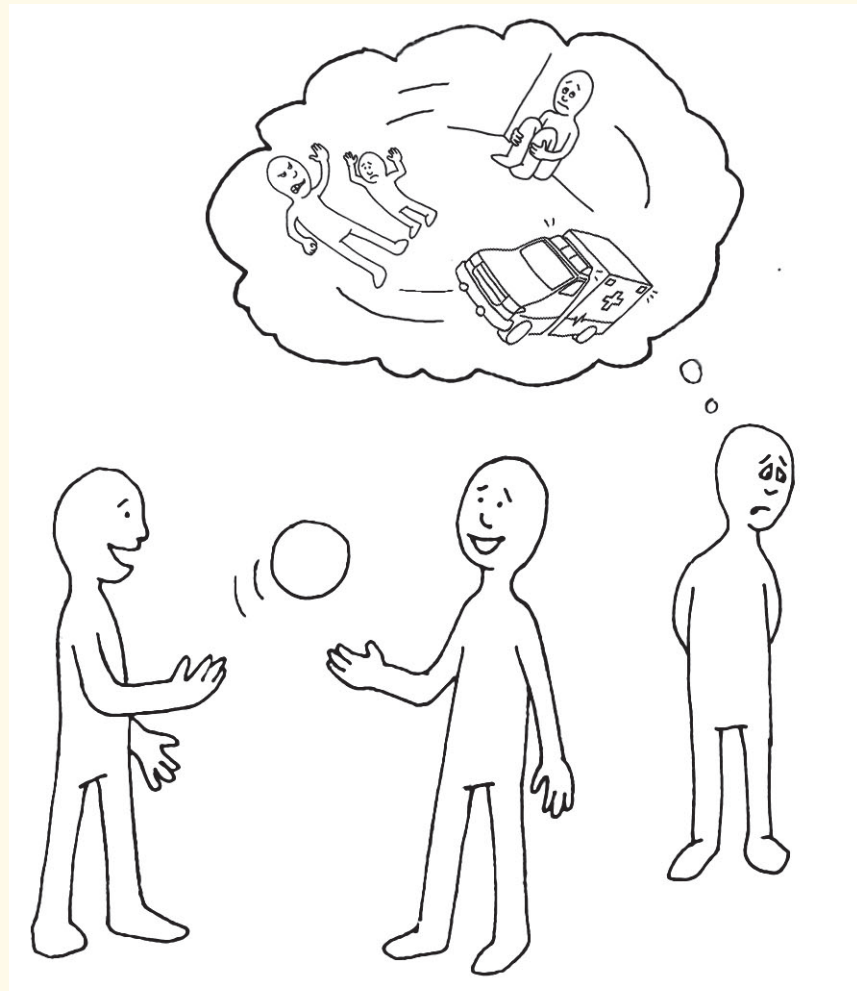
<http://www.cavalcadeproductions.com/traumatized-children.html>

Sidran Institute:

[http://www.sidran.org/store/index.cfm?fuseaction=product.display&Product\\_ID=180](http://www.sidran.org/store/index.cfm?fuseaction=product.display&Product_ID=180)

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## Module 3: Understanding Trauma's Effects







# Learning Objectives

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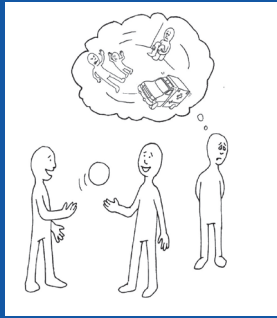
After completing this module, you should be able to:

- 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.









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## Module 3: Understanding Trauma's Effects

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### Essential Element 1



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

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### We Learn by Experience



(Continued)

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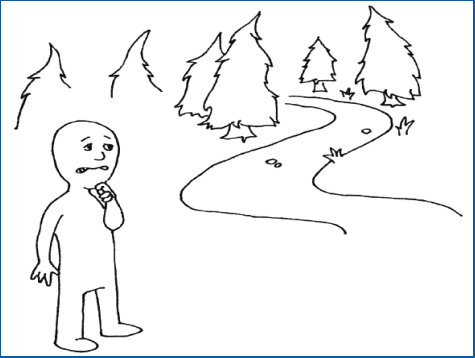
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## We Learn by Experience

(Continued)



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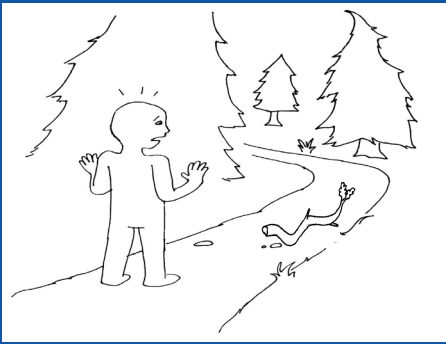
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## We Learn by Experience

(Continued)



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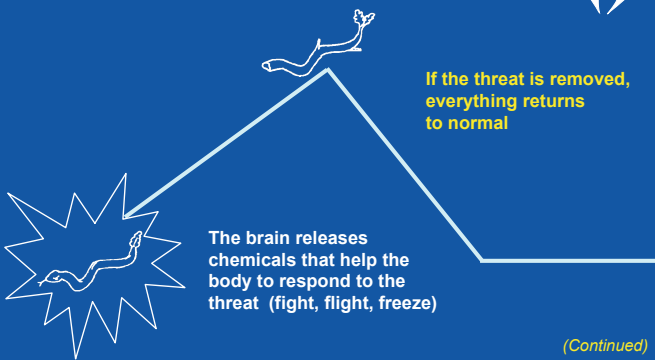
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## Your Internal Alarm System



The brain releases chemicals that help the body to respond to the threat (fight, flight, freeze)

If the threat is removed, everything returns to normal

(Continued)

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## Your Internal Alarm System

*(Continued)*

The brain releases chemicals that help the body to respond to the threat (fight, flight, freeze)

If the threat continues or is repeated, the system stays on "red alert"

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## 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

*(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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## 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. H. (2002). Scars that won't heal: The neurobiology of child abuse. *Scientific American*, 286(3), 68-75.

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## Young Children (0–5)



### Key Developmental Tasks

- Development of visual and auditory perception
- Recognition of and response to emotional cues
- Attachment to primary caregiver

### Trauma's Impact

- 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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## School-Aged Children (6–12)



### Key Developmental Tasks

- Manage fears, anxieties, and aggression
- Sustain attention for learning and problem solving
- Control impulses and manage physical responses to danger

### Trauma's Impact

- Emotional swings
- Learning problems
- Specific anxieties and fears
- Attention seeking
- Reversion to younger behaviors

(Continued)

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## Adolescents (13–21)

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

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## 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)

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## What Trauma-Informed Parents Can Do

- Offer a secure base of love and protection.
- Be emotionally and physically available.
- Recognize and respond to the child's needs.
- Provide guidance and example.
- Provide opportunities to safely explore the world.

Source: Better Brains for Babies. (2007). *Attachments and the role of the caregiver*. Available at <http://www.fcs.uga.edu/ext/bbb/attachCareGiver.php>.

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**Let's take a break!**

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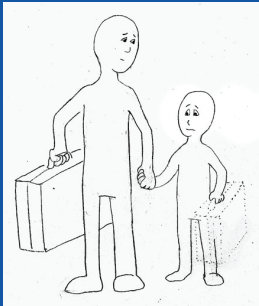
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## The Invisible Suitcase



Trauma shapes children's beliefs and expectations:

- About themselves
- About the adults who care for them
- About the world in general

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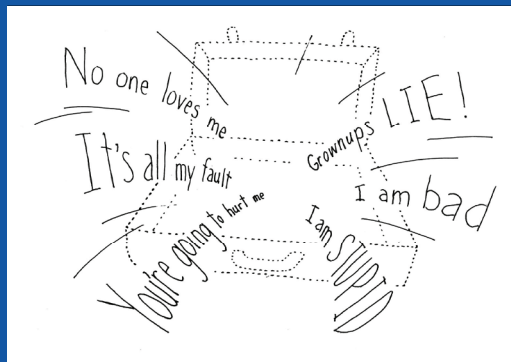
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## The Invisible Suitcase



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## Maya's History



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

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## 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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## 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 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

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## "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?

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## 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.

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## Module 3: Wrap Up

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## **Module 3**

### ***Supplemental Handouts***







# Understanding Brain Development in Young Children

By Sean Brotherson

Family Science Specialist, North Dakota State University Extension Service

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*This publication is intended to assist parents understand how a child's brain develops and their important role in interacting with children to support brain development.*

A child's first words. Grasping a spoon. Babies turning their head in recognition of a mother's voice.

What do these things have in common? All of them are examples of a young child's developmental "steps" forward.

Perhaps no aspect of child development is so miraculous and transformative as the development of a child's brain. Brain development allows a child to develop the abilities to crawl, speak, eat, laugh and walk. Healthy development of a child's brain is built on the small moments that parents and caregivers experience as they interact with a child.

Think of some recent memories when you have watched a baby or toddler.

- As a mother feeds her child, she gazes lovingly into his eyes.
- A father talks gently to his daughter as she snuggles on his lap and he reads her a book.
- A caregiver sings a child to sleep.

These everyday moments, these simple loving encounters, provide essential nourishment.

## What Do We Know About Brain Development?

As scientists learn more about how the human brain develops, many of our ideas about the brain are being challenged. We are learning that some old ideas actually were myths that are being replaced with new facts and understanding. Consider the following examples:

**Myth:** The brain is fully developed, just like one's heart or stomach.

**Fact:** Most of the brain's cells are formed before birth, but most of the connections among cells are made during infancy and early childhood.

**Myth:** The brain's development depends entirely on the genes with which you are born.

**Fact:** Early experience and interaction with the environment are most critical in a child's brain development.

**Myth:** A toddler's brain is less active than the brain of a college student.

**Fact:** A 3-year-old toddler's brain is twice as active as an adult's brain.



**Myth:** Talking to a baby is not important because he or she can't understand what you are saying.

**Fact:** Talking to young children establishes foundations for learning language during early critical periods when learning is easiest for a child.

**Myth:** Children need special help and specific educational toys to develop their brainpower.

**Fact:** What children need most is loving care and new experiences, not special attention or costly toys. Talking, singing, playing and reading are some of the key activities that build a child's brain.

## How the Brain Develops

A number of factors influence early brain development. These important factors include genetics, food and nutrition, responsiveness of parents, daily experiences, physical activity and love. In particular, parents should be aware of the importance of furnishing a healthy and nutritious diet, giving love and nurturing, providing interesting and varied everyday experiences, and giving children positive and sensitive feedback.

In the past, some scientists thought the brain's development was determined genetically and brain growth followed a biologically predetermined path. Now we know that early experiences impact the development of the brain and influence the specific way in which the circuits (or pathways) of the brain become "wired." A baby's brain is a work in progress. The outside world shapes its development through experiences that a child's senses—vision, hearing, smell, touch and taste—absorb. For example:

- The scent of the mother's skin (smell)
- The father's voice (hearing)
- Seeing a face or brightly colored toy (vision)
- The feel of a hand gently caressing (touch)
- Drinking milk (taste)

Experiences that the five senses take in help build the connections that guide brain development. Early experiences have a decisive impact on the actual architecture of the brain.

Recent equipment and technological advances have allowed scientists to see the brain working. What scientists have found is that the brain continues to form after birth based on experiences. An infant's mind is primed for learning, but it needs early experiences to wire the neural circuits of the brain that facilitate learning.

Imagine that a child's brain is like a house that has just been built. The walls are up, the doors are hung. Then you go to the store and buy electrical wiring, switches, a fuse box and other electrical supplies. You bring these supplies to the new house and set them on the floor. Will they work? Probably not. You first must string the wiring and hook up all of the connections. This



is quite similar to the way our brains are formed. We are born with as many nerve cells as stars in the Milky Way galaxy. But these cells have not yet established a pattern of wiring between them — they haven't made their connections.

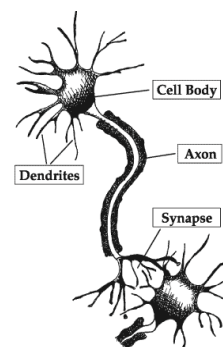
What the brain has done is to lay out circuits that are its best guess about what is required for vision, language, etc. Now the sensory experiences must take this rough blueprint and progressively refine it. Circuits are made into patterns that enable newborn infants to perceive their mother's touch, their father's voice and other aspects of their environment.

Normal sensory experiences direct brain cells to their location and reinforce the connections between brain cells. We are born with more than 100 billion brain cells or neurons; we will not grow more. That's about 10 times the number of stars in the entire Milky Way, and about 20 times the number of people on the planet.

**Figure 1. Neurons and connections**

*Neurons* are the functioning core of the brain (**Figure 1**).

Each cell body is about one-hundredth the size of the period at the end of this sentence. A neuron has branches or *dendrites* emerging from the cell body. These dendrites pick up chemical signals across a *synapse* and the impulse travels the length of the axon. Each axon branch has a sac containing neurotransmitters at its tip. The electrical impulse causes the release of the neurotransmitters, which, in turn, stimulates or inhibits neighboring dendrites, like an on-off switch.



These connections are miracles of the human body. But to understand their power, you have to multiply this miracle by trillions. A single cell can connect with as many as 15,000 other cells.

This incredibly complex network of connections that results often is referred to as the brain's "circuitry" or "wiring." Experience shapes the way circuits are made in the brain.

A remarkable increase in synapses occurs during the first year of life. The brain develops a functional architecture through the development of these synapses or connections.

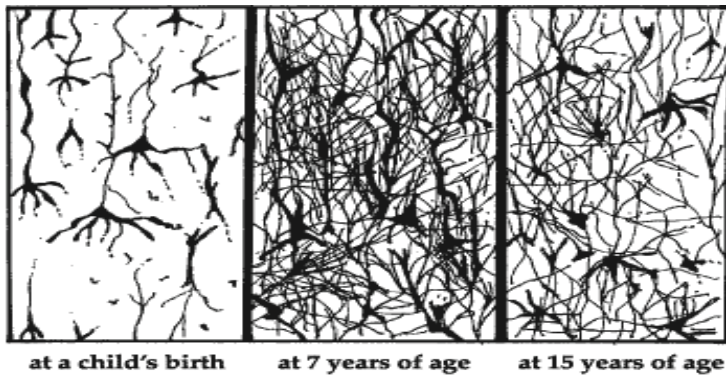
For example, if a parent repeatedly calls a child a certain name, then connections will form that allow the child to recognize that name over time as referring to him and he will learn to respond. From birth, the brain rapidly is creating these connections that form our habits, thoughts, consciousness, memories and mind.

By the time a child is 3 years old, a baby's brain has formed about 1,000 trillion connections—about twice as many as adults have. A baby's brain is superdense and will stay that way throughout the first decade of life. Beginning at about age 11, a child's brain gets rid of extra connections in a process calling "pruning," gradually making order out of a thick tangle of "wires."

The remaining "wiring" is more powerful and efficient. The increase in synaptic density in a child's brain can be seen in **Figure 2**. The interactions that parents assist with in a child's environment are what spur the growth and pattern of these connections in the brain.



**Figure 2. Synaptic density in the human brain**



As the synapses in a child's brain are strengthened through repeated experiences, connections and pathways are formed that structure the way a child learns. If a pathway is not used, it's eliminated based on the "use it or lose it" principle. Things you do a single time, either good or bad, are somewhat less likely to have an effect on brain development.

When a connection is used repeatedly in the early years, it becomes permanent. For example, when adults repeat words and phrases as they talk to babies, babies learn to understand speech and strengthen the language connections in the brain.

## Construction of the Brain

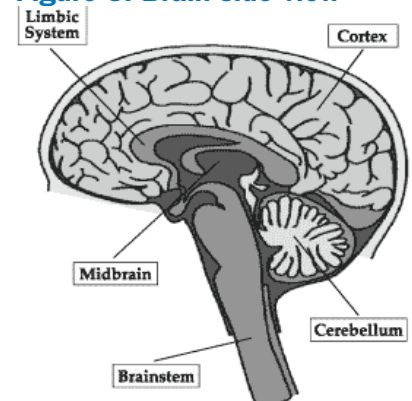
We have explored how the brain develops at the cellular level with neurons and connections. Understanding the different parts of the brain as a whole and how it functions and develops also is useful.

The brain grows in sequential fashion, from bottom to top, or from the least complex part (brain stem) to the more complex area (cortex). If you draw a line from the forehead to the chin and open the brain for a side view, you would see the brain as it is shown in **Figure 3**.

The basic elements of the human brain include the following:

1. The **brainstem** is at the base of the skull and it controls most basic life activities, including blood pressure and body temperature.
2. The **midbrain** is at the top of the brainstem and it controls motor activity, appetite and sleep.
3. The **cerebellum** is behind the brainstem and it coordinates movement and balance.
4. The **limbic system** is in the central part of the brain and it controls emotions, attachment and memory.
5. The **cortex** is the top layer of the brain and is about the depth of two dimes placed on top of each other. The cortex is the "executive branch" of the brain that regulates decision-making and controls thinking, reasoning and language.

**Figure 3. Brain side view**



The cerebral cortex contains 80 percent of the neurons in the brain. Because it is the least developed part of the brain at birth and keeps developing until adolescence and even beyond, the cortex is more sensitive to experiences than other parts of the brain.



Construction of the brain is somewhat like the construction of a house. A house is built from the foundation up and different parts of the structure have different functions. Also, like the brain, once the architecture is in place, you can continue learning and “add on” or “decorate.” But, if you have to move a wall or add a window, it is more difficult and expensive than if you had done it earlier in the building process.

## **Critical Periods of Brain Development**

Brain development proceeds in waves, with different parts of the brain becoming active “construction sites” at different times. The brain’s ability to respond to experience presents exciting opportunities for a child’s development.

Learning continues throughout life. However, “prime times” or “windows of opportunity” exist when the brain is a kind of “supersponge,” absorbing new information more easily than at other times and developing in major leaps. While this is true especially in the first three years of life, it continues throughout early childhood and adolescence. For example, young children learn the grammar and meaning of their native language with only simple exposure.

While learning later is possible, it usually is slower and more difficult. Some improvement in most skills is possible throughout life. However, providing children with the best opportunity for learning and growth during the periods when their minds are most ready to absorb new information is important.

## **Visual and Auditory Development**

The “prime time” for visual and auditory development, or a child’s capacity for learning to see and hear, is from birth to between 4 and 5 years old. The development of these sensory capacities is very important for allowing children, especially babies, to perceive and interact with the world around them. During the first few months, especially, babies need to see shapes, colors, objects at varying distances and movement for the brain to learn how to see. Babies also need exposure to a variety of sounds so their brain can learn to process that information and allow for responsiveness by hearing something.

## **Language Development**

The “prime time” for language development and learning to talk is from birth to 10 years of age. Children are learning language during this entire period. However, the “prime time” for language learning is the first few years of life. Children need to hear you constantly talk, sing and read to them during these early years. Respond to their babbling and language efforts.

Children vary in their language development during these first years, so parents should allow for some variation in children’s abilities at different ages. They should encourage language development, be patient and seek assistance from a qualified professional if concerns arise about a child’s progress in this area.



## Physical and Motor Development

The “prime time” for physical and motor development in children is from birth to 12 years of age. Children become physically ready for different aspects of motor development at different times. Large motor skills, such as walking, tend to come before the refinement of fine motor skills, such as using a crayon.

A child needs several years to develop the coordination skills to play catch with a ball easily, and even then refinement of such skills continues into a child’s early adolescence. Parents should monitor a child’s motor development but be patient since children vary in their rates of development.

## Emotional and Social Development

The “prime time” for emotional and social development in children is birth to 12 years of age. Differing aspects of emotional and social development, which incorporate higher capacities, such as awareness of others, empathy and trust, are important at different times. For example, the real “prime time” for emotional attachment to be developed is from birth to 18 months, when a young child is forming attachments with critical caregivers. Such development provides the foundations for other aspects of emotional development that occur as children grow.

Emotional intelligence is critical to life success. The part of the brain that regulates emotion, the amygdala, is shaped early on by experience and forms the brain’s emotional wiring. Early nurturing is important to learning empathy, happiness, hopefulness and resiliency.

Social development, which involves both self-awareness and a child’s ability to interact with others, also occurs in stages. For example, sharing toys is something that a 2-year old’s brain is not fully developed to do well, so this social ability is more common and positive with toddlers who are 3 or older. A parent’s efforts to nurture and guide a child will assist in laying healthy foundations for social and emotional development.

## Conclusion

The development of a child’s brain holds the key to the child’s future. Although the “first years last forever” in terms of the rapid development of young children’s brains, the actual first years of a child’s life go by very quickly. So touch, talk, read, smile, sing, count and play with your children. It does more than make both of you feel good. It helps a child’s brain develop and nourishes the child’s potential for a lifetime.

## Recommended Resources

### Books

Gopnik, A., Meltzoff, A.N., and Kuhl, P.K. (1999). *The Scientist in the Crib: Minds, Brains, and How Children Learn*. New York: William Morrow & Co. Inc.

Babies as scientists — this book summarizes all kinds of amazing research findings with babies.



Healy, J. (1994). *Your Child's Growing Mind: A Practical Guide to Brain Development and Learning from Birth to Adolescence*. New York: Doubleday.

This easy-to-read book is full of practical suggestions for teaching and learning.

Martin, E. (1988). *Baby Games: The Joyful Guide to Child's Play from Birth to Three Years*. Running Press Book Publishers.

This fun book is full of activities, songs and ideas for parents of young children.

Ramey, C.T. and Ramey, S.L. (1999). *Right from Birth: Building Your Child's Foundation for Life*. New York: Goddard Press Inc.

By a leader in the field, this book sets forth seven essential factors to help children grow each day from birth to 18 months.

Shore, R. (1997). *Rethinking the Brain: New Insights into Early Development*. New York: Families and Work Institute.

This well-written and descriptive book is on key aspects of brain development in children and their importance for children and parents.

Siegel, D. J. (1999). *The Developing Mind*. New York: Guilford Press.

This provides profound and interesting insights on how the brain and biology influence who we are and how we develop as human beings.

### **Videos**

*The First Years Last Forever*. This video is available from the I Am Your Child Campaign, which the Reiner Foundation sponsors. For ordering information, visit the Web site (see below) or write to: I Am Your Child, PO Box 15605, Beverly Hills, CA 90209.

### **Web sites**

*The Building Baby's Brain* publication series was done by faculty in the College of Family and Consumer Sciences at the University of Georgia. Go to: <http://www.fcs.uga.edu/newfacs/ext/pubs/> click on "Early Child Development and Care" and go to the material for parents and other caregivers.

*I Am Your Child* is a national public awareness and engagement campaign, which the Reiner Foundation created, to help people understand the importance of new brain research and its implications for our children's lifelong healthy development. You can order the series at their Web site [www.iamyourchild.org](http://www.iamyourchild.org).

The Wisconsin Council on Children and Families has educational resources that include *Great Beginnings: The First Years Last Forever* and the *Brain Watch* series. Information can be accessed on their Web site: [www.wccf.org](http://www.wccf.org).



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Brotherson, S. (2005). *Bright beginnings #4: Understanding brain development in young children*. Retrieved January 8, 2010, from <http://www.ag.ndsu.edu/pubs/yf/famsci/fs609.pdf>



# The Invisible Suitcase: Meeting the Needs of Traumatized Children

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## The Invisible Suitcase

Children who enter the foster care system typically arrive with at least a few personal belongings: clothes, toys, pictures, etc. But many also arrive with another piece of baggage, one that they are not even aware they have: an “invisible suitcase” filled with the beliefs they have about themselves, the people who care for them, and the world in general.

For children who have experienced trauma—particularly the abuse and neglect that leads to foster care—**the invisible suitcase is often filled with overwhelming negative beliefs and expectations.** Beliefs not only about themselves . . .

- I am worthless.
- I am always in danger of being hurt or overwhelmed.
- I am powerless.

But also about you as a caregiver . . .

- You are unresponsive.
- You are unreliable.
- You are, or will be, threatening, dangerous, and rejecting.

You didn’t create the invisible suitcase, and the beliefs inside it aren’t about you personally. But understanding its contents is critical to helping your child overcome the effects of trauma and establish healthy relationships.

## The Invisible Suitcase and Behavior

The negative beliefs and expectations that fill the invisible suitcase permeate every aspect of a child’s life. Children who have been through trauma take their invisible suitcases with them to school, into the community, everywhere they go. They have learned through painful experience that it is not safe to trust or believe in others, and that it is best not to give relationships a chance.

As a result, children who have experienced trauma often exhibit extremely challenging behaviors and reactions that can be overwhelming for resource parents. These problems may include aggression, outbursts of anger, trouble sleeping, and difficulty concentrating. Very often, the behavior problems that are the most difficult to handle—those that may even threaten the child’s placement in your home—come from the invisible suitcase and its impact on relationships. One way of understanding why this happens is the concept of reenactment.

**Reenactment is the habit of recreating old relationships with new people.** Reenactments are behaviors that evoke in caregivers some of the same reactions that traumatized children experienced with other adults, and so lead to familiar—albeit negative—interactions. Just as



traumatized children's sense of themselves and others is often negative and hopeless, their reenactment behaviors can cause the new adults in their lives to feel negative and hopeless about the child.

### ***Why do children reenact?***

Children who engage in reenactments are not consciously choosing to repeat painful or negative relationships. The behavior patterns children exhibit during reenactments have become ingrained over time because they:

- Are familiar and helped the child survive in other relationships
- “Prove” the negative beliefs in the invisible suitcase by provoking the same reactions the child experienced in the past (**a predictable world, even if negative, may feel safer than an unpredictable one**)
- Help the child vent frustration, anger, and anxiety
- Give the child a sense of mastery over the old traumas

Many of the behaviors that are most challenging for resource parents are strategies that in the past may have helped the child survive in the presence of abusive or neglectful caregivers. Unfortunately, these once-useful strategies can undermine the development of healthy relationships with new people and only reinforce the negative messages contained in the invisible suitcase.

## **What Resource Parents Can Do**

### ***Remember the suitcase***

Keep in mind that the children placed in your home are likely to use the strategies they learned in situations of abuse and neglect. Because of their negative beliefs, children with an invisible suitcase have learned to elicit adult involvement through acting out and problem behavior. These behaviors may evoke intense emotions in you, and you may feel pushed in ways you never expected. Some common reactions in resource parents include:

- Urges to reject the child
- Abusive impulses towards the child
- Emotional withdrawal and depression
- Feelings of incompetence/helplessness
- Feeling like a bad parent

This can lead to a vicious cycle in which the child requires more and more of your attention and involvement, but the relationship is increasingly strained by the frustration and anger both you and the child now feel. If left unchecked, this cycle can lead to still more negative interactions, damaged relationships, and confirmation of all the child's negative beliefs about himself or herself and others. In some cases, placements are ended. And, the suitcase just gets heavier.



## ***Provide disconfirming experiences***

Preventing the vicious cycle of negative interactions requires patience and self-awareness. Most of all, it requires a concerted effort to respond to the child in ways that challenge the invisible suitcase and provide the child with new, positive messages—messages that tell the child:

- You are worthwhile and wanted.
- You are safe.
- You are capable.

And messages that say you, as a caregiver:

- Are available and won't reject the child
- Are responsive and not abusive
- Will protect the child from danger
- Will listen and understand

This does not mean giving children a free pass on their negative behaviors. As a parent, you must still hold children accountable, give consequences, and set expectations. But with the invisible suitcase in mind, you can balance correction with praise and deliver consequences without the negative emotions that may be triggered by the child's reenactments:

- Praise even the simplest positive or neutral behaviors. Provide at least six instances of warm, sincere praise for each instance of correction.
- Stay calm and dispassionate when correcting the child. Use as few words as possible and use a soft, matter-of-fact tone of voice.
- Be aware of your own emotional response to the child's behavior. If you cannot respond in a calm, unemotional fashion, step away until you can.
- Don't be afraid to repeat corrections (and praise) as needed. Learning new strategies and beliefs takes time.

## ***Establish a dialog***

The strategies that maltreated children develop to get their needs met may be brilliant and creative, but too often are personally costly. They need to learn that there is a better way. Children need to learn that they can talk about the underlying feelings and beliefs contained in their invisible suitcase. They need to understand that you can tolerate these expressions without the common reactions they have come to expect from adults: rejection, abuse, abandonment. Help children learn words to describe their emotions and encourage them to express their feelings. When the contents of the invisible suitcase have been unpacked and examined, reenactments and negative cycles are less likely to occur.









Illustrations by Erich Ippen, Jr. Used with permission.

## Module 4: Building a Safe Place







## Learning Objectives

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After completing this module, you should be able to:

- 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 trauma reminder and reaction.
- List at least three ways you can help children to cope with trauma reminders.









Illustrations by Erich Ippen, Jr. Used with permission.

## Module 4: Building a Safe Place

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### Essential Element 2



2. Help your child to feel safe.

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### What Is Safety? (Group Activity)



**Pronunciation:** \'sāf-tē\

**Function:** Noun

From the Middle English *saufte*, from the  
Anglo-French *salveté*, *saufte*, from *salf*  
safe

**Definition:**

1) the condition of being safe from  
undergoing or causing hurt, injury, or loss

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

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## Safety and Trauma



- 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)

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## 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

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*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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## 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.

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## 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)

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## 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.

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## Explain Rules



When explaining household rules:

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

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## Be an "Emotional Container"



(Continued)

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*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? Represent, Nov./Dec. 2004.  
Available at <http://www.youthcomm.org/FCYU-Features/NovDec2004/FCYU-2004-11-10.htm>

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## 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.

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## Manage Emotional “Hot Spots”



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

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*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/FCYU-Features/NovDec2004/FCYU-2004-11-10.htm>

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## 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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*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 love again. *Represent*. July/Aug 2006.  
Available at <http://www.youthcomm.org/FCYU-Features/JulyAug2006/2006-07-04b.htm>

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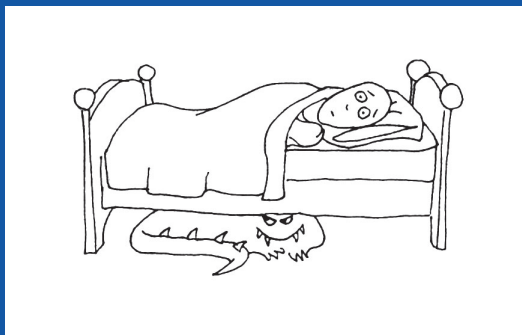
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## Sleep and Bedtime (Group Activity)



(Continued)

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## Sleep and Bedtime *(Continued)*



- 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.

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*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. Represent. Sept./Oct. 2003.  
Available at <http://www.youthcomm.org/FCYU-Features/SeptOct2003/FCYU-2003-09-24.htm>

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## 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., & Philpot, T. (2007). *Living alongside a child's recovery*. London, UK: Kingsley Publishers.

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## 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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**Let's take a break!**

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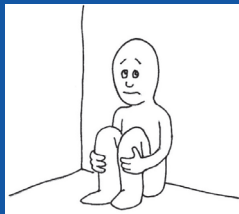
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## Trauma Reminders



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' 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"

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## 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.

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## 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.)

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## Coping with Trauma Reminders: What Parents Can Do



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

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## 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

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## Coping with Trauma Reminders: What Children Can Do—SOS



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

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## 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

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## 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?

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*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. *Represent*. July/Aug 2006.  
Available at <http://www.youthcomm.org/FCYU-Features/JulyAug2006-07-04b.htm>

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## Module 4: Wrap Up

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## **Module 4**

### ***Supplemental Handouts***







## A.M.'s Story

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### Am I Too Angry to Love?

### My Foster Mom Kicked Me Out After Three Weeks

This summer, ACS announced that it was closing the group home I've lived in for the past three years. I found out that my twin sister and I would have to move to a foster home.

Right before the house shut down, T. and I visited a foster mother in the Bronx. She asked us, "What do you like to eat?"

I told her, "You'll get a list if we come to live with you."

Then she asked us to have something to drink and we agreed. She gave me a ginger drink that burned my mouth. I hated it. I text-messed my sister saying, "Don't drink it," but she did anyway and got a surprise.

Then came our small room. I didn't like it.

After that, it was time to go. On the train, we told our social worker we hoped that we didn't have to live there. But a week later we moved in. I was angry, and a little fearful.

### "They're All the Same"

I would like foster parents who make me feel like I am a part of their lives, not an outsider or stranger, and who want me to be who I am and don't judge me on my past or file. But when I came into foster care four years ago, my sister and I lived with five different foster families in less than a year.

One sweet foster parent was Joann. Like my sister and me, Joann was sexually abused by a relative when she was young. When she told me that, I felt a little sense of assurance that she might understand how I felt about myself-dirty-because of what my father did to me. Joann never thought of me as crazy. She believed that I was angry at the world and I was.

The worst was our fifth foster home. There I was sexually abused by the foster mother's best friend. That experience still haunts me. He was so big and nasty. The foster mom ignored the abuse. I still wonder, "Where was she? Did she even care about me?" It's hard for me to imagine trusting another foster mom when my experiences make me think, "They're all the same."

### "Someone Has to Want Us"

It was a relief when my sister and I got placed in our group home. The group home became our own little environment with rules that we made for ourselves. We cooked for ourselves, washed our clothes, and prepared for our future on the mean streets of the world.

It felt good to be my own boss. I got to make the decisions in my life. I took the blame for anything that went wrong or that I didn't like.



But it hurt not to have anyone looking out for me. When friends would talk about fights they had with their parents, or when their parents would show up for school events, I would just sit and watch all the parents. When I heard people say, “Twins are wonderful,” I’d think to myself, “Someone out there has to want us.”

## **Treated Like Children**

When we moved in with that foster mom in the Bronx, I hoped she’d try to be there for us.

The first day she wasn’t even there. I was angry and hurt. I guess that’s because after I spoke up about the abuse and came into foster care, my mother and father wanted nothing to do with me. I began to believe that any adult who said they’d care for me would be just like them. I wanted to leave that night.

When the foster mom came home, she seemed to believe that my sister and I were little children who needed the world from her. She wanted me to call her “Mom” or “Aunt.” I have a bad relationship with my mom and my aunt. I thought, “You want me to treat you like I treat them?” Then she cooked for us and we didn’t eat what she cooked. We waited until she was done and cooked what we wanted.

I made a list of things my sister and I eat so she 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 Jamaican bread. So we bought our own food and she got mad.

She said, “I didn’t really know what to buy.”

“Then what the hell was the list for?” I said.

“I was looking and I didn’t find what was on the list,” she said.

“Well, I found it,” I told her. She sucked her teeth and walked away.

## **No Stranger Controls Me**

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. I don’t want any stranger to try to take control of the life that my sister and I have built for ourselves. I’m afraid that if I give up control—even over what I eat—then I will feel like I did when my dad was sexually abusing me: like a doll in someone else’s playhouse being used for everything that person desires.

Our first weekend there, we went AWOL. My foster mother kept calling me on my cell. When we came home, she said, “I was worried.”

I said, “I do have a sister who came along with me. Why do you keep addressing all of the problems as me?”

Then she got mad.



It seemed like one minute she wanted to be my best friend and worry about me, the next she got angry, showing her dark side.

## **I Wanted to Hurt Her First**

When foster mothers switch like that, I'm reminded of my mom. One minute she was nice; then she would get so mean and hard to handle. My mother abused me even more emotionally than physically. I'm afraid a foster mom will, too.

Whenever I feel threatened I get this feeling that I want to hurt anybody who might try to harm me and my sister. So 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.

When my emotions came out, she got to feel the hurt from my past. When she closed the door and I called her one last name. I won and she lost. Yelling at her made me feel powerful. I knew that no matter how much she might scare me or worry me, I could still get the last word or the upper hand.

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.

When I think of all the people I've hurt because of my anger I feel bad. This pattern of abuse that I've inherited from my parents is one I want to break. But I don't know how.

## **Kicked Out**

After two weeks, the foster mom told my social worker that she wanted us out. She told my sister and me that we could never be a part of her family because we don't listen.

That hurt me. I didn't want to live with her, but I didn't want her to reject me, either.

That day, I wished I could be on my own. I thought I'd feel better about myself if I didn't have anyone telling me what to do. But I also felt afraid of having no one to look over me. What if I'm not stable enough to cope out in the real world? What if my anger gets the best of me? Who will I turn to?

## **A Walking Time Bomb**

I hope that foster mother understood all of my troubles with foster homes, my past and my feelings toward myself.

I fear myself sometimes. I'm afraid that I may become like my mother—a mean b-tch who couldn't control herself.

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.

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## **Learning to Love Again: I Finally Found a Foster Mom I Could Trust**

The first time Yolanda saw my twin sister T. and me, we were cursing out our foster parent. Yolanda was going to be our next foster mom. Who knows what she had in her head about us? We were new to the agency, so the only things in our file were bad things: that we violated curfew, and didn't do our chores, that I smoked and that my sister liked to drink.

I believed she thought, "As soon as they act up once they're out of my home." That was the kind of attitude my sister and I had encountered at the other homes we'd been in.

### **From One Bad Home to Another**

T. and I entered care four years ago, after we told about being sexually abused by our father. The first year we lived with five different foster families.

We lived with a woman who only seemed to care about how much money she was going to get for us. Another foster mother's main concern was that we wouldn't say anything bad about her home, which was sweet on the outside but salty on the inside. Those bad experiences made me think all foster moms were the same. I couldn't imagine trusting any of them.

It was a relief when we were placed in a group home, but it hurt not to have anyone looking out for us. We ran free like little animals without an owner to watch us. Three years later ACS closed the group home and we went back to bouncing from one foster home to another.

### **She Wasn't a Fake**

At the agency a few days before we moved into her home, the only thing Yolanda said was, "There are chores and a curfew." I didn't know what to think of her, only that she was going to be my next victim. I was going to try to hurt her before she got rid of my sister and me. I thought it would be better to get kicked out for bad behavior than to have her reject us.

My sister and I walked into Yolanda's home feeling sure that within the next month or two we would be on our way out. There was no need to get all attached to the room, the bed, or even the rules.

But that first day at Yolanda's home my rabbit died. I started to cry. That rabbit was so small and defenseless. It needed me and I let it die. Then Yolanda hugged me. "If that happened to my cat Jackie 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 not everyone in the world was out to harm me or my sister. That it was OK to let someone into my world and let them help me. It was just a hug, but it meant so much.



## Feeling More at Ease

As the months passed, I began to feel a little bit more at ease. But memories of my past started to rise to the surface. I started having a lot of bad dreams about my dad, and I got so confused and scared.

One day when I was feeling depressed, I told Yolanda I was feeling sad. She said, “Why do you think that you are sad?”

“I don’t know,” I replied. “I just do.” Then I looked at her and we just sat there and laughed. It was like we both knew that I wanted to talk but I wasn’t ready to let it all out. She didn’t push me. Instead she told me, “When you’re ready to talk, text me on my cell phone.” That was fine with me. I liked that.

When I told her about my nightmares, Yolanda stayed with me in my room and tried to comfort me. I talked to her a little, but I couldn’t get it all out so she just let me know that she was there for me.

“Any time you need me, come and knock on my door,” she said, unlike other foster moms who just called 911 to have someone come and get me. When she left I was still a little bit scared, but more at ease.

## Talking Out My Fears

Sometimes I talked to her about my dad, and how I was scared that he was going to come back and kill me, or how sometimes I could just feel him touching me, even though the abuse stopped years ago.

Sometimes I’d feel like Yolanda, T. and even our foster sisters had vanished from me, like the night devoured them and left me alone. I started staying up so that I could beat whatever might come and try to hurt my new family. I kept a knife to protect us.

Yolanda had to take that away from me. When she did, she reassured me that she would never let anything happen to my sister or me. For some reason I believed her, I guess because she didn’t seem to mind that she had to be there for me in the night. Or if she did, she had the perfect way of hiding it so that I didn’t feel like I was bothering her.

## She Was There for Me

Then, in November, my sister signed herself into a psychiatric hospital because she was feeling depressed. When I saw her at school, she was going to therapy and I was going home. That afternoon, Yolanda got a phone call from someone at the agency. T. was on her way to a hospital upstate. I couldn’t believe it.

“Your sister cut herself,” Yolanda told me.

“Is she really going to the hospital?”

“Yes, that is what I was told.”



I rushed to the phone to call my law guardian to get T. out, but I couldn't get in contact with her. It didn't occur to me until later that T. wanted to be in the hospital.

That still didn't stop me from becoming stressed out. For months, I pretty much stopped eating. Yolanda was there with me during everything.

"I know that you are stressed but you have to eat or you will get so sick," she told me.

"I miss her, I want my sister."

"I don't know why she wanted to hurt herself like that, but I guess that she needed help and she is going to get it now at the hospital," Yolanda told me. She hugged me and I just stayed like that, crying on her shoulder for a little while.

## **I Didn't Have to Worry Anymore**

A few nights after that I woke up in a panic. I couldn't stay asleep. Yolanda came into my room. "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.

I'm grateful to have Yolanda as a foster parent, because in a way she is more than just a foster parent; she's a lifesaver. When she tells me (and sometimes she has to tell me this over and over), "You have to stop being the victim," I don't mind. She wants to go with me on my journeys and to help me find my way back home, to her home.

I would love to stay with Yolanda until I age out. She has accepted me, my sister and all the baggage we brought to her home. Instead of pushing us away, she's taught herself how to help us deal with our problems, and whatever we might face in the future.

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## **The First Good Christmas: I Finally Found a Home for the Holidays**

Even as a young child at home with my family, I never had a good Christmas. I was told we were Muslims so we didn't celebrate Christmas. But we didn't celebrate anything else, either.

When I came home from school with a toy from Santa Claus one year, my aunt said, "Christmas is a lie! No wishes come true, especially not for naughty kids like you." That's when it came to my attention that Christmas must be a fairy tale. I think that's when the hopes my sister and I had for a true Christmas were smashed.

We had believed that Christmas was supposed to be a time when you got a lot of nice things from your loved ones and sat around a big tree decorated with gifts, or even like a Christmas on TV where something wicked happens but good prevails. But our aunt let us know that wasn't for us. She acted like we were dirt, like we didn't matter. As I got older this was the reason the holidays seemed like days of torture.

### **Alone for the Holidays**

In the last four years my sister T. and I have been in 11 foster homes and three group homes. We were always in a new home around the holidays. We were unexpected guests in people's homes, and they never had time to buy us anything.

I would tell my sister "Merry Christmas," or we would just try to forget about it. We did try to buy each other gifts, but we had hardly any money. We would buy a lot of cookies, ice cream and cakes and blame ourselves for telling about the abuse that put us in foster care. After all, if we hadn't talked we wouldn't be alone watching Lifetime for the holidays. We had no one but each other, and occasionally that was not enough.

Over the holidays, we'd be sitting in the group homes or foster homes with different people walking in and out, looking at us like we were some kind of disease. It was hard. Many of the kids in our group home had someone to come get them, but my sister and I had no one. All we could do was just stare out our window and wonder what it would be like to wake up on Christmas morning with gifts, hugs and smiles from everyone.

I imagined a big breakfast with eggs, bacon, pancakes, waffles and fresh juice. The fantasy was so real. I could just smell the aroma, but then I would hear a voice: "Wake up, come get breakfast. It's cereal." My dream was over. Just like that I had to wake up and face the real world.

### **Those Damn Sweaters**

I remember one group home in particular that treated us on Christmas like we did not mean anything to anyone. The staff cooked the little we had in the house for our dinner and made rude comments about how they had better food at home, which made me mad.



On Christmas day, each girl was given a sweater. Only a sweater! T. and I were given the same damn color— purple—and the staff’s excuse was, “It’s because you’re twins.” Those purple things were hideous; they were big and made you look like Barney or an old grandmother who sits all day knitting those sweaters.

The girls got so mad that they started cursing, mainly because they had all written wish lists and were hoping to be getting at least one item from the list.

“I hate this insulting house. You people treat us like animals! All we get is a damn sweater!” one of the girls yelled.

“Calm down or I will call the police!” the staff yelled back. “I’m going to write you up. Don’t make me go and get my book!”

That night, many of the girls violated curfew or ran back to their abusive parents’ homes. On Christmas you just don’t want to be alone, be insulted or feel like you don’t have family.

## **No Home But the Group Home**

My sister and I were thinking about going home to see our family, too, but we had to stop and think of what could happen if we did. We wanted so much to have a safe place to go home to, but we really didn’t have that.

Our dad could abuse us physically and our mother could abuse us emotionally with her accusations about how we broke down a happy home. Our siblings could just reject us. We hadn’t seen our brothers that entire year and our mother had brainwashed them to believe that my sister and I were either crazy or just wanted all of us kids to be taken away for no reason.

We came to the conclusion that it was for the best that we stayed put. We had nowhere else to go, no home but the group home.

## **A Precious Place**

The following year we were blessed to be placed in a foster home with Yolanda C., who I call Precious because she is just phenomenal. But when we first came to her home I thought I’d be out of there in about two months. I was doubtful about her rules.

Yolanda made me do different chores like cleaning the bathroom, kitchen and living room. Then she’d be on my back about my education.

I worried that if she was that strict, she wouldn’t accept me as I was. I didn’t realize that having someone care about my education would make me want to do more to pass. I didn’t realize that I would wake up to the Christmas that I’d wanted since I was a child.

Actually, as the days of December came, I got a little anxious. Yolanda was talking about presents but I hadn’t bought presents for people in years. I thought, “What if they don’t like them?” I was scared. Yolanda never did tell me what to get her for Christmas. She just said, “I want to make sure everybody is happy.”



## The Christmas I've Always Wanted

I stopped feeling scared as the days got closer to Christmas. The tree was put up: white with colorful lights and ornaments. A music box under the tree played Christmas carols that I'd never really heard. As the hours counted down to the big day I'd waited for my whole life, I could only sit in front of the 87 gifts and imagine what was inside the ones that had my name on them.

On Christmas Eve, Yolanda allowed my foster sisters, T. and me to open one gift each before we went to bed. "Here, this is yours," she said. It was a cute bra and panty set. I had never really had my own gift before, without sharing it with my twin. I was so happy. I thanked her and gave her a hug. I felt like crying.

In the morning, Yolanda gave my sisters and me the rest of our gifts. We were so nervous we didn't want to tear the wrapping. Afterwards we all tried on our clothes like we were America's Next Top Models preparing for a series of photo shoots. We had bacon, eggs, and pancakes for breakfast—it was a feast made for a queen, I must say.

Then we went to Yolanda's mother's house for a big dinner. When I entered the hallway, the smell of turkey, ham, macaroni and cheese and all kinds of pie filled the air. I couldn't believe it. It smelled like my dream of home.

Inside it looked like Christmas with her white tree, just like Yolanda's only the ornaments were red and blue. She greeted us with kisses and hugs. We all exchanged gifts and sat around to hear stories about Yolanda when she was a little girl. It was wonderful. It felt like something I'd missed, but was starting to learn.

## A New Perspective

That Christmas changed how I view the holiday. I didn't see it as another day for my sister and me to punish ourselves, but a time for us to be around people who care for us. It meant a new start.

Hopefully this Christmas will be as joyful and tranquil as the last. I believe that my wish came true and Santa Claus gave me a complete family for Christmas, and blissful times to remember.

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# Managing Emotional “Hot Spots”: Tips for Resource Parents

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## Emotional “Hot Spots”

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. Before such children can heal, they need to feel safe and believe that there are adults in their lives who can offer safety and security.

Feeling oriented is an important part of feeling safe. To a child, coming into a new home—even the home of relatives—may feel like being sent to another planet. Some times or situations may be particularly emotionally charged 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, and privacy issues

## Food and Mealtimes

Being fed by a caregiver is one of the first and most significant interactions we have with the outside world. It is how we come to understand whether—and how—our needs will be met.

For many traumatized children, food and the experience of being fed are emotionally charged. Meals may have been inadequate or unpredictable. In some families, mealtimes may have been scenes of verbal or physical abuse. In other 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.

The foods we eat, how we prepare them, and how we behave during mealtimes are also partly determined by culture. Foods that a

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., former foster child

Am I too angry to love? *Represent.* Nov./Dec. 2004.

Available at <http://www.youthcomm.org/FCYU-Features/NovDec2004/FCYU-2004-11-10.html>



child may equate with safety and comfort may seem foreign or even unhealthy to you. How we handle mealtimes can send traumatized children powerful messages about:

- Your interest in nurturing them
- How your family works
- Whether they really belong

You can help make mealtimes “safer” for the children in your care by:

- Accommodating their dietary preferences as much as possible
- Giving children a chance to help plan and prepare meals
- Ensuring that at least some of their favorite foods are available
- Setting consistent mealtimes
- Having meals together as a family
- Keeping mealtimes calm and supportive

## Sleep and Bedtime

Bedtime and sleeping may be especially difficult for traumatized children. A child suffering from traumatic stress reactions may have trouble sleeping. When children who have been through trauma close their eyes at night, images of past traumatic events may appear. When they do fall asleep, nightmares may awaken them. Being in bed can 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.

For this reason, traumatized children may avoid bedtime. They may also find waking up in the morning difficult. Children who have grown up in unstable, unpredictable 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.

Helping a traumatized child to feel safe and protected when going to bed, sleeping, or waking can be challenging. But there are steps you can take to make these potentially frightening times safer for your children:

- Reassure children that their rooms are their personal space and will be respected by all members of the family.
- Always ask permission before sitting on a child’s bed.
- Set a consistent bedtime to give children a sense of structure and routine.
- Set up predictable, calming bedtime rituals and routines.



- Encourage a sense of control and ownership by letting children make choices about the look and feel of the bedroom.
- Acknowledge and respect children's fears—be willing to repeatedly check under the bed and in the closet, show them that the window is locked, provide a nightlight, and provide assurances that you'll defend them against any threat.
- Let children decide how they want to be awakened. An alarm clock might be too jarring for children who are always on alert for danger. How about a clock radio tuned to their favorite station? A touch on the shoulder?
- Make sure children know exactly what to expect each morning by creating dependable routines so they can start the day reassured of their safety.

Children who are having a great deal of trouble with bedtime and sleep may need help from a therapist specifically trained in trauma treatment.

## Grooming and Personal Boundaries

Many children who have experienced physical and sexual abuse 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, having their hair brushed, or a hot shower may have very different meanings for children whose bodies have been violated. So 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, and touch.

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 feeling disconnected from—or even at odds with—their physical selves, with no sense of ownership, comfort, or pride in their bodies. Instead, their bodies may feel like “constant reminders not only of what has happened to them but of how little they are worth.”<sup>1</sup>

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., former foster child

My body betrayed me. *Represent*. Sept./Oct. 2003.

Available at <http://www.youthcomm.org/FCYU-Features/SeptOct2003/FCYU-2003-09-24.htm>

All too often, children come into care with teeth that are desperately in need of cleaning, hair so tangled it's hard to get a brush through it, or clothes that are soiled or ill-fitting. They may be resistant to grooming, to bathing, to anything that involves seeing or touching their bodies.



Helping such children to feel safe enough to respect and care for their bodies will take time and patience. Steps you can take include:

- Respect children's physical boundaries—don't assume a child wants to be hugged; take cues from the child before initiating physical contact.
- 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.
- Give young children the time to splash around, play with water toys, and enjoy the positive sensations of bath time.

## References

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



# The Importance of Touch:

## Caring for Young Children Who Have Experienced Trauma

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Touch is essential to healthy development, yet for children who have been abused, it can prompt more anxiety than comfort. Children—particularly very young children—who have survived physical abuse may come to associate all human touch with pain, and may find it difficult to accept physical affection and comfort from their caregivers. Those who have experienced sexual abuse may not understand that touch doesn't have to be sexual.

It can take time for traumatized young children to accept—and give—touch in a way that is comforting, appropriate, and that reinforces their self-worth and self-esteem. It may take many, many small experiences of pleasure and safety to counteract the big experiences of trauma and pain they have endured. Below are some simple steps to take when caring for children who have difficulty with physical contact.

“Touch seems to be as essential as sunlight.”

—Diane Ackerman

*A Natural History of the Senses* (1990).  
New York: Vintage Books

- **Be consistent and reliable in meeting the child's physical needs.** Every time these needs are met—whether for food, a clean diaper, or getting back to sleep after waking—the child will begin to make new associations. The more you can anticipate the child's needs before he or she cries, the more the child will be able to “take in” the wonderful new experience of being cared for.
- **Create a soothing environment.** Because loud noises can be strong trauma reminders for babies and young children who have been physically abused, it's important to keep the environment as soothing as possible: soft music, soft light, and soft, calm voices. Potential trauma reminders such as an alarm clock going off or even a phone ringing should be avoided as much as possible.
- **Avoid surprising the child.** Sudden or unexpected contact is all the more scary for traumatized babies, so it's important to describe what you are doing before you do it: “I am going to change your diaper now” or “Here is your nice bottle.” Though babies may not understand what you are saying, they will be calmed by the sound of a voice that is soft and soothing. Babies have also been shown to respond well to soft “shushing” noises.
- **Use texture and movement to soothe and calm.** Babies who are very distressed by human touch may still be comforted by the sensation of soft fabrics or plush toys. Giving children plush blankets or stuffed animals to cuddle can help them to get used to pleasant sensations against their skin, which you can then build on. Babies are also comforted by gentle swinging motions. Babies who cannot tolerate touch may benefit from being in a baby swing or simply rocked gently in a cradle or carriage.



- **Take it slow.** When it comes to touch, the first step may be to just be present in the child's room, sitting by the crib, and singing or talking to the child in a soft, calm voice. It may take many days or weeks of such "being present" before the child can tolerate even a simple touch, such as a gentle stroke of the arm. If the child avoids eye contact, don't force it. Wait for the child to initiate eye contact, and reinforce the action with a smile and comforting words or sounds.

The more "tuned in" we become to children's nonverbal signals, the more we will be able to build on their positive responses. For example, if you notice that a baby seems to calm down when sucking on her hand, you may be able to offer comfort simply by helping her get her hand to her mouth.



# Coping with Trauma Reminders

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## What are trauma reminders?

Many children in the foster care system have been through multiple traumatic events, often at the hands of those they trusted to take care of them. **When faced with people, situations, places, or things that remind them of these events, children may reexperience the intense and disturbing feelings tied to the original trauma.** These “trauma reminders” can lead to behaviors that seem out of place in the current situation, but were appropriate—and perhaps even helpful—at the time of the original traumatic event. For example:

- A seven-year-old boy whose father and older brother fought physically in front of him becomes frantic and tries to separate classmates playfully wrestling in the schoolyard.
- A three-year-old girl who witnessed her father beating her mother clings to her resource mother, crying hysterically when her resource parents have a mild dispute in front of her.
- A nine-year-old girl who was repeatedly abused in the basement of a family friend’s house refuses to enter the resource family’s basement playroom.
- A toddler who saw her cousin lying in a pool of blood after a drive-by shooting has a tantrum after a bottle of catsup spills on the kitchen floor.
- A teenager who was abused by her stepfather refuses to go to gym class after meeting the new gym teacher, who wears the same aftershave as her stepfather.
- A two-year-old boy who had been molested by a man in a Santa Claus suit runs screaming out of a YMCA Christmas party.

## What happens when a child responds to a trauma reminder?

When faced with a trauma reminder, children may feel frightened, jumpy, angry, or shut down. Their hearts may pound or they may freeze in their tracks, just as one might do when confronting an immediate danger. Or they may experience physical symptoms such as nausea or dizziness. They may feel inexplicably guilty or ashamed or experience a sense of dissociation, as if they are in a dream or outside their own bodies.

Sometimes children are aware of their reaction and its connection to the original event. More often, however, they are unaware of the root cause of their feelings and may even feel frightened by the intensity of their reaction.

## How can I help?

Children who have experienced trauma may face so many trauma reminders in the course of an ordinary day that the whole world seems dangerous, and no adult seems deserving of trust. Resource parents are in a unique position to help these children recognize safety and begin to trust adults who do indeed deserve their trust.

It’s very difficult for children in the midst of a reaction to a trauma reminder to calm themselves, especially if they do not understand why they are experiencing such intense feelings. Despite



reassurance, these children may be convinced that danger is imminent or that the “bad thing” is about to happen again. It is therefore critical to create as safe an environment as possible. **Children who have experienced trauma need repeated reassurances of their safety.** When a child is experiencing a trauma reminder, it is important to state very clearly and specifically the reasons why the child is now safe. Each time a child copes with a trauma reminder and learns once more that he or she is finally safe, the world becomes a little less dangerous, and other people a little more reliable.

## Tips for Helping Your Child Identify and Cope with Trauma Reminders

- **Learn as many specifics as you can about what your child experienced so you can identify when your child is reacting to a reminder.** Look for patterns (time of day, month, season, activity, location, sounds, sights, smells) that will help you understand when your child is reacting. Help your child to recognize these trauma reminders. Sometimes, just realizing where a feeling came from can help to minimize its intensity.
- **Do not force your child into situations that seem to cause unbearable distress.** Allow your child to avoid the most intense reminders, at least initially, until he or she feels safe and trusts you.
- When your child is reacting to a reminder, **help the child to discriminate between past experiences and the present one.** Calmly point out all the ways in which the current situation is different from the past. Part of the way children learn to overcome their powerful responses is by distinguishing between the past and the present. They learn, on both an emotional (feeling) and cognitive (thinking and understanding) level, that the new experience is different from the old one.
- **Provide tools to manage emotional and physical reactions.** Deep breathing, meditation, or other techniques may help a child to manage emotional and physical reactions to reminders. If you are unfamiliar with such techniques, ask a counselor to help.
- **Recognize the seriousness of what the child went through, and empathize with his or her feelings.** Don't be surprised or impatient if your child continues to react to reminders weeks, months, or even years after the events. Help your child to recognize that reactions to trauma reminders are normal and not a sign of being out of control, crazy, or weak. Shame about reactions can make the experience worse.
- **Anticipate that anniversaries of events, holidays, and birthdays may serve as reminders.**
- **With your child, identify ways that you can best reassure and comfort during a trauma reminder.** These might be a look of support, a reassurance of safety, words of comfort, a physical gesture, or help in distinguishing between the present and the past.
- **Seek professional help if your child's distress is extreme,** or if avoidance of trauma reminders is seriously limiting your child's life or movement forward.
- **Be self-aware.** A child's reaction to a trauma reminder may serve to remind you of something bad that happened in your own past. Work to separate your own reactions from those of your child.



## Stress Busters for Kids Worksheet

When. . .	What helps me feel calm and relaxed?
I get up in the morning	
I have to do something I don't like at school	
I am having a hard time concentrating	
I am worried or scared about something	
I am sad	
Something reminds me of something bad that happened	
There are too many people or too much noise	
It is too quiet or I am lonely or bored	
I am so excited I can't wait for something!	
I feel like moving around but I can't (in school or church maybe)	
In the evening, before bedtime	
I am in bed and can't sleep	
Some other time: (name it)	







## Module 4: Building a Safe Place

### Additional Resources

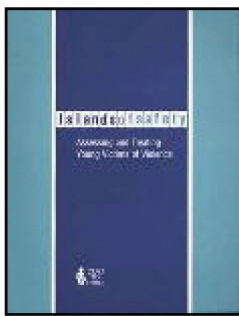
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#### Books and Journals for Parents



Osofsky, J., & Fenichel, E. (Eds). (1994). *Caring for infants and toddlers in violent environments: Hurt, healing and hope*. Washington, DC: Zero to Three.

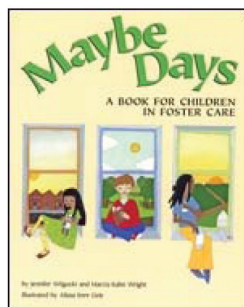
This special issue of the Zero to Three journal presents practical guidelines for parents, childcare providers, community police, and mental health professionals caring for very young children who witness or are victimized by community violence, family violence, and abuse. It was written with a threefold purpose: (1) to look at what it means to be a parent in a violent environment; (2) to address the expanded concerns of caregivers, teachers, and other community helpers; and (3) to discuss possible interventions and treatment strategies.



Osofsky, J., & Fenichel, E. (Eds). (2002). *Islands of safety: Assessing and treating young victims of violence*. Washington, DC: Zero to Three.

An abridged edition of a special issue of the Zero to Three journal designed for adults who care for and/or come in contact with young children. The authors guide readers through recognizing the full range of symptoms and behaviors that may stem from infants' and toddlers' exposure to violence; supporting those giving care to traumatized young children, and designing and carrying out treatment plans to help children and their families cope and recover.

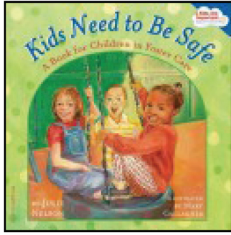
#### Books for Children



Wilgocki, J., & Wright, M. K. (2002). *Maybe days: A book for children in foster care*. Washington, DC: Magination Press.

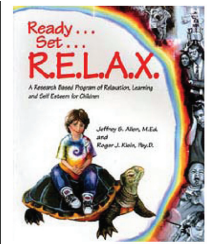
(Ages 4–8) Will I live with my parents again? Will I stay with my foster parents forever? For children in foster care, the answer to many questions is often “maybe.” *Maybe Days* addresses the questions, feelings, and concerns these children most often face. Honest and reassuring, it also provides basic information that children want and need to know, including the roles of various people in the foster care system and whom to ask for help. An extensive afterword for adults caring for foster children describes the child's experience, underscores the importance of open communication, and outlines a variety of ways to help children adjust to the “maybe days”—and to thrive.





Nelson, J., & Nelson, J. (2005). *Kids need to be safe: A book for children in foster care*. Minneapolis, MN: Free Spirit Publications.

(Preschool to grade 1) Kids are important. They need safe places to live, and safe places to play. For some kids, this means living with foster parents. In simple words and full-color illustrations, this book explains why some kids move to foster homes, what foster parents do, and ways kids might feel during foster care. Children often believe that they are in foster care because they are “bad.” This book makes it clear that the troubles in their lives are not their fault; the message throughout is one of hope and support. Includes resources and information for parents, foster parents, social workers, counselors, and teachers.



Allen, J. S., & Klein, R. J. (1996). *Ready, set, R.E.L.A.X.: A research-based program of relaxation, learning and self-esteem for children*. Watertown, WI: Inner Coaching.

(Ages 5–13) This book equips children with tools to overcome anxiety through the use of music, muscle relaxation, and storytelling to promote learning, imagination, and self-esteem. This fully researched program is used across the country by teachers, counselors, parents, and medical professionals as a preventive tool and intervention strategy. The 66 scripts focus on the following themes: R=Releasing Tension; E=Enjoying Life; L=Learning; A=Appreciating Others; X=X-panding Your Knowledge.

## Games



### Self-Calming Cards

(All ages) What can kids do when they're angry, anxious or frustrated? How about the “mad” dance? Or stringing beads? Or kneading bread? These are just a few of the dozens of self-calming strategies explained in this card deck. Each of the 24 illustrated cards describes how you can soothe yourself with a different method—physical, auditory/verbal, visual, creative, self-nurturer and humor. Another 16 cards provide step-by-step instructions for games and activities to use with the calming cards. Written in both English and Spanish, these cards and the accompanying instruction sheet explain how parents and teachers can introduce the cards and the concept of self-calming. The materials also discuss how adults can model the use of such self-soothing techniques as taking a warm bath, making a joke to defuse a situation or singing a silly song. Each calming method includes suggested activities for a range of ages, from toddler to adult.

### Available from:

Parenting Press (<http://www.parentingpress.com>): [http://www.parentingpress.com/b\\_calmcld.html](http://www.parentingpress.com/b_calmcld.html)

Special Needs Project: <http://www.specialneeds.com/books.asp?id=14330>

Inclusion of any item on this list is not an endorsement of any product by the NCTSN. Product descriptions are based on information provided by the publisher or manufacturer, and do not necessarily represent the opinions of the NCTSN.





Illustrations by Erich Ippen, Jr. Used with permission.

## Module 5: Dealing with Feelings and Behaviors







## Learning Objectives

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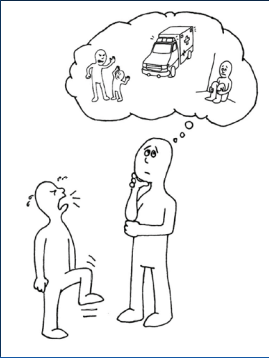
After completing this module, you should be able to:

- 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 you can help children develop new emotional skills and positive behaviors.









Illustrations by Erich Ippen, Jr. Used with permission.

## Module 5: Dealing with Feelings and Behaviors

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### Seeing Below the Surface



Child's behaviors

Child's feelings, thoughts,  
expectations, and  
beliefs

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### Essential Elements 3 and 4



3. Help your child to understand and manage overwhelming emotions.
4. Help your child to understand and modify problem behaviors.

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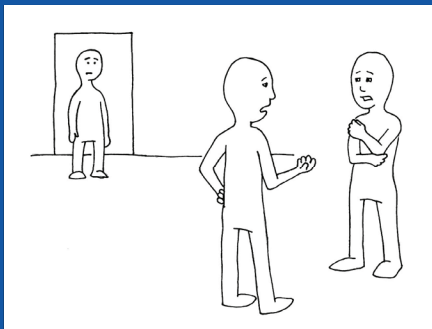
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## What If . . . ? (Group Activity)




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## The Cognitive Triangle

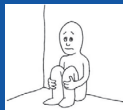


Thoughts

Behaviors



Feelings




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## 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)

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## Trauma and the Triangle (Continued)



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

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*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? Represent. Nov./Dec. 2004.  
Available at <http://www.youthcomm.org/FCYU-Features/NovDec2004/FCYU-2004-11-10.htm>

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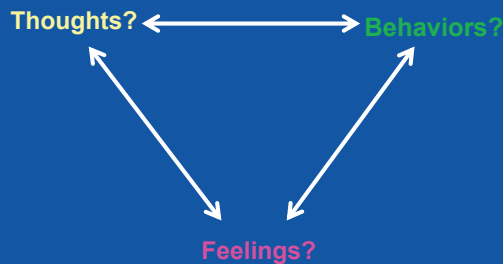
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## Decoding the Triangle (Group Activity)



(Continued)

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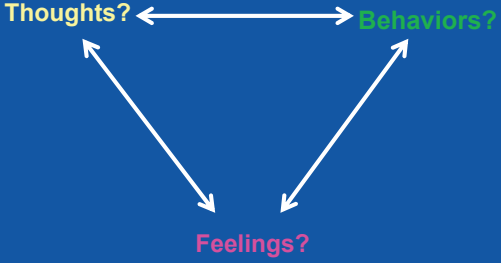
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## Decoding the Triangle *(Continued)*



What are your child's . . .



Thoughts? Behaviors? Feelings?

NCTSN The National Child Traumatic Stress Network 10

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*Experience is biology. . . Parents are the active sculptors of their children's growing brains.*

—Daniel J. Siegel, M. D.  
& Mary Hartzell, M. Ed.

Siegel, D.J. & Hartzell, M. (2003). *Parenting from the inside out: How a deeper self-understanding can help you raise children who thrive*. NY: Jeremy P. Tarcher/Putnam.

NCTSN The National Child Traumatic Stress Network 11

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## 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.

NCTSN The National Child Traumatic Stress Network 12

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## 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

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## Tune In



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## 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.



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## 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)



Provide opportunities to practice emotional skills in playful, nonthreatening ways:

- Feelings thermometer/feelings charts
- Feelings charades
- Other practice activities
- Games and storybooks

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## Let's Play . . .



What's my emotion?



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## 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.

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*[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. Represent. July/Aug 2006.  
Available at <http://www.youthcomm.org/FCYU-Features/JulyAug2006/2006-07-04b.htm>

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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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**Let's take a break!**

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## Encourage



Encourage positive behaviors:

- “Catch” your child being good.
- Praise, praise, praise!
  - Be specific.
  - Be prompt.
  - Be warm.
- Strive for at least **six praises** for every **one correction**.

(Continued)

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## 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.

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## Taking Stock (Group Activity)



(Continued)

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## Taking Stock (Continued)



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## 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?

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## 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)

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## Correct and Build (Continued)



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

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## 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?

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## Module 5: Wrap Up

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## **Module 5**

### ***Supplemental Handouts***







# Tuning In to Your Child's Emotions: Tips for Resource Parents

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As resource parents, we can play an important role in helping our children to understand, express, and regulate their emotions. Here are some crucial dos and don'ts to keep in mind when reacting to—and talking about—children's emotions.

## Things to Do

### ***Validate the child's emotions***

When your child expresses an emotion, let him or her know that you have heard, understood, and accepted how he or she is feeling. Validating emotions will help your child feel comfortable and secure, and encourage the child to express emotions and have conversations with you about them.

Keep in mind that validating an emotion does **not** mean accepting a problem behavior (such as hitting when angry or frustrated). You can validate an emotion but, at the same time, set appropriate limits on behavior ("I can tell it makes you really mad when your sister takes your toys . . . but it is not okay to hit your sister.")

### ***Be empathetic***

Being empathetic lets your child know that you understand his or her emotion. Try to:

- Take your child's perspective
- Let your child know you understand the way he or she feels
- Use warmth and affection

Empathy also can be a powerful tool for helping children to recognize the deeper, more complicated emotions that may lie just beneath their initial reactions. As you empathize with your child, try to help him or her to understand the mixed feelings he or she may be feeling, and to make finer distinctions between related emotions such as anger, frustration, disappointment, etc. For example:

Child: "I can't do my homework. I'm mad. School is stupid."

Parent: "Sounds like you're getting frustrated with your homework. It is getting pretty hard."

Child: "Dad didn't pick me up this weekend like he said he would. I hate him."

Parent: "Sounds like you are really mad at Dad. I wonder if you are also feeling kind of sad or hurt?"



## ***Let your child know his or her feelings are normal***

Normalization makes your child feel comfortable with his or her emotion(s). Let your child know that you sometimes feel the same way and that other people do, too.

Example: “I bet a lot of other kids also feel scared when the lights go out in a storm.”

## **Things to Avoid**

### ***Invalidating the child's emotions***

Steer clear of anything that may devalue what your child is feeling, such as suggesting that something wasn't as bad as the child felt it was (“There's nothing to be scared of”) or that he or she should have gotten over it (“Big boys aren't scared of the dark”). Invalidation can make your child feel uncomfortable with his or her emotions and uneasy talking to you about feelings and experiences.

### ***Lecturing or interrogating the child***

Before giving advice or explaining the situation, focus on how your child feels. Although asking questions can help you to understand your child's perspective, bombarding him or her with questions can also move the conversation away from feelings. This is especially true if you focus only on the specifics of what happened (“What did Johnny do?”), as opposed to what the child experienced (“How did it make you feel?”). In particular, avoid questions that are criticism in disguise. (“Why would you do that?” or “What did you do to make Mommy so mad?”)

### ***Telling the child what to feel***

“Should” statements can send a message that the child has no right to feel the way he or she does. Avoid saying things that question or doubt your child's experience (“Are you sure you felt so sad?”) or that tell your child what he or she is supposed to feel (“You shouldn't be mad at your brother”).

### ***Hanging the child out to dry***

When your child shares something emotional, don't leave your child waiting for a response. Traumatized children, in particular, need reassurance that their feelings are worthy of your attention and care. Even if the timing isn't ideal, stop and acknowledge what the child has shared, and let him or her know that you are willing to listen.

### ***Criticizing or blaming the child***

Avoid statements that blame or criticize your child for what he or she is feeling, even if the child was the cause of the situation.

Adapted with permission from: Shipman, K., & Fitzgerald, M. (n.d.) *Teaching caregivers to talk with children about emotion: Implications for treating child trauma*. [Slide presentation]. Available online at [http://www.chadwickcenter.org/CD/SDConference/Presentations/C9\\_Shipman-Fitzgerald\\_Teaching%20Caregivers%20To%20Talk%20with%20Children%20about%20Emotion.pdf](http://www.chadwickcenter.org/CD/SDConference/Presentations/C9_Shipman-Fitzgerald_Teaching%20Caregivers%20To%20Talk%20with%20Children%20about%20Emotion.pdf)



## “Make Your Own” Feelings Chart

**Instructions:** Look through magazines, or color copies of photos of family and friends, and cut out pictures of faces that show you each of the feelings named below. You will notice there are blank spots for you to add other feelings you would like to include.

<b>Happy</b>	<b>Calm</b>	<b>Tired</b>	<b>Sad</b>
<b>Worried</b>	<b>Scared</b>	<b>Peaceful</b>	<b>Confused</b>
<b>Angry</b>	<b>Excited</b>	<b>Lonely</b>	<b>Proud</b>
<b>Hurt</b>	<b>Shy</b>	<b>Stressed-Out</b>	<b>Other _____</b>
<b>Other _____</b>	<b>Other _____</b>	<b>Other _____</b>	<b>Other _____</b>





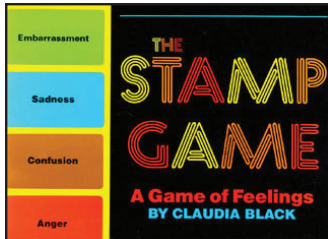


## Module 5: Dealing with Feelings and Behaviors

### Additional Resources

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#### Board Games



#### ***The Stamp Game: A Game of Feelings***

(All ages) *The Stamp Game* is an innovative tool for helping people identify and express feelings. The purpose of *The Stamp Game* is to help players better identify, clarify, and discuss feelings. Players will be able to relate more honestly to others as they learn to express feelings. As a result, players become more effective problem-solvers, and the identification and expression of feelings brings clarity to players' needs, which in turn leads to enhanced self-esteem. The game is a wonderful tool to equalize those who use words as a defense but have difficulty being emotionally honest, and for those who have great difficulty being articulate on any level. Playing *The Stamp Game* is a novel, fun, and meaningful way for players to learn about themselves and each other.

Available from:

Author's Den (<http://www.authorsden.com>):  
<http://www.authorsden.com/visit/viewwork.asp?AuthorID=416>

ClaudiaBlack.com (<http://claudiablack.com>)  
[https://claudiablack.com/toD\\_products/product.php/15.html](https://claudiablack.com/toD_products/product.php/15.html)

Mentor Books (<http://www.mentorbooks.com>):  
[http://www.mentorbooks.com/?page=shop/flypage&product\\_id=3445&CLSN\\_1012=121536690410128eb1cef1042d75281f](http://www.mentorbooks.com/?page=shop/flypage&product_id=3445&CLSN_1012=121536690410128eb1cef1042d75281f)

Self-Help Warehouse (<http://www.selfhelpwarehouse.com>):  
[http://www.selfhelpwarehouse.com/Merchant2/merchant.mvc?Screen=PROD&Product\\_Code=CGA151&Category\\_Code=CFE&Product\\_Count=2](http://www.selfhelpwarehouse.com/Merchant2/merchant.mvc?Screen=PROD&Product_Code=CGA151&Category_Code=CFE&Product_Count=2)



#### ***Emotional Bingo***

(Versions for ages 6–12 and 12–18) Everybody knows how to play Bingo, but this version requires players to identify feelings rather than numbers on their Bingo cards. Ideal for counseling groups or classrooms, *Emotional Bingo* not only helps children learn to recognize various feelings, it also teaches empathy—a trait associated with lower incidence of violent behavior. Game rules provide opportunities for children to discuss their own feelings and to respond empathetically to the feelings of others.

*Emotional Bingo* offers a new, yet familiar, approach to feelings that appeals to kids of all ages. The game includes 32 Emotional Bingo Cards (English on one side; Spanish on the other), a



Poster, Tokens, Call-Out Cards, and a helpful Leader's Guide with discussion guidelines and counseling suggestions. It is available in child (ages 6–12) and teen (ages 12–18) versions. The teen version features feelings that are common in adolescence.

*Available from:*

Creative Therapy Store (<http://portal.creativetherapystore.com>):

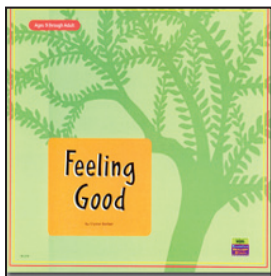
[http://portal.creativetherapystore.com/portal/page?\\_pageid=94,54451&\\_dad=portal&\\_schema=PORTAL](http://portal.creativetherapystore.com/portal/page?_pageid=94,54451&_dad=portal&_schema=PORTAL)

PCI Education (<http://www.pcieducation.com>):

<http://www.pcieducation.com/store/item.aspx?ItemId=44127>

Western Psychological Services (<http://portal.wpspublish.com>):

[http://portal.wpspublish.com/portal/page?\\_pageid=53,70284&\\_dad=portal&\\_schema=PORTAL](http://portal.wpspublish.com/portal/page?_pageid=53,70284&_dad=portal&_schema=PORTAL)



### ***Feeling Good***

(Ages 9–adult) Sometimes we need a little help to feel good about ourselves, whether it's a compliment from a friend or a kind gesture from a neighbor. And now there's another source of help: All you have to do is play the *Feeling Good* game. “Feeling Cards” get players thinking positive thoughts and recognizing what makes them feel bad. “Doing Cards” give players the opportunity to act out feelings through role-playing and drawing.

Originally developed to help people recover self-confidence and optimism after traumatic events or situations, *Feeling Good* encourages players to feel good about themselves by recognizing, understanding, and expressing their emotions.

*Available from:*

Creative Therapy Store (<http://portal.creativetherapystore.com>):

[http://portal.creativetherapystore.com/portal/page?\\_pageid=94,54516&\\_dad=portal&\\_schema=PORTAL](http://portal.creativetherapystore.com/portal/page?_pageid=94,54516&_dad=portal&_schema=PORTAL)

Western Psychological Services (<http://portal.wpspublish.com>):

[http://portal.wpspublish.com/portal/page?\\_pageid=53,70424&\\_dad=portal&\\_schema=PORTAL](http://portal.wpspublish.com/portal/page?_pageid=53,70424&_dad=portal&_schema=PORTAL)



### ***Use Your I's***

(Ages 5–10) Learning to be assertive instead of aggressive can be effective in reducing antisocial behaviors. One of the best ways to teach children assertiveness skills is by training them to use “I-Messages.” An I-Message is a way to express your feelings in a nonthreatening manner by structuring statements in a specific way.

When children use I-Messages to express themselves, they are more likely to be heard and less likely to get into conflict.



*Use Your I's* is a board game that teaches children (ages 5–10) how to express their feelings without jeopardizing the rights of others. Game cards provide realistic situations that provoke emotions such as anger, guilt, humiliation, happiness, and embarrassment. Players learn to verbally describe their feelings to others and explain why they feel the way they do. *Use Your I's* also helps children become comfortable using the first-person pronoun to share their feelings.

Available from:

Creative Therapy Store (<http://portal.creativetherapystore.com>):

[http://portal.creativetherapystore.com/portal/page?\\_pageid=94,54507&\\_dad=portal&\\_schema=PORTAL](http://portal.creativetherapystore.com/portal/page?_pageid=94,54507&_dad=portal&_schema=PORTAL)

Western Psychological Services (<http://portal.wpspublish.com>):

[http://portal.wpspublish.com/portal/page?\\_pageid=53,70404&\\_dad=portal&\\_schema=PORTAL](http://portal.wpspublish.com/portal/page?_pageid=53,70404&_dad=portal&_schema=PORTAL)

## Card Games



### ***My Ups and Downs***

(Preschool–adolescence) These large (3.5" by 5.75"), colorful cards feature 17 captivating kids who express 34 different emotions. Children can compare their own feelings with those depicted on the cards. This is a flexible tool that can be used in a number of ways: you can play memory games, make up stories, or play a new form of Old Maid (complete instructions included).

Available from:

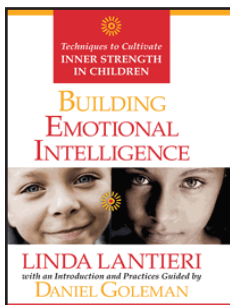
Western Psychological Services (<http://portal.wpspublish.com>):

[http://portal.wpspublish.com/portal/page?\\_pageid=53,70356&\\_dad=portal&\\_schema=PORTAL](http://portal.wpspublish.com/portal/page?_pageid=53,70356&_dad=portal&_schema=PORTAL)

Creative Therapy Store (<http://portal.creativetherapystore.com>):

[http://portal.creativetherapystore.com/portal/page?\\_pageid=94,54487&\\_dad=portal&\\_schema=PORTAL](http://portal.creativetherapystore.com/portal/page?_pageid=94,54487&_dad=portal&_schema=PORTAL)

## Books for Parents

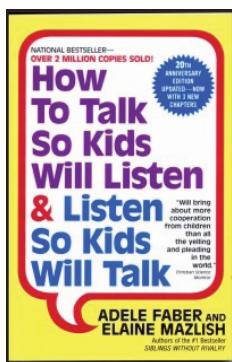


### ***On Building Emotional Skills***

Lantieri, L., & Goleman, D. (2008). *Building emotional intelligence: Techniques to cultivate inner strength in children*. Boulder, CO: Sounds True, Inc.

Guide for helping children quiet their minds, calm their bodies, and identify and manage their emotions.

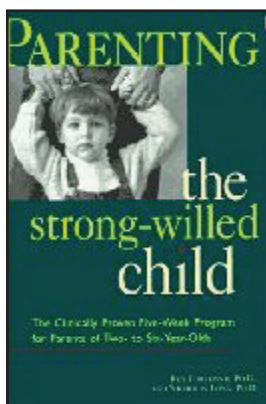




### On Talking About Feelings

Faber, E., & Mazlish, E. (1999). *How to talk so kids will listen & listen so kids will talk*. New York, NY: HarperCollins Publishers, Inc.

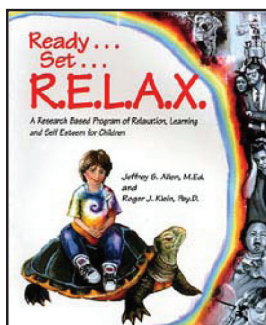
This classic book on communicating with children offers a wealth of clear, down-to-earth advice, including information on how to cope with your child's negative feelings (frustration, disappointment, anger, etc.), tips for expressing your own feelings without being hurtful, and techniques for resolving family conflicts peacefully.



### On Changing Problem Behaviors

Forehand, R. L., & Long, N. J. (2002) *Parenting the strong-willed child: The clinically proven five-week program for parents of two- to six-year-olds*. New York, NY: McGraw-Hill Professional.

(Ages 2–6) Based on more than 40 years of collective research, child behavior experts Rex Forehand, PhD, and Nicholas Long, PhD, have devised a program to help you find positive and manageable solutions to your child's difficult behavior. Now in a revised and updated edition, *Parenting the Strong-Willed Child* is a self-guided program for managing disruptive young children based on a clinical treatment program.



### On Relaxation Techniques

Allen, J. S., & Klein, R. J. (1996). *Ready, set, R.E.L.A.X.: A research-based program of relaxation, learning and self-esteem for children*. Watertown, WI: Inner Coaching.

(Ages 5–13) This book equips children with tools to overcome anxiety through the use of music, muscle relaxation, and storytelling to promote learning, imagination, and self-esteem. This fully researched program is used across the country by teachers, counselors, parents, and medical professionals as a preventive tool and intervention strategy. The 66 scripts focus on the following themes: R=Releasing Tension; E=Enjoying Life; L=Learning; A=Appreciating Others; X=X-panding Your Knowledge.



### Books for Children

#### On Trauma

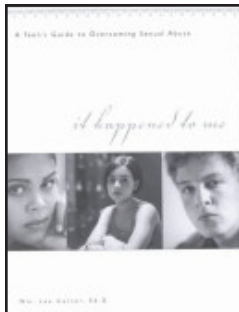
Holmes, M., & Mudlaff, S. J. (2000). *A terrible thing happened: A story for children who have witnessed violence or trauma*. Washington, DC: Magination Press.

(Ages 4–8) Sherman Smith saw the most terrible thing happen. At first he tried to forget about it, but soon something inside him started to bother



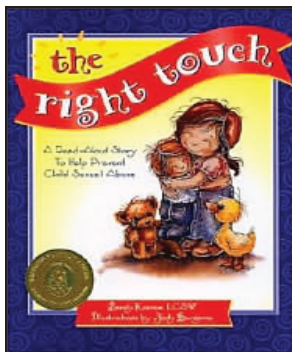
him. He felt nervous for no reason. Sometimes his stomach hurt. He had bad dreams. And he started to feel angry and do mean things, which got him in trouble. Then he met Ms. Maple, who helped him talk about the terrible thing that he had tried to forget. Now Sherman is feeling much better. This gently told and tenderly illustrated story is for children who have witnessed any kind of violent or traumatic episode, including physical abuse, school or gang violence, accidents, homicide, suicide, and natural disasters such as floods or fire. An afterword by Sasha J. Mudlaff written for parents and other caregivers offers extensive suggestions for helping traumatized children, including a list of other sources that focus on specific events.

## On Sexual Abuse and Behaviors



Carter, W. L. (2002). *It happened to me: A teen's guide to overcoming sexual abuse*. Oakland, CA: New Harbinger Publications.

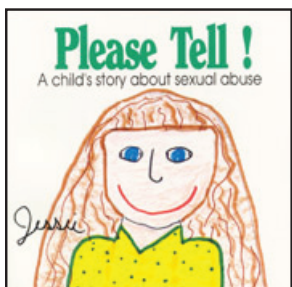
(Young adult) Most sexual trauma survivors find the early adult years crucial for recovery. During this time they have the best combination of motivation, capacity for insight, and support to begin the process of healing. Written by a psychologist who works with sexually abused teens, *It Happened to Me* helps young adults reflect on what happened, examine its impact on their lives, and begin to develop healthy relationships.



Kleven, S. (1998). *The right touch: A read-aloud story to help prevent child sexual abuse*. Bellevue, WA: Illumination Arts Publishing Company.

(Preschool to third grade [8–9-year-olds]). *The Right Touch* reaches beyond the usual scope of a children's picture book. It is a parenting book that introduces a very difficult topic—the sexual abuse of young children. This gentle, thoughtful story can be read aloud to a child by any trusted caregiver. In the story, young Jimmy's mom explains the difference between touches that are positive and touches that are secret, deceptive, or forced. She tells him how to resist inappropriate touching,

affirming that abuse is not the child's fault. The introduction provides valuable information about sexual abuse and guidance on what to do if your child experiences an abusive situation. Jody Bergsma's gentle illustrations soften the impact of this story; yet this portrayal of a dangerous situation is very realistic. If your child is old enough to sit still and listen to a story, he or she is old enough for *The Right Touch*.



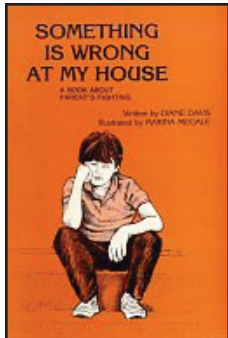
Ottenweiler, J. (1991). *Please tell!: A child's story about sexual abuse*. Center City, MN: Hazelden Foundation.

(Ages 9–12) Nine-year-old Jessie's words and illustrations help other sexually abused children know that they're not alone; that it's okay to talk about their feelings, and that the abuse wasn't their fault. Reaching out to other children in a way that no adult can, Jessie's



words carry the message, “It’s okay to tell; help can come when you tell.” *Please Tell!* is an excellent tool for therapists, counselors, child protection workers, teachers, and parents dealing with children affected by sexual abuse. Jessie’s story adds a sense of hope for what should be, and the knowledge that the child protection system can work for children. Simple, direct, and from the heart, Jessie gives children the permission and the courage to deal with sexual abuse.

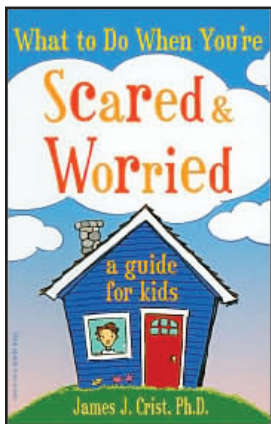
### **On Violence in the Home**



Davis, D. (1984). *Something is wrong at my house*. Seattle, WA: Parenting Press.

(Ages 3–12) Angry, fearful, and lonely. That’s how kids often feel when their parents fight. Based on a true story, *Something Is Wrong at My House* shows how a boy in a violent household finds a way to care for himself and how he obtains help from outside his home. Designed with two sets of text, one for older children and the other, with illustrations, for the very young. Available in Spanish.

### **On Dealing with Feelings**



Crist, J. J. (2004). *What to do when you’re scared and worried: A guide for kids*. Minneapolis, MN: Free Spirit Publishing, Inc.

(Ages 9–12) From a fear of spiders to panic attacks, kids have worries and fears, just like adults. But while adults have access to a lot of helpful information, that hasn’t been true for kids—until now. Drawing on his years of experience in helping children deal with anxiety, James Crist, PhD, has written a book that kids can turn to when they need advice, reassurance, and ideas. He starts by telling young readers that all kids are scared and worried sometimes; they’re not alone. He explains where fears and worries come from and how the mind and body work together to make fears worse or better. He describes various kinds of fears and suggests 10 Fear Chasers and Worry Erasers kids can try to feel safer, stronger, and calmer. The second part of the book focuses on phobias, separation anxiety, OCD (obsessive-compulsive disorder), and other problems too big for kids to handle on their own, and explains what it’s like to get counseling. Includes a special “Note to Grown-ups” and a list of resources.

Crary E. (1992 to 1994). *Dealing with feelings* book series. Seattle, WA: Parenting Press.

(Ages 3–9) This six-part series acknowledges specific feelings and offers children several ways to deal with them. Each book features a choose-your-own-adventure format, and shows what different outcomes of choices might be—allowing the children to back up and try another solution if they don’t like the outcome, or to try a variety of choices to see how each might turn out.



*I'm Furious*—When Matt's little brother ruins his best baseball card, Matt wants to “knock him flat.” Readers will identify with Matt's feelings and can help him choose a better way to handle his anger.

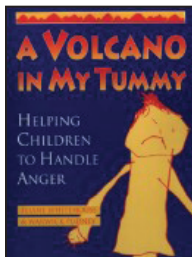
*I'm Scared*—Tracy is terrified of the new neighbor's dog and needs help deciding what to do about her feelings. Children learn several strategies for coping with fear in positive ways.

*I'm Excited*—Annie and Jesse are super-excited because it's their birthday. Young children will love helping the twins find activities to release their energy on this special day.

*I'm Mad*—When rain cancels a long-awaited picnic, Katie decides to be mad all day. Readers help her find other ways to express herself as she moves on to fill the afternoon with fun and laughter.

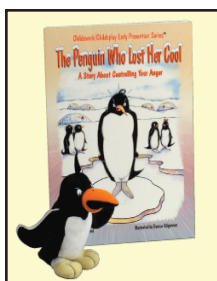
*I'm Frustrated*—Alex just can't seem to skate as well as his older brother and sister can, and he thinks about smashing his skates. Readers help Alex find better ways to express his frustration and find other fun things to do.

*I'm Proud*—Mandy learns to tie her shoes, but no one seems very excited. Children learn to deal with put-downs by choosing from a multitude of options to help Mandy value her own achievements.



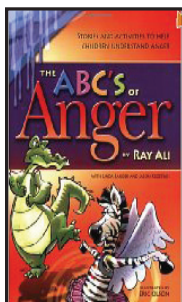
Whitehouse, E., & Pudney, W. (1998). *A volcano in my tummy: Helping children to handle anger*. Gabriola Island, BC, Canada: New Society Publishers.

(Ages 6–13) This accessible little book is designed to help children and adults alike understand and deal with children's anger. Includes activities and information to help children understand and manage their anger, and to relate creatively and harmoniously with the people around them.



Sobel, M., & Gilgannon, D. (2000). *The penguin who lost her cool: A story about controlling your anger*. Childsworld/Childsplay Early Prevention Series™. Wilkes-Barre, PA: Childsworld/Childsplay.

(Ages 3–8) Penelope Penguin is a good student, a great diver, and a terrific friend. But she frequently gets angry and can't seem to control her temper. In this charming and informative book, Penelope learns new anger control techniques that help her control her temper, achieve her goals, and keep her friends.

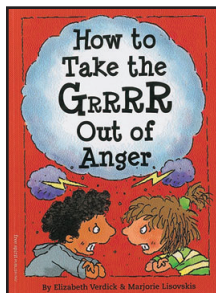


Ali, R. (2006). *The ABC's of anger: Stories and activities to help children understand anger*. Duluth, MN: Whole Person Associates.

(Preschool–grade 3) Little children love stories, and this charming book presents 26 of them—one for each letter of the alphabet. In the first story, Anton Alligator shows readers what it's like to be angry. Next, Bertha Bear illustrates bullying. Then Carlos Camel demonstrates the fine art of chilling out. Continuing through the letter Z, these stories help youngsters understand anger and explore

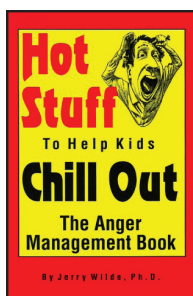


appropriate responses to it. Younger children can have fun coloring the pictures, while older kids can add speech balloons. Each story is followed by discussion questions and related activities. This little book is a great introduction to anger management.



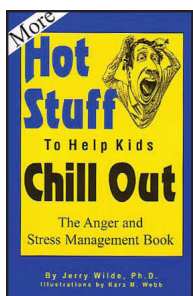
Verdick, E., & Lisovskis, M. (2003). *How to take the GRRRR out of anger*. Minneapolis, MN: Free Spirit Publishing Inc.

(Ages 8–12) With a user-friendly layout and whimsical illustrations, this little book gives kids: five steps to taming their tempers; six ways to solve anger problems; clues to anger “buttons” and “warning signs”; tips for using “anger radar”; and steps to take when grown-ups get angry. Also included are an Anger Pledge, a message to parents and teachers, and a helpful resource list.



Wilde, J. (1997). *Hot stuff to help kids chill out: The anger management book*. Richmond, IN: LGR Publishing.

(Grades 4–12) This book is written directly for children. Humorous and challenging, this popular book invites kids to look at what causes their feelings of anger, change the way they think about it, and calm themselves down. Written in a brisk, conversational style that kids enjoy and understand, this little book really seems to work by giving youngsters the tools to solve anger problems on their own.



Wilde, J. (2000). *More hot stuff to help kids chill out: The anger and stress management book*. Richmond, IN: LGR Publishing.

(Grades 4–12) This follow-up to the original *Hot Stuff* is written directly for children and describes ways in which anger can cause problems in their lives. Exercises in the books are designed to help children think clearly and be less hostile. This book also contains information on managing stress, which is an important part of any anger management program.

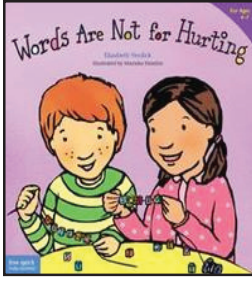
### On Changing Problem Behaviors



Agassi, M. (2000). *Hands are not for hitting*. Minneapolis, MN: Free Spirit Publishing Inc.

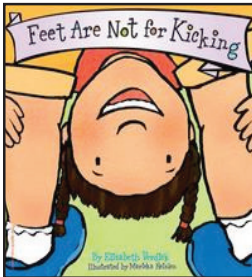
(Ages 4–7) Part of Free Spirit Publishing’s Best Behavior™ Series, this classic helps young children understand that violence is never okay, that they can manage their anger and other strong feelings, and that they’re capable of positive, loving actions. Made to be read aloud, *Hands Are Not for Hitting* also includes a special section for adults, with ideas for things to talk about and activities to do together.





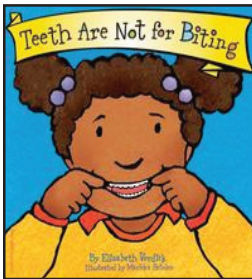
Verdick, E. (2004). *Words are not for hurting*. Minneapolis, MN: Free Spirit Publishing Inc.

(Ages 1–3 and 4–7) Part of Free Spirit Publishing’s Best Behavior™ Series, *Words Are Not for Hurting* helps toddlers and young children make the connection between hurtful words and feelings of anger, sadness, and regret, and teaches them to think before they speak, then choose what to say and how to say it. It includes activities and discussion starters that parents can use when working with children. (Available as a board book for toddlers.)



Verdick, E. (2004). *Feet are not for kicking*. Minneapolis, MN: Free Spirit Publishing, Inc.

(Ages 1–3) Part of Free Spirit Publishing’s Best Behavior™ Series, *Feet Are Not for Kicking* helps little ones learn to use their feet for fun, not in anger or frustration. This book also includes tips for parents and caregivers on how to help toddlers be sweet with their feet.



Verdick, E. (2003). *Teeth are not for biting*. Minneapolis, MN: Free Spirit Publishing, Inc.

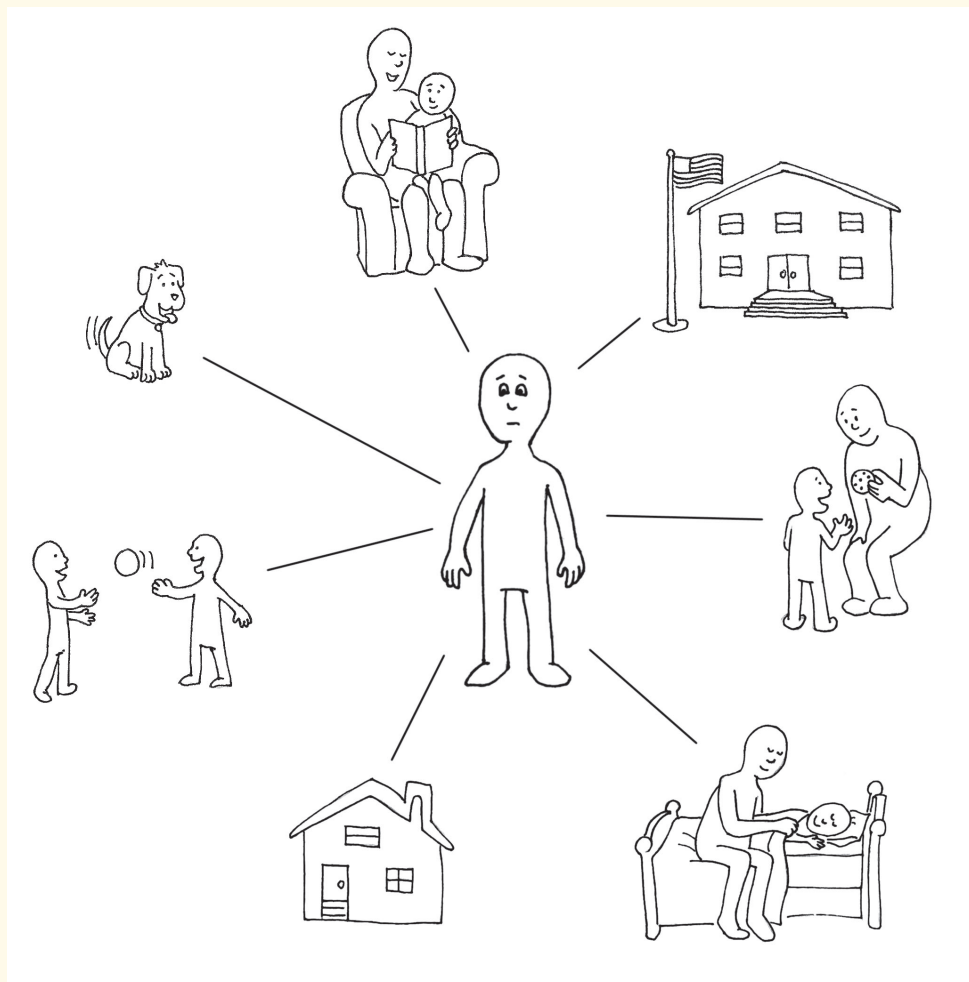
(Ages 1–3) Part of Free Spirit Publishing’s Best Behavior™ Series, *Teeth Are Not for Biting* explores the reasons children might want to bite and suggests positive things children can do instead. This book also includes helpful tips for parents and caregivers.

Inclusion of any item on this list is not an endorsement of any product by the NCTSN. Product descriptions are based on information provided by the publisher or manufacturer, and do not necessarily represent the opinions of the NCTSN.









Illustrations by Erich Ippen, Jr. Used with permission.

## Module 6: Connections and Healing







# Learning Objectives

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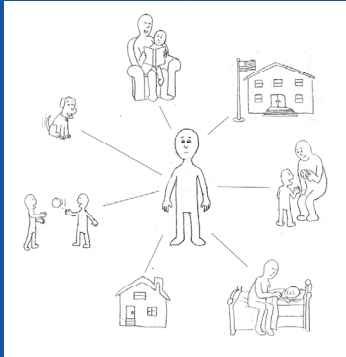
After completing this module, you should be able to:

- Identify at least three important connections in your child's life, and ways in which you 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 you can help your child feel safe when talking about trauma.









Illustrations by Erich Ippen, Jr. Used with permission.

## Module 6: Connections and Healing

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*When you feel connected to something,  
that connection immediately gives you a  
purpose for living.*

—Jon Kabat-Zinn, PhD

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### 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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## Name Your Connections . . . (Group Activity)

(Continued)

NCTSN The National Child Traumatic Stress Network

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## Name Your Connections . . . (Continued)

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## 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?

NCTSN The National Child Traumatic Stress Network

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*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

Hochman, et al. (2004). *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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## 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.

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## 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)

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## 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 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)



- **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) (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)

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## 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)

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## A Family Tale (Continued)



- 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)

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### 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?



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### 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



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### 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.



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**Let's take a break!**

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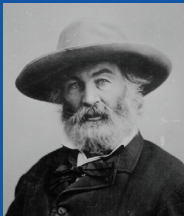
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*It takes two to speak the truth.  
One to speak, and another to hear.*

—Walt Whitman

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## 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

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**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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## Talking About Trauma



- 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)

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## Talking About Trauma (Continued)



- 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)

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## 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.

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## 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.

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## 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?

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## Module 6: Wrap Up

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## **Module 6**

### ***Supplemental Handouts***







## Module 6: Connections and Healing

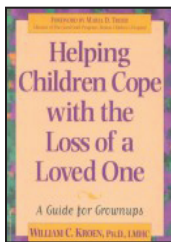
### Additional Resources

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#### Books and Publications for Resource Parents

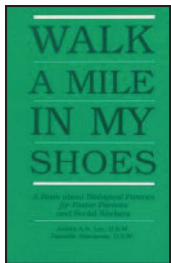
*Rise* (<http://www.risemagazine.org/index.html>)

Written by and for parents in the child welfare system, *Rise* helps birth parents to advocate for themselves and their children, and can help resource parents better understand the difficulties—and strengths—of their children's birth families.



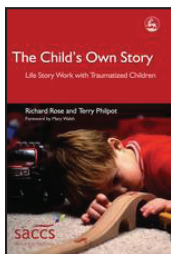
Kroen, W. C. (1996). *Helping children cope with the loss of a loved one: A guide for grownups*. Minneapolis, MN: Free Spirit Publishing.

Comfort, compassion, and sound advice are offered to anyone helping a child cope with the death of a loved one. Specific strategies are suggested to guide and support children of all ages.



Lee, J. A., & Nisivoccia, D. (1989). *Walk a mile in my shoes: A book about biological parents for foster parents and social workers*. Mt. Morris, IL: Child Welfare League of America Press.

This book can help foster parents and caseworkers “get into the shoes” of birth parents. Agencies will find it especially effective for use in the training of caseworkers and foster parents and for use by teachers and students in learning about birth families.



Rose, R., & Philpott, T. (2005). *The child's own story: Life story work with traumatized children*. London, UK: Jessica Kingsley Publishers.

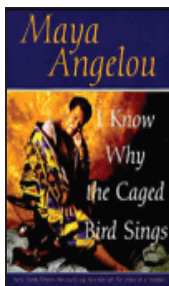
This book provides a detailed introduction to life story work and how it can help children recover from trauma and make sense of the disruptions in their lives. It includes information on how to get needed information on your child's life.

#### Books and Publications for Children

*Represent* (<http://www.youthcomm.org/Publications/FCYU.htm>)

(Teenagers) Written by and for young people in the foster care system, *Represent* provides an inside look at how teens cope with life “in the system.” This bimonthly magazine is an invaluable resource for any adult seeking to understand young people in care.





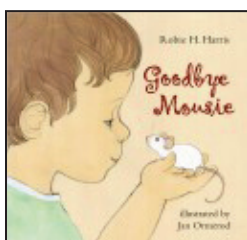
Angelou, M. (1997). *I know why the caged bird sings*. New York, NY: Bantam Books.

(Grades 10–12) *I Know Why the Caged Bird Sings* is the story of acclaimed poet Maya Angelou's life from birth to young adulthood. Shuffled between homes with her best friend and brother, Bailey, eight-year-old Maya was physically and emotionally devastated when her mother's boyfriend raped her. She shut herself off to the world, speaking only to Bailey, until a kind and loving teacher pulled her out of her silence.



Dowell, F. O. (2003). *Where I'd like to be*. New York, NY: Atheneum Books for Young Readers.

(Pre-teens and teens) A ghost saved two-year-old Maddie's life when she was an infant, her Granny Lane claims, so Maddie must always remember that she is special. But it's hard to feel special when you're shuttled from one foster home to another. Now that she's at the East Tennessee Children's Home, Maddie keeps looking for a place to call home. She even makes a "book of houses," where she glues pictures of places she wants to live. Then a new girl, Murphy, shows up at the Home armed with tales about exotic travels, being able to fly, and boys who recite poetry to wild horses. Maddie shows Murphy her beloved scrapbook, never anticipating that this one gesture will challenge her very ideas of what home and family are all about.



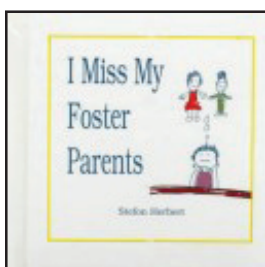
Harris, R. H. (2001). *Goodbye mousie*. New York, NY: Aladdin Paperbacks.

(Ages 4–8) When a child learns that his pet mouse has died, at first he can't believe it. But it takes time for the young narrator to understand that Mousie is dead and he's not coming back. Beautifully told and illustrated, *Goodbye Mousie* is a perfect book with which to help children cope with loss.



Holmes, M., & Mudlaff, S. J. (2000). *A terrible thing happened: A story for children who have witnessed violence or trauma*. Washington, DC: Magination Press.

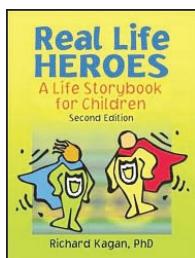
(Ages 4–8) This gently told and tenderly illustrated story is for children who have witnessed any kind of violent or traumatic episode, including physical abuse, school or gang violence, accidents, homicide, suicide, and natural disasters such as floods or fire. An afterword for parents and other caregivers offers suggestions for helping traumatized children, including a list of other additional resources.



Herbert, S. (1991). *I miss my foster parents*. Mt. Morris, IL: Child Welfare League of America Press.

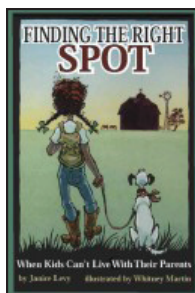
(Ages 4–8) Seven-year-old Stefon describes the fear and anxiety he feels when he and his sister leave their foster home and go to live with their new adoptive family. This realistic and honest book may help other children feel that they are not alone in missing their foster parents and depicts the relationship continuing with phone calls, cards, and visits.





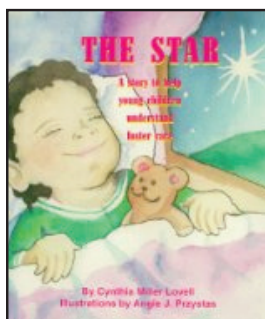
Kagan, R. (2004). *Real life heroes: A life storybook for children* (2nd ed.). Binghamton, NY: Haworth Press.

(Ages 6–12) Designed for use by children who are receiving trauma-informed psychotherapy, this book helps children move from painful or fractured memories to a positive perspective by drawing strength from the supportive people in their lives. It encourages children to work with caring adults to develop autobiographies through a wide range of activities, including drawings, music, movies, and narrative.



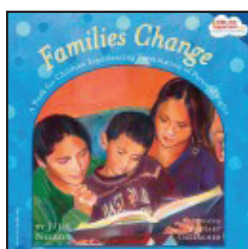
Levy, J. (2004). *Finding the right spot: When kids can't live with their parents*. Washington, DC: Magination Press.

(Ages 6–12) A young girl living with her foster parent describes the ups and downs of being separated from her mother and living in unfamiliar surroundings. A story for all kids who can't live with their parents, regardless of the circumstances, it tells about resilience and loyalty, and love, sadness, and anger, too. A “Note to Caregivers” discusses the emotional experience of children who are in foster care, kinship care, or otherwise not living with their parents, and the vital support that the adults in their lives can offer.



Lovell, C. M. (1999). *The star: A story to help young children understand foster care*. Battle Creek, MI: Roger Owen Rossman.

(Ages 4–8) *The Star* follows a fictional young girl, Kit, who is taken from her mother to the safety, and different world, of a foster home. On Kit's first night in foster care, she becomes friends with a star outside her bedroom window. The star tells Kit about other foster children it has seen. Through the story, the star is a source of comfort for Kit as she experiences many emotions and adjusts to all the new things in her foster home.



Nelson, J., & Nelson, J. (2006). *Families change: A book for children experiencing termination of parental rights* (Kids Are Important series). Minneapolis, MN: Free Spirit Publications.

All families change over time. Sometimes a baby is born or a grown-up gets married. And sometimes a child gets a new foster parent or a new adopted mom or dad. Children need to know it's not their fault. They need to understand that they can remember and value their birth family and love their new family, too. Straightforward words and full-color illustrations offer hope and support for children facing or experiencing change. Includes resources and information for birth parents, foster parents, social workers, counselors, and teachers.



Ottenweiler, J. (1991). *Please tell!: A child's story about sexual abuse*. Center City, MN: Hazelden Foundation.

(Ages 9–12) Nine-year-old Jessie's words and illustrations help other sexually abused children know that they're not alone, that it's okay to talk about their feelings, and that the abuse wasn't their fault. *Please Tell!* is an excellent

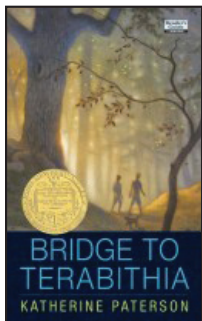


tool for therapists, counselors, child protection workers, teachers, and parents dealing with children affected by sexual abuse. Simple, direct, and from the heart, Jessie gives children the permission and the courage to deal with sexual abuse.



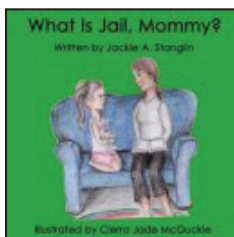
Paterson, K. (1987). *The great Gilly Hopkins*. New York: NY: HarperCollins Publishers, Inc.

(Pre-teens and teens) Eleven-year-old Gilly has been stuck in more foster families than she can remember, and she's disliked them all. She has a reputation for being brash, brilliant, and completely unmanageable. So when she's sent to live with the Trotters—the strangest family yet—Gilly decides to put her sharp mind to work. She devises an elaborate scheme to get her real mother to come rescue her. But the rescue doesn't work out, and Gilly is left thinking that maybe life with the Trotters wasn't so bad.



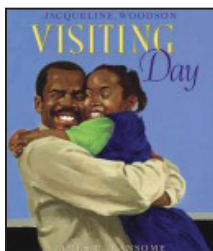
Porter, K. (2005). *Bridge to Terabithia*. New York: NY: HarperCollins.

(Juvenile) Jess Aarons' greatest ambition is to be the fastest runner in his grade. But on the first day of school, a new girl boldly crosses over to the boys' side and outruns everyone. That's not a very promising beginning for a friendship, but Jess and Leslie Burke become inseparable. Together they create Terabithia, a magical kingdom in the woods where the two of them reign as king and queen, and their imaginations set the only limits. Then one morning a terrible tragedy occurs. Only when Jess is able to come to grips with this tragedy does he finally understand the strength and courage Leslie has given him.



Stanglin, J. A. (2006). *What is jail, Mommy?* Centennial, CO: LifeVest Publishing, Inc.

(Ages 4–8) This book was inspired by a much-loved five-year-old girl whose father has been incarcerated for most of her life. One day after visiting with friends who have both devoted parents in the home, this little girl blurted out to her mother in frustration, “What is jail anyway, and why can't Daddy be home with us?” *What Is Jail, Mommy?* not only explains why the parent is incarcerated but what his or her life is like as an inmate.

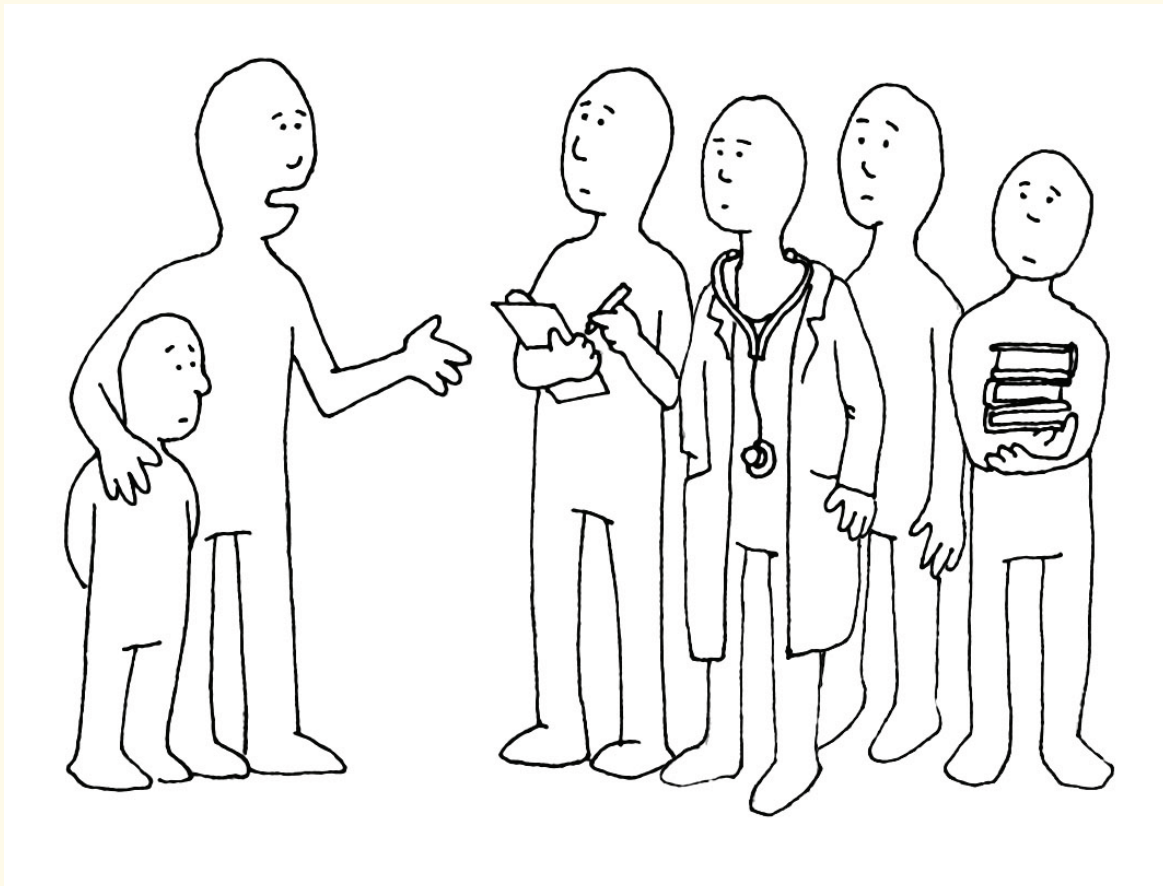


Woodson, J., & Ransome, J. (2002). *Visiting day*. New York, NY: Scholastic Press.

(Ages 6–8) As a little girl and her grandmother get ready for visiting day, her father, who adores her, is getting ready, too. The community of families who take the long bus ride upstate to visit loved ones in prison share hope and give comfort to each other. Love knows no boundaries, and here is a story of strong families who understand the meaning of unconditional love.

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Illustrations by Erich Ippen, Jr. Used with permission.

## Module 7: Becoming an Advocate







## Learning Objectives

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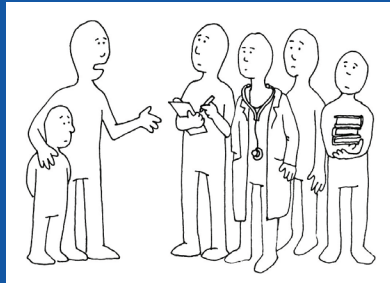
After completing this module, you should be able to:

- 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 trauma-informed therapy.
- Describe specific actions you can take with an actual member of your child's team.









Illustrations by Erich Ippen, Jr. Used with permission.

## Module 7: Becoming an Advocate

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### Essential Elements 7 and 8



7. Be an advocate for your child.
8. Promote and support trauma-focused assessment and treatment for your child.

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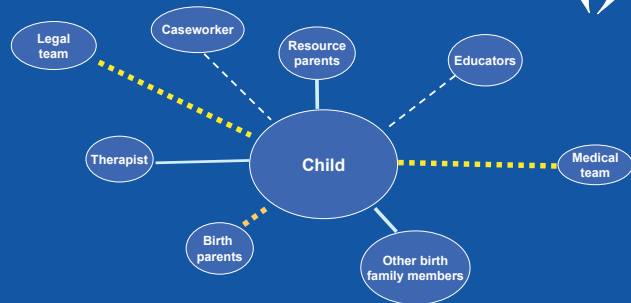
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### Know Your Child's Team (Group Activity)



— Strong, positive connection    - - - - Weak connection    . . . . . Stressful connection

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## 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

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*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: Pew Commission on Children in Foster Care. Available at <http://pewfostercare.org/research/voices/voices-complete.pdf>

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## 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)

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## Trauma-Informed Advocacy

(Continued)



- 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.

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## Advocacy in Action (Group Activity)



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

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## Partnering with Birth Families



- **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.

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*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. *Rise Magazine* (2005). Available at <http://www.risemagazine.org>

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## 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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**Let's take a break!**

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## Helping Your Child Heal



- **Know** when your child needs help.
- **Learn** about trauma-focused assessment.
- **Understand** the basics of trauma-informed therapy.
- **Ask questions** if you are not sure that the therapy is working.

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## 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

(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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## 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

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## The Basics of Trauma-Informed Treatment



### Common elements of effective treatments:

- Scientifically based
- Include comprehensive trauma assessment
- Based on a clear plan that involves caregivers
- Trauma-focused

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## 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

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## 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 (Continued)



- Inconsistent care
- Therapy seems to be upsetting child
- No trauma-informed providers available

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## 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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## Putting Your Advocacy Skills to Work (Group Activity)



### 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.

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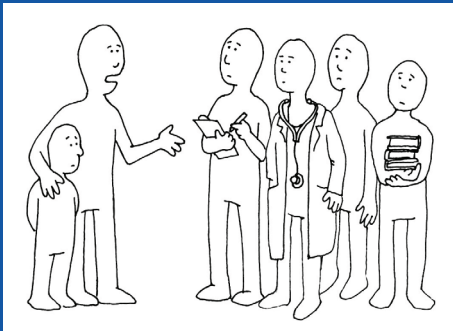
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## Resources in Our Community (Group Activity)



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## Module 7: Wrap Up

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## **Module 7**

### ***Supplemental Handouts***







# fostering perspectives

Sponsored by the NC Division of Social Services and the Family and Children's Resource Program

**Vol. 13, No. 1 • November 2008**

## Building a Positive Relationship with Birth Parents

by Donna Foster

Foster parents are taught about the things children feel when experiencing loss. We are taught in MAPP about the grief cycle and how to help children through each stage. Yet we are not always taught that birth parents go through their own grief cycle. This is critical information—before we can hope to build a relationship with the birth parents we need to understand how they are feeling.

To give foster parents the tools they need to build more constructive relationships with birth parents, I'd like to share the following suggestions, which are organized according to Charles Horejsi's ideas about the cycle of birth parent grief (see sidebar below).

### Birth Parents' Grief Process

**Shock.** Parents are in disbelief. The words people are saying don't sink in or make sense. Parents feel like they are sleepwalking. The only thing on their mind is that their child is gone. Behaviors of parents may include: shaking, screaming, crying, or swearing. They are overwhelmed with worries about their child. Parents may promise the social worker anything without understanding what they promised. Parents may be in denial and are sure the child will return tomorrow.

**Protest.** Grief shows itself more physically. The parents may feel sadness or anger and the symptoms could be upset stomach and low or no appetite. Parents may have headaches, insomnia, and exhaustion. They may be angry at everyone. The parents may make demands or threats. They may swear or cry for no apparent reason. It may be easier to blame others for the situation than to accept their responsibility. This could be a way of coping with despair and depression.

**Adjustment.** In the adjustment phase things start to settle down. Adjustment occurs sooner if the parents have an ally, such as the social worker and foster parent. The parents do not worry about their children's safety or loyalty if trust in the foster parent has developed. The child becomes the focus of the team. Those assisting the birth parents can be the social workers, foster parents, guardian ad litem, therapists and other community resources. The parents build their parenting skills and actively participate in co-parenting their children with the foster parents. The social worker, foster parent, and birth parent develop a strong Shared Parenting team. The parents fulfill their obligations and meet the case plan goals.

*Adapted from Charles Horejsi's "Working with Biological Parents"*



## Stage: Shock

At this stage of the grief cycle birth parents need to know their children are being taken care of by kind people who are not trying to replace them. No matter what caused their children to be placed outside their home, parents still care about their children and feel they should be in their care. Foster parents can help by meeting the birth parents face-to-face when children are being placed with them. If a meeting is not possible, call the birth parents after the children are placed. During meetings and phone calls foster parents should:

**Start the conversation.** Do not say “I understand how you are feeling.” This could anger birth parents who feel no one can understand how they are feeling. A better approach would be to introduce yourself by saying, “Karen, I am Donna. I am taking care of your child until he can come home to you. He is missing you. I felt you wanted to know who was taking care of your son.”

**Be ready for serious anger.** Do not let angry words stop your compassion. The birth parents have lost control over their child. They are at a loss as to how to fight for themselves. Demonstrating that you understand this frustration is a first step in the development of trust between the adults.

## Stage: Protest

The birth parents may let the foster parents know in no uncertain terms that they are their children's only parents. They may threaten the foster parents not to harm their children. This is a method of trying to maintain control. Here are some ways foster parents can strengthen their relationship with protesting birth parents:

**Assure birth parents you will not harm their children.** Birth parents benefit from hearing these words from the foster parents. They may have heard or read scary stories about foster parents.

**Be humble.** Let the birth parent be the knowledgeable one when talking about their child. Example: “You know your child better than anyone. How do you want me to care for your child while he is here?”

**Understand the birth parent's anger as an expression of grief.** Do not show your own anger. Instead, show compassion. This can be difficult if the children have been neglected or abused. Your feelings are your own and should not be overlooked. But as foster parents, you must remember the child loves his or her parents. The plan is almost always reunification. Use your own feelings to motivate and support the birth parents as they learn how to parent their children in healthy ways.

**Use Reflective Listening.** Birth parents need to be heard, not judged. Reflective listening is the practice of repeating or paraphrasing what the person you are talking to has just said, reflecting back the emotions you are hearing. Example: “I hate that my children are staying with strangers!” Reflective response: “You sound worried that people you don't know will not know how to care for your children.”



Foster parents' role is to listen and to provide creative ways for the birth parents to actively parent their children. When they do this, Shared Parenting is taking root.

Don't sell yourself as wonderful, superior, or the child's salvation. Birth parents may feel embarrassed or threatened by the foster family's home. Birth parents may believe foster parents are in it for the money. Birth parents need to hear from foster parents that they are here to help families reunite. Birth parents need to hear again and again that their children need them and that material things aren't important.

## **Stage: Adjustment**

After birth parents feel recognized by the child's foster parents they become more open to being involved in the parenting of their children while they are in foster care. Here are some specific ways to communicate to birth parents that they are included in their children's care.

Ask birth parents what questions they have for you. Birth parents may want to know: Do the children have a room by themselves? Who bathes them? What do you tell them about why they are in foster care? How do you let them know we love them? When can I talk to them? Are you going to change them so that they are more like your family? Do you want to keep our kids?

Ask birth parents about their children. Ask questions such as: How do you want us to take care of them? What do your children like to eat? What allergies do they have? Are they allergic to any medications, mold, animals, etc.? What fears do they have? What do you do to calm them? What do they need with them at bedtime, such as special blankets, pillows, stuffed animals? What are their school needs? Are they close to any teachers, bus drivers, or other family members? Who are they? What do you want the children to call us?

Develop an action plan for parenting the children together. When questions are answered you can, in collaboration with the children's social worker, develop an action plan that might include phone calls, family-oriented visits at the agency, at parks, and in time, at the foster home. Birth parents can join their children and the foster parents at medical appointments, school activities and meetings, church functions, community activities, birthdays, holidays, and summer activities.

When the birth parents are attending these functions, foster parents should introduce them as the children's parents and ask doctors and school personnel to discuss their children's needs with the birth parents. This helps the birth parents practice parenting and allows foster parents to play a supportive role.

## **After Reunification**

If shared parenting is practiced, the self-esteem of the birth parents is heightened and a positive, ongoing relationship with the foster family created. After reunification the birth parents will most likely desire a continued relationship with the family who cared for their children. The foster parents can offer to take the roles of aunt, uncle, and cousins. They can offer to give respite to birth parents by occasionally caring for the family's children.



Reunification is stressful. The support of the foster parents can help the family succeed in staying together. Staying involved after the children return home also helps foster families with their own emotions.

A slow transition is healthy for all of the children and the adults who love them. Everyone wins!

Donna Foster, an author, national trainer, and consultant, lives in Marshville, NC. The author may be contacted at DonnaGFoster@aol.com or 704-242-2499.

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# The Importance of Connection: A Birth Mother's Perspective

By L. M.

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The first time I set eyes on my son's foster mother, I did not see her through those rose colored glasses—more like fire red! I was angry and resentful that my son had been removed from me, so I was in no mood to be friendly or forgiving.

I met her at my first visit with my son—eight weeks after he went into care! I noticed a tall blond woman with a kind but crooked face walk in and speak to my caseworker.

## He Called Her “Mom”

I had been sitting on a couch waiting for about 15 minutes to see my son. (I always made it a practice to be early for my visits). A little short-haired blond boy ran past me and I just sat there staring at my caseworker. She turned to me and said, “Aren't you going to say hello to your son?”

I said, “Where is he?”

She pointed to the kid and said, “RIGHT THERE!”

Now, when they took my son from me, he had long hair and a longer tail down his back, and the little boy she pointed out had one of those ugly mushroom cuts. I called my son's name and the boy turned around and I almost fainted—that was my son! I was furious.

Then I heard him call the blond woman “Mom.” I nearly lost my mind. After I calmed down somewhat, the caseworker explained to me that she had other foster kids and since they all called her Mom, it made him feel comfortable to call her that, too. Guess how much I liked that!

## I Asked Questions

I also found out that the ACS supervisor had given the foster mom permission to cut my son's hair and take him out of the state on vacation. (The supervisor seemed to have a personal dislike for me and had told me I'd never get my son back.)

That first visit, after my son said a tearful goodbye, I stayed behind to ask the caseworker about the foster parent. I found out that she and her husband had been doing this for many years and they were in the process of adopting four sisters that they had in their home. The father was a clerk in the family court and the mom had been a registered nurse but was now a stay-at-home mom.

While I wasn't happy about my son being in the system, my impression was that he had people who fostered out of love, not for money, and would be consistent in his life.

I knew my son would not be coming home too soon. I had been using drugs, and to get my son back I had to do an 18-month outpatient drug rehab program, take a parenting skills class, and show I could provide housing and have a steady income. I am happy to say that, although it took a lot of hard work and determination on my part, I did it.



## Getting to Know Each Other

To show my commitment to my son, I always made it a point to get to the visits early. When my son arrived, I greeted his foster mom and we would speak briefly about my son. She would give me a progress report of sorts every week.

His foster mom was usually bringing the other kids in her home for visits, too, so I got to meet them and we became friendly. Sometimes she had to wait for the other birth mother to show up, so my son and I would stay in the larger room with his foster family and talk.

Other birth moms used to ask me how I could stand talking to the foster mom. I was kind of confused at first, because she was so friendly and thoughtful. Then I realized that they were taking their anger and shame out on the foster parent, just as I had on our first visit.

I told the other birth moms that. Believe me, that did not make me real popular with them for a bit. But I think I got through to a few of them as I saw some starting to speak to their children's foster parents.

The agency didn't actively encourage birth parents and foster parents [to communicate] at that time. Now they do, because they've seen that children do better when both families that are raising them can communicate and start to trust each other.

## A Caring, Loving Family

As time went on and I got to know my son's foster mom and we gradually became friendlier, I found her and her whole family to be warm, caring, loving, and patient.

My son loved his foster family and the only immediate problem he had was adjusting to the foster mother's cooking. At the beginning of one visit, the foster mom asked me, "Is your son a fussy eater?"

I looked at her kind of puzzled and told her, "He always ate everything on his plate and nearly always asked for seconds."

"He hasn't been eating very much except at breakfast," she said.

"I'll speak to him," I told her, and when I did he told me he didn't like her cooking but didn't want to tell her. After all, I had brought him up to be polite and not hurt people's feelings.

After the visit I told the foster mother, as politely as I could, that he was just used to my cooking and that I used a lot of garlic and oregano. I didn't want to tell her my son thought she couldn't cook!

## Little Adjustments

The only problem I had was I felt he was being spoiled. At every visit he had a new toy or a new outfit to show me. I didn't know how I was going to keep up once I got him back. Soon I was bringing him presents, too.



Finally, I stopped bringing anything except food to the visits (except on special occasions and holidays) because I wanted to be sure he was happy to see me. I wanted our visits to be good quality ones, not about me sitting and watching him play with his new toy.

When I spoke to the foster mom about this, she said that she understood and scaled back on what she got him (or at least what I saw of it).

At first I resisted asking my son too much about where he was living. I didn't really want to hear that they were taking better care of him than I had when I was using drugs. But after a while I did ask. My son told me he liked having a lot of kids to play with and that the house was really nice and he had pets to take care of. I have to admit that I was very jealous, but in time I came to realize I would someday be able to provide for my son again.

## **She Encouraged Me**

At one very low point in my recovery, when I felt there was no hope, I spoke to the foster mother and the caseworker about surrendering my rights voluntarily. The foster mom looked startled and asked me why.

"You seem to be able to do soooo much more for my son than I can do. You take him to great vacation places, buy him anything he asks for, and give him a wonderful place to live. . ."

She said to me, "No matter what I do for him, no one can give him the love you can, so don't give up."

She started me thinking that my recovery was possible. I had someone who actually believed I could get him back! It meant a lot to me that, while she might have loved to adopt my son, she nevertheless encouraged me to do my best to reunite with him.

## **An Astounding Gift**

About a week before Christmas, the time finally came for me to get my son back. (What a wonderful gift Santa gave both of us that year!) The day he came home, my son's foster mother did an unbelievably compassionate and astounding thing—she handed me a check.

"What is this for?" I asked her.

"This is the rest of the foster care money for this month. I thought you would need it to help get him some Christmas gifts, since you're not working yet," she said.

Well, I gave that woman the biggest hug I could muster and thanked her. She was right. I had hardly any money saved.

She and I talked also about keeping him in the Catholic school she'd had him attending, which was some distance from my house. She offered to pick my son up and drop him off every day so he could finish the term with his friends.

Once he finished I put him in the public school near our house, but even then she was there for us. If I had to work late or he got sick at school, she would pick him up and bring him to me when I got home. She and her family have been a fixture in our lives ever since.



## His “Other Family”

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.

Sometimes my son throws it at me in anger that he was in foster care. But once he also told me that he was really glad we were able to be friends with his ex-foster parents, because he had come to love them almost as much as he loved me and his brothers and sister.

## Encouraging Others

Now I work as a parent advocate at the agency that supervised my case when my son was in care. It's part of our philosophy to encourage trust and communication between birth parents and foster parents.

I get involved with my clients' relationships with their children's foster parents and try to assist in smoothing over the rough spots. I try to show birth parents that the resentment, anger, self-doubt, and guilt that they feel does not have to spill over onto the foster parents. (I also advocate for the birth parents if a foster parent is mistreating them or their child.) I use my own experiences as an example of how co-parenting can benefit everyone.

Many birth mothers seem unable to accept that anyone can take care of their child as well or better than they can, even if they were not caring for their child well because of depression, drug use, or some other problem. Foster parents sometimes have a negative opinion of the birth parents as well, and don't believe that the child will be OK when she returns home.

## Talking It Through

Communication helps. I encourage both birth parents and foster parents to ask questions about the children: What are their likes and dislikes? What are their favorite foods and toys? What routines did the birth parent have when the child was home (like prayers at night), and what things do they like to do together? What routines is the child following in the foster parent's home and what new activities is the child enjoying?

That helps the birth parents see that their children are being well cared for, and helps the foster parent make the child more comfortable in their new home. Not every foster parent or birth parent can put the children's best interests first, but I do my best to encourage and guide.

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# Developing Your Advocacy Skills

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## Advocacy and Being Part of a Team

Resource parents of children who have experienced trauma need finely tuned advocacy skills in order to ensure that their children receive all the services and opportunities they need to heal and thrive.

As you travel along on this journey, you may find that there will be social workers, other resource parents and support groups, lawyers, teachers, doctors, and others who can help in your advocacy efforts on behalf of your child. But no one will remain as committed or involved as you over the long haul. You have the potential to be your child's primary and best advocate.

To be an effective advocate, you must become informed. You must be assertive. You must be organized and keep accurate records. You will need to develop a sense of self-confidence and believe that you are on par with the "experts" with whom you interact.

## The Self-Advocacy Cycle

Tony Apolloni of the California Institute on Human Services has identified a four-stage model that he calls the "self-advocacy cycle" for effective advocacy efforts:

1. *Targeting*: The process of identifying needs and the service agencies responsible to address these needs
2. *Preparing*: The process of getting ready to participate with service professionals in making decisions for helping your child
3. *Influencing*: The process of influencing decision makers within service agencies to adopt the desired approaches for addressing your child's needs
4. *Follow Up*: The process of checking to be certain that the agreements with service professionals are carried out. The following pages offer guidelines and tips to help you in each of these four advocacy stages as you parent a child who has experienced trauma.

### Stage 1. Targeting

This step has two parts: (1) identifying your—or your child's—needs, and (2) identifying the service agencies available to address this need.

#### Identify the Need

Start by identifying your—or your child's—basic need. For example: "I want to ensure that my child's mental health provider (therapist) is trauma-informed." Then consider everything that can have an impact on fulfilling that need, such as:



- The only health insurance my child will have is Medicaid.
- The therapists that my former foster children worked with did not seem to be particularly trauma-informed, and the social service agency seems to only make referrals to that particular provider.

### Identify Service Agencies

Identify the providers in your area that you think are the best options for your child. For help in finding a provider, talk to parents in a resource parent group about their experiences and recommendations. Research as much as you can about trauma-informed services using the Web site and other materials provided the National Child Traumatic Stress Network ([http://www.nctsn.org/nctsn-assets/pdfs/tips\\_for\\_finding\\_help.pdf](http://www.nctsn.org/nctsn-assets/pdfs/tips_for_finding_help.pdf)).

### **Stage 2. Preparation**

Once you have identified several options, it's time to do more digging. Don't rule out any option until you've looked at it closely. Check out as many options as you can and compare the results thoroughly before making a decision. Some steps to take include:

- Gather brochures from various providers.
- Attend information nights or orientation sessions.
- Attend classes, workshops, open houses or other public awareness events.
- Ask each provider if you can talk to one or more of their clients.

Be sure to ask lots of questions. Important questions to ask may include:

- Who are the staff? Are they well trained? What is their experience with children and trauma, children in foster care? Do they seem enthusiastic and committed to their work?
- What are their timeframes for service? Do you use waiting lists or other means of determining when you will receive services?
- What costs and fees are involved? Will you accept Medicaid? Have you had other foster children as clients, and what forms of payment were they able to negotiate with the agency (if they don't accept Medicaid)?
- What is their overall philosophy about child abuse, neglect, trauma, and foster care?
- How do they feel about older parents, single parents, or any other "descriptor" of your family?
- How do they view resource parents' role in the therapeutic process?
- What if you are not satisfied? What grievance procedures do they have in place?
- How willing and experienced are they at working with other agencies or providers such as the child's school?



- Are they comfortable working with both the child's biological family and resource family?

Know your rights: Every state has advocacy offices, legal aid services, offices for the protection of rights for the handicapped, etc. Use these services and learn your rights as a citizen and a client; then, you will not be intimidated by eligibility requirements at agencies.

Being part of a larger group can be quite an asset during the preparation stage. Other parents can provide you with a wealth of information, listening ears, valuable contacts, and advocacy clout when needed. Don't wait until you are in a crisis or a state of desperation—establish your connection to the group before you need help. Consider the following:

- Local resource parent support groups (if there isn't one, consider starting one)
- Specialized groups for parents of children with special needs, such as United Cerebral Palsy or the Association for Retarded Citizens (ARC)

### ***Stage 3. Influencing***

It's important to develop a partnerships with service agencies or mental health workers in order to effectively work together to help your child. You will be most successful in your efforts if you view yourself as a partner with the professionals with whom you work. Steps you take early in the process to develop this partnership will pay off later. Once you have selected or been referred to providers you will interact with, do the following:

#### Build a relationship

- Don't only be the person who calls with a problem. Try to attend social gatherings, fund raising events, open houses, etc.
- Become a volunteer.
- Always be clear and pleasant when speaking about your needs.
- Learn names, especially the names of the receptionist and others with whom you will need frequent interactions.
- Stay in contact with all providers at least once a month, and more often when circumstances warrant.

#### Handle yourself like a professional

- Begin every interaction with either a positive statement or an empathy statement, such as: "I understand you have a large caseload . . ." or "The information in the packet you sent was so helpful . . ."
- Describe the problem using an "I" statement, not a "you" statement: "I am concerned about the length of time it is taking to get the initial assessment completed," rather than "You are taking too long to get me the information I asked for."
- Ask for acknowledgment and clarification: "Do I have all the information straight? Is there more I need to know?"



- Maintain an even voice tone, eye contact, and non-offensive body language.
- Offer options and possible solutions: “If scheduling is an issue, would it help if I came to your office instead?”
- Plan a time to follow up: “Can I call next Thursday to see where we stand?”
- Always thank them for their time and end on a positive note.

### Be accessible

Most social workers, social service, and mental health agencies are operating on limited resources and are stretched very thin. The more accessible you are, the better service you will get.

- Leave daytime phone numbers and alternatives (cell, etc.).
- Attend all scheduled meetings and appointments, be on time.
- If you must miss an appointment, call in advance.
- Be flexible with your time; be willing to take an afternoon off from work, or be willing to travel outside of your community.

### Be organized

- Write everything down, take good notes, and keep them with you.
- Keep copies of anything you mail or turn in.
- Make sure information you provide is legible and clean.
- Keep a log of all contacts including date and time, nature of contact (i.e., phone call, scheduled meeting, unplanned visit), names and titles of all involved, and any promises made.
- Follow up every verbal contact in writing; send a letter summarizing your phone conversation or the results of a meeting.
- When speaking to someone who does not have an answer for you, plan a specific time to call back to get the answer; do not wait to be called back.

## **Stage 4. Follow Up**

Being an advocate is an ongoing process. Once you have identified an agency and established a partnership with the people working with your child, be sure to stay in frequent contact. If problems arise, be proactive in dealing with them.

- Increase the frequency of your communications.
- Draw upon the support of resource parent groups, the state foster parent association representative, and/or child advocacy organizations.



- Avoid “us” versus “them” conflicts; try to maintain the role of a partner because you are jointly working to solve a problem.
- Move up the ladder one step at a time. If you have a problem with a caseworker that you are unable to resolve, go to that person’s supervisor next—not all the way to the head of the agency.
- Use the formal grievance procedures available to you within the agency.

Once you have exhausted internal mechanisms, consider going to the power brokers in your state, such as legislators and the governor’s office. Get ideas, guidance, and support on these steps from more experienced members of your parent support group.

As an advocate, there will be times when you will operate alone, advocating for specific services for your child. At other times your efforts will accomplish more and be more effective if you work with others by participating in resource parent groups and/or advocacy organizations. As you go through this process, be sure to celebrate your victories and let others know about what you have learned—share your knowledge.

There will be times when you will advocate for a service to be provided that already exists and to which you are clearly entitled. Other times, you will be advocating for (and even demanding) that a system (such as the social service system) create a service or program that does not currently exist in your community.

At times, you will work to see that existing laws and regulations are followed and your rights are being honored. At others times, you may band together with others and work to change laws or create new laws. Sometimes the changes involve budgets rather than laws.

At all times and in all situations, keep your goals clearly in mind. Continue to ask lots of questions, and never settle for answers that you do not understand or that are too vague to be helpful. Finally, remember these two important facts:

**Advocacy is hard work—you can’t give up and you can’t sit back hoping others will do it for you.**

**There is always hope.**

Adapted from: National Adoption Exchange. (1998/1999). *Becoming your own adoption advocate: A guide for families. Families Across Michigan*. December/January. Available at <http://www.mare.org/FAM/Archives/1998/D98J99.html>







# Module 7: Becoming an Advocate

## Additional Resources

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### Books

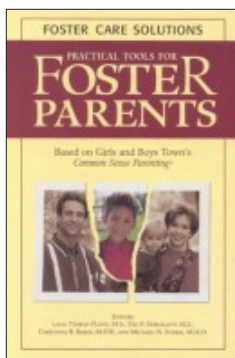


Goodearle, M. A. (2006). *A guide to foster parenting: Everything but the kids!* Victoria, BC, Canada: Trafford Publishing.

Foster parents require much more than parenting skills to achieve success and longevity in today's foster care world. The goal of this book is to help foster parents improve the climates where they live and work, which in turn enables them to be available for needy children for the long run.

Foster care agencies experience huge turnovers in foster parents. That is because the majority of people entering this field have altruistic motives to help children succeed without possessing the knowledge they need to survive on the foster care treatment team. Foster parents most begin to see themselves as equal professional members of their children's treatment teams. Living with foster children twenty-four hours a day, seven days a week makes the foster parents the highest level of experts about those children. The problem is that they are not recognized as experts by the other members of the team!

This book will help foster parents take a more aggressive approach to educate themselves about the inner workings of the foster care system and help them to make better sense of why the other players on the team do what they do. The author's insight as an adoptive and foster parent, and also as a foster care social worker, provides information to the reader from both perspectives.



Temple-Plotz, L., Sterba, M., Stricklett, T., & Baker, C. (2001). *Practical tools for foster parents: Foster care solutions*. Boys Town, NE: Boys Town Press.

More than half a million children today live in out-of-home care, and many have special problems. The need for well-trained, loving foster parents has never been greater. With this book, Girls and Boys Town offers these committed people the professional tools they need to not only care for foster children but to actually help them get better. New or experienced foster parents as well as grandparents and other relatives caring for a child forced from home by a crisis will find help and hope in this book.



## Resources for Finding Trauma-Informed Providers

*The American Association for Marriage and Family Therapy: Therapist Locator page*  
<http://www.therapistlocator.net>

*National Children's Alliance: State by state listing of Children's Advocacy Centers*  
[http://www.nca-online.org/pages/page.asp?page\\_id=3999](http://www.nca-online.org/pages/page.asp?page_id=3999)

*The National Center for PTSD*  
<http://www.ncptsd.org>

## Resources on Medication

*Psychoactive Medication for Children and Adolescents: Orientation for Parents, Guardians, and Others*

The Division of Child and Adolescent Services of the Massachusetts Department of Mental Health  
[http://www.mass.gov/Eeohhs2/docs/dmh/publications/psychoactive\\_booklet.pdf](http://www.mass.gov/Eeohhs2/docs/dmh/publications/psychoactive_booklet.pdf)

This booklet presents principles for the use of psychoactive medication in children and adolescents. It offers information about medication treatment. It does not recommend specific medications or doses.

*Psychiatric Medications*

The American Academy of Child & Adolescent Psychiatry  
[http://www.aacap.org/cs/new\\_psychiatric\\_medications/psychiatric\\_medications](http://www.aacap.org/cs/new_psychiatric_medications/psychiatric_medications)

This section of the American Academy of Child & Adolescent Psychiatry's Web site offers valuable information for families on the use of medication in children and adolescents, including questions to ask providers and information on managing side effects.

## Resources for Other Team Members

*Child Welfare Trauma Training Toolkit: Comprehensive Guide*

National Child Traumatic Stress Network

[http://www.nctsn.org/nctsn\\_assets/pdfs/CWT3\\_CompGuide.pdf](http://www.nctsn.org/nctsn_assets/pdfs/CWT3_CompGuide.pdf)

The *Child Welfare Trauma Training Toolkit's Comprehensive Guide* is intended to help child welfare workers learn more about the impact of child traumatic stress on children in the child welfare system. The Guide defines child traumatic stress, provides information about the incidence and impact of trauma on children in the child welfare system, describes the "Essential Elements" of trauma-informed child welfare practice, and explains the importance of trauma assessment and how to identify trauma-informed providers.

*Helping Traumatized Children: Tips for Judges*

National Child Traumatic Stress Network

[http://www.nctsn.org/nctsn\\_assets/pdfs/JudgesFactSheet.pdf](http://www.nctsn.org/nctsn_assets/pdfs/JudgesFactSheet.pdf)

This fact sheet for judges and other court personnel outlines the impact of trauma on children's development, beliefs, and behaviors. It is designed to help professionals in the juvenile justice and family court system become more effective in addressing the unique needs and challenges of the traumatized children and adolescents they work with.



*Protecting and Supporting Children in the Child Welfare System and the Juvenile Court*  
Ryan, B., Bashant, C., & Brooks, D. (2006). *Juvenile and Family Court Journal*, 57(1):61-60. Available at <http://www.ncjfcj.org/images/stories/dept/ppcd/pdf/winter%202006childtraumajournal.pdf>

This article identifies ways the child welfare system and juvenile court can work together to protect and support children who have experienced trauma. Key strategies include collaboration among team members to gather and understand information about the child's trauma history, protecting the child from system-generated trauma, promoting appropriate screening and evaluation in order to determine the need for therapy services, and techniques for preparing and supporting child witnesses in court.

*Child Trauma Toolkit for Educators*

National Child Traumatic Stress Network

[http://www.nctsn.org/nctsn\\_assets/pdfs/Child\\_Trauma\\_Toolkit\\_Final.pdf](http://www.nctsn.org/nctsn_assets/pdfs/Child_Trauma_Toolkit_Final.pdf)

The *Toolkit for Educators* (available in both English and Spanish) was developed to provide school administrators, teachers, staff, and concerned parents with basic information about working with traumatized children in the school system. Specifically, "Trauma Facts for Educators," a one-page fact sheet, is designed to help educators learn more about the impact of trauma on children's behavior and performance in a school or classroom setting. The Toolkit also provides a list of simple and straightforward strategies educators can use to accommodate a traumatized child in the school setting and teaches educators how to determine when traumatic stress reactions are severe enough to merit a referral for additional help.

*Medical Traumatic Stress: What Health Care Providers Need to Know*

National Child Traumatic Stress Network

[http://www.nctsn.net/nctsn\\_assets/acp/hospital/brochures/ProviderBrochure.pdf](http://www.nctsn.net/nctsn_assets/acp/hospital/brochures/ProviderBrochure.pdf)

Part of the NCTSN's *Pediatric Medical Traumatic Stress Toolkit*, this brochure is designed to raise awareness among health care providers about traumatic stress associated with pediatric medical events and medical treatment. It can also be used, however, to promote trauma-informed practice in hospital settings by providing an introduction to traumatic stress for physicians and offering practical tips and tools for health care providers.









Illustrations by Erich Ippen, Jr. Used with permission.

## Module 8: Taking Care of Yourself







## Learning Objectives

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After completing this module, you should be able to:

- Define and list the warning signs of compassion fatigue and secondary traumatic stress.
- Identify specific self-care techniques that can help prevent compassion fatigue and secondary traumatic stress (STS).
- Describe at least three coping strategies you can use when a child's trauma is a reminder of your own past trauma.









Illustrations by Erich Ippen, Jr. Used with permission.

## Module 8: Taking Care of Yourself

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### Essential Element 9



9. Take care of yourself.

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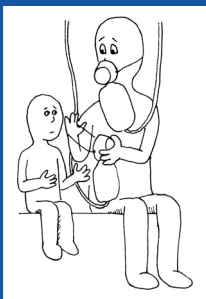
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### Caregivers Also Need Care



- We are all human.
- Caring for our children can be difficult, draining, exhausting, and frustrating.
- We all deserve a little TLC.

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*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

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## 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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## Self-Care Checkup

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## 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.

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## Secondary Traumatic Stress (STS)



Trauma experienced as a result of exposure to a child's trauma and trauma reactions

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## 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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## 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)

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## 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)

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## When Your Child's Trauma Becomes Your Own (Continued)



### You may:

- Lose perspective, identifying too closely with your child
- Respond inappropriately or disproportionately
- Withdraw from your child
- Do anything to avoid further exposure

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## 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 (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)



- 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

(Continued)

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## 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)

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## The Story of Ralph and Susan (Continued)



### 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)

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## The Story of Ralph and Susan (Continued)



### 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)

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## 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 (Group Activity)



### What can Susan and Ralph do:

- To help themselves?
- To help the children?

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## Getting Past STS (Group Activity)



- Recognize safety of current situation
- Distinguish adult interpretation from the child's experience
- Focus on resiliency and building positive experiences

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**Let's take a break!**

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## 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

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## 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 (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)



- 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)

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## 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)

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## 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)

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## 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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## 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?

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## 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.

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## 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.

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## Committing to Self-Care: Daily (Group Activity)



- |                     |                              |
|---------------------|------------------------------|
| ▪ Walk the dog      | ▪ Read a romance novel       |
| ▪ Play with the cat | ▪ Write in my journal        |
| ▪ Exercise          | ▪ Chat with my neighbors     |
| ▪ Pray              | ▪ Deep breathe               |
| ▪ Meditate          | ▪ Listen to music in the car |

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## 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

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## Putting It All Together

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

*Thank you!*

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## **Module 8**

### ***Supplemental Handouts***







## Self-Care Checkup

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It's easy to lose track of your own needs when caring for children who have experienced trauma. But not taking care of yourself not only sets a bad example for your children, it also sets you up for compassion fatigue. To get a sense of where you fall on the self-care spectrum, try this highly unscientific little self-care checkup.

1. How often do you eat breakfast?  
A. Most days  
B. Once or twice a week  
C. Every month or so  
D. What's breakfast?
2. When was the last time you had a really good laugh?  
A. Some time in the last couple of days  
B. Last week  
C. Last month  
D. 1972
3. How often do you spend social time with a friend (or friends)?  
A. Most days  
B. Once or twice a week  
C. Every month or so  
D. When I run into someone at the store
4. How frequently do you connect with other foster parent(s)?  
A. Most days  
B. Once or twice a week  
C. Every month or so  
D. Rarely
5. How often do you watch a movie or a TV show that YOU want to see?  
A. Most days  
B. Once or twice a week  
C. Every month or so  
D. Can't remember
6. When was the last time you said "no" to something that you really didn't want (or feel able) to do?  
A. This morning  
B. Last week  
C. Last month  
D. It's never even occurred to me!
7. When did you last let someone else take care of you?  
A. Yesterday  
B. Last week  
C. Some time this year  
D. 1973
8. How often do you sleep enough to feel rested during the day?  
A. Most nights  
B. Once or twice a week  
C. Every month or so  
D. Too tired to remember



9. When was the last time you read something just for fun?
- |              |                |
|--------------|----------------|
| A. Today     | C. Last month  |
| B. Last week | D. Third grade |
10. How often do you meditate/pray?
- |                         |                      |
|-------------------------|----------------------|
| A. Most days            | C. Every month or so |
| B. Once or twice a week | D. Rarely            |
11. How often do you take time to be sexual?
- |                         |                      |
|-------------------------|----------------------|
| A. Most days            | C. Every month or so |
| B. Once or twice a week | D. What's sex?       |
12. How frequently do you exercise or engage in a physical activity you enjoy?
- |                         |                              |
|-------------------------|------------------------------|
| A. Most days            | C. Every month or so         |
| B. Once or twice a week | D. Does housecleaning count? |

**Scoring:** Give yourself 3 points for every A answer, 2 points for every B, 1 point for every C, and zero points for every D.

**36 to 24 points:** Congratulations, you seem to be maintaining a pretty good balance between taking care of others and taking care of yourself. Keep it up!

**23 to 12 points:** You're definitely doing some things to take care of your own needs, but you could probably do more. It may be time to make a stronger commitment to yourself by developing a self-care action plan.

**>12 points:** Wow! It looks like you're doing a lot for other people, and not much for yourself. All that time caring for others may be setting you up for compassion fatigue. It's time to make a self-care action plan.



## My Self-Care Plan

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From now on, I'll make time to take care of myself by doing the following at least . . .

<b>Once a Day</b>
<b>Once a Week</b>
<b>Once a Month</b>

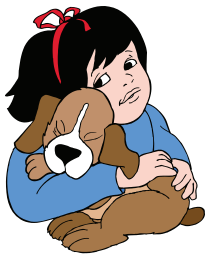






# Tips for Being a Fabulous Trauma-Informed Resource Parent

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## Be nurturing

**Children who have experienced trauma need to be held, rocked, and cuddled.**

Be physical in caring for and loving them. Be aware that, for many of these children, touch in the past has been associated with pain, torture, or sexual abuse. In these cases, make sure you carefully monitor how they respond—be attuned to their responses and act accordingly.

In many ways, you are providing replacement experiences that should have taken place when they were much younger—but you are doing this when their brains are harder to modify and change. Therefore, they will need even more loving and nurturing experiences to help them develop and grow.



## Be consistent

**Children who have experienced trauma are often very sensitive to changes** in schedules, transitions, surprises, chaotic social situations, changes in a therapist's office, and in any new situation in general. Birthday parties, sleepovers, holidays, family trips, the start and end of the school year, etc., can all be scary and upsetting for them.

**Be “boringly predictable.”** Let children know about changes and transitions many days and even weeks ahead of time. Walk them to and through their new school building before school starts. Keep a large, visible calendar at home in a central location where they can easily see upcoming events. Review it weekly.

If children become anxious when given too much advance information (for example, planning for a visit with a parent at Human Services), scale back. Tune in to each child's comfort zone about change and modify your plan accordingly.



## Establish a dialog

Social interactions are an important part of parenting and of the child's healing process.

**One of the most important and pleasurable things to do is just stop, sit, and listen.** When you are quiet and interactive with kids, you will find that they will begin to show you and tell you about what is really inside them. As simple as this sounds, it is one of the most difficult things for adults to do—to stop, quit worrying about the time or your next task, and really relax into the moment with a child. These children will sense that you are there just for them. They will feel that you care.



## Play

**All attachments begin with play.** Activities that allow you to playfully interact with children are very important. These activities allow the opportunity for a child to be nurtured and begin the healing process.



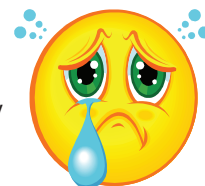
Play with bubbles or clay or stuffed animals. Dig in the dirt or ride a bike. Just find a way to play with your child.

**This will provide the child with an opportunity to be a child—which may be a very new experience!**



### Teach feelings

**All feelings are okay to feel.** Teach healthy ways to act when having feelings. Explore how other people may feel and how they show their feelings (development of empathy). **Talk about how you and other family members express feelings.**



**When you sense that the child is clearly feeling something, wonder out loud about the feelings:** “I wonder if you’re feeling sad that your mom didn’t come to visit” or “I wonder if you feel angry when I say “no.”

Try one of the many games designed to help kids identify and communicate feelings. **Draw pictures of feeling faces** together, or find pictures in magazines of different feelings. Use a digital camera and take pictures of each of you “putting on” different feeling faces, or practice making feeling faces in the mirror. **Label and give words to different feelings and situations in which those feelings are common.** Don’t forget to help the child pay attention to the physical part of their emotional reactions.

### Model and teach appropriate behaviors

**Children who have experienced trauma often do not know how to interact well with adults or other children.** Model positive behaviors yourself, and realize that they are watching you to see how you will respond to different situations.



**Become a “play-by-play announcer”:** “I am going to the sink to wash my hands before dinner.... I take the soap and get my hands soapy, then...” They will see, hear, and imitate your coaching.

**Do not assume they know how to play or how to share feelings.** Help them practice skills in both areas.

**Physical contact with children who have been traumatized can be problematic.** They often don’t know when to hug; how close to stand; when to establish or break eye contact; or under what conditions it is acceptable to pick their nose, touch their genitals, or do grooming behaviors. They often initiate physical contact with strangers, which adults can interpret as affectionate—but it is not. **Gently guide the child on how to interact differently and address the issue every time it occurs.**



### Help the child to self-regulate

**Children need adults to help them learn to regulate and stay calm.** Teach children that they are safe and protected, and that they don’t have to expect the worst. Provide calming, reassuring interactions. Help them to self-soothe and self-regulate.



**Observe the child at different times during the day and in different situations, and be prepared for how the child will respond.** Show parental “strength” and capacity to keep the child safe and calm during those difficult situations.

Don’t give a child more stimulation than he or she can handle—even fun activities. Find out what helps your child calm down, and make a plan for what to do when you’re not with him or her.



## Understand the behavior before imposing punishment or consequences

The more you can learn about the impact of trauma on your child’s development, emotional responses, and behaviors, the more you will be able to develop useful behavioral and social interventions.

For example, when a child hoards food, this act should not be viewed as “stealing,” but as a common and predictable result of being deprived of food during early childhood.

Difficult or problem behaviors also may be the child’s way of “testing” your reactions, based on real past experiences.

Take time to give consequences if you need it. Think about the message you want to give your child, and create a consequence according to that insight. For example, giving a child a “time in” (rather than a “time out”) helps a child to “stop the action” without feeling rejected by having to leave the presence of the caregiver.

Avoid control battles/power struggles by providing the child with two acceptable choices whenever possible. Only give consequences that are enforceable. Take time to “re-attune” following consequences.

## Use emotions as a parenting tool

Children who have experienced trauma need an abundance of **warm, sincere praise** when they’ve done something well, and **clear, dispassionate consequences** when they’ve misbehaved. **Go for a 6:1 ratio of praise to correction** (minimum), including positive comments to other adults.



**PRAISE** means:

- Positive attitude in body, voice, and facial expression
- Noticing the simplest positive or neutral behaviors and praising them

**DISPASSION** means:

- Fewer words
- Soft, firm voice
- Matter-of-fact tone of voice
- Recognizing your own reaction and not letting it bleed through
- Calm body, calm voice, and calm face
- Repetition, if necessary



## Have realistic expectations



Children who have experienced trauma have much to overcome. Some will not overcome all of their problems. Others will make great strides. Keep in mind that they have been robbed of some, but not all, of their potential.

**Progress may be slow.** The slow progress can be frustrating, and many foster and adoptive parents will feel inadequate because all of the love, time, and effort they spend with their child may not seem to be having any effect. But it does. Don't be hard on yourself. It is normal to feel swamped and

overwhelmed at times when parenting with these challenges.

**Keep in mind that you are planting seeds. Remember to use your “magnifying glass” and “measuring spoons” to gauge progress.**



## Take care of yourself

You cannot provide the consistent, predictable, enriching, and nurturing care a child needs if you are depleted. You will not be able to help if you are exhausted, depressed, angry, overwhelmed, or resentful.

**Rest.** Get support. Use respite care periodically to have some “adult time.”

**Nurture your own primary relationships** with your partner, own children, family, and friends. Have a hobby or take a class, get a massage, or have a regular night out.

Understand your needs for caring, compassion, and kindness from others.

**Maintain a support network** of others who know the work and the challenges involved. Maintain a strong, trusting relationship with a therapist or coach. Talk about feelings of despair, sadness, grief, or rage when they occur.

Remember to keep your sense of humor, to play, and to find joy in the world.

### **Adapted from**

“How to Be a Fabulous Therapeutic Foster Parent in 10 Not-So-Easy Steps”  
Jennifer Wilgocki, MS, LCSW and James G. Ven Den Brandt, LCSW, ACSW

And materials from:

The Child Trauma Clinic, Baylor College of Medicine Texas Medical Center, Houston TX  
and  
Casey Family Services Center for Effective Child Welfare Practice



# Module 8: Taking Care of Yourself

## Additional Resources

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### Online Resources

*Family Education Network*

<http://school.familyeducation.com/learning-disabilities/treatments/37812.html>

Information page on relaxation techniques for children with attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)

*First Home Care: Foster Parent Resource Center*

<http://firsthomecareweb.com/fosterparents/resources/parents.php>

Fact sheets on foster parent burnout and on relaxation techniques

*Relax-Online*

<http://www.relax-online.com/imageryonline.htm>

Features a free, daily “meditative moment” audio clip

*University of Maryland Medical Center Sleep Disorders Center*

[http://www.umm.edu/sleep/relax\\_tech.html](http://www.umm.edu/sleep/relax_tech.html)

Resource page on relaxation techniques

*University of Michigan Health System*

[http://www.med.umich.edu/1libr/aha/aha\\_breathex\\_sha.htm](http://www.med.umich.edu/1libr/aha/aha_breathex_sha.htm)

Information page on breathing exercises

### Books

Carlson, B., Healy M., & Wellman, G. (1998). *Taking care of me: So I can take care of my children*. Seattle, WA: Parenting Press.

Davis, M., Eshelman, E. R., & McKay, M. (2008). *The relaxation & stress reduction workbook (6th ed)*. Oakland, CA: Harbinger Publications, Inc.

### Audio CDs

Cox, B. (2005). *Guided imagery and relaxation techniques for parents*. San Diego, CA: Barbara Cox, PhD.

Innovative program of guided imagery and relaxation techniques for parents (aimed at parents of infants to age 10 approximately). It uses the power of your imagination to change self-limiting beliefs and to help you become a more effective and relaxed parent. The background music of rich and soothing tones was created to assist you in achieving a relaxed and healing state of mind.







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## **“My Child” Worksheet**







## **“My Child” Worksheet, Module 1: Introductions**

**Name**

**Age**

**What I know about my child’s life before coming into my home**

**What I’d like to know**







## **“My Child” Worksheet, Module 2: Trauma 101**

**My child’s traumas and losses (see “Trauma and Loss Inventory,” on back, for help)**

**My child’s reaction to trauma**

**My child’s strengths to build on**



# Trauma and Loss Inventory

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

Experience	Yes/No	Age At Time
Natural disaster		
Serious accident		
Serious personal injury (physical assault, rape)		
Serious illness		
Death of a parent or other important adult		
Serious injury or illness of a parent or other important adult		
Death of a sibling		
Serious injury or illness of a sibling		
Death of a friend		
Serious injury or illness of a friend		
Witnessing serious injury or death of another person		
Separation/divorce of parents		
Witnessing interpersonal violence (domestic violence, community violence, etc.)		
Psychiatric illness in parent, caregiver, or close family member		
Alcohol or drug abuse in parent, caregiver, or close family member		
Physical abuse		
Exposure to sexual activities of others		
Sexual abuse		



## **“My Child” Worksheet, Module 3: Understanding Trauma’s Effects**

### **My child’s “Invisible Suitcase”**

Beliefs about self

Beliefs about caregivers

Beliefs about the world

### **Repacking the Suitcase: things I can do to help my child feel safe, capable, and loved**







## **“My Child” Worksheet, Module 4: Building a Safe Place**

### **My trauma-informed safety message to my child**

### **My child’s trauma reminders and reactions**

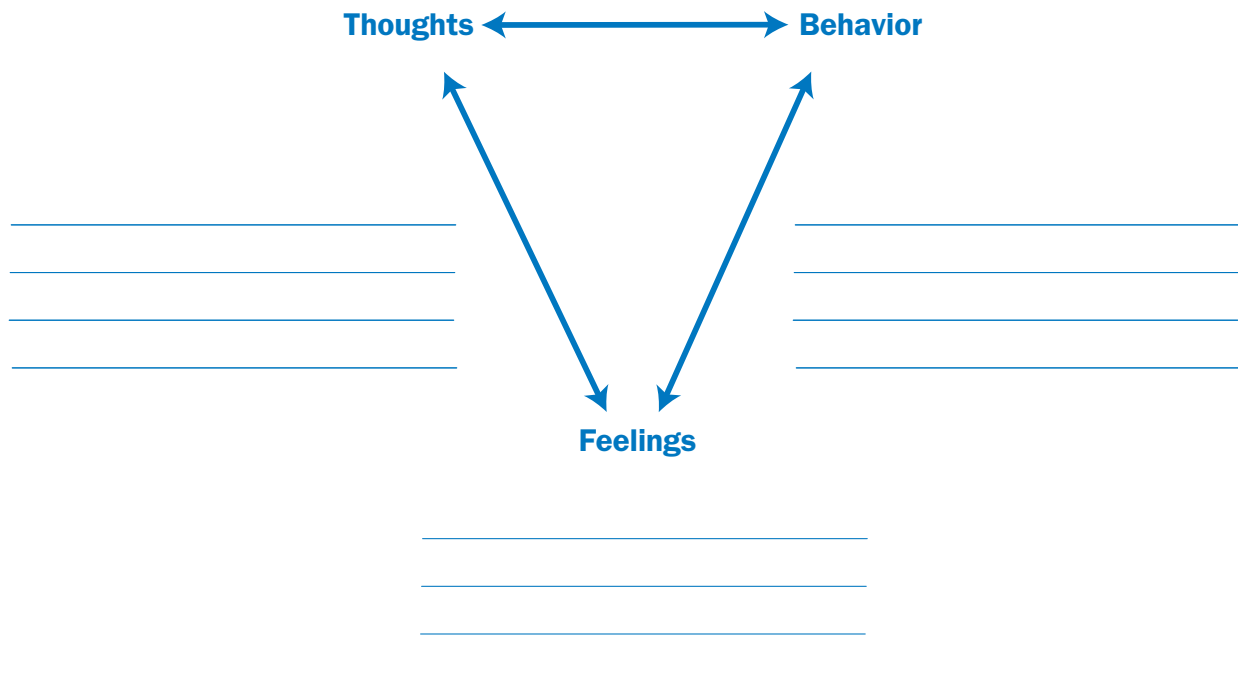






## **“My Child” Worksheet, Module 5: Dealing with Feelings and Behaviors**

**My child’s cognitive triangle (complete for a problem behavior you would like to change)**



**How I can help to change my child’s triangle**







## **“My Child” Worksheet, Module 6: Connections and Healing**

### **My child’s connections**

<b>Name</b>	<b>Role in my child’s life</b>	<b>Relationship with my child</b>

### **Steps I can take to help my child . . .**

Feel safe when talking about trauma

Build connections across the disruptions in his or her life

Look positively toward the future

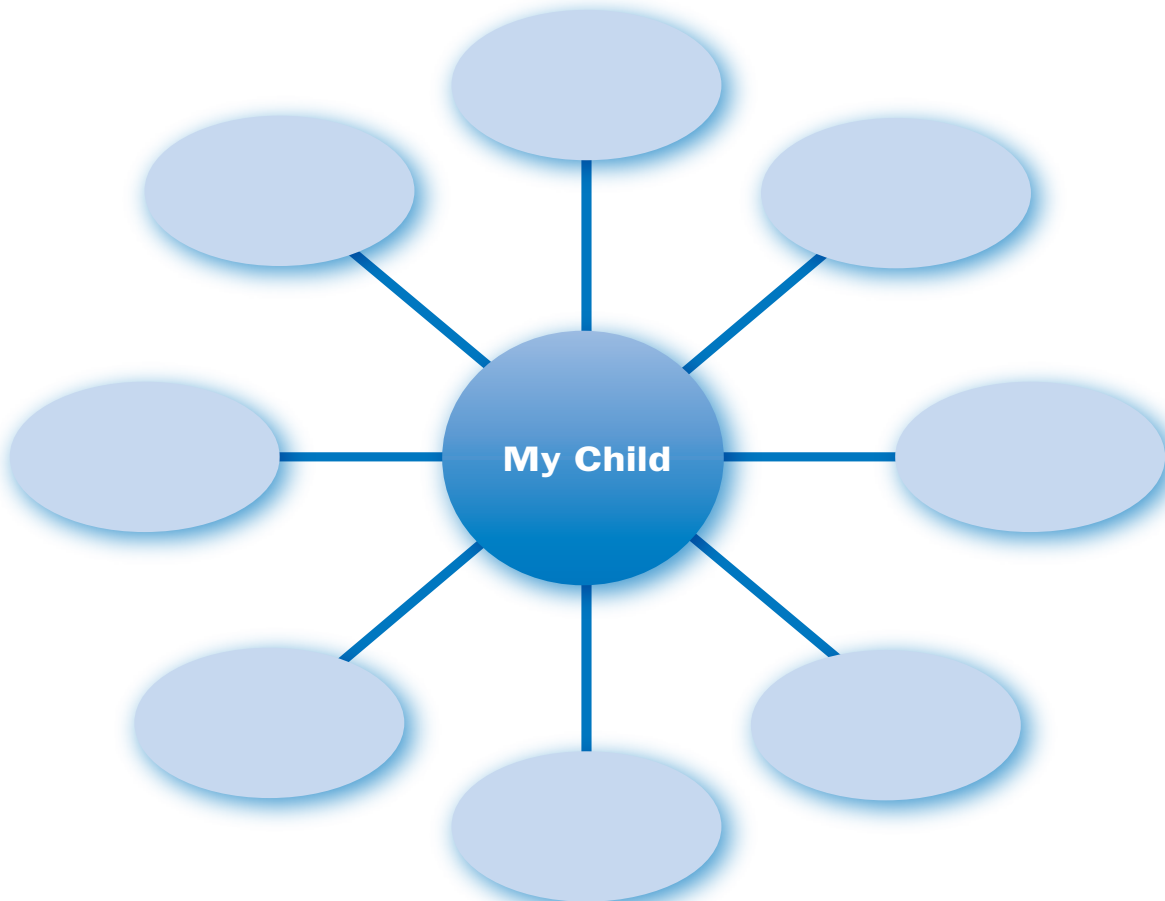






## “My Child” Worksheet, Module 7: Becoming an Advocate

My child’s team (expand as needed)



Advocating for my child

Team Member	Actions we can take to work in more effective/trauma-informed ways







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## Case Studies







# The Story of Maya (8 months old)

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**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.

*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.

## 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.







# The Story of Rachel (17 months old)

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**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.

*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.

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 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.







# The Story of Tommy (4 years old)

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**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.

*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.

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.

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.



# The Story of Andrea (9 years old)

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**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.

*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.

## 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 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)

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**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.

*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.

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.

### **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.”

“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?”



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)

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**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.

*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.

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."

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.



# A Family Tale

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**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.

## 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 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.

### **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!”







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

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**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.

## 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.

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 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 STS can be for resource parents. To prevent and ease their STS, 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.



- 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

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**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.

## 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.

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.

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."