

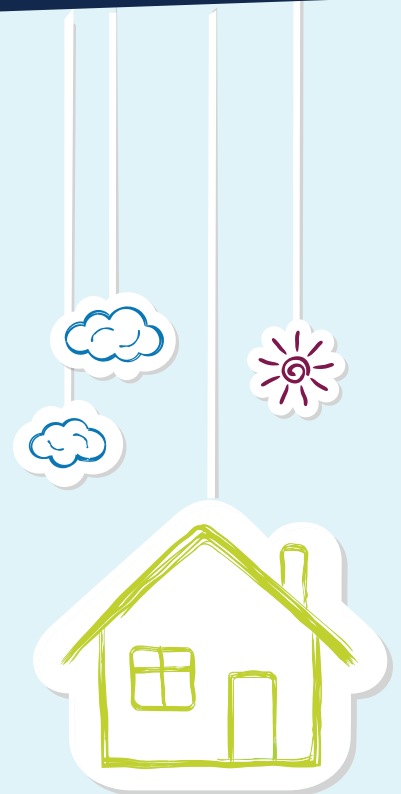


**DAY**  
*Two*



## KDL's Story...

KDL is a 17 year old female who has been in foster care since 2010 due to allegations of sexual abuse and failure to protect. She has experienced over 10 placement changes during that time. ALL of her placement changes were a direct result of her fear of attachment, fear of being hurt and her fear of loss. These fears would consistently manifest in behavior and verbal escalation, resulting in the caregiver's giving up and asking for her removal. During that time, KDL became involved in a relationship with a 17 year old boy, and she became pregnant. KDL gave birth to a baby boy who was immediately removed from her care and placed in foster care (in a different foster home than his mother). She has been in her current resource family home since September of 2012. Aside from facilities that are locked and secure that would not allow her to leave on her own, this is the most stable she has been in a placement as previous placements would deteriorate and end within 60 – 90 days. The Resource family and her current treating therapist really embraced the model of Emotional Regulatory Healing and began to recognize the triggers for this girl and began to work through them. It has not been an easy or painless process, but thus far KDL and her supports have stuck through with the process and tools which have proven to be invaluable in saving this girl's life. KDL has experienced a lifetime of trauma and as a result is a composite of trauma triggers and trauma responses. Her Fight or Flight response is automatic and is her established pattern of behavior up until her current placement. Through the work of emotional regulatory healing and a Trauma Sensitive approach, KDL's care team has begun to see past her behaviors to understand the underlying trauma/trauma triggers. By honoring her experiences and maintaining a calm and safe environment, KDL is beginning to heal. In addition, she is enjoying increased visitation and time with her son, who she vows to raise differently than she was. KDL shows promise every day.



# DAY Two

**DAY Two** of 21st Century Caregiving: Foster VC Kids Resource Family Training will serve as an introduction to trauma-sensitive care. Your primary role as a Resource family is the care of children, so it is important to begin the discussion about trauma-sensitive care early and build on it often. Today's session will help you develop an understanding of the types of trauma children in foster care often face and how children respond to trauma. In addition, many of the parents of the children who come into care have also had traumatic experiences and are, in fact, reacting and parenting based on their own experience. You will also gain experience developing a healing plan that meets the unique needs of a traumatized child. Additionally, you will identify strategies for building your own resilience. As we progress through the remainder of the training, you will apply and build on the skills, knowledge and tools you develop today.



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## Today's OBJECTIVES

1

**Trauma.** Define trauma and identify types of trauma experienced by children.

2

**Responses to Trauma.** Describe how children respond to trauma.

3

**Impact of Trauma.** Explain the impact of trauma on physical and psychological development.

4

**Healing and Resiliency.** Describe how to help children recover from trauma through emotional regulatory healing and building resilience.

5

**Trauma-Sensitive Care.** Explain the concept of trauma-sensitive care and its benefits.

6

**Your Own Resilience.** Identify strategies to help build your own resilience.

# Their Trauma

Meet the children in our care. They are children of different ages who have experienced trauma. As you begin to learn about the children by examining how they came into care, reflect on your thoughts, feelings and actions. Given your natural responses, think about how you can use your personality and skills to help children who have been through a trauma.

## Jessamyn (10 Months)



Jessamyn is only ten months old, but she has been through a lot. Born with a medical condition that makes breathing and swallowing difficult, Jessamyn has had two surgeries to date. She has also witnessed her mother being beaten by her father on at least two occasions. When Jessamyn was removed, her mom was seven months pregnant and Jessamyn and her siblings were living in unsafe and unclean conditions, which were especially taxing on Jessamyn due to her medical needs. Now Jessamyn is being placed in medical foster care far from her community; her siblings are going with their paternal relative, but Jessamyn has a different dad who wants nothing to do with her. In one day, Jessamyn is losing her mom, the man she knows as dad, her brother and her sister.

## Miguel & Marisol (5) (7)

Miguel and Marisol are excellent at being a big brother and sister to their baby sister, Ibiza. They have, at their young age, learned to dress her, to change her, and to feed her. They know they are not allowed to use the stove, so they just run the water really warm to make some formula when Ibiza is hungry. Miguel and Marisol are both under court orders that their dads cannot have contact, but sometimes their dads do come by, or did before protective services came in. When dads lived in the house, everyone got beat and hurt in other ways the kids don't like to think about. Their mom doesn't really like their dads anymore, but she just seems to sleep a lot. Sometimes when she takes the white pills, she can sleep for days, so the big kids skip school to take care of the baby. Sometimes she has to live in the hospital because she wants to be dead. They found her covered in poop and blood one time and called 911. Marisol did a good job taking care of the baby and doesn't understand why she had to stop when they went to foster care.



Ventura County Children & Family Services



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

-Walt Whitman (1819-1892)



*Birdy*  
(13)

Birdy is her nickname because there was one time when she thought that she could fly away, and jumped off the roof, breaking her arm. Or her wing, as they joked. It was no joke. Birdy's life has been difficult ever since her mom died, dead in the street after she shot up some bad heroin when Birdy was five. Her dad said he would keep her, but his addiction made it tough. He carted that little girl all over while he scrounged for change and tried to get drugs. Sometimes he would get clean for a while and stay with his parents, who doted on the little girl, but then he'd blow it and get kicked out. They'd surf couches while he moved from neighborhood to neighborhood downtown. She wasn't a crier then and she isn't a crier now. Finally someone noticed that her dad was not right and that he had an eight year old with him, and protective services was waiting for them at the place they were crashing. They had to get some cops to help them make him let her go. He kept trying to go into rehab; that's all he had to do, but he couldn't get past the first week without sneaking off or signing himself out. By Birdie's count, she has been in seven foster homes, five shelters including twice in the Joshua house, and has run away and lived on the street off and on. Last year, she found her dad and they made an agreement: he would go to rehab and get clean and she would go back to stay in a home so the judge would let them live together.



## Personal Reactions

**1** Feelings.

**2** Thoughts.

**3** Actions.

# Understanding Childhood TRAUMA

## Reference

Excerpted from Understanding Child Traumatic Stress brochure by The National Child Traumatic Stress Network. For the complete brochure go to [www.nctsnetwork.org/sites/default/files/assets/pdfs/Understanding\\_Child\\_Traumatic\\_Stress\\_Brochure\\_9-29-05.pdf](http://www.nctsnetwork.org/sites/default/files/assets/pdfs/Understanding_Child_Traumatic_Stress_Brochure_9-29-05.pdf).

## What is Child Traumatic Stress?

### What is Child Traumatic Stress?

When a child feels intensely threatened by an event he or she is involved in or witnesses, we call that event a trauma. Child Traumatic Stress (CTS) is a psychological reaction that some children have to a traumatic experience. There are numerous kinds of traumas, such as:

- Automobile accidents
- Serious injuries
- Acts of violence
- Terrorism
- Physical or sexual abuse and neglect
- Medical procedures
- The unexpected death of a loved one
- Life-threatening natural disasters

Children who suffer from CTS have developed reactions to trauma that linger and affect their daily lives long after the traumatic event has ended. These children may experience:

- Intense and ongoing emotional upset
- Depression

- Anxiety
- Behavioral changes
- Difficulties at school
- Problems maintaining relationships
- Difficulty eating and sleeping
- Aches and pains
- Withdrawal
- Substance abuse, dangerous behaviors, or unhealthy sexual activity among older children

Not every child experiences CTS after a trauma. All children are different, and many children are able to adapt to and overcome difficult events and situations. But one out of every four children will experience a traumatic event before the age of sixteen, and some of these children will develop CTS.

If left untreated, CTS can interfere with a child's healthy development and lead to long-term difficulties with school, relationships, jobs, and the ability to participate fully in a healthy life. Fortunately, there are proven and effective treatments for CTS.

It is lying all around me,  
Shattered into useless pieces of glass  
That could now rip my unprotected feet.  
It was the glass castle in which I lived  
As fairy princess and heroine in shining armor,  
Ready and able to rescue all in need.  
It was my fragile fantasy,  
Designed to protect me from the searing pain  
Of having never been rescued  
From my own unspeakable distress.  
But an invited guest came  
And rammed my castle doors, besieged my walls

And shattered my glass defense.  
And so, what I once thought of as my castle grand  
Is now nothing more than unrecognizable jagged pieces,  
And here I stand, exposed and stunned.  
It is mine now, not to gather,  
But to leave these shattered remains.  
It is mine to find a way to live without this illusion.  
It is mine to learn to be the peasant child that I am,  
Bereft of shining armor and magic wand.  
But all I can see at this moment  
Are the broken pieces of my shattered castle walls,  
And all I can do is weep.

-Author Unknown

## Family...

**ALEXIS, 24**

Jessamyn's mother.

Alexis is 7 months pregnant

**JAMES, 28**

Alexis' boyfriend & father to three of the four children (all of Jessamyn's siblings)

**JIMMY, 4**

Older sibling (now placed with paternal relatives)

**LISA, 3**

Older sibling, (now placed with paternal relatives)

**JESSAMYN, 10 months**

**UNBORN CHILD, Alexis is 7 months pregnant**



Jessamyn is only ten months old, but she has been through a lot. Born with a medical condition that makes breathing and swallowing difficult, Jessamyn has had two surgeries to date. She has also witnessed her mother being beaten by her father on at least two occasions. When Jessamyn was removed, her mom was seven months pregnant and Jessamyn and her siblings were living in unsafe and unclean conditions, which were especially taxing on Jessamyn due to her medical needs. Now Jessamyn is being placed in medical foster care far from her community; Her siblings are going with their paternal relative, but Jessamyn has a different dad who wants nothing to do with her. In one day, Jessamyn is losing her mom, the man she knows as dad, her brother and her sister.

Jessamyn was taken into care along with her two siblings based on allegations that extensive domestic violence between Jessamyn's mother, Alexis, and her boyfriend, James, threatened the safety of the children in the home. At the time of removal, Jessamyn was not verbal and could not speak, however her older brother and sister were interviewed and between the children and the neighbors, the following was the basis for removal: In Jessamyn's short life, she has experienced a lot. Jessamyn was born early, at seven months gestation, to Alexis and had complications at birth, including a short trachea and difficulty swallowing and breathing as a result. Initially, Alexis did well in caring for Jessamyn in the hospital, but upon release Jessamyn's care seemed to deteriorate. Child welfare became involved when the police intervened in a domestic dispute where James allegedly beat up Alexis. Alexis is now pregnant, and there was concern about possible harm to the new baby. Alexis and James state that at times they fight. The police found a history of domestic altercations, arrests for James, and one outstanding warrant. Upon further investigation, the family's oldest children, Jimmy and Lisa, were interviewed and confirmed that they frequently witness violence by James

to Alexis, that they have each been threatened that if they intervene, they might get hit by James in a rage. Neighbors report that the children are left alone in cribs at night on occasion and the investigator found that the children were unclean and living in unsafe conditions. When Alexis declined shelter or assistance, the children were removed for their safety. Jimmy and Lisa were placed with relatives.

Once placed in medical foster care, Jessamyn appeared to thrive. She came in as a small and thin child but put on weight with the help of special formula to help her swallow and gain sufficient nutrients. Jessamyn is a friendly baby: she will go with anyone without a fuss. Jessamyn is a very quiet baby: she almost never cries, even when she is undergoing painful medical procedures. When Jessamyn wakes up, she lies quietly in her crib until someone comes to notice. Jessamyn was behind on developmental milestones, which is to be expected as she was premature and has medical challenges. She has now learned to roll over and crawl. Jessamyn startles easily and is very sensitive to loud noises, although she shows no sign of responding to verbal communication when she is spoken to.



# Miguel & Marisol

Miguel and Marisol are excellent at being a big brother and sister to their baby sister, Ibiza. They have, at their young age, learned to dress her, to change her, and to feed her. They know they are not allowed to use the stove, so they just run the water really warm to make some formula when Ibiza is hungry. Miguel and Marisol are both under court orders that their dads cannot have contact, but sometimes their dads do come by, or did before the protective services came in. When dads lived in the house, everyone got beat and hurt in other ways the kids don't like to think about. Their mom doesn't really like their dads anymore, but she just seems to sleep a lot. Sometimes when she takes the white pills, she can sleep for days, so the big kids skip school to take care of the baby. Sometimes she has to live in the hospital because she wants to be dead. They found her covered in poop and blood one time and called 911. Marisol did a good job taking care of the baby and doesn't understand why she had to stop when they went to foster care.

## Family

**LINDA, 31**

Miguel, Marisol and Ibiza's Mom

**RONALDO, 38**

Marisol's dad, court ordered no contact under 'Keeping Child Safe Act'

**THOMAS, 42**

Miguel's and Ibiza's dad

**MARISOL, 7**

**MIGUEL, 5**

**IBIZA, 1**





Marisol, Miguel, and Ibiza came into foster care when an unknown reporter called in due to concern about Linda's use of prescription drugs and alcohol and concern that the children were having unsupervised contact with Ronaldo. The investigators obtained the following information: Marisol is alleged to have been sexually abused by her dad when she was younger. Marisol's dad also has criminal convictions including aggravated sexual assault and sexual assault on a child. Miguel's dad was alleged to have sexually abused both of the older children. In the course of interviewing the family and collaterals, it was learned that all three children are sometimes left in the care of Miguel's dad without other supervision. Linda, the mother, has a history of hospitalizations for suicidality and for mental illness and has acknowledged to the investigators that she takes multiple medications and sees multiple doctors for prescriptions to help her feel numb. The children's attendance at school has been sporadic. Relatives are concerned but there were not relatives identified who could qualify or who showed interest in caring for the children. There was one family friend who stated that Linda offered her one of the children in exchange for not pressing charges when Linda had stolen from her. There were not suitable non-relative caregivers available to care for the children, although three were proposed for possible relative placement. When contacted by the investigator, they withdrew their offer to care for the children. Linda was hospitalized after initially going into a domestic violence shelter with agency support, and the children were placed in custody. All three children have witnessed domestic violence and suicide attempts. The two older children could describe the type and number of pills that the mother took during her most recent suicide attempt. All three children are to be placed in foster care together. The plan will be for reunification with the mother, although Miguel's father states he will clear his name and seek custody of the children despite his prior history with allegations of sexual abuse.

## Marisol

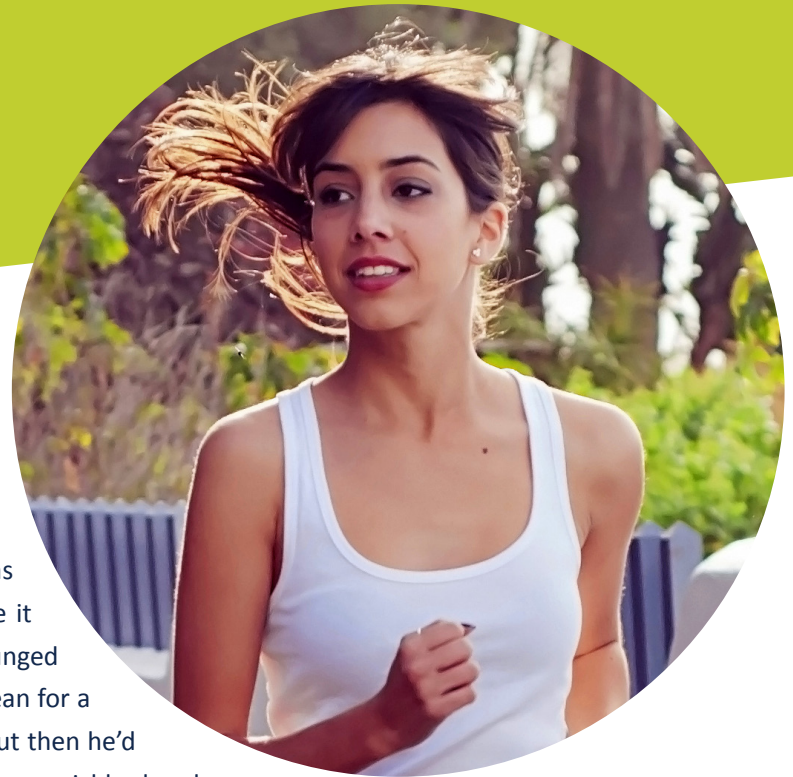
Marisol is described as the 'little mommy' for the other two kids. When the children were at home, Marisol routinely provided them with food and put them to bed. She changed Ibiza's diapers and fed the baby. Marisol runs hot and cold. Her moods shift and it is difficult for adults to understand

why. She is a girl who can throw a tantrum and resists being touched by any adult. She will only let her brother and sister be near her without screaming or fighting. Marisol is developmentally close to or on track. She has a way of speaking that is a 'private language' with Miguel and Ibiza. The three children understand each other, but have some common speech irregularities that are sometimes difficult to understand for outsiders of the threesome. Marisol has missed a lot of school: she would sometimes send Miguel to kindergarten but stay home to make sure that her mom and the baby were okay. She is about two years behind in her schoolwork and, as she approaches grades where children must stay back if they are behind, she will need a lot of help to continue on to third grade. Marisol will not speak to or interact with men who speak Spanish, although she was raised in a bilingual household. Marisol becomes mute, looks away or down, and withdraws into herself when she sees her Hispanic social worker coming into the building or parking lot at school and at her foster home.

## Miguel

Miguel's development is generally on track, although he can be difficult to understand because he and Marisol seem to speak in their own language. The three children understand each other, but have some common speech irregularities that are sometimes difficult to understand for outsiders of the threesome. Miguel is very focused on making sure that his needs, and secondly the needs of his sisters are met. He can be rough but is generally viewed as rough without bad intentions: he does not appear to intend to hurt others but can sometimes 'bulldoze' over them. Miguel needs constant supervision and when he is not watched, he tends towards danger including running into traffic, trying to get out of a moving car, and generally failing to notice danger. Miguel was reported to have been forced to fondle his father when he was very young and continues at times to demonstrate inappropriate self-stimulation sexualized behaviors, especially around bathing time. He has not been reported to initiate any sexualized behaviors with others. Miguel will not listen to an adult. If Marisol directs him to do so, he will change his mind or focus on what is being asked. Miguel will speak to or play with anyone, except his father.

# Birdy



Birdy is her nickname because there was one time when she thought that she could fly away, and jumped off the roof, breaking her arm. Or her wing as they joked. It was no joke. Birdy's life has been difficult ever since her mom died, dead in the street after she shot up some bad heroin when Birdy was five. Her dad said he would keep her, but his addiction made it tough. He carted that little girl all over town while he scrounged for change and tried to get drugs. Sometimes he would get clean for a while and stay with his parents, who doted on the little girl, but then he'd blow it and get kicked out. They'd surf couches while he moved from neighborhood to neighborhood downtown. She wasn't a crier then and she isn't a crier now. Finally someone noticed that her dad was not right and he had an eight year old with him, and protective services was waiting for them at the place they were crashing. That was when they had to get some cops to help them make him let her go. He kept trying to go into rehab; that's all he had to do, but he couldn't get past the first week without sneaking off or signing himself out. By Birdie's count, she has been in seven foster homes, five shelters including twice in the Joshua house, and has run away and lived on the street off and on. Last year, she found her dad and they made an agreement: he would go to rehab and get clean and she would go back to stay in a home so the judge would let them live together.

## Family

**JOSEPH**, 33 Birdy's father      **BIRDY**, 13

Birdy has begun to settle into living in your home, although she has clearly been uncomfortable in the transition. Birdy stays in her room most of the time, but will join your family when required, for example for meals or activities that you tell her the whole family is doing. School has been especially difficult. Because of her running away and multiple placements, Birdy has been placed in sixth grade and is on the older side of the class ages, which she finds embarrassing. She needs to have tutoring and extra help for almost every class and the school has warned that she may not be able to be promoted to seventh grade next year. During class, teachers report that Birdy seems inattentive and bored. She often asks to leave the class to go to the bathroom and takes a long time to return. Birdy's English teacher believes that it is possible she never really learned to read fluently, and has called for a series of tests. You have noticed that Birdy always wears long sleeved shirts and you

understand from the social worker that in the past, Birdy used to inflict injuries on her own arms and legs. Because of her history of self-injury, the social worker has asked that you keep note of any signs of blood, unusual scratches or marks, or anything that may indicate that this behavior has started again. So far, her skin is scarred but clear and there has not been a sign of reoccurrence. Socially, Birdy has not made any friends, although she is kind and patient with the younger child in your home. The school and your other child in middle school both report that Birdy sits alone at lunch and that she does not speak to any other students. When called upon, she sometimes answers and at other times simply shrugs or says she does not know the answer to the question. Her isolation has caused worry for the family and Birdy makes it clear that she is only staying in one place because she made a deal with her father that she would.

## Thoughts, Feelings & Actions NOTES

# Types of TRAUMA

**ACUTE TRAUMA.** An acute trauma is a single event that lasts for a limited period of time.

Examples include:

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

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

**COMPLEX TRAUMA.** The effects of trauma are compounded when trauma is caused by the people children depend on for survival and safety. Experts call this complex trauma. Complex trauma occurs when:

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

**NEGLECT.** Neglect can be considered traumatic because, to a child who is completely dependent upon an adult for care being left alone in a crib, in a wet, dirty diaper, suffering from the pain of hunger and exhausted from hours of crying, neglect feels like a threat to survival. Neglect can leave the child vulnerable to trauma such as accidents, sexual abuse and community violence. Neglect can also make children feel abandoned and worthless, and reduce their ability to recover from traumatic events.



# Types of TRAUMA

## Worksheet

- 1 Which type(s) of trauma did Jessamyn (10 months) experience? From what?



- 2 Which type(s) of trauma did Miguel (5) and Marisol (7) experience? From what?



- 3 Which type(s) of trauma did Birdy (13) experience? From what?



**“[Secondary Traumatic Stress] is the natural consequent behaviors resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from wanting to help a traumatized or suffering person.”**

– Charles Figley, Psychologist and Professor



# Responses to Trauma

## Response Factors

- The child's age and developmental stage
- The child's basic temperament
- The child's perception of the danger
- 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 availability of adults who can offer help and protection

Trauma can have profound effects on a child's healthy physical and psychological development. Children who have survived trauma often find it difficult to:

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

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

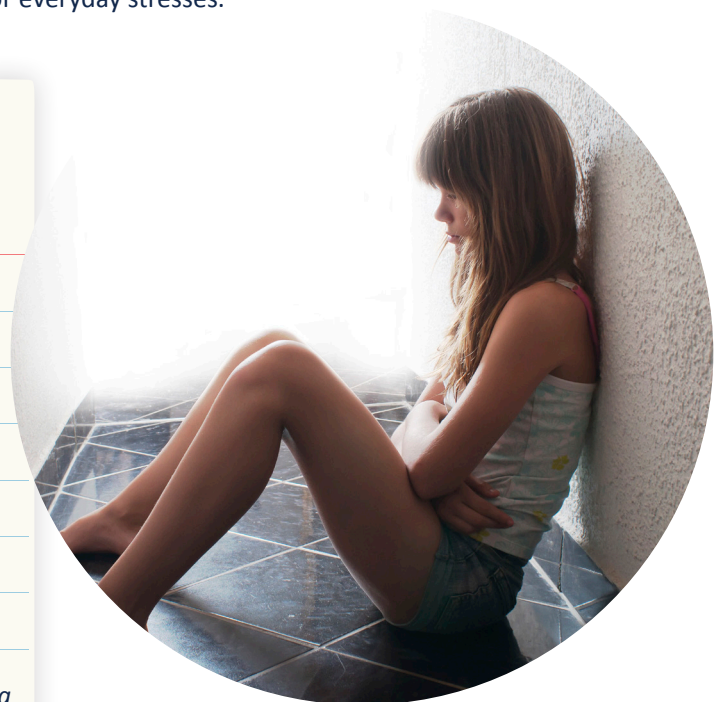


## Traumatic Stress Reactions

**HYPER-AROUSAL:** Child is jumpy, nervous, or quick to startle. After an acute traumatic event, such as a car accident or natural disaster.

**RE-EXPERIENCING:** Images, sensations, or memories of the traumatic event keep coming uncontrollably into the child's mind.

**AVOIDANCE & WITHDRAWAL:** The child feels numb, frozen, shut down, or separated from normal life, and may pull away from friends and activities.



# TRAUMA REMINERS

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



## What you might see ...



### Trouble Learning

They may have trouble learning. They may not be able to focus, concentrate, or take in new information.



### Sleep Problems

They may have trouble going to sleep or staying asleep, or experience nightmares when they do sleep.



### Moodiness

They may feel moody, being tearful one minute and cheerful the next, or suddenly become angry or aggressive.



### Not Acting Their Age

They may not “act their age”—instead of reacting like a much younger or older child.

## Talking

The child may constantly talk about a particular traumatic event or events.

The child may bring the topic up at unexpected and inexplicable times.

The child may be confused or mistaken about the details of the event.

The child may remember only fragments of what happened.

The child may avoid talking about anything even remotely related to the trauma.

## TRAUMATIC PLAY

### ACT OUT WHOLE STORY OR THE TRAUMA

Daddy hitting Mommy and being taken away—or only a piece of it, such as the moment the ambulance came.

### TAKE ON THE ROLE OF THE ABUSER

Such as hitting or yelling at a doll.

### ACT OUT DIFFERENT OUTCOMES

Such as a superhero flying in to the rescue.

### GET STUCK ON ONE MOMENT

Sometimes children get “stuck” on one moment in the traumatic event such as when they felt the most scared or helpless.



Reference

Excerpted from article of same name by Sean Brotherson, Family Science Specialist, NDSU Extension Service. For the complete article go to [www.ag.ndsu.edu/pubs/yf/famsci/fs609.pdf](http://www.ag.ndsu.edu/pubs/yf/famsci/fs609.pdf)

# Understanding Brain Development in Young Children

## 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.

## CRITICAL PERIODS OF Brain Development

### VISUAL & 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....refer to article for more.

### 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....refer to article for more.



## 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 “sponge,” 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.

## Primed for Learning Through Early Experiences

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.

### PHYSICAL & 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.... refer to article for more.

### EMOTIONAL & 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... refer to article for more.

## WHAT WE KNOW Brain Development

*Myth:* The brain is fully developed at birth, 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.

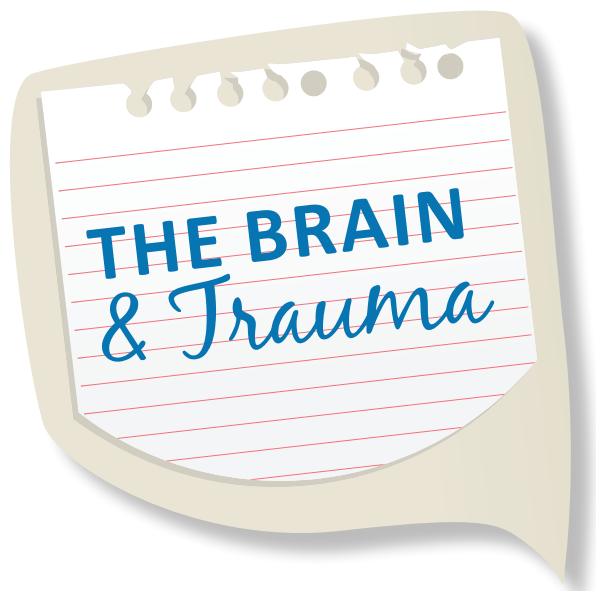
*Fact:* A 3-year-old toddler’s brain is twice as active as an adult’s brain.

*Myth:* Talking to a baby is not important because s/he 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.



### The Brain Develops by Forming Connections...

Even though a baby is born with 100 billion brain cells, connections between these cells form over time. Experience, especially interactions with parents (or other caregivers), determines the growth and pattern of brain development, including connections that form the basis for thoughts, feelings and behaviors. It is through relationships with caring adults that children develop the brain connections that make it possible for them to trust, regulate their own emotions, and love other people. The more an experience is repeated, the stronger the resulting brain connections become. For example, when you repeat words and phrases to a baby, you are strengthening the language connections in the brain that enable the child to understand speech. Repeated traumatic experiences, on the other hand, have a more negative effect.

Trauma can have profound effects on a child's healthy physical and psychological development. Children who have survived trauma often find it difficult to:

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

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

### Trauma Derails Development

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

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

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

### Internal Alarm System

**WHEN FACED WITH A THREAT:** The brain triggers a release of adrenaline, cortisol, and other stress hormones. These chemicals activate systems you need to immediately respond to the threat—either by fighting back, getting away, or freezing. This response comes from the "primitive brain" and controls the most basic functions and reactions we need to survive, like fear. The more advanced parts of the brain are responsible for thinking, reasoning, and consciously processing information. The primitive brain turns "on" to react to danger, the "thinking" areas of the brain help analyze the threat.

**AFTER THE DANGER PASSES:** For most people, the body's emergency response shuts down shortly after danger has passed.

**STUCK IN THE "ON" POSITION:** In children exposed to severe or chronic trauma, the emergency response system can get stuck in the "on" position and the stress hormones, making it harder for the "thinking" parts of the brain to work efficiently, getting in the way of rational thinking and in the way of development.



# Developmental Stages & Trauma

## Ages 0-5 (Young Children)

### Key Developmental Tasks

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

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

### Trauma's Impact

Children who have experienced trauma during early childhood may:

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



## Ages 6-12 (School-Aged Children)

### Key Developmental Tasks

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

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

### Trauma's Impact

School-aged children who have experienced trauma may:

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



# Developmental Stages & Trauma

## Ages 13-21 (Adolescents)

### Key Developmental Tasks

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

- Think abstractly.
- Imagine the future and anticipate and consider the consequences of their behaviors.
- Make realistic appraisals of what's dangerous and what's safe.

### Trauma's Impact

Adolescents who have experienced trauma may:

- Have difficulty imagining or planning for any kind of future, instead “living in the moment” without regard to consequences.
- Have trouble accurately assessing risk—either over- or underestimating the danger of a situation or activity.
- Engage in reckless or self-destructive behaviors, such as drug or alcohol abuse, cutting themselves, or having unprotected sex.
- Adolescents who are re-experiencing their trauma or are troubled by trauma reminders may feel that they are weak, strange, childish, or “going crazy” because of their bouts of fear or exaggerated physical responses. This may lead to even further isolation, anxiety, and depression.
- Have difficulty developing trusting relationships



## Brain Development & Trauma Resources

### The National Child Traumatic Stress Network.

([www.nctsn.org](http://www.nctsn.org)) This network was established to improve access to care, treatment, and services for traumatized children and adolescents exposed to traumatic events.

### Child Trauma Academy.

([www.childtrauma.org](http://www.childtrauma.org)) A major activity of the CTA is to translate emerging findings about the human brain and child development into practical implications for the ways we nurture, protect, enrich, educate and heal children.

### Emotional Regulatory Healing.

This training material is by Juli Alvarado. For more information go to [www.coaching-forlife.com](http://www.coaching-forlife.com)

### Working with Traumatized Children: A Handbook for Healing.

This handbook by Kathryn Brohl (2007) is a practical guide for anyone who works with traumatized children and provides needed information to understand and guide a child suffering from posttraumatic stress disorder (PTSD) through to recovery.

### Trauma Through a Child's Eyes: Awakening the Ordinary Miracle of Healing.

This book by Peter Levine and Maggie Kline (2006) is an essential guide for recognizing, preventing and healing childhood trauma, from infancy through adolescence—what parents, educators and health professionals can do.

### Caring for Children Who Have Experienced Trauma.

This workshop for resource parents by the National Child Traumatic Stress Network ([www.nctsn.org](http://www.nctsn.org)) was the source for much of this day of training.

### Hope and Healing: A Caregiver's Guide to Helping Young Children Affected By Trauma.

This book by Kathleen Rice and Betsy Groves is a guide for early childhood professionals who care for children in a variety of care settings.

### 123 Care: A Trauma-Sensitive Toolkit for Caregivers of Children

This toolkit was developed by public health nurses at Spokane Regional Health District (SRHD) to support caregivers on their journey towards trauma sensitivity.



## Reference

Excerpted from training by Juli Alvarado. For more information go to [www.coaching-forlife.com](http://www.coaching-forlife.com)



# Emotional Regulatory Healing

## What is Emotional Regulatory Healing?

Juli Alvarado's model of Emotional Regulatory Healing advocates that when an adult approaches a child in need, the adult should not try to take power over the child. The adult's goal should not be to attempt to administer a consequence for the child's negative behavior, but to support the child in calming and regulating. Emotional Regulatory Healing emphasizes adults take responsibility for the children first, before the children can take responsibility for themselves. Before children are able to learn from their experiences, they must first feel safe and regulated. This means that as a resource family, your priority to build a safe, supportive relationship that will facilitate learning new ways of coping and communicating.

## Tenets of Emotional Regulatory Healing

**You Cannot Give Away that Which You Do Not Already Possess.** In order to provide sanctuary, peace and a healing environment for children, adults must also experience sanctuary, peace and healing themselves.

**Emotional Regulatory Healing is a Paradigm of Healing for All.** It is a paradigm not just for the treatment of children, but a paradigm for living.

**Regulation is Relationship Dependent!** The more regulated adults become, the more regulated children/clients will become over time.

**The Brain is Moldable Throughout the Life Span.** The earlier in life that a child is traumatized, the more significant the impact. However, the sooner we begin Emotional Regulatory Healing the greater the impact as well!

**The Brain is the Boss of Behavior.** A person cannot change behaviors long term if they do not change the brain. A trauma-sensitive program utilizes brain based interventions toward the reduction of negative behaviors.

**Emotional Regulatory Healing is Guided by a Reduction of Negative Sensory Input, or an Increase in Calming Sensory Input.** Remember, what a person sees, hears, tastes, touches, senses and smells signals their brain whether or not they are safe. When an individual feels threatened, they fight, flight or freeze. When an individual feels safe, they do not act out!!!

**The Lens.** Childhood experiences create each person's lens. Foster children may see life, love, family and relationship from a different lens than their caregiver. Therefore, from the child's perspective, their caregiver may be a threat. Adults must begin to see the world through the lens that children see the world through in order to create safety for the children in their care.

## Stop

Stop reacting, take a personal check of your reactions, and then re-focus yourself on the needs of the child in your care.

## Drop

Lower the threat you seem to pose to the child: including getting on a level below him or her, or simply finding another way to stay present but not to appear threatening.

## Roll

Roll with the needs of the child. Putting yourself aside, think of what the child is needing from you: calm, safety, support, presence, and oftentimes, the right mix of presence and space.



## Essential Elements of Trauma Sensitive Care

**IMPACT OF TRAUMA.** It is important for you to recognize the impact that the trauma has had on the child's life. You must be able to empathize with the child and try to see the world through their eyes...through the "lens" of their traumatic experiences.

**FEELINGS OF SAFETY.** Safety is paramount to the successful life of anyone, but creating an atmosphere of safety is critical for a child who has experienced trauma. In order to create safety, caregivers must first manage our own emotions and manage to be both calm (as opposed to volatile, unpredictable, and emotionally dysregulated) and present— emotionally and physically attending to the needs of the child. This is how we can help a child gain a sense of safety, and ultimately work with children to 're-wire' their brains to lower the heightened arousal that has been the survival oriented trauma response.

**MANAGING EMOTIONS.** Trauma can make a child feel overwhelmed with feelings of fear, anger, shame and helplessness. 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. Your role as a caregiver is to become an Emotional Container: to be able to tolerate the strong emotions that children experience and to help them have a place where feeling is okay.

**IDENTIFY AND MODIFY 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. In the case of children in trauma, behavior modification begins with healing.

**SUPPORT CONNECTIONS AND RELATIONSHIPS.** Children learn who they are and what the world is like through the connections they make, including relationships with other people. Positive, stable relationships play a vital role in helping children heal from trauma. As a trauma sensitive Resource family, you can help your child to hold on to what was good about their connections, reshape them, make new meaning from them, and build new, healthier relationships between yourself and your child, and others as well.

**HELP CHILD DEVELOP A STRONG SENSE OF SELF.** You can help your child by being a safe listener when they share, working with them to build bridges across the disruptions of their lives, and helping them to develop a strength-based understanding of their life stories. Regulation and healing are relationship dependent. Your relationship with the child in your care becomes an anchor to help the child manage her experience. You must maintain your platform (keeping your own sense of self intact) and utilize Stop, Drop and Roll (setting aside your own responses and meeting the needs of the child).

**ADVOCATE FOR CHILD.** As a trauma-sensitive Resource family, you may be in a position to help others view you child through a "trauma lens." You are in a unique position to advocate for trauma-sensitive psychological assessment and treatment offered by experienced child trauma professionals.

**LOOK AT YOUR OWN RESPONSES.** Take a good look in the mirror. How do you respond to situations? Are you asking the child to do something that you could not do? Are you maintaining a sense of calm? Do you have a strong reaction or instinct, but use your rational and relational self to regulate how you respond?

**TAKE CARE OF YOURSELF.** In taking care of ourselves, we help our children learn how to take good care of themselves as well.

# Care Plan Worksheet



Jessamyn (10 Months)

1

What are the Jessamyn's strengths?

2

What can Jessamyn's parents contribute to resilience and support emotional regulatory healing?

3

What will the social worker contribute to resilience and support emotional regulatory healing?

4

What strategies should the resource family use to contribute to resilience and support emotional regulatory healing for Jessamyn?

## TRAUMA

### Responses

- Startle response/hypersensitivity.
- Not seeking attention or help(which is a result of severe neglect).
- Going with anyone when she should be starting to differentiate and want only her caregiver/parent.
- Developmental delays, particularly around language, can indicate what happens when children do not learn the 'give and take' of language development.



What are the Marisol's strengths?

1

*Marisol (7 years old)*

What can Marisol's parents contribute to resilience and support emotional regulatory healing?

2

## TRAUMA Responses

- **Parentification:** acting like the adult indicates that Marisol knew that someone had to do so and she volunteered.
- **Mood swings.**
- **Specific fears** that relate to her history of abuse and result in withdrawal.
- **Learning delays/ educational delays.**

What will the social worker contribute to resilience and support emotional regulatory healing?

3

What strategies should the Resource Family use to contribute to resilience and support emotional regulatory healing for Marisol?

4



# Care Plan Worksheet

1

What are the Miguel's strengths?

*Miguel (5 years old)*

## TRAUMA Responses

- Aggressive behavior.
- Sexualized behavior.
- Language delays.
- Does not differentiate dangerous situations

2

What can Miguel's parent's contribute to resilience and support emotional regulatory healing?

3

What will the social worker contribute to resilience and support emotional regulatory healing?

4

What strategies should the Resource Family use to contribute to resilience and support emotional regulatory healing for Miguel?

# Care Plan Worksheet



*Birdy (13 years old)*

**1**

What are the Birdy's strengths?

**2**

What can Birdy's parents contribute to resilience and support emotional regulatory healing?

**3**

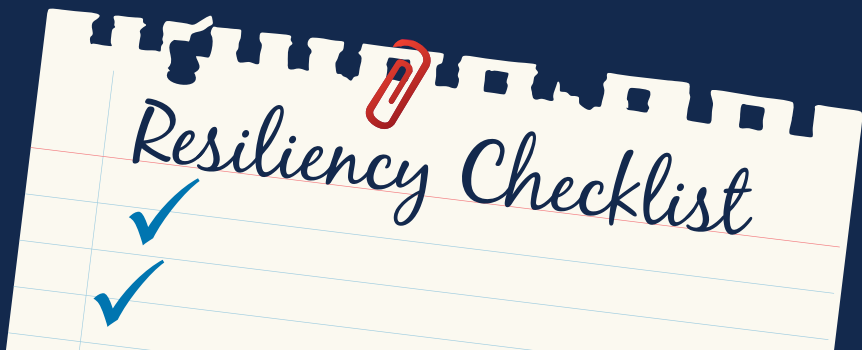
What will the social worker contribute to resilience and support emotional regulatory healing?

**4**

What strategies should the Resource Family use to contribute to resilience and support emotional regulatory healing Birdy?

## TRAUMA Responses

- Isolation.
- Withdrawal.
- Detached from others.
- Does not get along with peers or children.



## RELATIONSHIPS

	Yes	Sometimes	Not Yet
I have good friends who support me.			
I have a mentor or someone who shows me the way.			
I provide support to others.			
I am empathetic to others.			
I trust my close friends			
Comments:			

## INTERNAL BELIEFS

	Yes	Sometimes	Not Yet
My role as a caregiver is important.			
I have personal strengths.			
I am creative.			
I am hopeful about the future.			
I am lovable.			
Comments:			

## INITIATIVE

	Yes	Sometimes	Not Yet
I communicate effectively with those around me.			
I try many different ways to solve a problem.			
I have a hobby that I engage in.			
I seek out new knowledge.			
I am open to new ideas.			
I laugh often.			
I am able to say "No."			
I can ask for help.			

Comments:

## SELF-CONTROL

	Yes	Sometimes	Not Yet
I express my emotions.			
I set limits for myself.			
I am flexible.			
I can calm myself down.			
I can forgive myself.			

Comments

# DAY Two

Thoughts, Feelings & Actions NOTES



## Day Two Homework

**Before Day Three, please read handouts about brain development in young children.**

**Please also complete the following journaling questions:**

- 1. What surprised you the most about brain development in young children?**
- 2. Why do you think it is important for resource families to understand early brain development?**
- 3. How does this article help you understand why even young children “remember” experiences from pre-verbal stages of development?**
- 4. How will you use this information to help kids who may have experienced delays in some of their development?**