



DAY  
Two

Foster 

**VC Kids**

Ventura County Children & Family Services  
[fosterVCKids.org](http://fosterVCKids.org)

# Day Two At-a-Glance

Section	Time	Materials	Activities
Review and Introduction to Day 2	30 Minutes	<ul style="list-style-type: none"> <li>PPT 2.1-2.2</li> <li>Participant Guide</li> </ul>	
Introduction to Child Trauma and Trauma-Sensitive Care	2 Hours	<ul style="list-style-type: none"> <li>PPT 2.3-2.29</li> </ul>	<ul style="list-style-type: none"> <li>Someone You</li> </ul>
	15 Minutes	<ul style="list-style-type: none"> <li>Participant Guide</li> </ul>	<ul style="list-style-type: none"> <li>Case Studies: Types of Trauma</li> <li>Case Studies: Building Resilience and Emotional Regulatory Healing</li> <li>Trauma-Sensitive Care at Initial Placement in Foster Care</li> </ul>
Homework Assignments	10 Minutes	<ul style="list-style-type: none"> <li>Participant Guide</li> </ul>	
Wrap-up	5 Minutes	<ul style="list-style-type: none"> <li>PPT 2.30</li> <li>Evaluation</li> </ul>	<ul style="list-style-type: none"> <li>Complete</li> </ul>

# About Day Two

## Overview

Day Two of the 21st Century Caregiving: Foster VC Kids Resource Family Training will serve as an introduction to trauma-sensitive care. The primary role of Resource Families 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 participants 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. Participants will also gain experience developing a healing plan that meets the unique needs of a traumatized child. Additionally, participants will identify strategies for building their own resilience. As we progress through the remainder of the training, participants will apply and build on the skills, knowledge and tools they develop today.

**Case Studies:** You will be utilizing case studies throughout the training so that participants may have the opportunity to apply their learning. Today, you will begin to utilize the stories of five children of differing ages who have experienced trauma. These children include Jessamyn (10 months), Miguel (5), Marisol (7), and Birdy (13),

### *Real Cases*

You will want to make it clear to the participants that all of the case studies used in this curriculum are de-identified families with any identifying information altered or removed.

## Learning Objectives

- ✓ Define trauma and identify types of trauma experienced by children.
- ✓ Describe how children respond to trauma.
- ✓ Explain the impact of trauma on physical and psychological development.
- ✓ Explain the concept of trauma-sensitive care and its benefits.
- ✓ Describe how to help children recover from trauma through emotional regulatory healing and building resilience.
- ✓ Identify strategies to help build your own resilience.

## Trainer Preparation

In addition to the Trainer's Guide, Participants' Guides, and PowerPoint Slides, Day Two will require the trainer to locate and prepare the following supplemental materials:

**Evaluation Form:**

- See appendix for the evaluation form to be completed by the participant.

**Attendance Form:**

- See appendix for the attendance form.

## Resources

### ***Caring for Children Who Have Experienced Trauma: A Curriculum Resource for Parents (2010)***

<http://www.nctsnet.org/products/caring-for-children-who-have-experienced-trauma>

This training from the National Child Traumatic Stress Network is designed to help Resource Families understand the link between trauma and their children's often baffling behavior, feelings, and attitudes. It gives Resource Families practical tools to help their children move forward from their traumatic pasts, to recognize and reduce the impact of their children's traumas on themselves, and to seek useful support from others.

### ***From Chaos to Calm: At the Intersection of Mind/Brain/Body/Soul***

<http://www.coaching-forlife.com>

This training from Juli Alvarado at Coaching for Life, LLC is for parents and professionals who have dedicated their lives to the fact that there is no child beyond the hope of healing. This training teaches us how to provide care that focuses on long term healing from trauma, not just behavior modification.

### ***Reducing the Trauma of Investigation, Removal & Initial Out-of-Home Placement in Child Abuse Cases (2008-2009)***

(2009) <http://www.ocfs.state.ny.us/main/cfsr/Reducing%20the%20trauma%20of%20investigation%20removal%20%20initial%20out-of-home%20placement%20in%20child%20abuse%20cases.pdf>

This discussion guide from the Center for Improvement of Child and Family Services Portland State University, School of Social Work is intended to assist care workers, Resource Families and parents reduce the trauma of first response, removal and initial placement.

### ***Tire Blow-Out Scenario***

This scenario is from the training of Trisha Mosher, AK Consulting Group.

### ***Understanding Brain Development in Young Children (2009)***

<http://www.ag.ndsu.edu/pubs/yf/famsci/fs609.pdf>

This article from Sean Brotherson, Family Science Specialist, NDSU Extension Service is intended to assist parents understand how a child's brain develops and their important role in interacting with children to support brain development.



# Review and Introduction to Day Two

## Materials

PPT 2.1-2.2

PARTICIPANT GUIDE



30 Minutes

## Presentation –Review

- **Review** *Day One of training. Briefly cover the following:*
  - *Foster VC Kids mission, vision and values*
  - *Resource Family responsibilities as a professional team member,*
  - *The system of care, and*
  - *Deal breakers.*
- ▶ Last week we introduced you to Foster VC Kids, the system of care, the professional care team and your roles and commitments as a resource family. We also began the discussion of deal breakers.

### ASK

Based on what you learned this last week:

- ? **What excites you most?**
- ? **What worries you most?**
- ? **What questions do you have?**
- **Elicit** answers. *Briefly discuss.*
- **Review and collect** *Day One Homework.*



## PowerPoint Presentation – Day Two Learning Objectives (SLIDES 2.1-2.2)



21<sup>st</sup> Century Resource Familying :  
Foster VC Kids Professional Resource Family  
Training Session 2

### SLIDE 2.1

PowerPoint Title Slide: 21st Century Caregiving: Foster VC Kids Resource Family Training. (Day 2)

### SLIDE 2.2

PowerPoint Slide: Day Two Learning Objectives



- ▶ The learning objectives for Day Two of the **21st Century Caregiving: Foster VC Kids Resource Family Training** include the following:
  - ▶ **Define trauma** and identify **types of trauma** experienced by children.
  - ▶ Describe **how children respond to trauma**.
  - ▶ Explain the **impact of trauma** on physical and psychological development.
  - ▶ Explain the concept of **trauma-sensitive care** and its benefits.
  - ▶ Describe how to **help children recover from trauma** through *emotional regulatory healing* and *building resilience*.
  - ▶ Identify strategies to help **build your own resilience**.



## SUMMARIZE

- ▶ This is a very important day in our training. The primary role of Resource Families 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.
- ▶ During today's session you will gain experience developing a healing plan that meets the unique needs of a traumatized child.
- ▶ We will also be discussing secondary trauma and explore how you can care for yourself. Additionally, we will explore how your own personal experience with trauma may affect your abilities as a caregiver.
- ▶ We will also look at the impact of trauma on the biological family.
- ▶ As we progress through the remainder of the training, you will apply and build on the skills, knowledge and tools you develop today.



# Introduction to Child Trauma and Trauma-Sensitive Care

## Materials

PPT 2.3-2.29

PARTICIPANT GUIDE

Flipchart Paper/Markers



2 Hours 15 Minutes

## Presentation –Introduction to Topic

- ▶ The California Department of Social Services has mandated child welfare partners to integrate trauma-informed care training into their Resource Family training classes.
- ▶ This is part of the reforms taking place within child welfare and is consistent with what we now know about the significance of trauma in the lives of children in foster care.
- ▶ Not only do we need to learn strategies for helping traumatized children who are victims of abuse, neglect or abandonment and who may be undergoing upheaval in their lives such as removal from their homes, we must make sure that as professionals and caregivers, we do not unintentionally add to the trauma that the child already feels.
- ▶ During this section, we will explore what trauma is, how trauma impacts the "lens" through which the child sees life, love, family and relationships and how trauma affects his/her behaviors, reactions, and attitudes.
- ▶ **Because of trauma, foster children cannot and will not respond to traditional parenting as other children will.** Their brains are not yet fully organized and developed to understand traditional cause and effect parenting models.
- ▶ Creating an emotionally safe environment through emotionally safe relationships in that environment provides the healing foundation from which all further and deeper healing can and WILL occur.
- ▶ Resource Families and teams need a plan to work with each child to heal and build resiliency. Our work together today will help you think about what might be needed for the children in your care.



## Someone You Know: Trauma

### INTRODUCE the Activity

- *Post Slide 2.3 as you introduce this activity.*
- ▶ Let's think about how trauma impacts people in general by thinking of a time when someone you know fairly well experienced a trauma. That trauma may be the traumatic loss of a person close to them, a car accident, being a victim of a crime or being a victim of domestic violence.
- ▶ Please do not use your own experience, but stick with an experience of someone you know. This way we will be able to talk freely about what we have observed and we will be able to protect the privacy and emotions within our group.

**Trainer 's Note:** *Remind the group of the confidentiality/mandated reporting requirements. You are not asking them to think of or reveal a personal trauma of their own: you want to be able to think objectively about what they saw and heard from someone else.*

### PURPOSE of Activity

- *Honor the experience and knowledge of the participants.*
- *Begin the important discussion about trauma-sensitive care.*
- *Allow participants the opportunity to grow in comfort with one another so that they may share and participate more freely.*

### DIRECTIONS for Activity

- **Divide** participants into small groups.
- **Provide** each group with flipchart paper and markers.

**Say:**

- ▶ Because trauma-sensitive care is critical to achieving successful outcomes for children who have often experienced a great deal of trauma, we must begin to understand how people react to trauma.
- ▶ I would like you to think about a time when someone close to you experienced a traumatic event. This could be a sudden death of a partner or child, a car accident, being a victim of a crime or a victim of abuse. You do not need to share the details of the experience, only your friend or relative and her/his reactions to it. Explain how the stress affected your friend or relative's feelings, daily life and relationships.

▶ **Ask:**

- ? **When the trauma happened, how did the traumatic stress make your friend/relative feel emotionally?**
- ? **When the event happened, how did the stress make your friend/relative feel physically? What physical reactions did the person have after the event?**
- ? **When this trauma happened, how did the traumatic stress affect your friend/relative's daily life and relationships?**

- ***Instruct*** each group to select a speaker to report to the large group.
- ***After*** 10 minutes, ask each small group's reporter to share how trauma affected feelings, daily life and relationships.



### **SAMPLE RESPONSES for Emotional Feelings.**

- ❖ Depression.
- ❖ Anger.
- ❖ Fear.
- ❖ Overwhelmed.
- ❖ Confusion.
- ❖ Numbness.
- ❖ Loneliness: isolation.
- ❖ Anxiety.
- ❖ Difficulty thinking clearly.
- ❖ Difficult to remember details.



### **SAMPLE RESPONSES for Physical Feelings.**

- ❖ They would have anxiety attacks: shaking, sweating, dizziness, etc.
- ❖ Fear reaction such as tremors.
- ❖ Nausea.
- ❖ Anger reactions.
- ❖ Tension.



### **SAMPLE RESPONSES for Daily Life and Relationships**

- ❖ Unable to fully engage in family life or friendships: seemed distant.
- ❖ Marriage suffered.
- ❖ Trust issues.

- ❖ Difficulty concentrating.
- ❖ Difficulty functioning.
- ❖ Became self-destructive.
- ❖ Unable to perform daily living activities.
- ❖ Rejected Help.
- ❖ Became very needy.
- ❖ Other people seemed to avoid the person or act falsely cheerful around her/him.
- ❖ Isolation/withdrawal.

**Ask:**

- ? How did your friend/relative cope with the stress of the event? How did s/he make it to the other side and continue to live a successful and happy life?**

Sample Responses:

- ❖ Inner strength.
- ❖ A strong family support system.
- ❖ A loving, nurturing home environment.
- ❖ It took time.
- ❖ Keeping busy.
- ❖ Sought professional help in the form of a counselor or doctor.

***Trainer's Note:*** Process these responses and use group examples to reinforce that healing is relationship dependent.

**Ask:**

**? If you know this, did your friend experience any comments or behaviors from others that made it difficult to heal?**

Sample Responses:

- ❖ Being told not to cry in public or not to talk about it.
- ❖ Being forced to talk about it.
- ❖ Having people feel sorry for them.
- ❖ Being avoided.
- ❖ Having people always try to cheer her/him up.
- ❖ People said s/he should just get over it and try to forget.
- ❖ People kept telling my friend/relative their own stories which made her feel like they were competing or like she had to take care of them.

**Ask:**

**? If you know this, what did your friend or relative need and want from you or from others in his/her life to help heal?**

Sample Responses:

- ❖ Be available to listen.
- ❖ When appropriate, and when asked, sharing your own experience.
- ❖ Letting your friend tell you what s/he needs at the moment.
- ❖ Accepting her/his timeframe for healing without judgment.
- ❖ Inviting him/her back into life as s/he is ready, willing, and able.
- ❖ Honor the trauma.
- ❖ Maintain your platform.
- ❖ Remember that healing is relationship dependent.



- ▶ Using our list of what helped, we are going to begin our work in thinking together about both the impact of trauma on children and about how we, as professional caregivers, can move forward in a way that is designed to support healing and recovery for children after trauma.
- ▶ We all have areas that we need to improve on, but most of us have internal and external resources to rely on to help us on the bumpy road of life. As adults, we have coping mechanisms to help us overcome the effects of stress and trauma. We use these skills in resiliency to bounce back from life's more difficult moments.
- ▶ Many children who have faced trauma have not learned skills in resiliency. An important job as a Resource Family is to help the child build these skills.



## SUMMARIZE

- ▶ We have all faced stress in our lives and most of us have first or second hand experience. Some of us have experienced a life-threatening accident. Some of us have experienced the loss of a parent, a spouse, maybe even a child. Some of us have experienced the loss of a job or a foreclosure on a house. Some of us have experienced health problems.
- ▶ We know that the stress related to trauma can have a significant impact on our feelings, relationships and on our daily life. Stress can also impact our behaviors, attitudes and reactions.
- ▶ As resilient adults, we have resources for climbing out of the chasm to lead a healthy life. Whether we came to it naturally or have done our own internal work, as grounded adults we have found ways to manage our emotions and our lives so that we can move forward.
- ▶ Many children in foster care have faced trauma on a consistent basis and the "lens" through which they see life, love, family and relationships is different from our own. Our challenge in caring for these children is to begin to understand where they are coming from so we can begin to understand their needs and help them build a foundation for healing.
- ▶ We also want to be sure to honor each child's experience

while providing a healing environment. It can be easy to react to children's behavior without considering whether the behavior we are seeing has a root in trauma.

- ▶ By understanding and trying to respond from a trauma-informed lens, we offer children a chance to be known for their strengths and to work through the natural reactions that probably kept them alive and helped them to survive in traumatic times.



## PowerPoint Presentation – (SLIDE 2.4-2.7) Changing the World: One Family at a Time

### SLIDE 2.4

PowerPoint Slide: Walt Whitman Quote



This section is adapted from the publicly funded *Caring for Children Who Have Experienced Trauma: A Curriculum Resource for Parents (2010)* by the National Child Traumatic Stress Network. Permission pending.

- **Ask** for a volunteer to read the quote aloud.
- ▶ Everything that children experience becomes a part of the fiber of their being.
- ▶ These experiences include the very bad and confusing events we call trauma, as well as the good experiences we create and share with them.
- ▶ We will begin by examining the effects of trauma by looking at stories of children of different ages who have been in foster care.



- **Refer** participants to **Participant Guide Day Two: Children's Stories: Their Trauma**. The children are Jessamyn (10 months), Miguel (5), Marisol (7), Birdy (13) and Jonah (15).
  - **Allow** the participants 5 minutes to read the stories.
  - At the end of the five minutes, tell the group that you are going to ask them three questions: one about **THOUGHTS** one about **FEELINGS** and one about **REACTIONS**. It will help them prepare to help children cope with trauma to be able to dwell in all areas, and to notice which set of responses was more immediate and natural for the participants, as this may offer them some insight into how they can use their personality to help children who have been through a trauma.

## CHILDREN'S STORIES

### ***The story of 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 was 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.*

### ***The story of Miguel (5) and Marisol (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 the state came in. When their 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.*

***The story of 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 Ventura 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 the state was waiting for them at the place they were crashing. That was when it was all CFS and 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.*

**Trainer 's Note:** During this dialogue, please be sure to observe participants' reactions/personal trauma triggers. Document and be prepared to discuss individually.

This dialogue starts with feelings because within work on trauma, children who are emotionally dysregulated have a staged reaction to triggers:

- **The first response is unconscious and involuntary** and relates to the immediate perceived notion of saving and protecting oneself.
- **The second reaction can be emotion:** and in particular, a release of emotions that stem from not only the current trigger, but past emotions that could not safely be expressed. The flooding of emotion can drive behavior that seems irrational to the observer who does not know about the traumatic past.
- **The third reaction may be the application of logic, or thinking.** Building rational thought as a response to a trigger is part of the task of some types of treatment.

The comments that participants make about what they think, represent a mix of emotion and the speaker's ideas about what they should say, what would make them look rational or intelligent or informed. Questions about feelings reinforce that emotions and the drive to survive become pre-eminent in many of the trauma responses that parents will see in children.

### Ask:

- ? What are your emotional/feeling responses to these stories?**

### Sample Responses:

- ❖ Angry at the parents.
- ❖ Sad for the children.
- ❖ Afraid that I would not be able to manage my own emotions if a child were to share that story with me.
- ❖ Afraid to know that these kinds of things happen to children in their families and homes.
- ❖ The experience reminded me of something that happened to me. I am remembering how it felt for me.

**Ask:**

**? What were you thinking about the stories?**

Sample Responses:

- ❖ Someone should punish that parent.
- ❖ That parent should not be allowed to have kids.
- ❖ That parent was choosing drugs over their child.
- ❖ That parent was choosing a partner over their child.
- ❖ That parent is crazy and is not capable of caring for a child, ever.
- ❖ I had that experience myself so I know how to help.
- ❖ I would never be able to work with that parent.

**Ask:**

**? What did the stories you heard make you want to do?**

Sample Responses:

- ❖ I want to save that child.
  - ❖ I want to erase that experience.
  - ❖ I don't want to be connected with that parent.
- 
- ▶ All of these children have experienced some form of trauma. As a result, they present unique challenges for the Resource Families responsible for their care.
  - ▶ I want you to keep these thoughts, feelings, and urges in mind as we move through looking at the challenges that Resource Families face in supporting children who experienced trauma. A huge part of being able to help traumatized children is to know yourself and to keep yourself aware of your own personal response as well as your role in the healing journey for children in your care.
  - ▶ While we are not asking you to share this in our group, we do want to note that you may have your own experience with



trauma. Some people come into this work because their own healing journey has taught them skills and values that can help someone else. Others come into this work because it is so far from their personal experience that they feel a need to help.

- ▶ No matter why you came into this work and this course, during our time together you will have a chance to find out what your strengths and needs will be as far as being able to meet the challenges of healing for children and parents who have been traumatized.
- ▶ It is important to note and address your own reaction. If you have unresolved traumatic experiences, caring for a traumatized child may re-open old wounds. Your own experience, your own history, may be triggered through the work you do with children. No matter who you are or the path you have walked, the role you will play with parents will require you to both understand the parents' need to heal and to play a key role in helping children find safety and healing.
- ▶ For relative caregivers, this may be especially challenging because it happened within the family. Relatives may feel guilty, angry, and many other emotions when it comes to trauma experienced in the family.



## SLIDE 2.5

PowerPoint Slide: The Challenges

- ▶ **Caring for a traumatized child can be very difficult.** Trying to make sense of the behaviors, reactions, and attitudes of a traumatized child can leave you feeling:
  - ▶ Confused
  - ▶ Frustrated
  - ▶ Unappreciated
  - ▶ Angry
  - ▶ Helpless
- ▶ Feelings of confusion, frustration, under-appreciation, anger and helplessness are normal. **Learning strategies to manage your emotions is as important as learning how to properly care for a child who has been traumatized.**

- ▶ **You must also remember that you are not alone.** In the spirit of partnership, you have others, including the biological parents, the ongoing social worker, and RDS to help and support you.



### SLIDE 2.6

PowerPoint Slide: Are you up to the challenge?

- *Read the quotes from Foster VC Kids Resource Families*
  - ▶ The experience of Resource Families in our system indicates that **while there are many challenges**, including the challenges involving the behaviors, reactions and attitudes of a traumatized child as well as the challenges involving working with the biological family, **the rewards are great.**
  - ▶ You find an inner strength that you may not have known existed and your capacity to love and nurture this child toward emotional regulatory healing, resiliency and positive outcomes will sometimes surprise you.
  - ▶ It is also important to note that when working with children who have experienced trauma, the most substantial and long term change will occur via the influence of the family, so your role as a family mentor is a keystone to success. Once the dynamics underlying the trauma have been shifted, the child will naturally shift as well.
  - ▶ So, empowering yourself with the tools and solutions found in trauma-sensitive care, will make your fostering experience more successful, satisfying and life changing, for yourself, the child in your care and the biological family.



### SLIDE 2.7

PowerPoint Slide: Changing the World

- ▶ Remember, you are changing the world...one family at a time.



## PowerPoint Presentation – (SLIDES 2.8-2.13) What is Trauma?



### SLIDE 2.8

PowerPoint Slide: A traumatic experience....

- ▶ According to mental health experts, a traumatic event is different from run-of-the mill stressful or upsetting events in several important ways:
  - ▶ First, it **threatens the life or physical integrity of the child or of someone critically important to the child** (such as a parent, grandparent, or sibling).
  - ▶ Second, it causes an **overwhelming sense of terror, helplessness, and horror**.
  - ▶ Third, **the body reacts to this threat automatically** with an increased heart rate, shaking, dizziness or faintness, rapid breathing, release of stress hormones like adrenaline and cortisol, and loss of control of the bowel or bladder.
  - ▶ **The physical responses to trauma can be terrifying in and of themselves.** Feeling that their body is out of control adds to children's feelings of helplessness and panic. The danger may feel as if it's outside and inside all at once. One little boy said, "My heart was beating so hard I thought it would come out of my chest."



### SLIDE 2.9

PowerPoint Slide: 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, and
  - ▶ A physical or sexual assault.
- ▶ **Even during a brief traumatic event, a child can go through an amazing number of feelings, thoughts, and physical responses** as s/he reacts to the danger and thinks of how to find safety.
- ▶ **Certain moments during the event** (such as a dog barking or someone pointing his gun) **can stick in a child's mind as the scariest.** Children gauge the seriousness of an event by parents' and other adults' responses. For example, one little girl said that the scariest part of a hurricane was seeing her mother cry in fear.



### SLIDE 2.10

PowerPoint Slide: Types of Trauma: Chronic Trauma

- ▶ A **chronic trauma** is when a child experiences many traumatic events, often over a long period of time.
- ▶ **Chronic trauma can mean recurrent traumatic events of the same kind** (such as physical or sexual abuse) **or the experience of many different traumatic events** (such as a child who has seen a violent fight between his parents, and later gets hurt in a drive-by shooting, and then has to spend weeks in the hospital undergoing frightening medical procedures).
- ▶ **Even in cases of chronic trauma, such as physical abuse, there may be particular events that stand out as especially terrifying.** For example, one little girl couldn't stop thinking about "the night Mommy was so drunk I was sure she was going to kill my sister" or "the time Daddy was screaming at people who weren't there."
- ▶ **The effects of chronic trauma build on each other.** The brain and body of a child who has experienced chronic trauma for years may respond differently to a scary event than a normal child's does. Children who have experienced a series of traumas may become more overwhelmed by each event that follows and more convinced that the world is not a safe place.



### SLIDE 2.11

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



### SLIDE 2.12

PowerPoint Slide: Types of Trauma: Neglect

- ▶ **Neglect is one of the most common reasons children are sheltered / removed and placed into foster care.**
- ▶ **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.**
- ▶ **For older children, 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.**



### SLIDE 2.13

PowerPoint Slide: Types of Trauma: Secondary Traumatic Stress

- ▶ **Secondary traumatic stress is a risk we incur when we engage empathically with an adult or child who has been traumatized.**
- ▶ Charles Figley (1995) defines secondary traumatic stress as **"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."**
- ▶ Until recently, when we spoke about persons being traumatized we were speaking of those people who were directly exposed to the trauma. It has only been recently that researchers and practitioners have acknowledged that persons who work with or help traumatized persons are indirectly or secondarily at risk of developing the same symptoms as persons directly affected by the trauma. Clinicians and parents who listen to their clients or children describe the trauma are at risk of absorbing a portion of the trauma.
- ▶ **Vicarious Trauma** refers to the traumatic impact on those who feel the intensity of the traumatic event through another person.
- ▶ **We need to be mindful that** as Resource Families, as staff, and as concerned community members, **we are likely to experience vicarious trauma.**
- ▶ We will talk more about this during our last session.





## Case Studies: Types of Trauma

### INTRODUCE the Activity

- *Post Slide 2.14 as you introduce this activity.*
- ▶ Let's go back to our stories from earlier. In our reading of the children's experiences, we talked at length about our first reaction. Now that you have a little more information about the nature of trauma, we will look again at the experiences of the children in the examples.

### PURPOSE of Activity

- *To apply understanding of different types of trauma to child examples.*

### DIRECTIONS for Activity

- *Divide participants case study groups.*
- *Refer participants to PARTICIPANT GUIDE pages 2-7 to-2-11: **Children's Stories of Trauma (Long Version)** and PARTICIPANT GUIDE pages 2-12 to-2-13: **Types of Trauma** and **Types of Trauma Worksheet**.*
- *Ask participants to read the long story about their child.*



#### Say:

- ▶ Let's apply what we have just learned about types of trauma to our assigned children. In your groups, I want you to identify the answers to the questions in your participant guide.
- ▶ You will see that you are asked to identify which type of trauma is most likely described in the vignette. For now we will stop at identifying the types of trauma, and then later on you will be asked to think about how the child may feel, react, or develop based on the traumatic event(s) described.
- ▶ We will discuss your ideas about this material after you have had a chance to fill in the worksheet, working with your group.

**Ask: (moving through each story in sequence)**

**? Which type of trauma did Jessamyn (10 months) experience?**

Sample Response:

- ❖ Chronic trauma and neglect from:
  - Trauma from medical condition and surgeries.
  - Witnessing mother being beaten.
  - Separation from mother, father figure, and siblings.
  - Neglect.
  - The trauma of removal.

**Ask:**

**? Which type of trauma did Miguel (5) and Marisol (7) experience?**

Sample Response:

- ❖ Chronic and acute trauma, neglect from:
  - Witnessing suicide attempts.
  - Neglect.
  - Separation from parents.
  - Sexual abuse.

**Ask:**

**? Which type of trauma did Birdy (13) experience?**

Sample Response:

- ❖ Chronic trauma from:
  - Death of mother.
  - Homelessness.
  - Neglect.



## SUMMARIZE

- ▶ As we can see, we all had some common responses to the stories earlier on. We now use the information available to us to better understand the nature of trauma and how a wide range of experiences within the child abuse and neglect spectrum can look different and fit into different types.
- ▶ As we continue on, we want to keep two major points in mind:
  - ▶ **Trauma can be experienced in many different ways**, and like each child, the trauma and traumatic response will be unique even among siblings from the same family.
  - ▶ Despite the wide range of traumatic experiences, **there are some common responses among people**.
- ▶ In your role as a Resource Family, you will be able to use the knowledge and information available to understand the traumatic impact of what the children in your care have experienced, and to get some guidance on how to help them in their healing journey.
- ▶ Next, we will discover that trauma exists and creates response at the cellular level. That is to say, on an unconscious level at which we all react in an automatic way that helps us survive.



## PowerPoint Presentation – (SLIDES 2.15-2.17) How Children Respond to Trauma

### The Brain and Trauma



### SLIDE 2.15

PowerPoint Slide: Creation of the Lens: Regulatory Brain Systems

- ▶ **Trauma impacts people**, as we have said, **at a cellular level**. This means that unlike other experiences and reactions, **trauma creates an automatic, desperate, and survival-oriented response** in people.
- ▶ When a person is traumatized, **the brain kicks into an automatic level of functioning** which literally changes brain functioning.
- ▶ **When this pattern is repeated, the actual brain wiring can be shaped by trauma**. You can imagine that a traumatized person, always hyper-vigilant to attack, could become overly sensitive to feeling attacked, or could find it difficult to concentrate on anything less than responding to 'life or death' situations.
- ▶ When we understand the impact of trauma on how brains are wired, we learn that the brain's automatic response, likely to be **FIGHT, FLIGHT, or FREEZE**, becomes the response to anything that is stressful for the individual.

### Effects on Physical and Psychological Development



### SLIDE 2.16

PowerPoint Slide: Effects on Physical and Psychological Development

- ▶ **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.
- ▶ **The traumatized child may have unique responses to stress** that non-traumatized children do not have. As caregivers for children who have experienced trauma, you do not need to be neuroscientists to understand the specific physical and brain responses to trauma.
- ▶ **You simply need to understand that children's responses to stress, after having experienced trauma, may not be within their control and may, instead, be based on the way that their brain and body coped with life-threatening and terrifying events in the past.**

*Trainer's Note: The following material may be covered but this is not necessary. Remind participants that in-service trauma-sensitive care training is offered that will go into more depth on brain research (SET Program, other FKCE training).*

- ▶ *Current research about trauma exposed children looks at how similar the symptoms are between Attention Deficit Disorder (with hyperactivity and with inattention), Post Traumatic Stress Disorder, and disorders relating to attachment. This sometimes causes confusion about what is underlying the behaviors being expressed, and may lead others to not realize that these behaviors are related to trauma and not a different, more familiar, disorder or problem.*
- ▶ *Foster children have reactions to their traumatic past, and you may observe behaviors and thought patterns that seem like they fit better with mental and behavioral health issues than what you may have expected from children who have been abused and neglected. Understanding the reaction that children have to trauma is a continuously unfolding field of study.*
- ▶ *The important thing for you to know is that **the experiences that children in your care had before they met you may still be present and impacting them through the way that their brain and behavioral patterns were formed.** This is not a conscious pattern or decision, but rather a reaction.*



## SLIDE 2.17

### PowerPoint Slide: Responses to Trauma

- ▶ **Every child responds to trauma differently.** 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 **basic temperament**--some children are more fearful, more sensitive,
  - ▶ **How the child perceived or understood the danger**, and
  - ▶ The child's **past experience with trauma**. Trauma's effects can be cumulative--the more trauma in a child's history, the harder it may be to cope with any new traumatic event.



- ***Refer participants To Participant Guide Day Two: Responses to Trauma, Understanding Brain Development in Young Children, The Brain and Trauma, and Developmental Stages and Trauma.***
  - ▶ You will find more information on the brain and trauma in your Participant's Guide. This supplemental information will help build your understanding about how children respond to trauma and why your own response to the traumatized children in your care is so important.
  - ▶ Understanding how the brain reacts to trauma is the first step to helping a child recover. Let's talk now about strategies for helping a child recover and heal.



## PowerPoint Presentation – (SLIDE 2.18-2.28) Recovering From Trauma



Juli Alvarado's model of *Emotional Regulatory Healing* is used with her permission.

### SLIDE 2.18

PowerPoint Slide: What is Emotionally Regulatory Healing?

- ▶ Juli Alvarado's model of ***Emotional Regulatory Healing*** is based on a deep understanding that when people are traumatized, they may not have the ability to manage, or regulate, overwhelming emotions. This is because of the ways that trauma can impact our brain wiring and development.



### SLIDE 2.19

PowerPoint Slide: What is Emotionally Regulatory Healing?

- ▶ *Emotional Regulatory Healing* emphasizes adults take responsibility for the children first, before the children can take responsibility for themselves.
  - ▶ “A trauma-sensitive program works toward the healing of trauma, not just behavior modification. The deepest philosophical change is to move from holding children responsible to understanding them...you cannot give away that which you do not possess. Listening to behavior instead of reacting to a child's behavior allows us [caregivers] to understand their [the child's] needs. They may have no other way of communicating to us, in the moment, what they are experiencing internally and exposing externally.”
- ▶ *Emotional Regulatory Healing* also emphasizes that adults, no matter what role they play (i.e. Resource Families, social worker, etc.) have to remain on their "platforms", or separate from the emotional storm that children may experience, in order to be effective healers. Caregivers will not be effective in the lives of children if these adults are not maintaining their sense of emotional regulation and stability. If adults are reacting versus responding to any given situation, then they are taking a risk of not helping children and at worst – further traumatizing them.



- ▶ **Remember that regulation and healing are relationship dependent** and if one member of the family is dysregulated, then everybody in the family will be dysregulated.



### SLIDE 2.20

#### PowerPoint Slide: Becoming a Trauma-Sensitive Caregiver

- ▶ Those of us who are committed to working with children who have experienced trauma now have a great deal more access to knowledge about trauma, how it impacts children and how to help children recover from traumatic effects.
- ▶ Once you understand why a child is behaving in a certain way, you'll be better prepared to help her/him cope with the effects of trauma.
- ▶ Becoming a trauma-sensitive Resource Family will make it easier for you to:
  - ▶ Communicate with the child in your care,
  - ▶ Help the child improve her/his behavior and attitudes,
  - ▶ Get the child the help s/he needs from schools, caseworkers, therapists, etc.,
  - ▶ Reduce your own risk of compassion fatigue or secondary traumatic stress, and
  - ▶ Become a more effective and satisfied caregiver.



### SLIDE 2.21

#### PowerPoint Slide: Essentials Elements of Trauma-sensitive Care

- ▶ **Understanding the 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.

- ▶ The impact of trauma on children (and adults) often results in either 'wiring' or 'rewiring' the brain. Sounds dramatic but it is true. When people feel that their life, safety, or loved one is in grave danger, the brain takes over and creates an immediate survival response.
- ▶ A good example, aside from child abuse, is when you are driving and your tire blows out.

The tire blow-out scenario is from the training of Trisha Moser and is used with her permission.

### **Ask: (moving through each story in sequence)**

- ?** *Has anyone had that experience? Use the following to walk through the experience with a participant, if one volunteers.*

### **The Tire Blow Out Experience:**

- ▶ All of a sudden, you hear a loud noise and then your car immediately becomes unbalanced and pulls strongly to one side.
- ▶ You do not know what has happened, but you know that at that second, if you don't pull with all your might and get to the side of the road, you and everyone in that car will crash.
- ▶ As if with superpowers, you are able to see all around you, to find the one hole in traffic where you can steer, and to get to safety.
- ▶ In that moment, you find superhuman strength and adrenaline rushes through you as you get to safety.
- ▶ It is only later, on the side of the road, that you can speak or quiet yourself. There, in the quiet side of the road, you begin to shake uncontrollably, to look around for help; to be sure everyone else is okay. You may laugh or cry, scream, or make a phone call to tell your loved ones what happened. In other words, in the crisis, when you know that the path to survival requires it, you will do what you need to do. The ability to reflect and synthesize and plan returns after the crisis has passed.
- ▶ The human instinct to survive hijacks your normal routine way of solving problems. For example, if that same tire was flat when you came out in the morning to

go to work, you may be annoyed but you would probably say a few choice words (or shrug), go inside and get tools or get AAA to come, and resolve your problem. If you tried that approach when your tire blows on the 101 during traffic, you would not survive to make that call.

- ▶ In fact, if you had that experience, you would likely find that you are hyper-responsive to similar noises when driving for some time to come.
  
- ▶ Trauma impacts children in a similar way when they are abused and neglected. Children may have relatively few effective ways to prevent or minimize abuse or neglect. Because they do not hold family power, physical strength, or access to the outside world during abuse events, children often learn to fight, flee, or freeze. Depending on the child and the method of abuse, one option (fight, flight or freezing) may become the most effective way to survive. These responses to being or feeling threatened, over time, become wired into the child's response to the world.
  
- ▶ Because the drive to survive is so primal, this wired in response is literally the way the child's brain tells the child to react whenever that feeling of being unsafe or threatened, whether emotionally or physically, is triggered.
  
- ▶ **Creating a Feeling 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.**
  - ▶ Often they have not felt safe in their own homes. **You must establish an environment that is physically safe and build a relationship so that you can identify what it takes to make them feel psychologically safe.**
  - ▶ **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.** By present I mean 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. Even experiences and interactions that are considered neutral by normal standards, can result in panic and a flood of emotions from a child who is burdened by memories and images of trauma. For example, even in talking about our own emotional reactions, we know how many emotions are evoked just in the secondary process of hearing about traumatic experiences.
- ▶ Additionally, trauma can affect a child's 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 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.
- ▶ 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.



### SLIDE 2.22

PowerPoint Slide: The Essentials Elements of Trauma-Sensitive Care

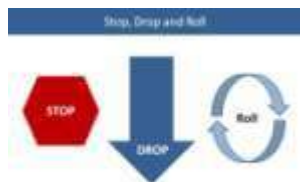
## ► Identifying a Child's Reaction and Response to Trauma

- ▶ **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. It helps to think about how being reactive, or quick to respond, can be a survival technique while growing up in chaotic or dangerous environments. As a trauma-sensitive parent, you can help children in your care to understand the links between their thoughts, feelings, and behaviors and to take control of their behavioral responses.

- ▶ **In the case of children in trauma, behavior modification begins with healing** and we will explore this during our upcoming discussion on *Emotional Regulatory Healing*.
- ▶ **Supporting 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.**
  - ▶ **The original patterns that children develop to make connections and build relationships are set within the relationship with primary caregivers.** These patterns – what works with those early caregivers and what is sustained at home over the early years – teach children how to form connections that will help children define themselves and their place in the world. The early relationships with primary caregivers form a child’s first attachment experience and, in many ways, wire a child’s brain and being towards repeating the patterns learned early on.
  - ▶ **Children who have been abused or neglected often have insecure attachments with other people.** While some of what is learned reinforces a sense of self worth and a sense that adults and others can be trusted, other experiences within relationships that include abuse and neglect teach a child that adult responses are unpredictable or dangerous. Nevertheless, children may cling to these relationships, despite their being disrupted or even destroyed when they come into care.
  - ▶ As a trauma-sensitive caregiver, you can **help your child to hold on to what was good about these connections**, reshape them, make new meaning from them, and build new, healthier relationships between you and your child and others as well.

### ► **Helping Child Develop a Strong Sense of Self**

- ▶ 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 the child overcome these beliefs by being a safe listener, 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.**
- ▶ As a Resource Family, you walk a fine line because on the one hand, you want to be an active and positive listener, which we will explore further, and on the other hand you will need to adhere to the rule of not disparaging the child's parents in an effort to promote reunification and, even when reunification is not the goal, to help the child retain the ability to talk freely about his/her connection to their parents.
- ▶ **Regulation and healing are relationship dependent.** Your relationship with the child in your care becomes an anchor to help the child manage his/her experience. Your relationship with each child becomes the path to healing. In learning to trust and love and attach to you, the child develops or repairs skills that will move him/her forward in the ability to connect with others and to be safe.
- ▶ **Maintain your platform.** Remember that you can provide the best healing experience by remaining connected through relationship and by establishing who you are. By remaining with, but not becoming enmeshed with, children in your care, you provide a healing relationship. With your own sense of self intact, children are free to be themselves, to understand boundaries and create safety while in your care.
- ▶ **Establish safety.** As the adult, you are in charge of making sure that safety surrounds the child. This means that you will have to have enough patience, boundaries, and calm for both of you, even when things get emotional for you.



## SLIDE 2.23

### PowerPoint Slide: Stop, Drop and Roll

- ▶ We want to briefly introduce a concept that we will return to in later sessions. As you incorporate the ideas in this session, it is important for you to be able to set aside your own responses so that you can meet the needs of the children in your care.
- ▶ Juli Alvarado and M. Sue Grantham talk about the trauma-sensitive caregiver using the metaphor of responding to fire: **STOP, DROP, and ROLL.**
- ▶ To best help, we need to notice when children are triggered, usually evident by their behavior, and **STOP.** **By stop, we mean stop reacting, take a personal check of your reactions, and then re-focus yourself on the needs of the child in your care.**
  - ▶ Ask yourself, “What am I feeling?” Name the feeling, breathe and then try to understand that this is your feeling, your reaction, and not the child’s.
  - ▶ The child needs a sense of safety and calm to counter the arousal, if possible, and to return from the triggered experience.
- ▶ The next step is **DROP.** **By drop, we may mean literally to ‘Drop’.** In reacting, you are likely furthering a trigger by becoming emotional. You will want to lower the threat that you seem to pose to the child: including **getting on a level below him/her, or simply finding another way to stay present but not to appear threatening.** This may help the child return from the ‘hijack’ of the trigger response. Listen, relate. Don’t control or advise. Remain calm in your manner.
- ▶ Lastly, we want to **ROLL:** and by this we mean **roll with the needs of the child.** Putting ourselves aside, think of what the child needs from you: calm, safety, support, presence, and oftentimes, the right mix of presence and space.





## SLIDE 2.24

### PowerPoint Slide: The Essentials Elements of Trauma-sensitive Care

#### ▶ **Advocating For 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 person who is most intimately and consistently connected with the child, you are a critical part of this team and can help ensure that efforts are coordinated. **As a trauma-sensitive caregiver, you may be in a position to help others view your child through a "trauma lens."**
- ▶ Children who have experienced trauma often need specialized assessment and treatment in order to heal. There are many treatments available whose effectiveness has been established. **As Resource Families, you are in a unique position to advocate for trauma-sensitive psychological assessment and treatment offered by experienced child trauma professionals.**
- ▶ As Resource Families, you will be asked to push against your own limits and tolerance, but this is nothing more or less than we expect our children to do every day of their lives.

#### ▶ **Looking at Your Own Responses**

- ▶ **As caregivers of traumatized children, we have to take a good look in the mirror.** How do we respond to situations? Are we asking the child to do something that we, ourselves, could not do? Are we maintaining a sense of calm? Are we people who can have a strong reaction or instinct, but use our rational and relational self to regulate how we respond?

#### ▶ **Taking Care of Yourself**

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



### SLIDE 2.25

PowerPoint Slide: Quote

- **Ask** for a volunteer to read the quote aloud.
- ▶ *Peace ... it does not mean to be in a place where there is no noise, trouble or hard work. It means to be in the midst of things and still be calm in your heart.*



### SLIDE 2.26

PowerPoint Slide: What is Resilience?

- ▶ **Resilience** is the ability to recover from traumatic events.
- ▶ In general, children who are resilient, see themselves as:
  - ▶ Safe,
  - ▶ Capable, and
  - ▶ Lovable.



### SLIDE 2.27

PowerPoint Slide: Growing Resilience

- ▶ Although nothing can entirely wipe out the effects of trauma, research has shown that **there are many factors in a child's life that can promote resilience.**
- ▶ Trauma doesn't go away, but regulation and healing can occur.
- ▶ However, the impact of cortisol on the brain is also irreversible in some cases.
- ▶ **Some resiliency factors include:**
  - ▶ **Having a strong, supportive relationship with a competent and caring adult.**
  - ▶ **Feeling a connection with a positive role model or mentor.** This can be someone who has also gone through painful experiences and survived, or someone the child aspires to be like as an adult.



## SLIDE 2.28

### PowerPoint Slide: Growing Resilience

- ▶ **Feeling their talents and abilities are being recognized and nurtured.**
- ▶ **Feeling some sense of control over their own lives.** Being removed from one's home and placed in foster care can increase traumatized children's feelings of having no control over what happens in their lives. Being empowered can help their recovery from trauma.
- ▶ **Feeling invested in and part of a larger community,** be it their neighborhood, faith-based group, scout troop, or extended family. Some school-aged children or adolescents who have experienced trauma find that serving a cause can be healing.
- ▶ **It is important to note that you should not mistake withdrawal as healing or resilience.**
- ▶ As a Resource Family, you will be able to play a major role in helping your foster child develop skills in resilience.



## Case Studies: Building Resilience and Emotional Regulatory Healing

### INTRODUCE the Activity

- *Post Slide 2.29 as you introduce this activity.*
- ▶ Now we are going to explore some ways that you, as a Resource Family, can help with emotional regulatory healing and building resilience with the children in your care.

### PURPOSE of Activity

- *To practice identifying and building strengths with children.*
- *To identify strategies for emotional regulatory healing and for building resilience with children.*
- *To make a personal plan based on personal strengths that will assist children in their healing and resilience process.*

## DIRECTIONS for Activity

- **Return** participants into small groups.
- **Provide** each group with flipchart paper and markers.
- **Refer** participants to **Participant Guide Day Two: *Emotional Regulatory Healing, Essential Elements of Trauma Sensitive Care*** and **Care Plan Worksheet**.



### Say:

- ▶ Go back to your small groups about your child, and this time you will begin to make a healing plan that involves the partners on this child's team: the parent(s), the social worker, and the child.
- ▶ You can use the worksheet to structure your conversation. For your convenience, the child's trauma responses have already been identified on the worksheet.
- ▶ Plan for feedback to the large group.



- **Instruct** each group to select a speaker to report to the large group.
- **After** 15 minutes, ask each small group's reporter to share their healing plan.



## SAMPLE RESPONSES for Jessamyn's Healing Plan

- ❖ Make sure that Jessamyn has primary caregivers who build a strong relationship with her, anticipating and meeting her needs.
- ❖ Focus on comforting behaviors, although Jessamyn seems calm.
- ❖ Talk and coo with Jessamyn at all times when she is awake to try to get her to develop a sense of mutual communication.
- ❖ Keep the environment calm.

- ❖ It can seem easy to parent a baby who does not complain, but Jessamyn is likely passive because she learned that her complaints would not be answered. Making sure that her needs are met and any noises or indication of needs is responded to will be part of her healing.
- ❖ Work with Early Steps or other early childhood development program that is trauma-sensitive to assist Jessamyn in development.



### **SAMPLE RESPONSES for Marisol's Healing Plan**

- ❖ Create a strong relationship with Marisol around her strengths.
- ❖ Allow her some responsibility so she doesn't feel 'fired' but also reassure her of the adult ability and willingness to meet needs. For example, have her tell the adults what she thinks the children are saying, but don't put her in a responsible position for meeting their needs directly.
- ❖ Set clear boundaries about the adults' roles and the children's roles.
- ❖ Find ways to honor her fear of specific people while she is still working out her past: no mocking, cajoling, or pressing her to 'get over it'.
- ❖ Provide help in school that allows her a sense of competence.
- ❖ Appreciate all that she did to keep her family together.
- ❖ Work with agency and professionals to determine what will be most effective with this child due to her fears: work with professionals on how to help Marisol heal.



### **SAMPLE RESPONSES for Miguel's Healing Plan**

- ❖ Meet aggression with calm.
- ❖ Set boundaries about what is safe/dangerous.
- ❖ Without shock or judgment, convey to Miguel what you expect from his behavior.
- ❖ Work with Social worker and professionals on sexualized behavior and healing.
- ❖ Try whatever you can to keep the children together while re-teaching how to interact safely and appropriately.



### **SAMPLE RESPONSES for Birdy's Healing Plan**

- ❖ Try to connect with Birdy around her interests in a way that respects her but also builds a connection, i.e. music.
- ❖ Identify specific parts of family life that Birdy will attend. The less intense, the better. For example, unless it is a trauma trigger, family meals, game night, etc.
- ❖ Find out how Birdy would like to set limits. How can she have her time alone and balance it with connection.
- ❖ Build on the relationship that seems most comfortable for her, whether it is with an adult or a child in your home. Allow her to start small, if the whole family seems overwhelming.
- ❖ Find ways that Birdy can feel in control. She has cared for herself for most of her life. Now it's time to validate her strengths while giving her a chance to be cared for.



### Say:

- ▶ In order to take care of and implement our care plans with children, we have to take care of ourselves.
- ▶ I want to take you back to the activity where we discussed our reactions to the children's stories.
- ▶ Refer to the posters: **THOUGHTS, FEELINGS, REACTIONS** from earlier.

### Ask:

- ▶ As adults who have integrated our thoughts, feelings and reactions over time, how does this group plan to manage some of the thoughts and feelings that you may have about the children and their parents when: (for example)
  - ? **The children tell you explicit stories of their experience?**
  - ? **You are asked to parent with those who have hurt a child you now love?**
  - ? **You are asked to do tasks in the care plan that do not fit with what you would LIKE to do for the child?**
  - ? **The child in your care demonstrates behaviors that are difficult to live with?**

### SAMPLE RESPONSES

- ❖ I will have to manage my emotions with my partner, social worker or with my RDS worker so that I can do what is being asked of me.
- ❖ I will have to put the family's reunification plan ahead of my instincts.
- ❖ I will have to manage my emotions so that the child can feel heard without feeling responsible for me.
- ❖ I will have to consistently respond to the child's behaviors.



- Refer participants to **Participant Guide: *In My Experience: Resiliency Checklist***.



- **Allow the participants 5 minutes to complete the checklist.**



## SUMMARIZE

- ▶ This set of resiliency factors in you will help you 'stay on the platform' and manage your own reactions and responses in a way that serves the child's needs first.
- ▶ The steps to 'Stop, Drop, and Roll' will be discussed again when we talk about managing behavior.
- ▶ By parenting foster children in a trauma-sensitive way--with a full understanding of how trauma has altered their lives and their expectations of the world around them--we can indeed change the world, one child, one family at a time.



## TRANSITION

- ▶ Tonight we have explored the impact of trauma and how we will manage it. I ask you to think about the work we have done over the coming time before we meet again. We will be picking up on some of these concepts as we journey on towards partnership, permanency and normalcy.
- ▶ Let's turn now to this week's homework.

# Homework Assignments

## Materials

Homework Workbook  
Session Two



10 Minutes



## Presentation – Introduction to Topic

- ▶ Let's take some time to discuss this week's homework.
  - *Use this opportunity to explore how they can gain more knowledge about trauma-sensitive care through their homework and field activities.*
- **Refer participants to *Participant Guide: Day Two Homework***
- **Explain this week's *Reading Assignment*.**
- **For next week, please read the article we referred to in this session, called *Understanding Brain Development in Young Children (2009)* which can be found at <http://www.ag.ndsu.edu/pubs/yf/famsci/fs609.pdf> and complete the journaling questions.**
- **Elicit questions and comments about the homework. Briefly discuss.**
- **Remind participants that participants they will be reviewing the homework with their Foster VC Kids RDS specialist when they become licensed.**



## SUMMARIZE

- ▶ Again, taking the time to complete this homework and field work will provide you an opportunity for self-reflection, a greater sense of fostering and will allow you to transfer the skills and knowledge you are building in the classroom.
- ▶ Remember to keep talking
- ▶ Additionally, the Foster VC Kids website has resources you can use.



## TRANSITION

- ▶ Now let's wrap up for the day

# Wrap-up

## Materials

PPT 2.30  
Evaluations



5 Minutes



## Presentation – Wrap-up

- *Process the work day with the participants.*

### Ask:

- ? **What did you learn from today's session?**
- ? **How will you integrate these new skills into your plan to become a Resource Family?**
- ? **What did you experience today that would not be useful to you as a Resource Family?**

- *Elicit responses and briefly discuss.*

## SUMMARIZE

- *Post Slide 2.30.*
- ▶ Today we learned a great deal about trauma and how to care for children who have experienced trauma. As we move through the training and homework activities, you will continue to gain knowledge and skills so that you may become an effective trauma-informed caregiver and Resource Family.
- ▶ Please continue to be open-minded and take advantage of this new learning experience. Also remember that this training is part of the mutual selection process and that ongoing assessment will continue throughout the training.
- ▶ Thanks for your input and participation and I will see you \_\_\_\_\_ (date, time, and location of the next day of training).

## EVALUATIONS

If evaluations are being used they should be distributed and completed at this time.