



# National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS

## Master Facilitator Guide







# Table of Contents

<b>Session 1</b> .....	<b>3</b>
Introduction & Welcome .....	5
Kinship Parenting .....	29
<b>Session 2</b> .....	<b>93</b>
Child Development .....	95
Attachment .....	143
<b>Session 3</b> .....	<b>195</b>
Separation, Grief, and Loss .....	197
Building Resilience for Kinship Caregivers .....	249
<b>Session 4</b> .....	<b>299</b>
Trauma-Related Behaviors .....	301
Mental Health Considerations .....	351
<b>Session 5</b> .....	<b>389</b>
Trauma-Informed Parenting .....	391
Effective Communication .....	431
<b>Session 6</b> .....	<b>469</b>
Impact of Substance Use .....	471
Parenting a Child with a History of Sexual Trauma .....	519
Cultural Humility .....	563
<b>Session 7</b> .....	<b>603</b>
Creating a Stable, Nurturing, Safe Home Environment .....	605

**W**e believe that foster care, kinship care, and adoption require a commitment to lifelong learning and hopeful curiosity. The most effective families are those who are aware that the journey of both the child and the family is ever-changing and requires continual growth. We know that knowledge and training help parents expand their skill toolboxes so that they are better prepared to care for children who are entering their homes.







# National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS



## Session 1: Introduction & Welcome and Kinship Parenting







**National Training and  
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# INTRODUCTION AND WELCOME:

# NATIONAL TRAINING AND DEVELOPMENT CURRICULUM FOR FOSTER AND ADOPTIVE PARENTS

**FACILITATOR CLASSROOM GUIDE**  
Modified January 2022

# PREPARATION

This is designed to be the first theme for the NTDC classroom curriculum. It provides participants with an overview of some of the common elements found in all NTDC themes, sets the stage for what participants should expect in the training, and provides an opportunity for participants to get to know each other. Facilitators are encouraged to add in specific information about their agency so that participants receive an overview of this as well. Please note that there are some slides in this deck that will need to be adapted for your agency.

## To prepare for this class, you should:

- Review the facilitator preparation information included in this **NTDC Facilitator Classroom Guide** along with the handouts.
- Ensure that participants have a copy of the **Participant Resource Manual** and that it is accessible to them. This **Manual** will be used during all themes and includes handouts needed by participants for each theme. Facilitators should have copies of the handouts for the theme available in case participants do not bring their **Manual** to class. If the theme is being facilitated on a remote platform, facilitators should have the handouts available to share in the chat and/or an email for participants who do not have their **Manual**.
- Bring any materials you need for the activities.
- Review any videos or other electronic media used in this theme, if any, and plan the mechanics of how you will present them. Media for this theme will be listed in the Materials and Handouts slide. Review the instructions for each media clip (e.g., to pause or stop at a particular time stamp).
- Practice playing the media for the theme. Ensure that you have the files and apps you need, that your links and connections work, and that you know when to pause or stop the media clip if appropriate.

If training on a remote platform, make sure all participants have the link available to access the class and that you have all videos, PPT's and handouts ready for use.

- If training in person, ensure that a room is available and set up, with the following:
  - Enough tables and chairs for all participants
  - Projector and screen (check that it works with the computer you will be using)
- Classroom-based activities have been adapted so that they can be done on a remote platform. Adaptations will be marked as follows so that they can be easily spotted throughout the Facilitator Classroom Guide: **Adaptation for Remote Platform**





# MATERIALS AND HANDOUTS

## FACILITATOR'S NOTE

Participants are expected to have the **Participant Resource Manual** available for every session. Session 1 starts on page 19 in the **Participant Manual**.

## MATERIALS NEEDED

You will need the following if conducting the session in the classroom:

- A screen and projector (test before the session with the computer and cables you will use)
- A flipchart or whiteboard and markers for several of the activities. A flipchart with a sticky backing on each sheet may be useful and will allow you to post completed flipchart sheets on the wall for reference.
- Materials to make name tent cards (paper and something to draw with)

You will need the following if conducting the session via a remote platform:

- Access to a strong internet connection
- A back-up plan in the event your internet and/or computer do not work
- A computer that has the ability to connect to a remote platform- Zoom is recommended

## HANDOUTS

Have the following handouts accessible. Participants will have all handouts listed below in their **Participant Resource Manual**:

- Handout #1: Characteristics of Successful Foster and Adoptive Parents (Page 27 in Participant Manual)

## VIDEOS and PODCASTS

**The following media will be used in this theme:**

- *Expanding Your Parenting Paradigm* (show the narrator's introduction of this on-line theme- approximately 8 minutes): Slide 12





### FACILITATOR'S NOTE

Have this slide showing onscreen as you welcome participants as they come into the class.

The purpose of this class is to:

- Make all feel welcome, leaving with the feeling that “I feel comfortable here.”
- Engage interest, leaving with the thought that “This is worth my time.”
- Set a stage of inclusivity, leaving with the sense that “I belong here.”

The tone should be warm, light, positive, and authentic. The goal is that people return, if not now, at some point in the future.

### DO

Welcome participants as they come in:

- Give them a name tent and ask them to:
  - Write their name on it in large letters
  - Draw a stick or simple figure sketch of the people they consider to be in their immediate family, try to draw the figures so people can tell children from adults
  - Write the age of child near the child’s stick figure
  - Pets can also be included

***Adaptation for Remote Platform:*** Have participants write their first and last name in their screen box. Ask them to draw the people they consider to be in their immediate family on a sheet of paper using stick or simple figures. Ask participants to draw the figures so that you can tell children from adults, with the ages of children on or around the figure. Pets can also be included. Couples can draw their family together or separately.





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FOR FOSTER AND ADOPTIVE PARENTS



## **SECTION 1: INTRODUCTION AND WELCOME**

Modified January, 2022

5

### **SAY**

Welcome to the National Training and Development Curriculum for Foster and Adoptive Parents! Please turn to page 21 in your Participant Resource Manuals to prepare for the start of this session. Let me introduce myself and the other facilitators.

### **DO**


- Introduce yourself by stating:
  - Your name
  - Your role at your agency and in this class
- Any other facilitators should also introduce themselves (Facilitators will share more about themselves during the next activity)

### **FACILITATOR'S NOTE**


Introduce yourself as a “facilitator” rather than a trainer because you will be facilitating the NTDC experience for prospective foster and adoptive parents, rather than teaching a course to them. The more they actively participate in the classes and invest in their own learning, the more they will gain from the curriculum.







1. Introduce yourself and your family on your tent/paper.
2. Do you already have a connection to fostering, adopting or kinship care?
3. Are you attending this class because you are interested in fostering, adopting, or providing kinship care?

6

### **FACILITATOR'S NOTE**

This activity is intended for participants to get to know each other. Taking the time to do this activity is an important part of building rapport among the class members. Facilitators should have their name tent or drawing completed in advance so that they can be the first people to do this activity, modeling the type of information that should be shared.

### **PARAPHRASE**

We hope you're all excited to be here today, although maybe a bit nervous too. Since we are all embarking on this journey together, we want to take some time to learn a little bit about each other. Take a minute to read the questions on the slide so that you are ready to introduce yourself to the group.

### **DO**

- Facilitators will introduce themselves first, answering the questions on the slide.
- Have each participant introduce themselves. If facilitating the classroom remotely, identify the participant you want to go first and then ask each participant to name the participant who should go after them.

### **PARAPHRASE**

It's so wonderful to get to know a little about all of you, and I'm sure we'll be learning a lot more about each other through our time together. So that you get your bearings, let's take a moment to talk about logistics.

## LOGISTICS

- What to expect
- Schedule of this pre-service training round
- Importance of ore-test completion
- Zoom rules/classroom etiquette
- Missing sessions/making up sessions
- Who to contact in between classes if there are questions



7

### **FACILITATOR'S NOTE**

This slide should be prepared in advance of the class with appropriate information for your site. The logistical information can be shown on the slide or in a handout created by the agency.

### **DO**

Review the information and make sure you answer any questions participants have about class.





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## **SECTION 2:** **LAYING THE FOUNDATION**

8

### **PARAPHRASE**

Now that we've introduced ourselves and covered all the logistical details, let me tell you more about this class.

(Turn to page 21 in your Participant Manuals to follow along!)







### **PARAPHRASE**

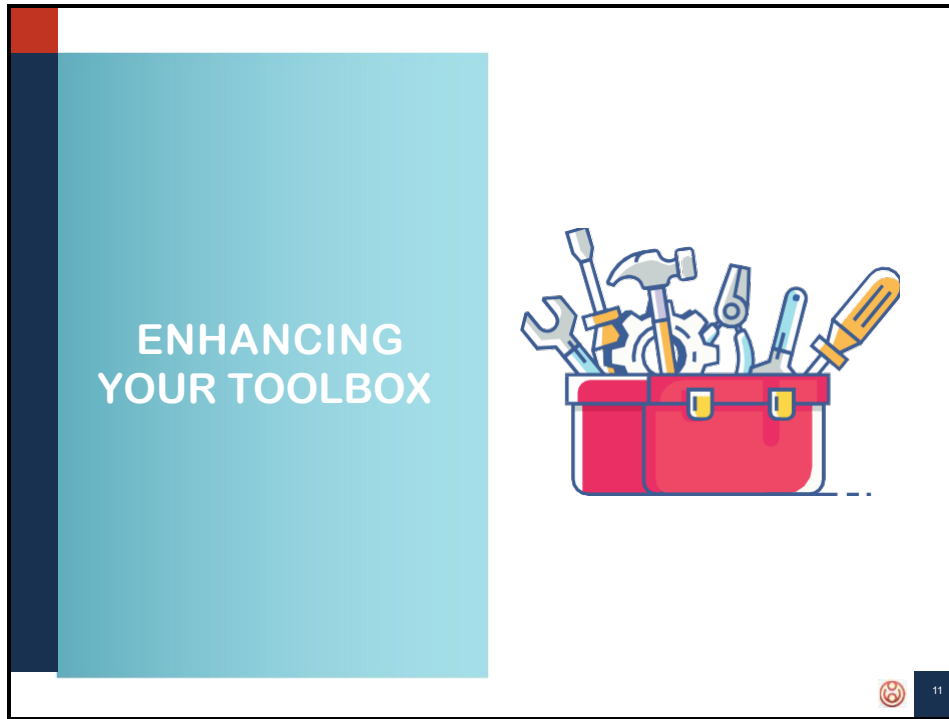
You may be wondering what this class is all about. This class provides an educational framework to build a strong foundation for parenting children who have been separated from their families for all sorts of reasons. Regardless of the reason, it is important to realize that this separation is a loss that both the children and the families that are caring for them will need to recognize and address. As the slide states, the training overall will focus on developing your capacity to support children and families.

We will come back to this slide at the start of each class to keep us grounded in the purpose of why we are all here. We invite you to see where this journey takes you.



### **PARAPHRASE**

Most of you are probably here because you love children. You may be parenting for the first time, or you may be a parent who wants to expand your family by parenting another child or parenting a family member. This curriculum was developed to provide you with the knowledge and skills that you will need to provide a nurturing environment for children you take into your home through foster care, adoption, or kinship care.



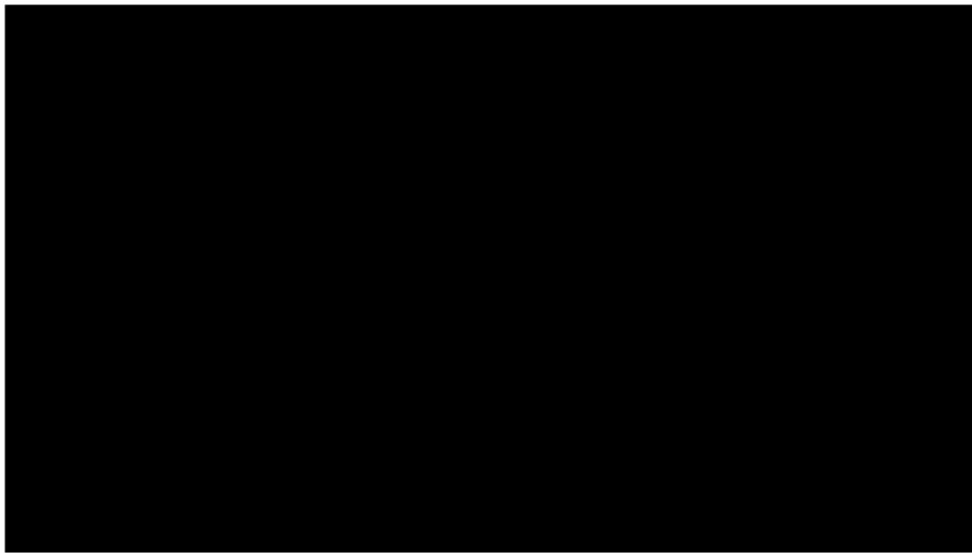
**PARAPHRASE**

Because the children we’re talking about have life experiences that have not been easy, we’re going to need some extra tools in our parenting toolbox to help us provide a nurturing and safe environment for them.

Of course, all of us come to this training with different skills and experiences already in our parenting toolboxes. So, we’ll be building on those. And some tools will be new and specific to children who have experienced separation, loss, or trauma.

The NTDC Curriculum will help provide you with what you will need to effectively parent children who have experienced separation, trauma, and/or loss.

## EXPANDING YOUR PARENTING PARADIGM



12

### **FACILITATOR'S NOTE**

You will show the narrator introduction of the *Expanding Your Parenting Paradigm* online video (approximately 9 minutes). You will then lead a discussion on this part of the video. Participants can turn to page 23 in their Participant Manuals, where there are some handouts to go along with this video.

### **SAY**

We will now watch the introduction to the Expanding Your Parenting Paradigm online theme which is part of the NTDC curriculum. This portion of the video provides an overview of how one parent started this journey and her need to expand her parenting tools and knowledge to meet the needs of the child she was caring for.



## DO

- Show the introduction to the Expanding Your Parenting Paradigm video.
- Facilitate a discussion using the following questions:
  - What did you think of the narrator’s example of the need to “have the right tool for the right job” and how this could apply to parenting a child with a history of loss and trauma?
  - What were some ways the narrator needed to expand her parenting paradigm?

Reinforce answers like:

- She learned that while traditional parenting skills are good, when parenting a child with a history of separation, loss, and trauma, it’s not unusual to need to add additional skills to the parenting toolbox.
- She learned that while traditional parenting is based on trust that has been built over time, children who have experienced separation, loss, and trauma have lost trust in caretakers, so a different types of parenting tools and skills are needed.



## ENHANCING YOUR TOOLBOX: FINDING SUPPORT



Supportive people and places that help keep us afloat.



13

### PARAPHRASE

We will all have times when we will need to reach out for additional support to help us to stay afloat. Call out people and places you think might be helpful or supportive to you during those times?

### DO

Facilitate a discussion by encouraging participants to call out people/places who might be helpful or supportive. Reinforce responses like the ones below. If participants don't call them out, bring them up yourself:

- Extended family
- Friends
- Places of worship
- Workplace/colleagues
- Caseworkers

### PARAPHRASE

All parents face challenges. Parents who foster or adopt are likely to encounter additional challenges as a result of the children's experiences before coming to the parent's home. It's important to think through where your support will come from *before* you are actually in need of that support.







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**SECTION 3:**  
**DEVELOPING CAPACITY TO  
SUPPORT CHILDREN AND  
FAMILIES**

14

**PARAPHRASE**

As we just mentioned, parents who foster or adopt will likely face some challenges during this journey. As a parent, you will need to build your resilience so that you can manage these challenges successfully - and come back to manage tomorrow's challenges when they arise.





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## Providing Tools for Parenting!



### Classroom-Based & Online Training

Includes a combination of online and in-person content

Self-Assessment  
**Before**  
Classroom-Based  
Training



Self-Assessment  
**After**  
Classroom-Based  
Training



### "Right-Time" Training

Access to online content.



15

### FACILITATOR'S NOTE

Facilitators will need to explain to participants when and how to access the Self-Assessment.

- You have already been introduced to the Self-Assessment. You should have received a copy of the self-assessment and instructions with your manual. This is for you to complete and reflect on. You do not turn this in to us.

This also may be the first time the **Participant Resource Manual** is mentioned. It will be described in more detail for participants on the next slide.

### PARAPHRASE

The curriculum is broken down into three main components:

#### Component 1: Self-Assessment

The Self-Assessment is designed to be completed before and after the classroom-based training. This tool includes questions that will help you discover more about your characteristics and abilities. It is designed to be self-administered; allowing you to identify your areas of strength, those areas where you would benefit from additional support and information, and those areas that may be the most challenging for you when parenting children or teens. The self-assessment characteristics and competencies are highlighted throughout the curriculum.



Understanding your parenting strengths and areas for growth will be a powerful tool in your parenting toolbox. More information about the Self-Assessment can be found in your **Participant Resource Manual**. We will discuss the **Participant Resource Manual** in a few minutes.

### Component 2: Classroom-Based & Online Training

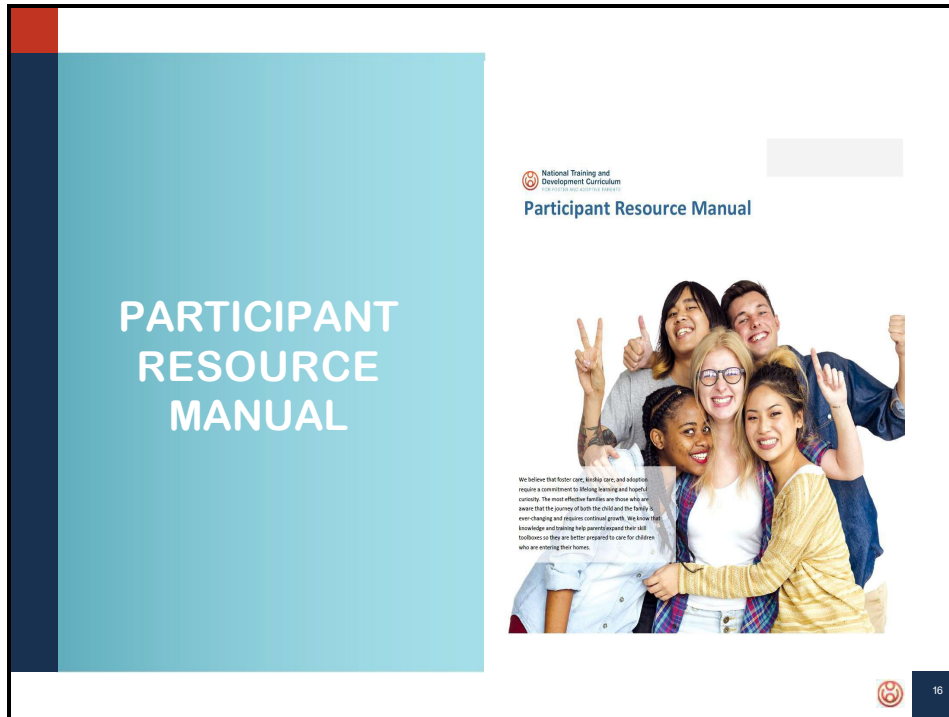
The Classroom-Based Training started today! We will be covering numerous themes that have been found to be essential for preparing parents who are wanting to foster, adopt or be a kinship care provider. For all classroom themes, you will need to have your **Participant Resource Manual** handy, as it will have the handouts and materials that you will need for each theme.

### Component 3: Right-Time Training

The Right-Time Training includes additional topics that are not covered in the classroom-based training that will provide you with tools and information you will likely need along the journey. As stated in the graphic, this component is designed to provide you with access to online content that you can access anytime you need it. The Right-Time training includes 15 themes, each including podcasts, videos, and answers to frequently asked questions. We will be offering these themes as in-service opportunities throughout the year.

Now we are going to look at some elements that are important in every classroom-based theme.





### FACILITATOR'S NOTE

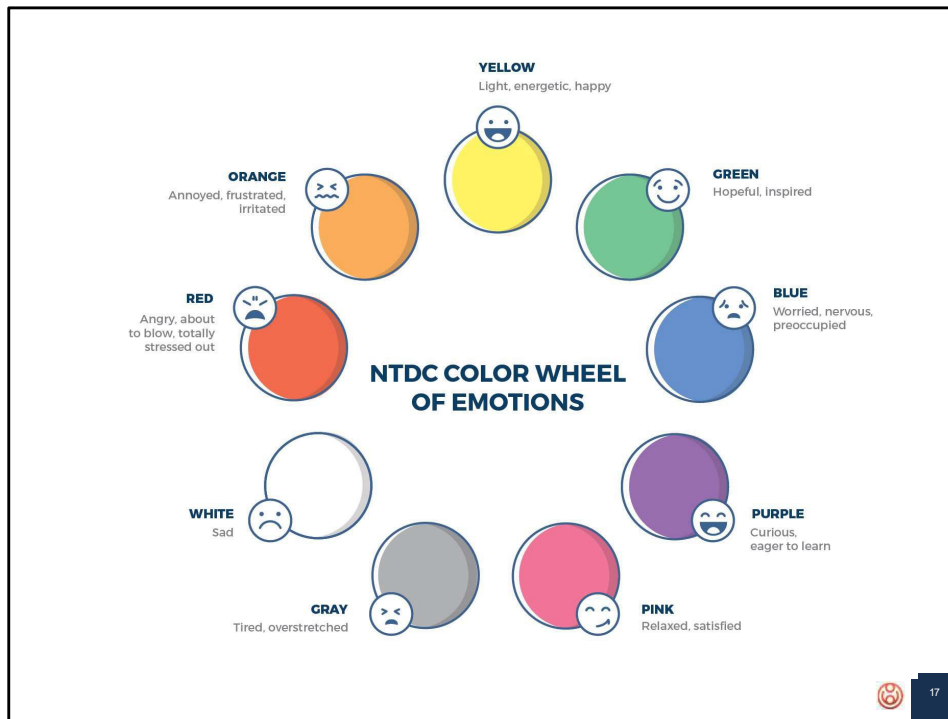
Ensure that participants are given the **Participant Resource Manual** either during or prior to this class. The **Participant Resource Manual** can be printed and distributed to participants, or it can be sent to them electronically.

### PARAPHRASE

We have developed a **Participant Resource Manual** for people taking this class. Please feel free to look at your **Manual** as I talk about it. When you return to our next class, please bring your **Participant Resource Manual**. You should bring this to every class as it contains information that is needed for every session.

The **Participant Resource Manual** includes information on the different parts of the curriculum.

For the classroom-based themes, the **Manual** will include a brief overview of each theme, including competencies we are trying to achieve; handouts for the themes that will be used in class; and space to complete Reflections/Relevance activities. The **Manual** will be a crucial tool throughout the course. It will also be helpful to keep as a resource to refer to later in your parenting journey.



### FACILITATOR'S NOTE

On this slide, you introduce the Color Wheel graphic that will be used to open the first class of each day. Participants are not completing the Color Wheel during this theme, but it should be done starting with the next theme and continue to be used throughout the training. Before the class, check which page the Color Wheel is on in the **Participant Resource Manual** and make a note of it so you can inform the participants. For this theme, the Color Wheel can be found on page 22.

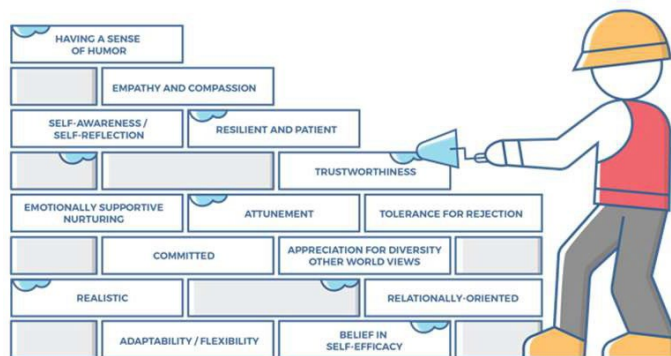
### PARAPHRASE

Self-awareness is an important parenting tool. In your **Participant Resource Manual** there is a Color Wheel. This Color Wheel will give you the opportunity to take a moment to do a self-check. We will begin each class with a check-in using the Color Wheel. The Color Wheel will help us focus on our current emotional state at that particular moment. Most of us agree that when we are feeling worried, sad, or angry, it might interfere with our ability to take in new information, like what we will be covering in the class. Whereas, when we're feeling relaxed, light or inspired, we are more interested and able to learn new things. The different colors and feelings they represent will help us to tune in to how we're doing.

Tuning in to how you're doing on a daily basis may not be something everyone here is used to, but this type of regular self-check is critical for parents who are adopting or fostering children who may have experienced trauma, separation, or loss, as it will be helpful to become and stay aware of your own state of mind. It may seem like a simple exercise but be assured that knowing how we're doing on any given day strengthens our ability to know when and how we need to get support and/or need a different balance. Doing this type of check in will also help us to teach and/or model this skill for children! So be ready to do the Color Wheel during our next theme.



## CHARACTERISTICS OF SUCCESSFUL FOSTER AND ADOPTIVE PARENTS



Handout #1: Page 27



18

### FACILITATOR'S NOTE

This slide introduces the Characteristics of Successful Foster and Adoptive Parents, which are woven throughout the curriculum. The characteristics were featured in the Self-Assessment and are also brought into every theme. Each theme will highlight several characteristics. Before class, check the page number of the Characteristics of Successful Foster and Adoptive Parents in the **Participant Resource Manual** so that you can refer participants to this page. Handout #1 is located on page 27.

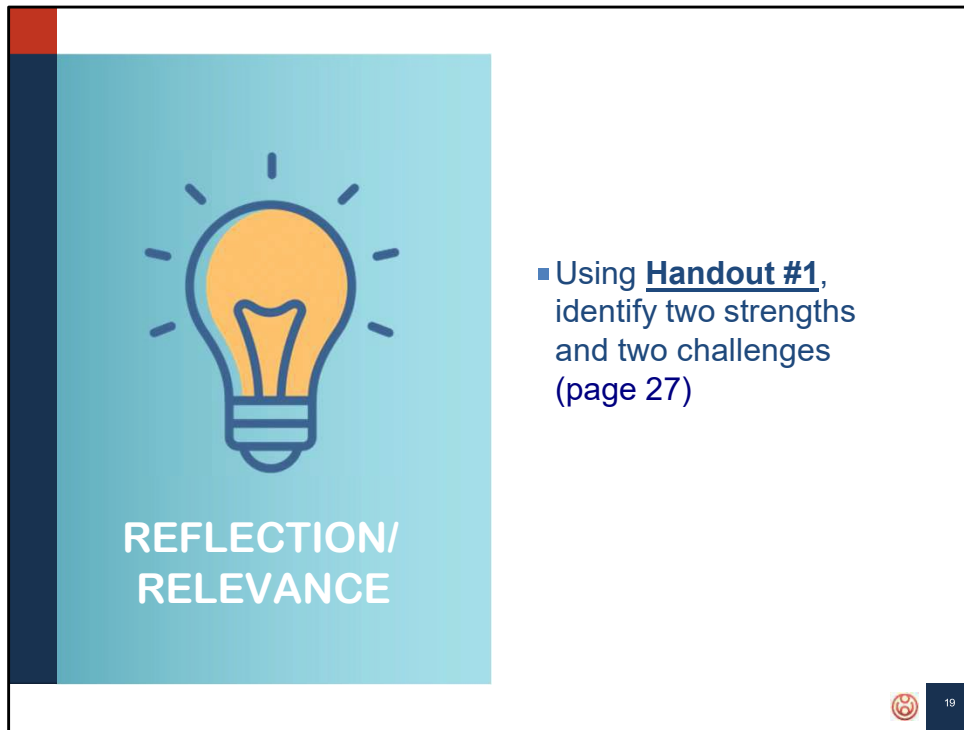
### PARAPHRASE

This graphic illustrates characteristics of parents who effectively foster or adopt. The characteristics may seem familiar to you as they were featured in the Self-Assessment. These characteristics are based on parent interviews, focus groups from different sources around the country, as well as a review of the literature. Several of the characteristics seen on the brick wall graphic will be highlighted in each theme. As you think about these characteristics, think about how you can use them to help build a strong foundation for your home to be as nurturing as possible for children who have experienced separation, loss, and/or trauma.

Your **Participant Resource Manual** lists the definitions for all 14 characteristics. For right now, we will use Handout #1 in your **Participant Resource Manual** to think about the characteristics as we go to the next slide for our Reflection/Relevance activity.







REFLECTION/  
RELEVANCE

- Using Handout #1, identify two strengths and two challenges (page 27)

19

### PARAPHRASE

Each theme includes a Reflection/Relevance activity.

Today, we'll use Handout #1: Characteristics of Successful Foster and Adoptive Parents (page 27) to think about the characteristics. I will give you a few minutes to look over the characteristics. You can spend more time with the characteristics at home, but for now, look them over and identify two characteristics that you consider a strength and two that are a challenge for you.

### DO

Pause to allow participants to look over definitions and identify a strength and a challenge.

### PARAPHRASE

Let's focus on our strengths. Which of these characteristics do you already have as a strong part of your parenting foundation? Let's go around and everyone name one strength. Don't worry if it's the same as somebody else's. Who would like to start?

### DO

- Go around the room and have each participant name one of the characteristics.
- When everyone in the group has named theirs, continue:

### PARAPHRASE

Look at all the characteristics of successful parents who foster and adopt that you all already have. There is already such a strong foundation in this group to build on!

## CLASS-SCHEDULE

Session 1: Introduction and Welcome  
Kinship Parenting  
Session 2: Child Development  
Attachment  
Session 3: Separation, Grief and Loss  
Building Parental Resilience for Kinship Caregivers  
Session 4: Trauma Related Behavior  
Mental Health Considerations  
Session 5: Trauma-Informed Parenting  
Effective Communication  
Session 6: Impact of Substance Use  
Parenting a Child with a History of Sexual Trauma  
Cultural Humility  
Session 7: Creating a Stable, Nurturing, and Safe Home Environment  
Panel



20

### **FACILITATOR NOTES:**

It is important for participants to know the date, time and themes that will be covered for every session.

### **PARAPHRASE**

Here is the schedule of all classroom themes and classes for this cohort.

### **DO**

- Give the class schedule for your site. Go over any logistics that families need to remember (change in time, dates, etc.).
- Review the specific themes that will be covered during the next class and any administrative paperwork they will need to complete.





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## SECTION 4: WRAP-UP

21

### PARAPHRASE

- We all bring knowledge and skills, but when parenting a child with a history of separation, loss, and trauma, it's not unusual to need additional skills added to the parenting toolbox and to expand our parenting paradigm.
- Traditional parenting is based on trust that has been built over time, but children who have experienced separation, loss and trauma have often lost trust in caretakers, so different types of parenting tools and skills are needed.
- Parenting is challenging, we must identify sources of support to keep us afloat during challenging times
- It is important to know our strengths and areas where we need to grow as we think about the characteristics associated with successful foster, adoptive and kinship parenting.







# National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS



## KINSHIP PARENTING

FACILITATOR CLASSROOM GUIDE  
Modified January 2022

# MATERIALS AND HANDOUTS

## FACILITATOR'S NOTE

- Participants are expected to have the **Participant Resource Manual** available for every session. The Kinship Parenting Theme starts on page 33 in the **Participant Manual**.

## MATERIALS NEEDED

You will need the following if conducting the session in the classroom:

- A screen and projector (test before the session with the computer and cables you will use)
- A flipchart or whiteboard and markers for several of the activities. A flipchart with a sticky backing on each sheet may be useful and will allow you to post completed flipchart sheets on the wall for reference.
- Name tent cards (use the name tent cards made during the Introduction and Welcome theme)

You will need the following if conducting the session via a remote platform:

- Access to a strong internet connection
- A back-up plan in the event your internet and/or computer do not work
- A computer that has the ability to connect to a remote platform- Zoom is recommended

## HANDOUTS

There are no handouts for this theme. However, there are Podcast Transcripts on page 35 should participants wish to use them while listening to the podcast

## VIDEOS AND PODCASTS

Before the day you facilitate this class, decide how you will show/play the media items, review any specific instructions for the theme, and do a test drive.

### **The following media will be used in this theme:**

- Podcast on Kinship Parenting with Kathleen Assaad: Slide 30



# THEME AND COMPETENCIES

## FACILITATOR'S NOTE

Prior to the session, review the theme and competencies. You will not read these aloud to participants. Participants can access all competencies in their **Participant Resource Manual**.

Note: this theme is specific to Kinship Caregivers.

### • **Theme: Kinship Parenting**

- Understand the complexities associated with caring for children who are related including:
  - divided loyalties,
  - redefining roles and relationships,
  - setting boundaries with parents and other relatives, and,
  - range of emotions including anger, resentment, guilt and/or embarrassment.
- Understand how to manage family dynamics and conflicts, identify triggers and effectively manage stress.

### **Competencies**

#### Knowledge

- Understand how kinship care can change family roles, causing tensions with extended family members, families and children.
- Know strategies to handle relations with extended family.
- The kinship caregiver is aware of their own feelings and triggers associated with redefining their family role.

#### Attitudes

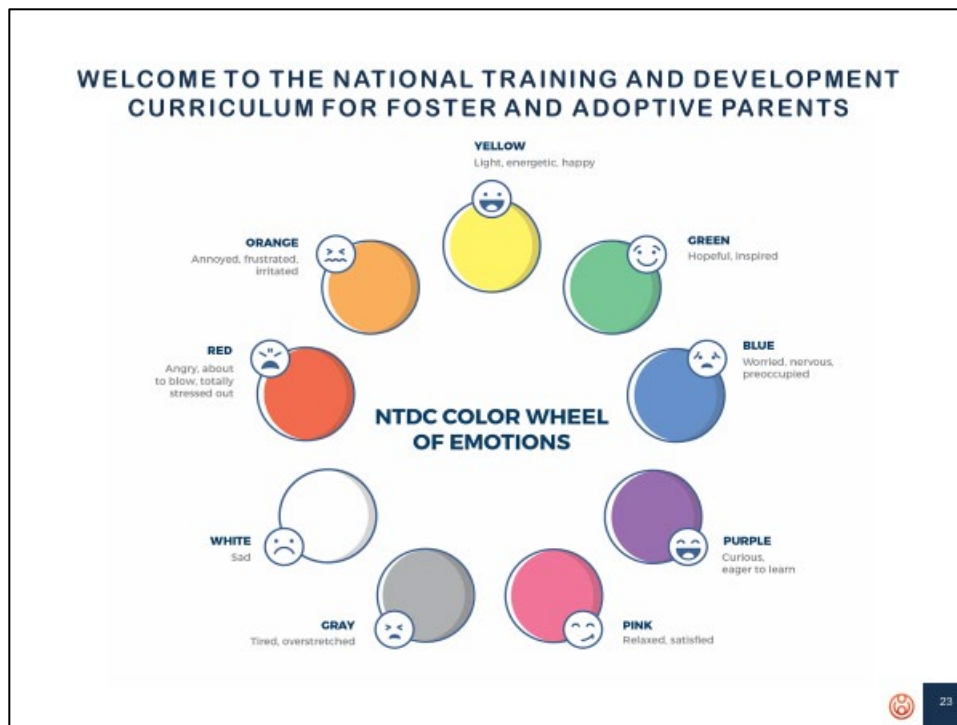
- Believe it is the kinship caregiver's responsibility to protect children from the circumstances that brought them into protective care, even if it creates family strife.
- Believe it is a sign of strength to accept help managing complex family relationships.
- Believe it is important to support the child's relationship with their paternal and maternal family members.
- Willing to process the emotional impact of raising a family member's child.
- Willing to understand and support the responses and feelings that children experience in kinship care.

#### Skill

- Able to set limits with the child's parents in ways that protect the safety of children while demonstrating the importance of the parent to the child.







### **FACILITATOR'S NOTE**

In the remainder of the sessions the Color Wheel should only be done one time per day; before the first theme of the day. If combining several themes together on one day, facilitate the Color Wheel at the beginning of the first class of the day as participants are coming into the room.

### **SAY**

As you recall, tuning in to how you're doing on a daily basis may not be something everyone here is used to, but this type of regular self-check is critical for parents who are adopting or fostering children who may have experienced trauma, separation, or loss, as it will be helpful to become and stay aware of your own state of mind. It may seem like a simple exercise but be assured that knowing how we're doing on any given day strengthens our ability to know when and how we need to get support and/or need a different balance. Doing this type of check in will also help us to teach and/or model this skill for children! Please take a moment to look at the color wheel and jot down on paper the color(s) that you are currently feeling.

**DO**

Wait a little while to give participants time to complete the Color Wheel.

**SAY**

Now that everybody has had the opportunity to do a quick check in, would someone like to share what color(s) they landed on today for the Color Wheel?

**DO**

Call on someone who volunteers to share their color(s). If a challenging emotion or feeling is shared, thank the person and acknowledge their courage in sharing, pause for a moment, encourage everyone to take a deep breath, and transition to beginning the theme.





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## KINSHIP PARENTING

Modified January 2022

21

### **FACILITATOR'S NOTE**

Show this slide briefly just before you start the theme.

### **SAY**

Let's get started! Welcome to the Kinship Parenting theme. This theme begins on page 33 in your Participant Manual.



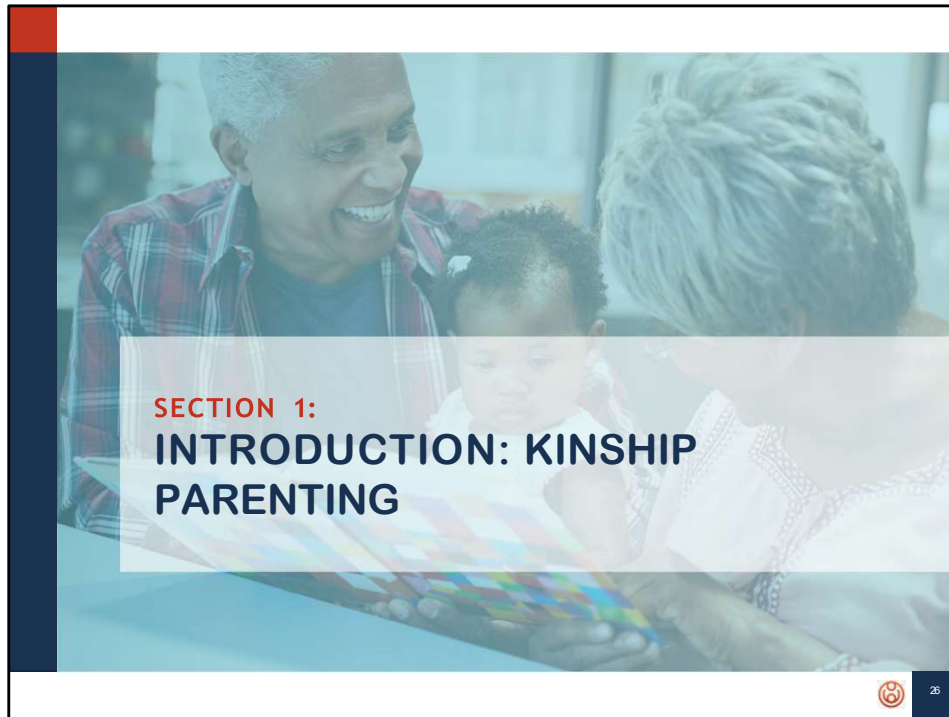


### **FACILITATOR'S NOTE**

In the remainder of the sessions, the opening quote slide should only be used for the first theme of the day. If combining several themes together on one day, the opening quote slide would only be shown after the Color Wheel at the beginning of the first theme. It is important to always emphasize with this slide that this type of parenting involves lifelong learning and it will be critical for families to be invested in their own learning before and after a child is placed in their home.

### **PARAPHRASE**

We are excited to share this lesson with all of you today. We are going to continue this session with the Kinship Parenting theme. As the slide states, this information will help to develop your capacity to support children and families. This type of parenting will require continuous learning. So, let's dive in and see what important information we have to share with you today.

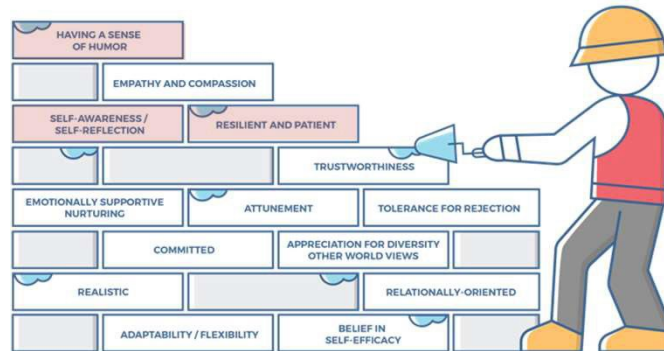


### **PARAPHRASE**

Listed below are the main topics that we will cover during the theme:

- Some of the changes that have naturally occurred within your families as you have become caregivers of the child or children in your home. This includes things like changing roles and titles, and what we call “divided loyalties.”
- “Divided loyalties” can occur when a child has conflicting loyalties to parents and to you as the caregiver. It can also occur when caregivers experience conflict when doing what is right for the child, but it feels in conflict with what you want to do for the parent. This is quite normal since your first relationship or commitment may be with one of the child’s parents.
- There may be challenges or discomfort in setting limits with parents or other family members. We will talk about some tools for creating physical and emotional safety for the child as you set limits, manage visitation, and perhaps forge or strengthen relationships with other family members connected to the child.

## CHARACTERISTICS OF SUCCESSFUL FOSTER AND ADOPTIVE PARENTS



27

### FACILITATOR'S NOTE

This slide is shown at the start of each theme. Although the graphic will remain the same, the bricks that are colored in red will change based on the characteristics that will be touched upon in this theme. The characteristics were obtained from review of literature, stakeholder interviews, and review of existing curricula. We want families to become very acquainted with these characteristics throughout the training. It is important to note that in addition to the characteristics that are highlighted in red, there may be additional characteristics that are touched upon during the theme.

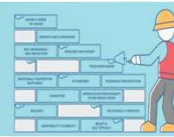
Facilitators should try to connect these characteristics to the content they are sharing throughout the training. Remind participants that their **Participant Resource Manual** contains the definitions for these characteristics.

### SAY

Before we get into the content lets look at the 14 characteristics of successful foster and adoptive parents. When you took your self-assessment, you were asked about these characteristics.



## CHARACTERISTICS FOR KINSHIP PARENTING THEME



### **Having a Sense of Humor:**

- Parents are able to laugh at themselves and not take everything too seriously.
- Parents use humor to manage the stress that can result from parenting.
- Parents use humor to vent feelings and de-escalate tense situations, without the use of sarcasm or insults.
- Parents use humor to build rapport and a relationship with a child.

### **Self-Awareness/Self-Reflection:**

- Parents can identify why they have responded to a child in a certain way.
- Parents can identify what was good, bad, and different about the way they were raised, while adjusting their own parenting to meet a child's needs.
- Parents can identify and forgive themselves for having negative feelings towards a child, moving from disappointment to acceptance. Parents are aware of their own history of experiencing loss and being hurt and can identify how this history can negatively impact their parenting if they are not careful.



27

## **SAY**

The Kinship Parenting theme will cover the following characteristics:

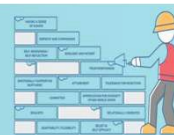
- Having a Sense of Humor
- Self-Awareness/Self-Reflection
- Resilient and Patient

Take a moment to think back to how you assessed yourself with these characteristics. It is important as you start this journey to assess your characteristics as they are qualities that can strengthen your ability to successfully parent a child who is in foster care or has been adopted.





## CHARACTERISTICS FOR KINSHIP PARENTING THEME



### **Resilient and Patient:**

- Parents see their role as helping children achieve success in small steps, beginning with measurable daily tasks.
- Parents do not dwell on past mistakes or the future to pressure themselves or the children.
- Parents celebrate small successes, teaching the child to appreciate each effort, no matter how small.
- Parents have an ability to wait for answers/solutions without giving up.
- Parents are able to handle and tolerate a child's "testing" behaviors, including hurtful, angry, or rejecting comments and actions.
- Parents have an ability to wait for answers /solutions without giving up
- Parents can withstand the child's "testing" behaviors including hurtful, angry, or rejecting comments and actions.



29

### **ASK**

Now that we have reviewed the definitions, why do you think these specific characteristics are important to being a kinship caregiver?

- Having a Sense of Humor
  - Sometimes using humor to deal with a hard situation can make it easier for you and the child to acknowledge and talk about.
- Self-Awareness/Self-Reflection
  - Because of your relationship with the parent of the child, you too may be understandably dealing with feelings of sadness and anger. Being aware of these feelings will help you not let them slip out in ways that that make the child think that you are angry with them.
- Resilient and Patient
  - Both you and the child may be struggling to adjust to new roles. Be patient with yourself and the child as everyone adjusts.
  - The child may not always know how to deal with angry and sad feelings and may lash out at you with hurtful and rejecting comments. Build your own resilience by not taking it personally, knowing that you are doing what is best for the child.



## PODCAST: KINSHIP PARENTING

(Transcripts on page 35)



Guest: Kathleen Assaad

Host: April Dinwoodie



### FACILITATOR'S NOTE

The podcast is approximately 10 minutes.

### FACILITATOR'S NOTE

- Listen to NTDC Podcast on Kinship Parenting. Transcripts are on page 35 in Participant Manual.
- **Adaptation for Remote Platform**
- Share sound with participants from your device.

To make this podcast more interactive for the participants, stop at the times below and ask the corresponding questions:

- 2:10- I'm sure many of the kinship caregivers here can sympathize with Kathleen's situation. How do you think she may have felt when this was happening?
- 4:19- There may be many adjustments kinship caregivers have to make. Can we have a volunteer give us an example?
- 6:47- Divided loyalties could affect families in many ways. Let's reflect on how this could make us feel. (Give an example). It is important not to take this sense of divided loyalty a child may have personally.

### SAY

- As we heard in Kathleen's experience, the experiences of a kinship caregiver are unique and different from non-relative foster parent.
- For example, you may have a pre-existing relationship with the child's birth parents.
- Taking on the care of a family member's child may create conflict with other family relationships.
- Today we are going to talk about some of the experiences that Kathleen highlights, such as divided loyalties, shifting roles within kinship families, and how to help your child manage their visits and relationship with their parents.





**SAY**

We will start by exploring the experiences and feelings of both kinship caregivers and children in kinship care.



## ACTIVITY 1: KINSHIP CAREGIVER'S FEELINGS

### Feelings since becoming a kinship caregiver

POSITIVE

NEGATIVE



32

#### **FACILITATOR'S NOTE**

This is a two-part activity. In both parts, you will facilitate full group discussions and record key points on a flipchart. The first part will focus on the participant's feelings as kinship caregivers. The second part will focus on the experiences of the child in kinship care.

#### **DO**

Title the flipchart page, "Feelings since becoming a kinship caregiver". Divide it into two areas, one for positive feelings and one for negative feelings.

#### **Adaptation for Remote Platform**

- Use PowerPoint and Zoom annotate function to create two columns: Positive and Negative, and type feelings participants share.
- Participants are asked to share using the chat, or alternatively, facilitator can "call-on" (unmute) participants who raise their hand to respond.

#### **PARAPHRASE**

There are a variety of emotional impacts that kinship caregivers may experience. This first section is to help you identify and understand how you have been impacted emotionally by the circumstances of bringing the child into your home. If the child has not been placed in your home yet, the discussions will help you prepare for placement.



### **SAY**

Working together, let's create a list of the feelings you have experienced since becoming a kinship caregiver. If you are not yet caring for the child, think about what feelings you expect to have. Call out the feelings and we will write them on the flipchart or whiteboard.

### **FACILITATOR'S NOTE**

Make sure the following feelings are included in the list:

- Loss
- Angry and/or resentful
- Guilt or embarrassment
- Divided/split loyalties

Also, prompt the group to think about some of the positive feelings they have or will experience. Encourage participation. After you have created a comprehensive list, lead the participants in a discussion about the circumstances that have caused them to feel this way, using the script that follows as a guide.

Keep track of time. Allow about 8 minutes for this part of the activity.

### **SAY**

As we look at the list, not all the feelings are necessarily negative. Examples include:

- You might feel relieved that the child is safe.
- You don't have to worry about whether they have a place to sleep or a meal or if they are around people or situations that may cause them harm.

### **FACILITATOR'S NOTE**

Listen for responses such as parent, birth parent, family member, or child behaviors or emotions; family dynamics; split loyalties; boundaries; lifestyle changes; financial burdens, etc.

When the discussion is winding down, bridge to the next activity, and

### **SAY**

Just as the adults are experiencing a variety of feelings due to the change in family circumstances, children also experience a range of feelings. Let's explore that next.



ACTIVITY 2: CHILD'S REACTIONS SINCE ENTERING KINSHIP CARE

**Child's reactions: emotions and behaviors**

Emotions

Behaviors

33

### FACILITATOR'S NOTE

To transition to this activity, start a new flipchart page labeled, “Child’s reactions: Emotions and Behaviors”.

#### Adaptation for Remote Platform

- Use PowerPoint and Zoom annotate function to create a list of child feelings and behaviors that participants identify.
- Participants are asked to identify feelings first, and then behaviors associated with those feelings, using the chat, or alternatively, facilitator can “call-on” (unmute) participants who raise their hand to respond.

### PARAPHRASE

In the last exercise, we explored the variety of feelings an adult may experience due to the change in family circumstances. Children also experience a range of feelings, as well as emotional impacts.

The second part to this activity will help you identify the emotional impact of kinship care on children, and to consider how they may express these feeling or emotions in their behaviors. This may help you prepare for how to respond in supportive ways.

First, let’s list some of the emotions the children you are fostering or adopting may be feeling on the flipchart or whiteboard.



### **FACILITATOR'S NOTE**

Solicit feelings from the group, recording them on the flipchart. Make sure the following feelings are included in the list:

- Loss
- Rejection and abandonment
- Guilt
- Anger
- Divided loyalties
- Relief
- Embarrassment at having older parents
- Fantasies about an absent family
- Longing to know/meet relatives (such as paternal/maternal roots)

### **SAY**

Children often do not know how to verbalize what they are feeling, so they act out their feelings with behavior. For example, a child who is sad may withdraw and sit quietly in their room or not show much interest in playing or doing other normal childhood activities.

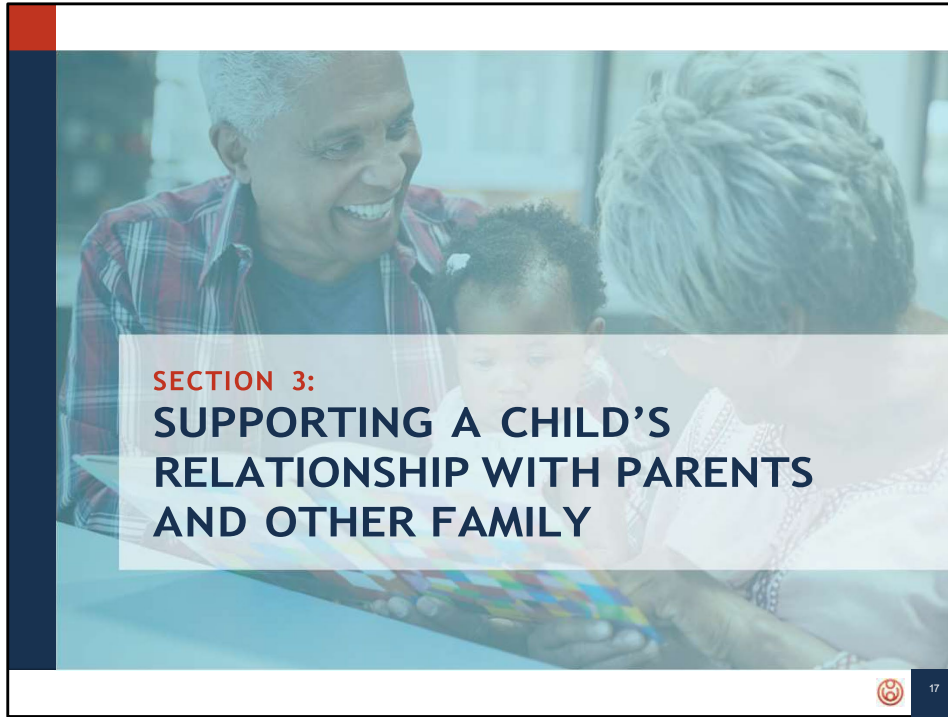
### **ASK**

As we look at the feelings on this flipchart whiteboard, what are some of the behaviors that you see associated with some of the feelings we have listed?

### **PARAPHRASE**

It's important that we recognize the feelings behind behaviors and help put words to feelings for our children. For example, consider an example of a child who comes home angry, slams his bedroom door, but when prompted about what's wrong he lets you know that the kids at school were teasing him because he lives with his grandmother. You might say something such as, "Sometimes kids say mean things. I see that made you feel angry. I bet it's hard sometimes when you see other kids who can live with their parents, and you are living with your grandma. I love you very much, and it's ok to feel sad or mad about these things. It won't hurt my feelings. You know I am always here if you want to talk about anything." The child may also need help with how to respond to children when this happens again. It is important to help children learn to identify their feelings and put them into words.





**SAY**

It is important for a child in kinship care to maintain as close a relationship as possible with their parents and other family members. Given the parents' limitations and inability to care appropriately for the child, supporting this relationship can be challenging for the kinship caregivers.



## SUPPORTING A CHILD'S RELATIONSHIP WITH PARENTS AND OTHER FAMILY

Why is it so important to help a child understand their parents' limitations?



### **SAY**

Next, we are going to explore ways in which you can support the child's relationship with their parents, including helping them to understand their parent's limitations along with strategies for setting up safe parent visits.

### **ASK**

Why do you feel it is important to help a child understand their parent's limitations?

#### **Adaptation for Remote Platform**

- Facilitator can "call-on" (unmute) participants who raise their hand to respond.

### **FACILITATOR'S NOTE**

Solicit a response or two.

### **PARAPHRASE**

A big part of helping a child address their feelings, especially grief and abandonment issues, is to help the child understand the limitations of their parents. In doing this, you will be helping the child see how the behavior of their parents, and the parents' inability to take care of their child right now, are related to their parents' challenges and is not personal or about the child. It is natural for children to blame themselves or feel that it is their behavior or shortcomings that created the parents' problems, and we want the child to understand that this is not the case.



Depending on the age and developmental stage of the child, we want to find ways to help children understand the challenges their parents face and how it has impacted their behavior and ability to parent. Some things to keep in mind:

- All children need and deserve to be safe. It is the parent's job to keep children safe, but some parents have such big problems they aren't able to keep their kids safe or to do the job of a parent. When this happens, it has nothing to do with the child and everything to do with what is going on in the adult's/parent's life.
- Consider the child's age and ability to understand some of these "big" problems, such as drug abuse, alcoholism, domestic violence, anger control, mental illness, etc.

Now that we have discussed the importance of helping a child understand their parents' limitations, we are going to practice things you might say to prepare you for these types of conversations with the child.





**CASE STUDY:  
CASEY**

- Casey is an 8-year-old girl who lives with her grandmother
- Casey's mother (the grandmother's daughter) has a history of substance abuse
- Child Protective Services intervened
- Casey shares that her mom blames her for being "so bad" and making her want to drink

 36

### FACILITATOR'S NOTE

Read the case study aloud to the class using the script below, then facilitate a discussion with the participants using the slides that follow.

If the organization that investigates child maltreatment in your area is not called "Child Protective Services," please replace with the correct name.

### SAY

Our first case study is Casey, an 8-year-old girl who is currently living with her grandmother. As you listen to and think about this case study, please put yourself in the grandmother's shoes.

*Casey's mom has a history of substance abuse and has failed rehab for drug abuse and alcoholism three times in the past 5 years. Casey's father has never been in the picture. Casey has been living with you, her grandmother (her mom's mother), off and on for several years. Recently, Child Protective Services intervened and placed Casey with you. Reunification does not look promising because Casey's mom went AWOL from rehab.*

*Your granddaughter has confided in you that her mom told her that her bad behavior caused her to drink, and that it was all her fault.*

## CASE STUDY REFLECTIONS



How does Casey's grandmother help Casey understand her mom's limitations and reassure her that she is not to blame for her mom's substance abuse problems?

### KEY POINT

All information given to children must be true and factual. Incorrect information now will make it harder for the child to trust you later.



37

### FACILITATOR'S NOTE

Read the question on the slide. Allow for answers.

#### **Adaptation for Remote Platform**

- Ask participants to share their thoughts and ideas using the chat.
- Alternatively, facilitator can “call-on” (unmute) participants who raise their hand to respond.

### PARAPHRASE

Keep in mind that Casey's grandmother likely has her own long-standing feelings and experiences related to her daughter's substance abuse, and these experiences may make it difficult for the grandmother to talk about them with Casey.

Also, remember that age and developmental stage is an important consideration. It is important to consider what Casey will be able to understand.

When building a child's story with them, remember to start with the facts in a simple, easy to understand way and build upon these facts as the child grows. You always want to start with a foundation of truth rather than making up information that you will have to correct later (such as saying the mom couldn't take care of her because she lost her job when, really, she has serious substance abuse issues). Even with the complexity of substance abuse, there are ways to help a young child begin to



understand the problem. Key

points to reinforce:

This discussion is about helping a child understand that the parent has serious limitations, and it is these limitations, not the child's behavior or "lovability," that made the parent unable to take care of them. We want to recognize the natural inclination for children who are not living with their parents to experience blame and guilt accompanied by a deep sense of grief and abandonment. This is experienced in different ways at different ages, and feelings often resurface as children go through the developmental stages.

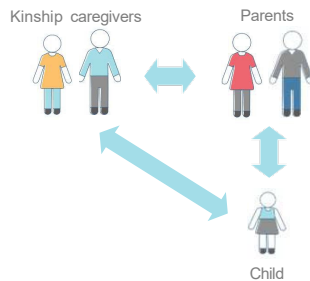
As caretakers, we want to be able to help children deal with these feelings at each age and stage, and we want to counter any negative messages that the child has about themselves with positive messages.



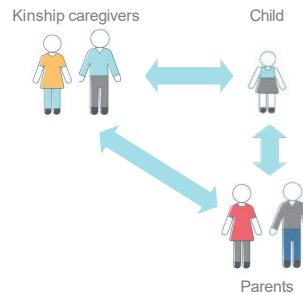
## SUPPORTING A CHILD'S RELATIONSHIP WITH PARENTS AND OTHER FAMILY

### The child's needs come first!

#### Before Adoption/Fostering



#### After Adoption/Fostering



38

### PARAPHRASE

Remember, the child's needs come first, and loyalties may shift. Because you also have a relationship with the child's parent, and in fact, your first relationship was likely with the parent (your daughter, your brother or sister, your mom or dad), it is sometimes very challenging to deal with the split loyalties, that is, protecting and supporting the child while also feeling some loyalty and love for the parent.

We all recognize that the needs of children must take precedence over the needs of the parents. Priorities have changed since children have come to live with you. A challenge for many kinship caregivers is the belief that you need to have the same loyalties, responsibilities, and commitments that you had with the parent before the children came to live with you.



## CONVERSATIONS ABOUT SHIFTING LOYALTIES

### Casey's grandmother, to herself:

"I love my daughter and I wish she would stop using drugs, but right now my priority is to her children. They need me to keep them safe and nurtured."

### Casey's grandmother, to her daughter:

"I love you and I hope you will want to stop using drugs and get your life on track. Right now, I must put Casey's needs first. If you say you are going to visit, please show up on time and not intoxicated. If you can't do this, we will need to change the visiting arrangements."



39

### SAY

In our case study, here are some conversations Casey's grandmother might have with herself and with her daughter:

- Casey's grandmother, to herself: "I love my daughter and I wish she would stop using drugs, but right now my priority is to her children. They need me to keep them safe and nurtured."
- Casey's grandmother, to her daughter: "I love you and I hope you will want to stop using drugs and get your life on track. Right now, I must put Casey's needs first. If you say you are going to visit, please show up on time and not intoxicated. If you can't do this, we will need to change the visiting arrangements."

Take some time to think about how you could adapt these conversations to yourself and your situation.

Draw on the support of the agency. Don't feel you need to go through this alone. Sometimes it helps to talk these issues through and lean on support when you need to have these difficult conversations. Ask your caseworker about supports available to kinship caregivers. It may be a support group with other kinship caregivers or the help of a counselor who can help you and the child address specific challenges.

A key role you will play as a caregiver is to help manage the child's visits with parent or parents. We will explore that next.



## SAFE VISITATION

- S** Set limits
- A** Awareness of the parent's capabilities
- F** Form contracts
- E** Empathize with the child's feelings and reactions
- T** Teach and model communication skills
- Y** YOU are the parenting parent! **Take charge of the situation**



40

### FACILITATOR'S NOTE

Transition now to reviewing ways to ensure safe visitation with the parent. This is important to review because in kinship, the visitations often happen informally, and there are family ties that can make structuring the visitations more difficult. It is critical for kinship caregivers to recognize that they must feel comfortable and empowered to set up structures to ensure that the visits are safe for all parties. For the next six slides, you will review each of the six letters in SAFETY.

### SAY

One of the most important things you will do as a caregiver to support a child's relationship with their parents is to ensure safe visits. Let's examine ways in which you might establish and manage safe visitation. These strategies will also work with other family members who have visitation with the children.

S = Set Limits

### PARAPHRASE

As your priorities shift to the needs of the child, there are often limits that need to be set with the parents or other family members as you see behaviors that are not good for the child. When it comes to visitation, it is important that you make the behavior expectations clear to the parents in order to provide a healthy situation for the children during visits (such as: show up on time, advance notification if you need to change the time or day of visit, no drug or alcohol use, no other visitors without permission, no telling the children anything confusing or untrue, etc.).





**SAFE VISITATION**

- S** Set limits
- A** Awareness of the parent's capabilities
- F** Form contracts
- E** Empathize with the child's feelings and reactions
- T** Teach and model communication skills
- Y** YOU are the parenting parent! **Take charge of the situation**



41

**SAY**

A = Awareness of the parents' capabilities; Denial puts the child at risk!

**PARAPHRASE**

It's natural to have hopes for the parents and to want to think the best about their interests and behaviors with the children. It is critical that you understand and accept the circumstances that brought the child into care. This will help you protect the child from having repeated situations with the parents that can be harmful. If the court has ordered the visits be supervised, it is important that they not be left unattended until it's determined that it is safe to do so, and you have permission to allow unsupervised contact.

## SAFE VISITATION

- S** Set limits
- A** Awareness of the parent's capabilities.
- F** Form contracts
- E** Empathize with the child's feelings and reactions
- T** Teach and model communication skills
- Y** YOU are the parenting parent! **Take charge of the situation**



42

**SAY**


F = Form contracts; clear written rules, expectations, and consequences for not following the rules.

**PARAPHRASE**

We talked about setting limits. One step in limit-setting is discussing what happens if parents don't follow the rules that have been set. Remind the parents that you also must follow the rules because you don't want to jeopardize the child's placement with you; therefore, you will hold them accountable to the expectations that have been set.

## SAFE VISITATION

- S** Set limits
- A** Awareness of the parent's capabilities
- F** Form contracts
- E** Empathize with the child's feelings and reactions
- T** Teach and model communication skills
- Y** YOU are the parenting parent! **Take charge of the situation**

43

### **SAY**

E = Empathize with the child's feelings and reactions to parents.

### **PARAPHRASE**

Visits can stir up lots of emotions for the children, reminding them of how much they miss or worry about their parents, or anger or fear in some cases. They also may have divided loyalties between the parents and caregivers. Children will likely need support before and after visits. Help the child to put words to their feelings and offer a listening ear and compassion. Try to be **patient** as the child may act out their feelings (characteristic).

### **ASK**

What things have you done or said with the child in your care before or after visits that has helped the child?

SAFE VISITATION

- S Set limits
- A Awareness of the parent's capabilities
- F Form contract.
- E Empathize with the child's feelings and reactions
- T Teach and model communication skills
- Y YOU are the parenting parent! **Take charge of the situation**


44

**SAY**

T = Teach and model communication skills.

**PARAPHRASE**

The child will look to you as an example. They are watching and learning from your conversations with or about the parents. Avoid talking about your frustrations about parents or having these discussions within earshot of the child. Script out and practice the difficult conversations with parents. Show that you are comfortable talking about feelings and able to demonstrate appropriate and healthy behavior in response to negative feelings. Say something like, “I know you are angry that your dad missed his visit again this week. I am angry also. I don’t like seeing you disappointed. Sometimes when I am angry, I take a time out for myself to relax.

Listening to my favorite music helps me. Or sometimes I garden. It feels good to be outside doing something. I wonder what you think will help you feel better.”

It is also important to model having a good **sense of humor** and finding the lighter side of situations when you can (characteristic).

**SAFE VISITATION**

- S** Set limits
- A** Awareness of the parent's capabilities
- F** Form contracts
- E** Empathize with the child's feelings and reactions
- T** Teach and model communication skills
- Y** YOU are the parenting parent! **Take charge of the situation**



45

**SAY**

Y = You are the parenting parent. Take charge of the situation!

**PARAPHRASE**

Putting the child first and foremost is what is most important. You are their voice. Taking control of these steps provides the protective environment that children need and will help assure that contact with parents is safe and appropriate while you are charged with their care.

**SAY**

Now that we have discussed the importance of safety in visitations, let's discuss some of the challenges a kinship caregiver might experience with the extended family members when they take on this role.

## FAMILY CONFLICT

My Nona & Papa  
& gamma all love me  
I ♥ them!



46

### SAY

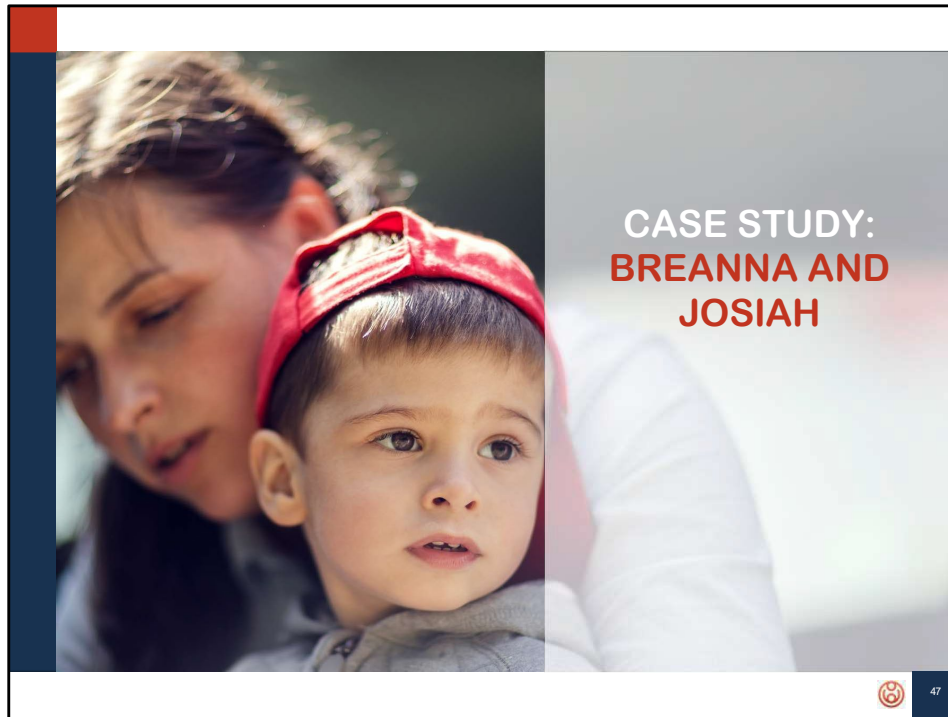
Kinship care has a lot of unique dynamics because there were relationships in place prior to the child moving into your home. This not only changes the role of the kinship caregiver to the child; it also changes the roles of other family members. Sometimes these changes can cause conflict within the extended family. It is critical for kinship caregivers to be aware that this can happen and to have ideas about how they will address the conflicts when they arise.

### PARAPHRASE

We all know it is not uncommon for families to have some conflict within their family or between members of the child's other side of the family. For example, if you are the maternal grandma, where is the dad in the child's life, and/or his family members and what is your relationship like with them?

Children often do better when they are able to stay connected to their roots, which means maintaining relationships with people from their mom and dad's family. When children are separated from parents, it is important to try to maintain relationships for the child with healthy relatives that can offer a sense of continuity and stability, while also showing the child that they are loved and valued by their family. If there is conflict between the families, it may be helpful to get professional support. It creates added stress for children when they feel stuck between adults who are in conflict.





### **SAY**

Now, we'll look at another Case Study that explores many of the concepts we've discussed today. I am going to read the case study, and then we will discuss.

### **READ**

#### **Case Study:**

Josiah is 6 years old. He lived on and off with his mom, Breanna, for the first six years of his life. You are his grandmother and have done much of his caregiving since his birth. This past year, Breanna was arrested for methamphetamine possession and spent some time in jail. Josiah came to live with you 6 months ago when his mom was incarcerated. This was not Breanna's first run-in with the law, though it was her first involvement with Child Protective Services (CPS). Her addiction seems to have taken control of her this time, and it's doubtful that she will get clean or that Josiah will go back to live with her. Breanna is your only daughter. It is devastating for you to watch her slip further and further away as her addiction gets worse. You are worried that she is living on the streets.

The court has allowed you to supervise visits with Breanna. Recently, she has missed more visits than she has kept. When she does make it, she is usually late and appears to have been using. She is hyper and impatient with Josiah. You are getting increasingly more frustrated with Breanna. Each visit is becoming an ordeal for Josiah. He looks forward to the visits, and when she is late or misses the visit, he has tantrums and becomes oppositional with you.

#### **ASK**

- What are some of the divided loyalties Josiah’s grandmother may be experiencing as the visits take a turn for the worse?
- What limits or boundaries should Josiah’s grandmother set with Breanna, and whose help might she need to enlist to make the visits a more positive experience for Josiah or to change the visitation schedule?
- What are the feelings that Josiah is probably acting out?

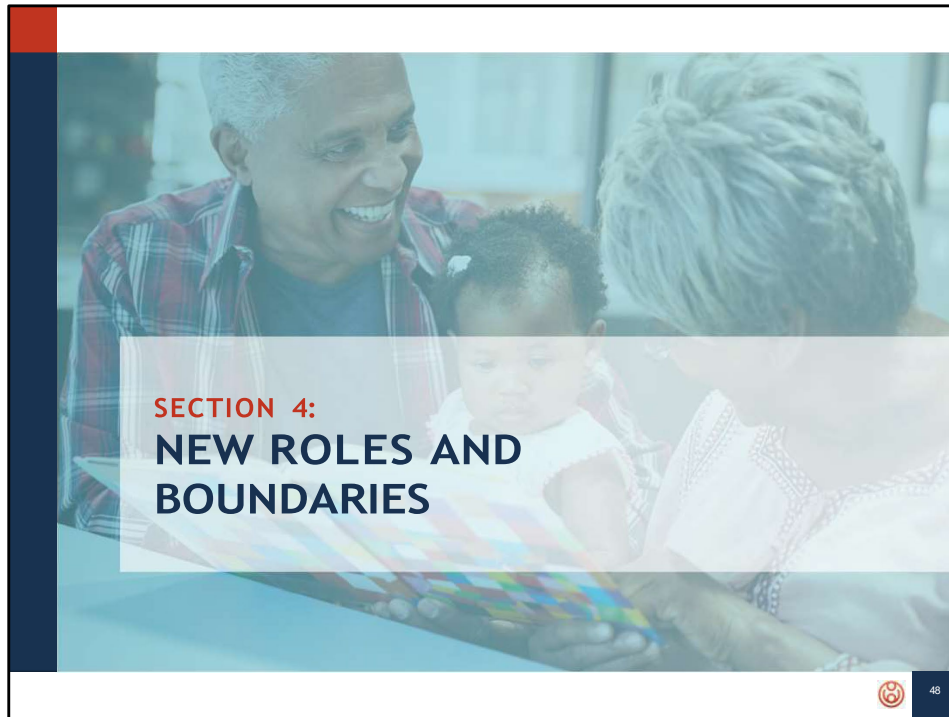
#### **Adaptation for Remote Platform**

- Ask participants to share their responses to each question in the chat.
- Alternatively, facilitator can “call-on” (unmute) participants who raise their hand to respond.

#### **SAY**

Next, we will talk about how roles change when you become a kinship caregiver - for you, for the child, and for other family members.





## **SAY**

When you become a kinship caregiver, your role changed from being a relative to becoming a parent. The child's role also changed, and so did the roles of the child's parents and other family members.

In this section, we'll look at how roles change and how the changed roles affect boundaries for the parents and the extended family.

## ADAPTING TO NEW ROLES IN THE FAMILY



### SAY

Becoming a kinship caregiver shakes up the family tree, which can cause reactions (good and bad) from others within the family. Titles and roles change, such as “Aunt and Uncle” or “Grandma and Grandpa” may become “Mom and Dad.”

### PARAPHRASE

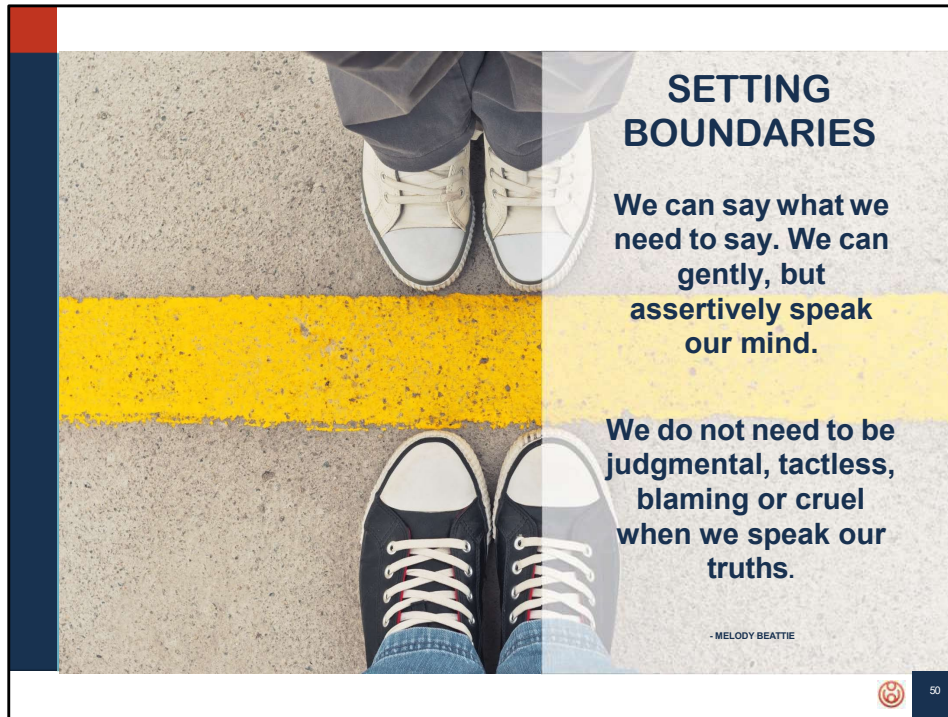
When you become a kinship caregiver to a child, you are in some ways changing your role to that child, which also changes the roles of other family members. For example, you may have four children of your own who live with you or nearby and still rely on you. Now that you have taken in your cousin’s child, you have changed the role of this child to the children. You may have less time for the children due to your new parenting role. This can cause tension within the family unit and usually results in shifting roles.

You may have a very supportive family system that accepts and supports your decision to take on the care of the child, or you may have some in the family who are less than supportive.

For example, if you are a grandparent caregiver, your adult children may be angry at their sibling and have some resistance to you stepping into the caregiver role. There may be jealousy or feelings of “unfairness.” Other grandchildren may have some of these feelings as they “wish they could live with grandma.” Or another child in your home may be jealous because you are now acting like a “parent,” and they see that other grandchildren are treated differently or can get away with behaviors that this child no longer gets away with.

If you are an aunt or uncle to the child, your children may be resentful. They don’t want their “cousins” to live with them or they don’t want to share their parents.





### **SAY**

When roles change within the family, boundaries also need to change. It is important to set boundaries with parents and the extended family.

Read quote on slide aloud: “We can say what we need to say. We can gently but assertively speak our mind. We do not need to be judgmental, tactless, blaming, or cruel when we speak our truths.”

### **PARAPHRASE**

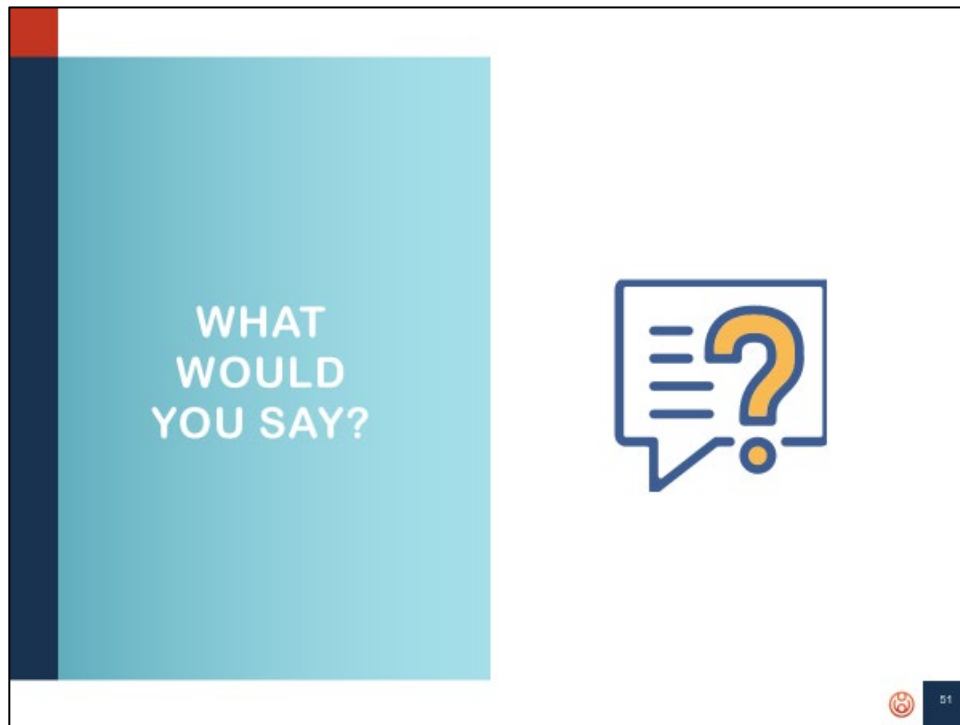
Boundary setting can be hard, but as this quote indicates, you can learn to do it in ways that exert control without being cruel or tactless. Stick to the facts. Rather than allowing anger to dictate how you respond, keep it factual. For example, instead of saying, “Look, stop telling (Joey) that I am not his mom. I am sick and tired of it and won’t put up with it anymore.” Try something like, “You are confusing Joey when you tell him I am not his mom. Making sense of our roles is confusing enough for him. I am caring for him now and I am asking that you respect this.”

### **ASK**

Do any of you have stories or experiences you would like to share when you or the child you are adopting or fostering had to adapt to changing roles?

### **FACILITATOR'S NOTE**

Allow one or two people to share before moving on to the next slide.



### **FACILITATOR'S NOTE**

In this full-group activity, you will present two scenarios where a kinship caregiver needs to set boundaries and facilitate a discussion of ways the kinship caregiver could respond to each situation.

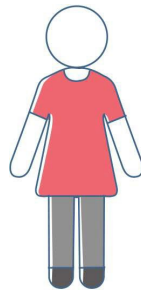
### **SAY**

Setting boundaries is part of being kinship caregiver. There will likely be many times that you will need to intervene to set up some boundaries. During these situations, you also need to find a way to talk to the child about the situation. The next couple of scenarios will allow us to explore some of these potential times that might require boundaries, along with a discussion with the child.

As we go through each scenario, we will work together to develop and practice “responses” to prepare for these types of conversations with the child. As you build the child’s story with them and help them understand their parents’ circumstances, make sure that all information given to children is factual. You may not be ready to share certain parts of the story, but make sure what you do share is truth. You can build upon the story as the child gets older and can take in more complex information. You don’t want to be in a position of having to correct information later, as it can cause the child to question whether they can trust you to tell the truth.

In the next slides, we’ll look at a few situations and possible responses to handle each one.

## MOM SHOWS UP FOR A VISIT UNANNOUNCED



Stop telling me what to do. I am Amanda's parent, not you! I can visit when I want.



52

### **SAY**

By hearing scenarios and practicing responses, we can be less "caught off guard" in challenging situations. Doing so also gives us an opportunity to think about situations that could lead us to respond in ways that are not helpful. For example, we might respond in an overly angry or passive way.

Here's the first scenario:

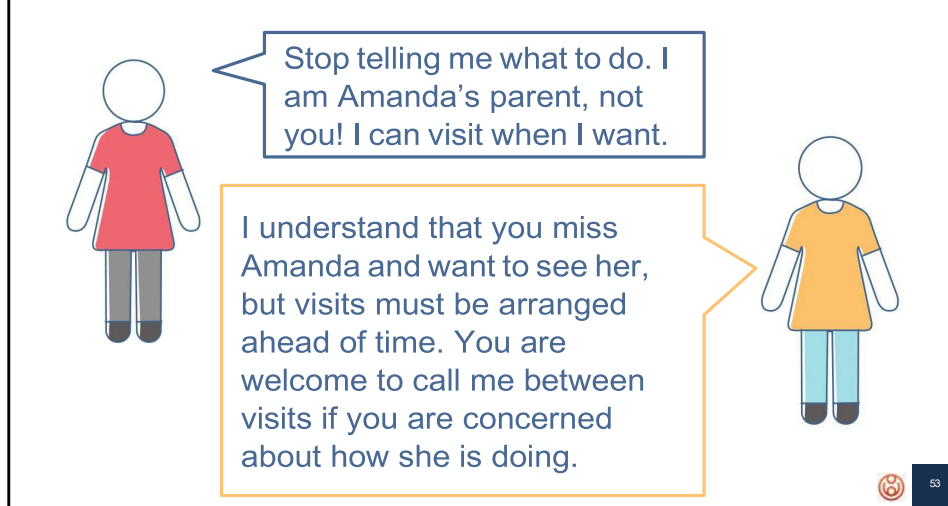
Imagine a situation in which the child's mom shows up for a visit unannounced and says, "Stop telling me what to do. I am Amanda's parent, not you! I can visit when I want." Let's think it through. How might a kin caregiver respond in this situation?

### **FACILITATOR'S NOTE**

- Call on a few people to share their thoughts and ideas.
- Then transition to the next set of slides to share and facilitate a discussion of four possible responses.



## MOM SHOWS UP FOR A VISIT UNANNOUNCED - POSSIBLE RESPONSES



### SAY

Let's review some possible responses that might work in this situation. Here's one.

#### Adaptation for Remote Platform

- Ask for volunteers to please raise hand if they are willing to read responses during this exercise.
- Facilitator "calls-on" (unmute) different people who have a raised hand to read a response for each slide in this exercise.
- Ask participants to share their reactions to each response in the chat and facilitator reads reactions to class.

### FACILITATOR'S NOTE

Ask for a volunteer to read the possible response. Select a different volunteer each time to give as many people as possible the opportunity to say a response out loud.

If any of the responses mentioned when you introduced the scenario are similar, acknowledge this response was already identified (or one like it).

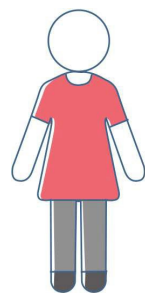
### ASK

What are your thoughts about this response?

### SAY

Let's take a look at another possible response.

## MOM SHOWS UP FOR A VISIT UNANNOUNCED - POSSIBLE RESPONSES



Stop telling me what to do. I am Amanda's parent, not you! I can visit when I want.

Showing up without warning is hard on Amanda. I want you and Amanda to have time together, but it's important that we schedule the visits at a time that will work for all of us.



54

### **SAY**

Here's another possible response.

### **FACILITATOR'S NOTE**

Ask for another volunteer to read the possible response. (or "call-on" (unmute) someone with a raised hand)

If any of the responses mentioned when you introduced the scenario are similar, acknowledge this response was already identified (or one like it).

### **ASK**

What are your thoughts about this response? (Or ask participants to share their thoughts in the chat and read their responses.)

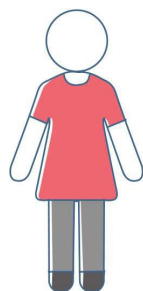
### **SAY**

Let's take a look at another possible response.



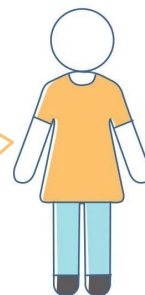


## MOM SHOWS UP FOR A VISIT UNANNOUNCED - POSSIBLE RESPONSES



Stop telling me what to do. I am Amanda's parent, not you! I can visit when I want.

I have to report the visits to Amanda's caseworker and do not want to do anything that will jeopardize her scheduled visits with you or her placement here. If you show up without permission, I am expected to inform the caseworker.



55

### **SAY**

Here's another possible response.

### **FACILITATOR'S NOTE**

Ask for another volunteer to read the possible response. (or "call-on" (unmute) someone with a raised hand)

If any of the responses mentioned when you introduced the scenario are similar, acknowledge this response was already identified (or one like it).

### **ASK**

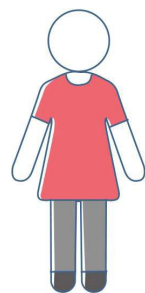
What are your thoughts about this response? (Or ask participants to share their thoughts in the chat and read their responses.)

### **SAY**

Let's take a look at another possible response.

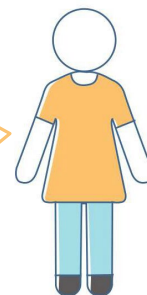


## MOM SHOWS UP FOR A VISIT UNANNOUNCED - POSSIBLE RESPONSES



Stop telling me what to do. I am Amanda's parent, not you! I can visit when I want.

I am not trying to take your place, but right now the court has given me responsibility to care for Amanda. Working together and showing respect to one another is what's best for Amanda.



56

### **SAY**

Here's another possible response.

### **FACILITATOR'S NOTE**

Ask for another volunteer to read the possible response. (or "call-on" (unmute) someone with a raised hand)

If any of the responses mentioned when you introduced the scenario are similar, acknowledge this response was already identified (or one like it).

### **ASK**

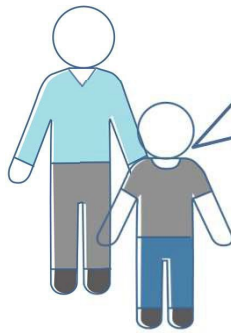
What are your thoughts about this response? (Or ask participants to share their thoughts in the chat and read their responses.)

### **SAY**

Let's consider another scenario.



## GRANDSON COMPLAINS AFTER A VISIT WITH HIS DAD



My dad says you won't let me see him because you don't like him. He says I could live with him if it wasn't for you! I hate living here!



57

### **SAY**

Now imagine you are with your grandson after his visit with his dad, who is your daughter's ex-boyfriend. Your grandson says, "My dad says you won't let me see him because you don't like him. He says I could live with him if it wasn't for you! I hate living here!"

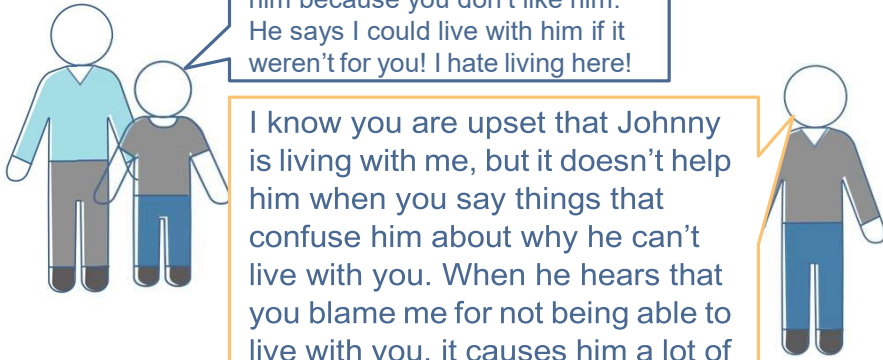
If that happened, how might you respond both to the dad and to the grandson?

### **FACILITATOR'S NOTE**

- Call on a few people to share their thoughts and ideas. (Or "call-on" (unmute) those who have raised hands,)
- Then transition to the next set of slides to share and facilitate a discussion of four possible responses.

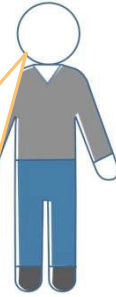


## GRANDSON COMPLAINS AFTER A VISIT WITH HIS DAD - RESPONSES FOR THE DAD



My dad says you won't let me see him because you don't like him. He says I could live with him if it weren't for you! I hate living here!

I know you are upset that Johnny is living with me, but it doesn't help him when you say things that confuse him about why he can't live with you. When he hears that you blame me for not being able to live with you, it causes him a lot of frustration that he doesn't know how to manage.



### **SAY**

Let's review some possible responses to the dad that might work in this situation. Here's one.

### **FACILITATOR'S NOTE**

Ask for another volunteer to read the possible response. If any of the responses mentioned when you introduced the scenario are similar, acknowledge this response was already identified (or one like it).

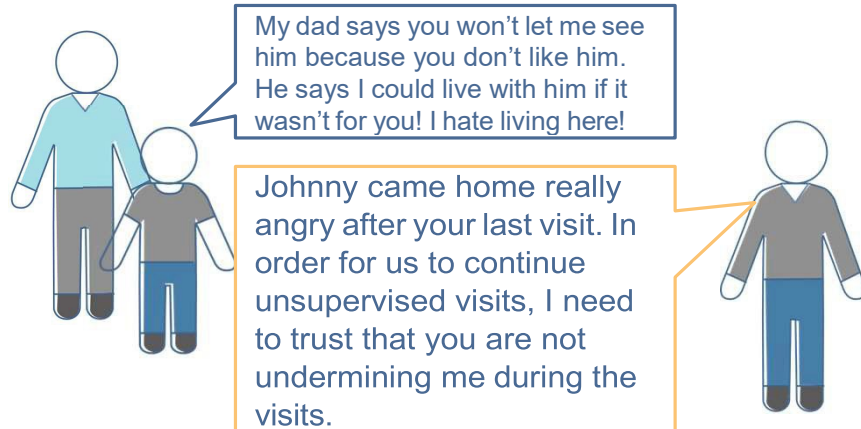
### **ASK**

What are your thoughts about this response?

### **SAY**

Let's take a look at another possible response.

## GRANDSON COMPLAINS AFTER A VISIT WITH HIS DAD - RESPONSES FOR THE DAD



### SAY

Here's another possible response to the dad.

### FACILITATOR'S NOTE

Ask for another volunteer to read the possible response. (or "call-on" (unmute) another person with raised hand)

If any of the responses mentioned when you introduced the scenario are similar, acknowledge this response was already identified (or one like it).

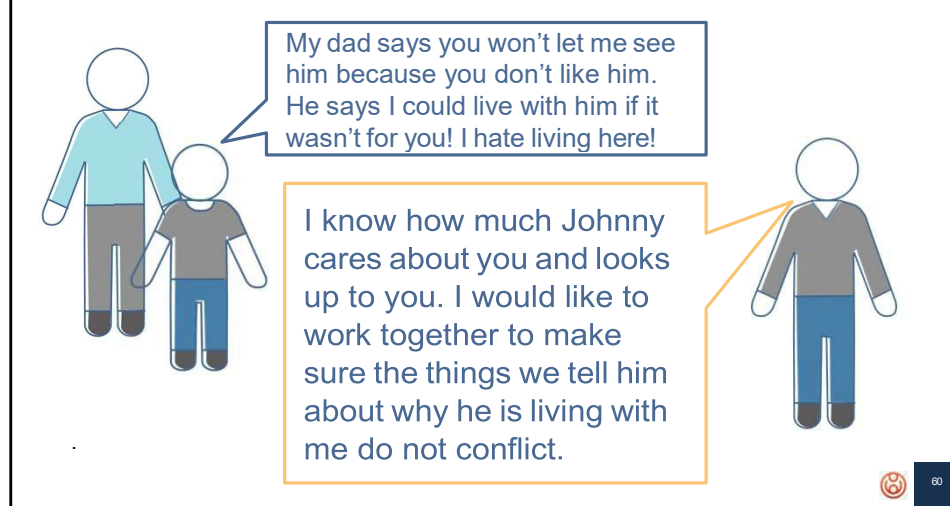
### ASK

What are your thoughts about this response?

### SAY

Let's take a look at another possible response.

## GRANDSON COMPLAINS AFTER A VISIT WITH HIS DAD - RESPONSES FOR THE DAD



### SAY

Here's another possible response to the dad.

### FACILITATOR'S NOTE

Ask for another volunteer to read the possible response. (or "call-on" (unmute) another person with raised hand)

If any of the responses mentioned when you introduced the scenario are similar, acknowledge this response was already identified (or one like it).

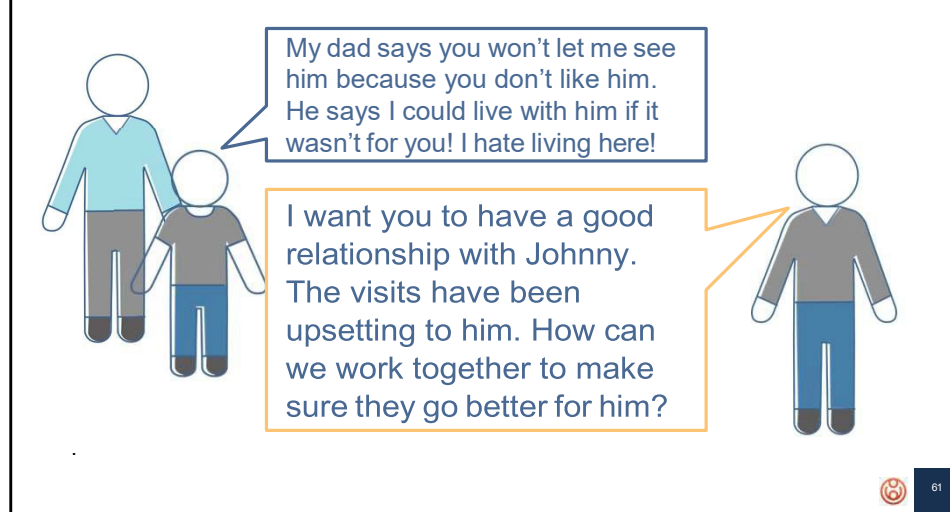
### ASK

What are your thoughts about this response?

### SAY

Let's take a look at another possible response.

## GRANDSON COMPLAINS AFTER A VISIT WITH HIS DAD - RESPONSES FOR THE DAD



### SAY

Here's another possible response to the dad.

### FACILITATOR'S NOTE

Ask for another volunteer to read the possible response. (or "call-on" (unmute) another person with raised hand)

If any of the responses mentioned when you introduced the scenario are similar, acknowledge this response was already identified (or one like it).

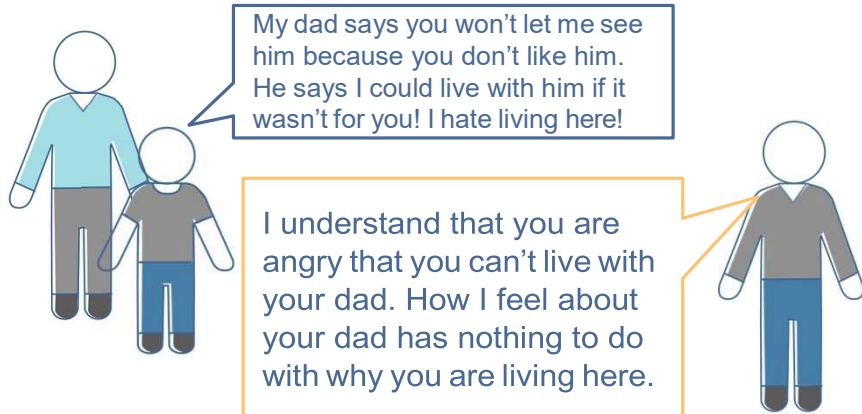
### ASK

What are your thoughts about this response?

### SAY

Let's take a look at another possible response.

## GRANDSON COMPLAINS AFTER A VISIT WITH HIS DAD - RESPONSES FOR THE GRANDSON



I understand that you are angry that you can't live with your dad. How I feel about your dad has nothing to do with why you are living here.



62

### **SAY**

Here's another possible response to the dad.

### **FACILITATOR'S NOTE**

Ask for another volunteer to read the possible response. (or "call-on" (unmute) another person with raised hand)

If any of the responses mentioned when you introduced the scenario are similar, acknowledge this response was already identified (or one like it).

### **ASK**

What are your thoughts about this response?

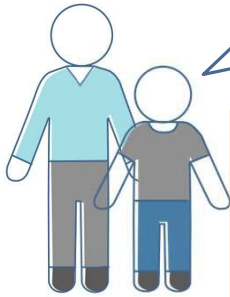
### **SAY**

Let's take a look at another possible response.

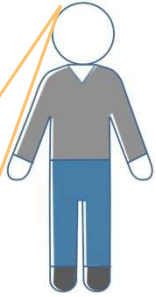





## GRANDSON COMPLAINS AFTER A VISIT WITH HIS DAD - RESPONSES FOR THE GRANDSON



My dad says you won't let me see him because you don't like him. He says I could live with him if it wasn't for you! I hate living here!



You are here because children need to be with parents who can keep them safe. This was difficult for your parents to do, and they know there are certain things they need to be able to do before you can live with them. I know this makes you angry, but I love you and your anger doesn't change the way I feel about you.



63

### **SAY**

Here's another possible response to the dad.

### **FACILITATOR'S NOTE**

Ask for another volunteer to read the possible response. (or "call-on" (unmute) another person with raised hand)

If any of the responses mentioned when you introduced the scenario are similar, acknowledge this response was already identified (or one like it).

### **ASK**

What are your thoughts about this response?

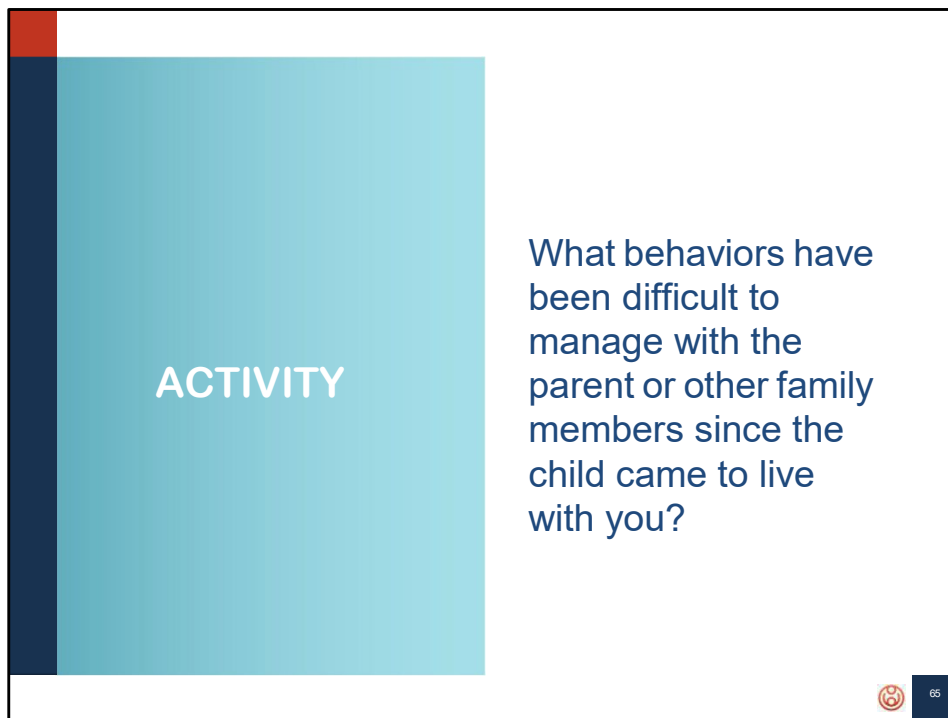
### **PARAPHASE**

Thanks for sharing your thoughts and ideas about these difficult situations. In the next section we will work on building your skills for kinship caregiving.



**PARAPHRASE**

In this section, we'll do a brainstorming activity to talk about ways to handle potential problematic behaviors.

A slide graphic with a white background and a dark blue vertical bar on the left. A large light blue rectangle is positioned on the left side, containing the word "ACTIVITY" in white, bold, uppercase letters. To the right of this rectangle, the text "What behaviors have been difficult to manage with the parent or other family members since the child came to live with you?" is written in a dark blue font. In the bottom right corner of the slide, there is a small red circular icon with a white figure inside, and the number "65" next to it.

**ACTIVITY**

What behaviors have been difficult to manage with the parent or other family members since the child came to live with you?

### **FACILITATOR'S NOTE**

This is a full-group activity in which participants brainstorm about challenging behaviors they have experienced as kinship caregivers.

### **SAY**

Let's brainstorm some of the problematic or challenging behaviors that you have experienced with either the parents or other family members since the child or children came to live in your home. If the child is not yet placed in the home, think about some of the challenges you expect to have. Think about any challenges you have faced with the child's maternal/paternal side of the family as well. Make sure you also consider situations that are likely to occur with visitation.

### **DO**

Facilitate the discussion, asking for people to share behaviors that have been difficult to manage.

### **PARAPHRASE**

When you respond to these challenging behaviors, you can be both supportive of the child's relationship with the parent or other family members and demonstrate your ability to keep the child physically and emotionally safe. However, it may take anticipation, **self-awareness**, and practice to respond in the most helpful and appropriate way (characteristic).



## SMALL-GROUP ACTIVITY: ENHANCING YOUR TOOL KIT



1

How have you responded to these problems in the past?

2

What happens when I respond this way? How might the child feel about my response?

3

To be protective of child while also demonstrating the importance of the parent[s], how can I respond in the future that might be more effective?



66

### FACILITATOR'S NOTE

This is a small-group activity in which participants work in groups of three to four to discuss ways to respond to two of the challenging problems from the list you developed.

### SAY

Now, we are going to split up into small groups of three to four people to work on building your tool kits for managing difficult behaviors. Please group with people sitting close to you.

From the discussion we just did as a group, pick one (or two if time permits) of the problematic or challenging behaviors we identified that have or could occur surrounding visitation. For each behavior identified, discuss:

1. How have you responded to these problems in the past?
2. What happens when I respond this way? How might the child feel about my response?
3. To be protective of child while also demonstrating the importance of the parent[s] to the child, how can I respond in the future that might be more effective?



### **Adaptation for Remote Platform**

- Use pre-defined breakout rooms for groups of 3-4 people.
- Post the questions in the chat box for small groups to reference during their discussion.
- Let each group know that facilitator(s) will circulate among the rooms.

### **FACILITATOR'S NOTE**

Circulate to answer questions and give advice during the discussion. After coming back as a large group, ask if there are any takeaways that people would like to share with the larger group. Reinforce key concepts of the need to demonstrate effective communication and/or support the child's relationship with parents.



**REMEMBER...**

Trust builds with predictability.

Predictability builds patterns.

Patterns create ways of being in relationships with others.

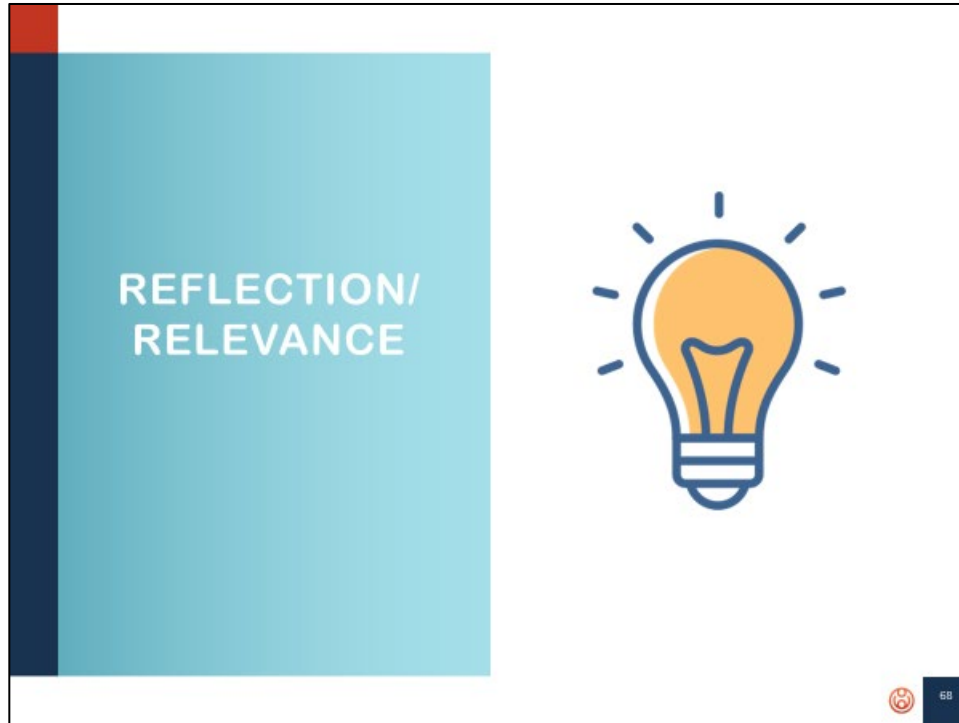


67

**SAY**

This is good place to pause and reinforce that the skills we are talking about in this session will reinforce the relationship between the caregiver and child.

Remember: trust builds with predictability, and predictability builds patterns, and patterns create ways of being in relationships with others.



### **FACILITATOR'S NOTE**

Ask participants to do these two reflections on their own at home in their **Participant Resource Manual**. There are two different reflection activities that they can choose from. The examples of the reflections are on the next two slides, but only touch upon them briefly, letting them know these reflections are available. (Facilitators can choose to do one or both reflections in class if time permits).

### **SAY**

Here are some additional opportunities for you to reflect on what we've talked about in this theme. Please take the time to do one or both reflection activities at home. They can be found in your **Participant Resource Manual** on page 39.



## REFLECTION/RELEVANCE OPTION 1

**Reflect on some of the feelings the child is having about living apart from their mom or dad and how have they demonstrated these feelings through their behavior.**

1. When you see the behavior, how have you responded in the past?
2. What did you learn today that can help you respond differently when this comes up in the future?
3. Write a letter/response for how you would like to respond to the child next time you notice these feelings on display.



69

### **FACILITATOR'S NOTE**

This is the first option for the Reflection/Relevance Activity.







## REFLECTION/RELEVANCE OPTION 2

**Think about a recent situation where either the child's parent or other family member argued with you about something related to the child in your care.**

1. How did you respond?
2. If you changed your response, do you think there would have been a better outcome to the situation?
3. Write a short letter to the individual describing your preferred response, taking into consideration some of the responses that we have discussed in the session today.



70

### **FACILITATOR'S NOTE**

This is the second option for the Reflection/Relevance Activity.

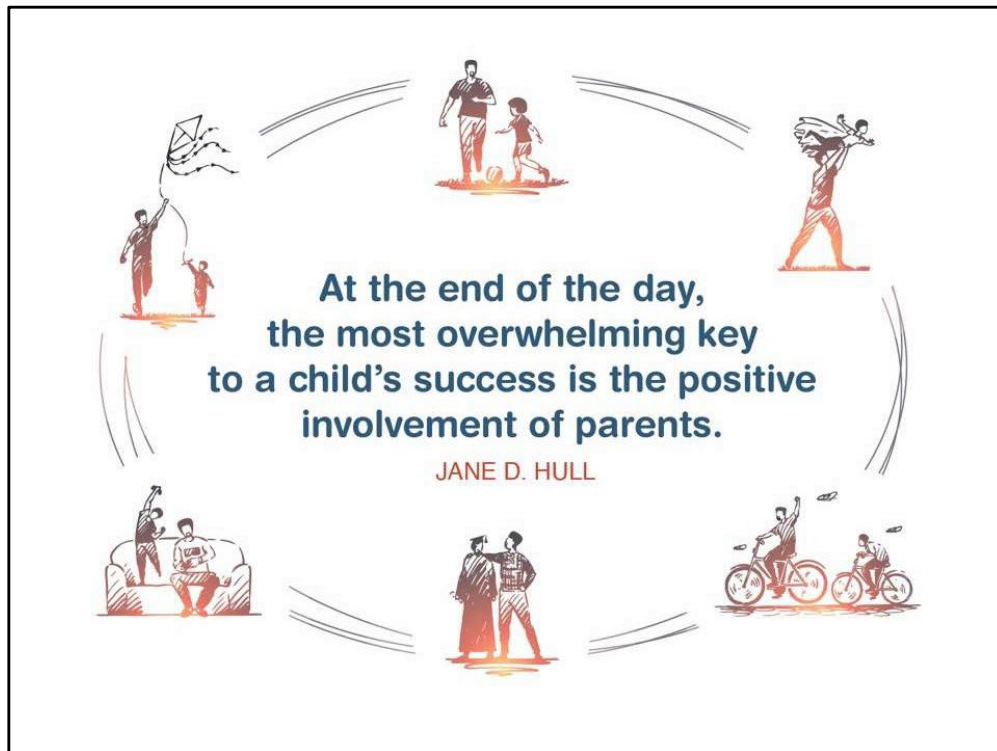




### **SAY**

Now, it's time to wrap up. Before we do, I want to briefly highlight the key points from this theme:

- Managing family relationships can be messy and difficult; you must be ok for the child to be ok.
- Caregivers and children both experience a range of normal emotions in kinship care, including loss and divided loyalties, as everyone adapts to their new roles.
- It's important that the caregiver manage and establish safe boundaries with the child's parents and other family members.
- It's ok, and a sign of strength to ask for help along the way.
- Building natural support systems helps the caregiver and child.
- Learning new ways of responding to family dynamics takes practice - it doesn't happen overnight.



## FACILITATOR'S NOTE

The closing quote above and the paraphrase section below will be done only once per day, after the last theme presented for the day. If you are moving on to another theme invite them to take a break, stretch, or breathe, before moving on to the next theme.

If closing for the day:

- Thank everyone for attending and for their thoughtful participation and attention. Remind the participants that although this training may seem long, it is critical for them to gather the knowledge, attitude, and skills that are needed as they embark on this journey because they ultimately will play a huge role in the lives of children and families.
- If in person, collect the name tents or have them tuck them into their **Participant Resource Manual** to bring back to the next class.

## PARAPHRASE

Close out the day by covering the below topics:

- Remind participants of the date/time for the next class and let participants know if there are any changes to the location.
- Encourage participants to contact the office if they have any questions or concerns.
- The Child Development and Attachment themes that will be covered during the next class.
- If in person, remind participants to take their **Participant Resource Manual** with them and to bring them to the next session. If using a remote platform, remind participants to have the **Participant Resource Manual** available for the next class.





For more information, visit:  
[ntdcportal.org](https://ntdcportal.org)

73



This curriculum was funded by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, under grant #90CO1134. The contents of this curriculum are solely the responsibility of the authors and do not necessarily represent the official views of the Children's Bureau.







# National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS



## Session 2: Child Development and Attachment







# National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS



# CHILD DEVELOPMENT

FACILITATOR CLASSROOM GUIDE  
Modified January 2022

# PREPARATION

## To prepare for this class, you should:

- Review the facilitator preparation information included in this **Guide** along with the handouts.
- Ensure that participants have a copy of the **Participant Resource Manual**. This **Manual** will be used during all themes and will include the handouts needed by participants. Facilitators should have copies of the handouts for the theme available in case participants do not bring their **Manual** to class. If the theme is being taught on a remote platform, facilitators should have the handouts available so that they can share in the chat and/or email to participants who do not have their **Manual**.
- Bring any materials you need for the activities.
- Review any videos or other electronic media used in this theme, if any, and plan the mechanics of how you will present them. Media for this theme are listed in the Materials and Handouts slide. Review the instructions for each media clip (e.g., to pause or stop at a particular time stamp).
- Practice playing the media for the theme. Ensure that you have the files and apps you need, that your links and connections work, and that you know when to pause or stop the media clip if appropriate.
- If training on a remote platform, make sure all participants have the link available to access the class and that you have all videos, PPT's and handouts ready for use.
- If training in person, ensure that a room is available and set up, with the following:
  - Enough tables and chairs for all participants
  - Projector and screen (check that it works with the computer you will be using)
- Many classroom activities have been adapted so that they can be done on a remote platform. Adaptations will be marked as follows so that they can be easily spotted throughout the Facilitator Classroom Guide: ***Adaptation for Remote Platform***



# MATERIALS AND HANDOUTS

## FACILITATOR'S NOTE

- Participants are expected to have the **Participant Resource Manual** available for every session. Session 2 begins on page 43 in the **Participant Manual**.

## MATERIALS NEEDED

You will need the following if conducting the session in the classroom:

- A screen and projector (test before the session with the computer and cables you will use.)
- A flipchart or whiteboard and markers for several of the activities A flipchart with a sticky backing on each sheet may be useful and will allow you to post completed flipchart sheets on the wall for reference.
- Name tent cards (use the name tent cards made during the Introduction and Welcome theme.)

You will need the following if conducting the session via a remote platform:

- Access to a strong internet connection
- A back-up plan in the event your internet and/or computer do not work
- A computer that has the ability to connect to a remote platform- Zoom is recommended

## HANDOUTS

Have the following handouts accessible. Participants will have all handouts listed below in their **Participant Resource Manual**:

- Handout #1: Glossary: Child Development Podcast (page 47)
- Handout #2: Broad Developmental Themes from Birth to Age 21 Years (page 54)
- Handout #3: Sexual Development (page 56)
- US Centers for Disease Control Positive Parenting Tips
  - Handout #4: CDC Tip Sheet infants 0-1 (page 58)
  - Handout #5: CDC Tip Sheet toddlers 1-2 (page 60)
  - Handout #6: CDC Tip Sheet toddlers 2-3 (page 62)
  - Handout #7: CDC Tip Sheet preschoolers 3-5 (page 64)
  - Handout #8: CDC Tip Sheet middle-childhood 6-8 (page 66)
  - Handout #9: CDC Tip Sheet middle-childhood 9-11 (page 69)
  - Handout #10: CDC Tip Sheet young-teen 12-14 (page 70)
  - Handout #11: CDC Tip Sheet teen 15-17 (page 72)

## VIDEOS AND PODCASTS

Before the day you facilitate this class, decide how you will show/play the media items, review any specific instructions for the theme, and do a test drive.

### The following media is used in this theme:

- Podcast: Bruce Perry: Slide 12
  - Transcripts are located on page 49 in the Participant Manual



# THEME AND COMPETENCIES

## FACILITATOR'S NOTE

Prior to the session, review the theme and competencies. You will not read these aloud to participants. Participants can access the competencies in in their **Participant Resource Manual**.

### Theme: Child Development

Understand typical child development as well as disrupted child development; understand developmental delays and how to meet children's developmental needs; recognize the unique challenges associated with parenting children from each developmental stage.

### Competencies

#### Knowledge

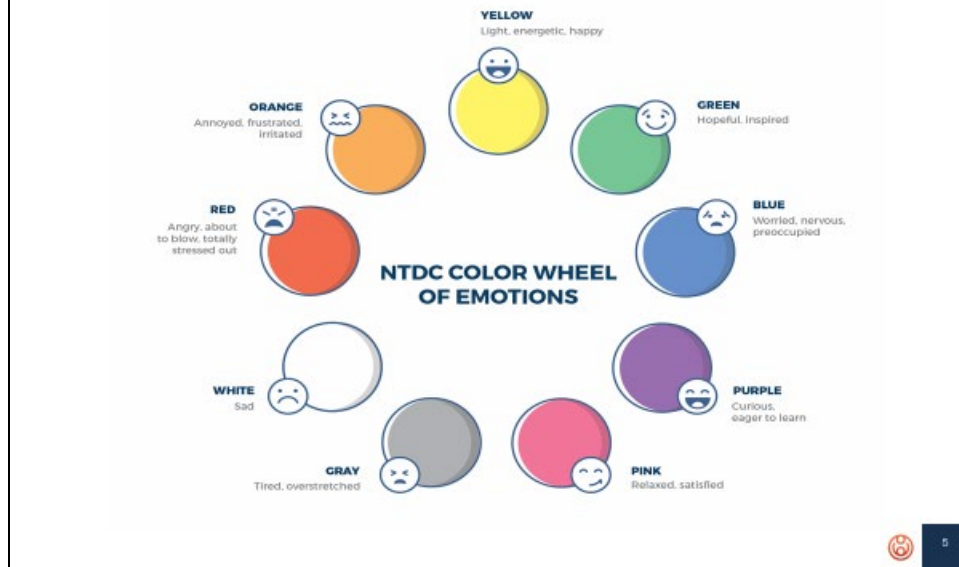
- Understand typical child development as well as disrupted child development.
- Understand developmental delays and how to meet children's developmental needs.
- Recognize the unique challenges associated with parenting children from each developmental stage.

#### Attitudes

- Believe it is important to support children in reaching their unique and full developmental potential.
- Commit to parenting children based upon their developmental level and not their chronological age.
- Willing to adapt expectations based upon the unique developmental needs of the children.



## WELCOME TO THE NATIONAL TRAINING AND DEVELOPMENT CURRICULUM FOR FOSTER AND ADOPTIVE PARENTS



### FACILITATOR'S NOTE

Have this slide showing onscreen as participants assemble for the first class of the day. As participants come in, welcome them back and ask them to take a few minutes to do a self-check using the Color Wheel.

### SAY

Welcome back. We are so glad that you have taken time out of your day to join us for another exciting learning opportunity. As you recall, tuning in to how you're doing on a daily basis may not be something everyone here is used to, but this type of regular self-check is critical for parents who are adopting or fostering children who may have experienced trauma, separation, or loss, as it will be helpful to become and stay aware of your own state of mind. It may seem like a simple exercise but be assured that knowing how we're doing on any given day strengthens our ability to know when and how we need to get support and/or need a different balance. Doing this type of check in will also help us to teach and/or model this skill for children! Please take a moment to look at the color wheel and jot down on paper the color(s) that you are currently feeling.

### DO

Wait a little while to give participants time to complete the Color Wheel.

**SAY**

Now that everybody has had the opportunity to do a quick check in, would someone like to share what color(s) they landed on today for the Color Wheel?

**DO**

Call on someone who volunteers to share their color(s). If a challenging emotion or feeling is shared, thank the person and acknowledge their courage in sharing, pause for a moment, encourage everyone to take a deep breath, and transition to beginning the theme.



## CHILD DEVELOPMENT

Modified January 2022

7

### **FACILITATOR'S NOTE**

Show this slide briefly just before you start the session.

### **SAY**

Let's get started! Welcome to the Child Development theme. This theme begins on page 45 in your Participant Manual.



#### **FACILITATOR'S NOTE**

It is important to always emphasize with this slide that this type of parenting involves lifelong learning and it will be critical for families to be invested in their own learning before and after a child is placed in their home.

#### **PARAPHRASE**

We are excited to share this lesson with all of you today. We are going to start with Child Development. As the slide states, this information will help to develop your capacity to support children and families. This type of parenting will require continuous learning. So, let's dive in and see what important information we have to share with you today.



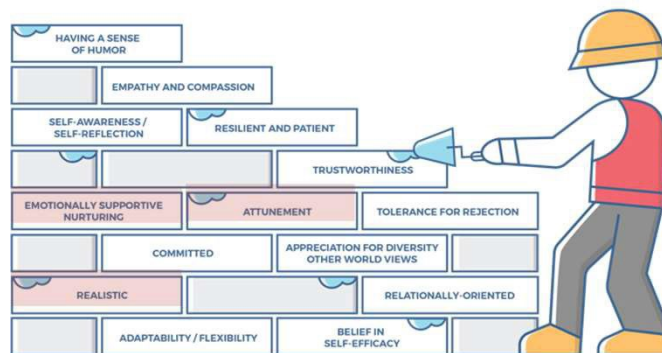


### **PARAPHRASE**

Listed below are the main topics that we will cover during this theme:

- Children grow and develop in different ways.
- A child's development can be disrupted if the child experiences trauma and many children who have been fostered or adopted have experienced trauma. It is important to build a basic foundation for understanding child development, so you can better understand and meet the child's needs.
- This theme will help you build your understanding of child development.

## CHARACTERISTICS OF SUCCESSFUL FOSTER AND ADOPTIVE PARENTS



9

### FACILITATOR'S NOTE

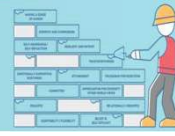
This slide is shown at the start of each theme. Although the graphic will remain the same, the bricks that are colored in red will change based on the characteristics that will be touched upon in this theme. The characteristics were obtained from a review of literature, stakeholder interviews, and review of existing curricula. We want families to become very acquainted with these characteristics throughout the training. It is important to note that in addition to the characteristics that are highlighted in red, there may be additional characteristics that are touched upon during the theme. Facilitators should try to connect these characteristics to the content they are sharing throughout the training. Remind participants that their **Participant Resource Manual** contains the definitions for these characteristics.

### SAY

Before we get into the content let's look at the 14 characteristics of successful foster and adoptive parents. When you took your self-assessment, you were asked about these characteristics.



## CHARACTERISTICS FOR CHILD DEVELOPMENT



### **Emotionally Supportive/Nurturing:**

- Parents can create an emotionally supportive environment that gives the child a safe space to verbalize and process their emotions, including the positive ones.
- Parents know that the child needs a supportive space to share and a calming guide who will listen and empathize which can include listening more than speaking so that the child finds a solution for their problem.

### **Attunement:**

- Parents are aware of, understand, and are sensitive to the specific responses and needs of a child at any given time (despite the degree to which the child expresses or does not express these needs directly).
- Parents are in tune with the child's moods, levels of exhaustion, hunger, rhythms, responses, need for physical contact, affection, security, and stimulation, and are able to use this understanding to build a trusting environment with the child.
- Parents understand that they need to stay calm and regulated so that they can successfully help the child regulate their emotions.



10

## **SAY**

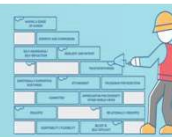
The Child Development theme will cover the following characteristics:

- Emotionally supportive/Nurturing
- Attunement
- Realistic

Take a moment to think back to how you assessed yourself with these characteristics. It is important as you start this journey to assess your characteristics as they are qualities that can strengthen your ability to successfully parent a child who is in foster care or has been adopted.



## CHARACTERISTICS FOR CHILD DEVELOPMENT



### **Realistic:**

- Parents understand that there will be varying degrees of success with different situations with each child.
- Parents understand that the efforts that they provide may not result in a change in a child's understanding or behavior until much later.
- Parents know that when mistakes are made, adjustments and allowances can be made as they re-evaluate expectations.
- Parents know what their expectations are and can identify when those expectations are not being met and need to change.



11

### **ASK**

Now that we have reviewed the definitions, why do you think these specific characteristics are important to a child's development?

### **Reinforce the following:**

- Emotionally supportive/Nurturing
  - Children who have experienced trauma, loss and grief often need someone who can help them feel calm and more secure. The emotionally supportive parent knows that by staying calm, and being a good listener, they can help the child feel more calm and secure.
- Attunement
  - Children who have experienced trauma and loss are at increased risk for developmental delays. Attuned, emotionally supportive caregiving can create an environment that helps a child make progress toward developmental milestones
  - The attuned parent will be a good partner for the professionals who may also be involved with the child. A basic understanding of child development will help the attuned caregiver give good feedback on the child needs, challenges, and positive gains.
- Realistic
  - The realistic parent accepts the child for who they are and makes adjustments to their parenting as needed to best meet the needs of the child.
  - The realistic parent knows that change and progress take time.



# PODCAST: CHILD DEVELOPMENT

Turn to page 47 for Handout #1 & page 49 for Podcast Transcripts



Guest: Bruce Perry, M.D.  
Host: April Dinwoodie



## FACILITATOR'S NOTE

- Listen to NTDC Podcast on Child. (Approximately 16 minutes)
- Refer participants to [Handout #1: Glossary: Child Development Podcast](#) (page 47) and [Podcast Transcripts](#) (page 49).

## STOP & Give an Example

- 4:14 Have the co-facilitator give an example of splintered development
- 11:47 Circle back to the example given earlier and identify how expectations could be changed to meet that child's splintered development.

## ASK

- What did you hear Dr. Perry explain about the difference in developmental versus chronological age for a child, and why is it important to parent to their developmental versus chronological age?
- If you are learning something new, what kind of support is helpful to you or what environment is best for you to learn in?

## PARAPHRASE

Reinforce the following points:

- Healthy child development depends on supportive and nurturing parenting, building a foundation of safety and trust.
- When very young children face different types of trauma or neglect, their brains grow and develop differently from children who have not experienced hardship.
- A child's brain grows and works best when they have parents and other caregivers who provide nurturing and responsive parenting, leading to a sense of safety. When children



feel safe with their primary caregivers, they can reach beyond that foundation, learn new skills, and begin to heal and recover from hardships they may have faced.

- Children who have experienced early childhood trauma often experience delays in their development in some or all areas, as trauma affects the brain's development. Developmental milestones may be delayed or lost as a result of the trauma.
- Some children simply develop more slowly than other children of the same age, even in the absence of trauma. This is called a developmental delay, which may be noticed from birth or at an older age. Other children may develop as expected, but at some point, can no longer do the things that they could do before. This is called a developmental regression. It will be important that you partner with the professionals involved in the child's life who can help you understand how to provide what the child needs to help them make progress in their growth and development. This may include early intervention services, such as additional help in the preschool setting, speech, or occupational therapy.





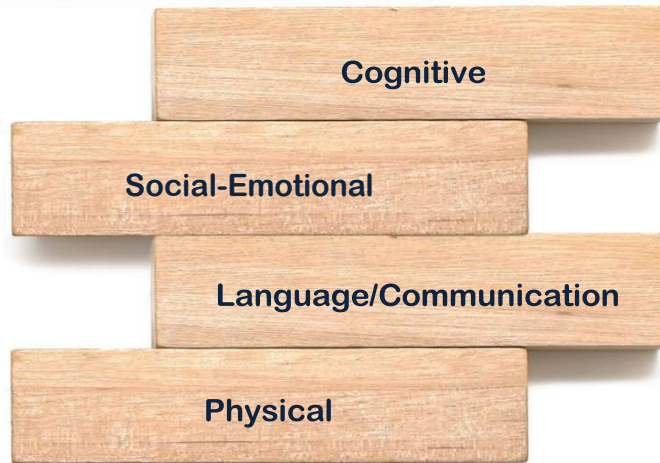
### FACILITATOR'S NOTE

Point out to participants that being aware of the child's development stages will help parents who are fostering or adopting be **attuned** to the child's needs (characteristic) so they are better able to know how to best parent the child.

### PARAPHRASE

It is important for parents who foster and adopt to have a basic understanding of typical child development, as well as disrupted child development when it occurs. By understanding a child's developmental delays, parents will more fully understand how to meet the child's developmental needs and how to be a partner with the child's caseworker, doctors, nurses, teachers, and other professionals to help that child reach their potential.

## DEVELOPMENT DOMAINS



14

### SAY

There are many domains of development, including physical, language/communication, social-emotional, relationship, cognitive, problem solving, gross motor, fine motor, spiritual, moral, and sexual. It is important to note that development is sequential, and as with building blocks, each skill is built on the foundation of the ones that come before. We will initially focus on these four main domains of development listed on the slide:

- Cognitive
- Social-Emotional
- Language/Communication
- Physical

There are many steps in the developmental process, and each child moves along at their own unique pace.





DEVELOPMENTAL STAGES AND MILESTONES				
AGE RANGE	PHYSICAL	LANGUAGE	SOCIAL-EMOTIONAL	COGNITIVE
Infancy (0-12 months)				
Early Toddler (12-24 mos / 1-2 yrs)				
Late Toddler (24-36 mos / 2-3 yrs)				
Early Childhood (36-48 mos / 3-4 yrs)				
Middle Childhood (48-60 mos / 4-5 yrs)				
Late Childhood (60-72 mos / 5-6 yrs)				
Early Latency (6-7 years)				
Late Latency (8-10 years)				
Early Adolescence (11-14 years)				
Middle Adolescence (15-17 years)				
Late Adolescence (18-21 years)				

**FACILITATOR'S NOTE**

The next several slides walk participants through Handout #2: Broad Developmental Themes from Birth to Age 21 Years. The intent is to show participants how to use this handout for future use. Facilitators do not need to read each slide but instead show participants how to use the chart and to point out that the skills for each developmental phase build on each other.

**DO**

Have participants refer to the Handout #2: Broad Developmental Themes from Birth to Age 21 Years on page 54.

## DEVELOPMENTAL STAGES AND MILESTONES

AGE RANGE	PHYSICAL	LANGUAGE	SOCIAL-EMOTIONAL	COGNITIVE
Infancy (0-12 months)				
Early Toddler (12-24 months)				
Late Toddler (24-36 months)				
Early Childhood (36-48 months)				
Middle Childhood (48-60 months)				
Late Childhood (60-72 months)				
Early Latency (6-7 years)				
Late Latency (8-10 years)				
Early Adolescence (11-14 years)				
Middle Adolescence (15-17 years)				
Late Adolescence (18-21 years)				



16

### SAY

Look at this chart in your handout (pages 54 and 55) and follow along as we walk through the developmental boxes from left to right for middle childhood-age 48 to 60 months (4 to 5 years).



## DEVELOPMENTAL STAGES AND MILESTONES

AGE RANGE	PHYSICAL	LANGUAGE	SOCIAL-EMOTIONAL	COGNITIVE
Infancy (0-12 months)				
Early Toddler (12-24 months)				
Late Toddler (24-36 months)				
Early Childhood (36-48 months)				
Middle Childhood (48-60 months)				
Late Childhood (60-72 months)				
Early Latency (6-7 years)				
Late Latency (8-10 years)				
Early Adolescence (11-14 years)				
Middle Adolescence (15-17 years)				
Late Adolescence (18-21 years)				

- Able to climb, hop on one foot, kick, throw & catch
- Can stand on one foot for 3-5 seconds
- Walks up and down stairs without help
- Fine motor skills advance- can button, draw, use a zipper
- Increased height & muscle mass change body shape
- Day & night bladder/bowel control achieved



17

### FACILITATOR'S NOTE

It is not necessary to go through every milestone in detail; the goal is to ensure participants realize there are different developmental domains and to give them an impression of what the different domains are.

### DO

Briefly discuss the Physical developmental milestones for middle childhood shown on the slide.



## DEVELOPMENTAL STAGES AND MILESTONES

AGE RANGE	PHYSICAL	LANGUAGE	SOCIAL-EMOTIONAL	COGNITIVE
Infancy (0-12 months)				
Early Toddler (12-24 months)				
Late Toddler (24-36 months)				
Early Childhood (36-48 months)				
<b>Middle Childhood (48-60 months)</b>				
Late Childhood (60-72 months)				
Early Latency (6-7 years)				
Late Latency (8-10 years)				
Early Adolescence (11-14 years)				
Middle Adolescence (15-17 years)				
Late Adolescence (18-21 years)				

- Vocabulary is 2,000+ words
- Can speak in full sentences & be understood easily
- Able to follow 2 or 3-part directions ("Take this book to your room, get your jacket and meet me in the kitchen.")
- Recognizes familiar word signs (like "stop")
- Recognizes & can print some letters, words, & numbers



18

### FACILITATOR'S NOTE

It is not necessary to go through every milestone in detail; the goal is to ensure participants realize there are different developmental domains and to give them an impression of what the different domains are.

### DO

Briefly discuss the Language developmental milestones for middle childhood shown on the slide.



## DEVELOPMENTAL STAGES AND MILESTONES

AGE RANGE	PHYSICAL	LANGUAGE	SOCIAL-EMOTIONAL	COGNITIVE
Infancy (0-12 months)				
Early Toddler (12-24 months)				
Late Toddler (24-36 months)				
Early Childhood (36-48 months)				
<b>Middle Childhood (48-60 months)</b>				
Late Childhood (60-72 months)				
Early Latency (6-7 years)				
Late Latency (8-10 years)				
Early Adolescence (11-14 years)				
Middle Adolescence (15-17 years)				
Late Adolescence (18-21 years)				

- Can dress/undress & brush teeth
- Can ask for help before becoming frustrated
- Better at expressing anger verbally over physically
- Engages in extended associative play with other children
- Enjoys imaginative play and dress-up
- Likes playing games, but rules may be changed often



19

### FACILITATOR'S NOTE

It is not necessary to go through every milestone in detail; the goal is to ensure participants realize there are different developmental domains and to give them an impression of what the different domains are.

### DO

Briefly discuss the Social-Emotional developmental milestones for middle childhood shown on the slide.

**Note:** If a parent asks about “associative” play, perhaps they have heard the term parallel play instead.



## DEVELOPMENTAL STAGES AND MILESTONES

AGE RANGE	PHYSICAL	LANGUAGE	SOCIAL-EMOTIONAL	COGNITIVE
Infancy (0-12 months)				
Early Toddler (12-24 months)				
Late Toddler (24-36 months)				
Early Childhood (36-48 months)				
<b>Middle Childhood (48-60 months)</b>				
Late Childhood (60-72 months)				
Early Latency (6-7 years)				
Late Latency (8-10 years)				
Early Adolescence (11-14 years)				
Middle Adolescence (15-17 years)				
Late Adolescence (18-21 years)				

- Understands the order of daily activities (breakfast, lunch, dinner, bedtime, etc.)
- Can count ten or more objects
- Correctly names at least four colors & three shapes
- Able to draw a person with a body & limbs
- Can copy a circle, square, or other simple shapes



20

### FACILITATOR'S NOTE

It is not necessary to go through every milestone in detail; the goal is to ensure participants realize there are different developmental domains and to give them an impression of what the different domains are.

### DO

Briefly discuss the Cognitive developmental milestones for middle childhood shown on the slide.

### PARAPHRASE

Notice that this handout contains only a few major developmental domains (Physical, Language, Social-Emotional and Cognitive) for each age, but they are enough for us to see the progression from one stage to the next.

### DO

Give participants a chance to ask questions or comment.  
Refer participants to [Handout #2 Broad Developmental Themes](#).



## DEVELOPMENTAL STAGES AND MILESTONES

AGE RANGE	PHYSICAL	LANGUAGE	SOCIAL-EMOTIONAL	COGNITIVE
Infancy (0-12 months)				
Early Toddler (12-24 months)				
Late Toddler (24-36 months)				
Early Childhood (36-48 months)				
Middle Childhood (48-60 months)				
Late Childhood (60-72 months)				
Early Latency (6-7 years)				
Late Latency (8-10 years)				
Early Adolescence (11-14 years)				
Middle Adolescence (15-17 years)				
Late Adolescence (18-21 years)				



21

### PARAPHRASE

Next, follow Language Development down from age 0-12 months to Middle childhood. Notice that the developmental process builds on early (or foundational) abilities and gradually moves toward more advanced or mature levels. We will not walk through all of the age ranges but instead our purpose with this activity is to show you how to use the chart for future reference.



## DEVELOPMENTAL STAGES AND MILESTONES LANGUAGE

AGE RANGE	LANGUAGE
Infancy (0-12 months)	<ul style="list-style-type: none"> <li>▪ Early vocalizations (cooing, babbling)</li> <li>▪ Back-and-forth vocal exchanges</li> <li>▪ Can mimic adult conversations with vocalizations</li> <li>▪ May sign simple words at 1 year, if taught</li> <li>▪ Single words may come late in this range, or may have special sounds for caregiver(s), food, pets, etc.</li> </ul>
Early Toddler (12-24 months)	
Late Toddler (24-36 months)	
Early Childhood (36-48 months)	
Middle Childhood (48-60 months)	
Late Childhood (60-72 months)	
Early Latency (6-7 years)	
Late Latency (8-10 years)	
Early Adolescence (11-14 years)	
Middle Adolescence (15-17 years)	
Late Adolescence (18-21 years)	



22

### FACILITATOR'S NOTE

- It is not necessary to go through every milestone in detail.
- The goal is to ensure participants realize there are clear developmental stages and to give them an impression of different stages and how they build on one another.

### DO

Read a few of the Language developmental milestones for infancy shown on the slide.





## DEVELOPMENTAL STAGES AND MILESTONES LANGUAGE

AGE RANGE	LANGUAGE
Infancy (0-12 months)	<ul style="list-style-type: none"><li>▪ Typically, 50 words by 18 months</li><li>▪ 200 words by 24 months</li><li>▪ Looks at caregiver as a means for communicating with caregiver in times of ambiguity or stress</li><li>▪ Can understand and respond to words</li></ul>
<b>Early Toddler (12-24 months)</b>	
Late Toddler (24-36 months)	
Early Childhood (36-48 months)	
Middle Childhood (48-60 months)	
Late Childhood (60-72 months)	
Early Latency (6-7 years)	
Late Latency (8-10 years)	
Early Adolescence (11-14 years)	
Middle Adolescence (15-17 years)	
Late Adolescence (18-21 years)	



23

### FACILITATOR'S NOTE

- It is not necessary to go through every milestone in detail.
- The goal is to ensure participants realize there are clear developmental stages and to give them an impression of different stages.

### DO

Read a few of the Language developmental milestones for early toddlers (1-2 years) shown on the slide.



## DEVELOPMENTAL STAGES AND MILESTONES LANGUAGE

AGE RANGE	LANGUAGE
Infancy (0-12 months)	<ul style="list-style-type: none"> <li>▪ Says 200+ words &amp; can answer simple questions</li> <li>▪ Points to things when they are named</li> <li>▪ Knows names of familiar people, says sentences with two to four words</li> <li>▪ Can follow 1 or 2 step instructions</li> <li>▪ Knows names of body parts</li> </ul>
Early Toddler (12-24 months)	
<b>Late Toddler (24-36 months)</b>	
Early Childhood (36-48 months)	
Middle Childhood (48-60 months)	
Late Childhood (60-72 months)	
Early Latency (6-7 years)	
Late Latency (8-10 years)	
Early Adolescence (11-14 years)	
Middle Adolescence (15-17 years)	
Late Adolescence (18-21 years)	



24

### FACILITATOR'S NOTE

- It is not necessary to go through every milestone in detail.
- The goal is to ensure participants realize there are clear developmental stages and to give them an impression of different stages.

### DO

Read a few of the Language developmental milestones for late toddlers (2-3 years) shown on the slide.



## DEVELOPMENTAL STAGES AND MILESTONES LANGUAGE

AGE RANGE	LANGUAGE
Infancy (0-12 months)	<ul style="list-style-type: none"> <li>▪ 500-1,000 words</li> <li>▪ Able to say name and age</li> <li>▪ Can answer simple questions</li> <li>▪ Speaks with 5-6-word sentences</li> <li>▪ Speaks clearly &amp; can be understood by caregivers</li> <li>▪ Understands "on", "in," &amp; "under"</li> </ul>
Early Toddler (12-24 months)	
Late Toddler (24-36 months)	
<b>Early Childhood (36-48 months)</b>	
Middle Childhood (48-60 months)	
Late Childhood (60-72 months)	
Early Latency (6-7 years)	
Late Latency (8-10 years)	
Early Adolescence (11-14 years)	
Middle Adolescence (15-17 years)	
Late Adolescence (18-21 years)	



25

### FACILITATOR'S NOTE

- It is not necessary to go through every milestone in detail.
- The goal is to ensure participants realize there are clear developmental stages and to give them an impression of different stages.

### DO

Read a few of the Language developmental milestones for early childhood (3-4 years) shown on the slide.



## DEVELOPMENTAL STAGES AND MILESTONES LANGUAGE

AGE RANGE	LANGUAGE
Infancy (0-12 months)	<ul style="list-style-type: none"> <li>▪ Vocabulary is 2,000+ words</li> <li>▪ Can speak in full sentences &amp; be easily understood</li> <li>▪ Able to follow 2 or 3 part directions (“Take this book to your room, get your jacket ,and meet me in the kitchen.”)</li> <li>▪ Recognizes familiar word signs (like “stop”)</li> <li>▪ Recognizes &amp; can print some letters, words &amp; numbers</li> </ul>
Early Toddler (12-24 months)	
Late Toddler (24-36 months)	
Early Childhood (36-48 months)	
Middle Childhood (48-60 months)	
Late Childhood (60-72 months)	
Early Latency (6-7 years)	
Late Latency (8-10 years)	
Early Adolescence (11-14 years)	
Middle Adolescence (15-17 years)	
Late Adolescence (18-21 years)	



26

### FACILITATOR'S NOTE

- It is not necessary to go through every milestone in detail.
- The goal is to ensure participants realize there are clear developmental stages and to give them an impression of different stages.

### DO

Read a few of the Language developmental milestones for middle childhood (4-5 years) shown on the slide.

### SAY

While no two children are alike in their development, these are the approximate ages at which these milestones would typically be attained. This range of being on target in some areas, ahead in some areas, and not have reached milestones in other areas is a typical part of childhood development. Remember, these skills will continue to develop through late adolescent years and beyond.



## ANOTHER DEVELOPMENTAL DOMAIN: SEXUAL DEVELOPMENT



Handout #3: Page 56



27

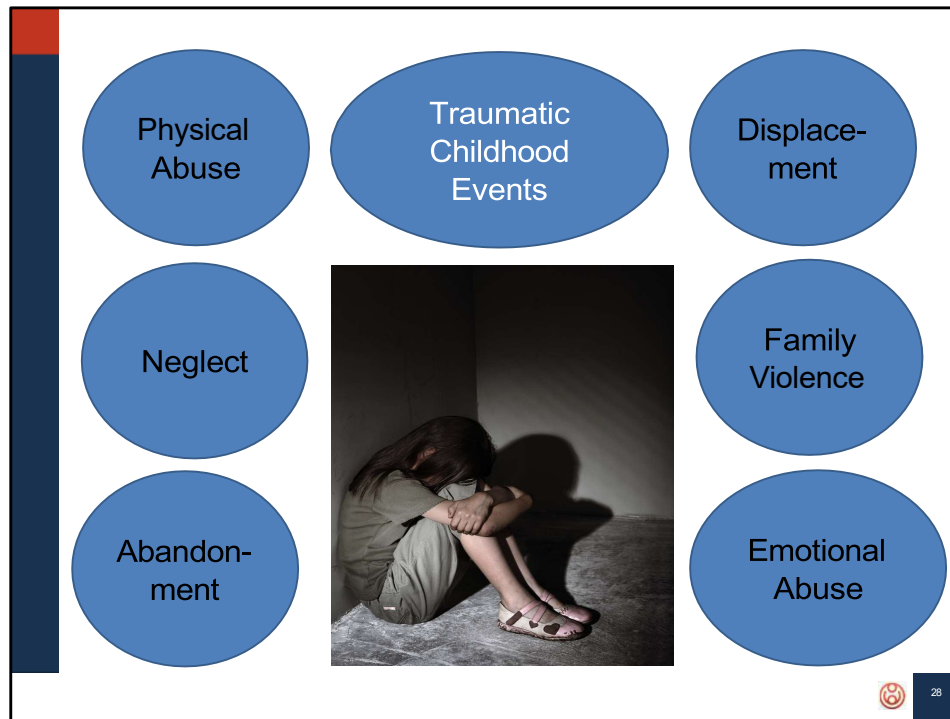
### **SAY**

Let's talk briefly about another domain- sexual development. Perhaps many of us grew up in homes that avoided talking about sex, and it is not always a comfortable topic to discuss in public. It is important that we review this domain for the same reasons that we talk about the other domains—to better understand the children in our homes, and to seek consultation from a professional if there is a concern. Let's review Handout #3: Sexual Development. In our theme on Sexual Trauma, we will have more discussion on the impact of sexual trauma on sexual development.

### **DO**

Refer participants to Handout #3: Sexual Development on page 56 in their Manuals, and review a couple of the age categories.





**PARAPHRASE**

While it is typical for there to be differences in the achievement of developmental milestones, trauma can result in loss of developmental milestones, or the interruption of progression to the next developmental level.

A child might experience trauma such as chronic neglect, emotional or physical abuse, witnessing family violence, separation from caregivers, or something as unintended as displacement as a result of a natural disaster. Each of these traumatic experiences can cause interruption and delay of developmental milestones.

## TRAUMA AND DEVELOPMENT

AGE RANGE	PHYSICAL	LANGUAGE	SOCIAL-EMOTIONAL	COGNITIVE
Infancy (0-12 months)				
Early Toddler (12-24 months)				
Late Toddler (24-36 months)				
Early Childhood (36-48 months)	← Trauma →			
Middle Childhood (48-60 months)	↓	↓	↓	↓
Late Childhood (60-72 months)	Possible developmental delay			
Early Latency (6-7 years)	↓	↓	↓	↓
Late Latency (8-10 years)	↓	↓	↓	↓
Early Adolescence (11-14 years)	↓	↓	↓	↓
Middle Adolescence (15-17 years)	↓	↓	↓	↓
Late Adolescence (18-21 years)	↓	↓	↓	↓



29

### PARAPHRASE

Consider what it would look like if a traumatic event occurred during the Early Childhood phase; let's say for a 3-year-old child. If the child experienced delays in development at age 3 due to trauma, then it will also affect the child's achievement of developmental milestones at age 4 and 5, the middle childhood stage, because skills build upon one another. On the slide you see how this trauma occurring at age 3 can result in developmental delays in all the domains as the child ages.

We also need to remember, that for a child who has experienced trauma, there may be delays observed in some areas and not in others. For example, the 3-year-old who was impacted by trauma might achieve the Physical milestones but have delays in the Social-Emotional or Cognitive domains. If there is no intervention and the child is not able to catch up for a long time, you can see how it would affect the child's overall developmental picture and behavior.

Again, these delays might happen in only one area or may occur across many developmental areas. Another example might be that a child may be developing at their age level in large motor skills like walking and running, but have delays in their speech development, and may need some help in this area. Another child may be ahead in their cognitive abilities; let's say showing signs that they will be an early reader; but be less developed in social skills, such as having difficulty getting along with peers in preschool.

These delays call upon the parent to change and/or modify parenting to better support the child's growth and learning. Parents must recognize that due to these delays, a child's inability to "act their age" is not because they don't want to, it is because they often



cannot. It is important to engage with professionals who can help to develop strategies that will assist the child in overcoming these gaps in development. It is also essential that parents who are fostering or adopting take extra care to provide the child with a sense of safety, predictability, and protection. You will also want to provide rich developmental experiences to help the child make progress toward developmental milestones.





## PARENTING TIP SHEETS (PAGES 58-72)



### FACILITATOR NOTES

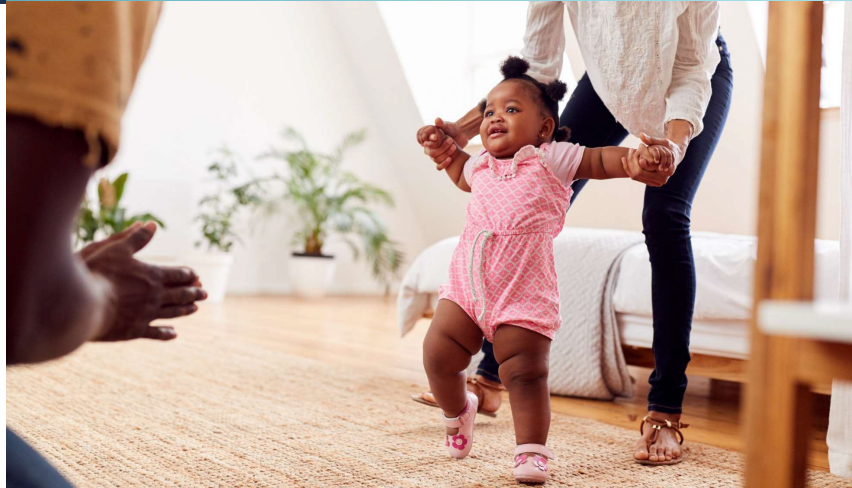
You will not review these handouts in class. You will share information about them so participants can be aware of this resource for further use.

### DO

Refer participants to Handouts #4 - #11 (pages 58-72) in their **Participant Resource Manual**. The Centers for Disease Control (CDC) have developed a series of Positive Parenting Tips for different age ranges. You may notice that these tip sheets use slightly different age ranges than the ones used in Handout #2: Broad Developmental Themes. There are a total of eight tip sheets, one for each age range shown on the slide. These tip sheets can be useful to you understanding the developmental stages of children as they move into your home:

- Handout #4: Infants (0-1 year of age)
- Handout #5: Toddlers (1-2 years of age)
- Handout #6: Toddlers (2-3 years of age)
- Handout #7: Preschoolers (3-5 years of age)
- Handout #8: Middle Childhood (6-8 years of age)
- Handout #9: Middle Childhood (9-11 years of age)
- Handout #10: Young Teens (12-14 years of age)
- Handout #11: Teenagers (15-17 years of age)

## SUPPORTING DEVELOPMENT



31

### PARAPHRASE

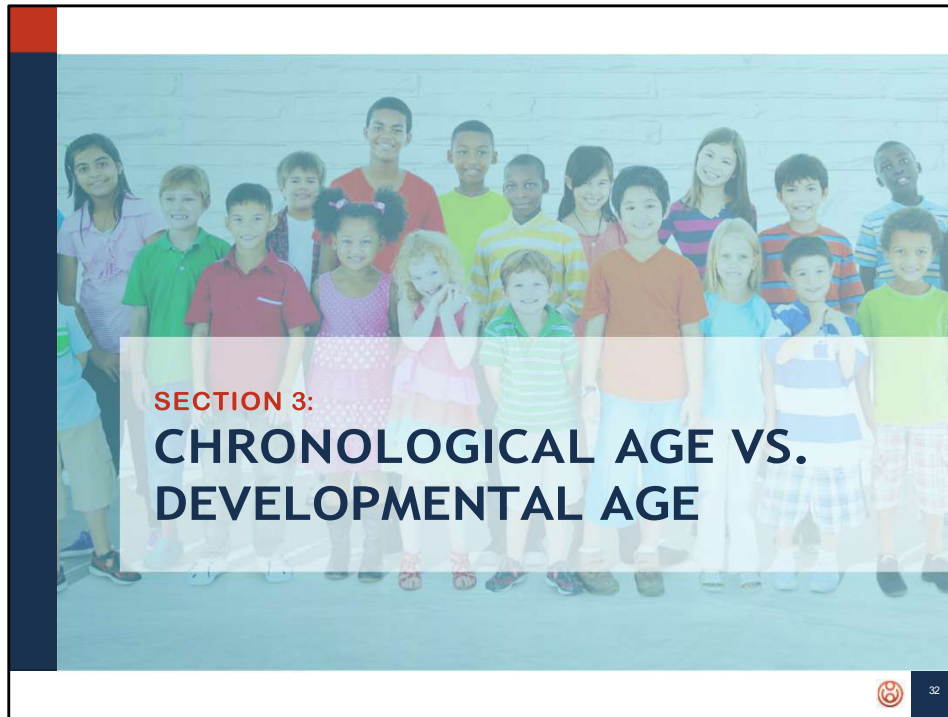
Remember that each new developmental step takes time to master. New developmental steps are linked to changes in the brain. This means that there is growth of new brain cells, brain connections, and other changes that allow for each new ability to be developed, practiced, and mastered. This makes way for the next developmental step. This will take time, so it is important to be patient and supportive, and to keep expectations realistic.

As children experience positive feedback and pleasure in their successes, they will be encouraged to achieve more. They feel rewarded, not only within themselves, but also when someone like a parent or teacher notices the achievement and gives them that positive feedback—a smile or praise, it encourages the child. Think of the praise a baby gets when they take their first step, and how they keep working at walking more and more. This is a part of the feedback loop that helps to promote developmental progress.

Remember, when you are concerned that a child may be experiencing developmental delays or regression, it is important to ask for help from a professional skilled in understanding child development (caseworker, physician, psychiatrist, nurse, psychologist, teacher, etc.).

Children with a developmental delay are likely to have a developmental age that's different from their chronological age. The next section takes a closer look at this concept.





### SAY

Many children who are in, or who have experienced out-of-home care, have had life experiences that may have impacted their development. This may cause them to be at different stages within different domains. This concept is important for parents who are fostering or adopting to understand.

For example, you may have a 15-year-old child move into your home who physically looks 15; however, emotionally the child may be behaving like a 9-year-old; act like a 7-year-old child socially; cognitively the child may be 8; and sexual development of the child may be 15. Recognizing that the chronological age does not always match where the child is developmentally is crucial. Once this recognition is made and accepted, parents who foster or adopt can adapt their demands/expectations and parenting approach to meet the child at their actual developmental age. By doing this, parents are being **emotionally supportive and nurturing** of the child (characteristic) and reducing the tendency to have unrealistic expectations of the child.

We'll introduce the idea of differences between chronological and developmental age with an activity.



### **FACILITATOR'S NOTE**

In this activity, you will read descriptions of a child's behavior in seven different developmental domains, ask participants to estimate the child's age from the descriptions, reveal the child's actual age, and facilitate a whole-group discussion around the difficulties and challenges for the child and the parents that might result from the differences in developmental and chronological age.

Before the session, draw a simple figure of a child on a flipchart or white board- The flipchart page or white board should be large enough that you can add in different ages guessed by the participants. After each domain is read and discussed, add the guessed age next to the child you drew on the flipchart or white board.

**Don't reveal the child's actual age or that this is the same child until all of the domains have been discussed. At that point, you will reveal that all of the descriptions were about the same child, "Randy" and his age is 13.**

**Adaptation for Remote Platform:** You can either add a new blank slide and then use Zoom annotate feature (text) to reflect participant responses regarding age OR you can use the white board feature. In all of these scenarios you will need a co-facilitator to read the slides with the developmental domains, as you will not be showing them on the PPT.

**SAY**

For this activity, we are going to read descriptions of a child's different developmental domains. After we read each domain, I will ask you to estimate the child's age based on each domain on the slide. Let's get started.

## DEVELOPMENTAL DOMAIN 1

The parent found advertisements of women in lingerie stuffed behind the child's bed.



34

### DO

- Read the developmental domain or ask a volunteer to read it. If doing this remotely, have your co-facilitator read the domain aloud.
- Ask the group or a specific volunteer what they think the child's age is.
- Write the estimated age on the simple drawing of the child.

### FACILITATOR'S NOTE

It does not matter exactly what age is guessed.



## DEVELOPMENTAL DOMAIN 2

The child has difficulty completing basic hygiene skills, going for days without brushing his teeth or showering. The parent repeatedly tells him to take a shower and more specifically to use soap.



### DO

- Read the developmental domain or ask a volunteer to read it. If doing this remotely, have your co-facilitator read the domain aloud.
- Ask the group or a specific volunteer what they think the child's age is.
- Write the estimated age next to the simple drawing of the child.

### FACILITATOR'S NOTE

It does not matter exactly what age is guessed.



## DEVELOPMENTAL DOMAIN 3

The child had a friend over to play with but continued to leave the friend and go off and do his own activity. The parent had to repeatedly tell him to go back and play with his friend.



36

### DO

- Read the developmental domain or ask a volunteer to read it. If doing this remotely, have your co-facilitator read the domain aloud.
- Ask the group or a specific volunteer what they think the child's age is.
- Write the estimated age next to the simple drawing of the child.

### FACILITATOR'S NOTE

It does not matter exactly what age is guessed.





## DEVELOPMENTAL DOMAIN 4

The child got very upset about his homework tonight. He said he was tired and could not do any work. He slammed down his book and ran into his bed and refused to get up the rest of the night.



### DO

- Read the developmental domain or ask a volunteer to read it. If doing this remotely, have your co-facilitator read the domain aloud.
- Ask the group or a specific volunteer what they think the child's age is.
- Write the estimated age next to the simple drawing of the child.

### FACILITATOR'S NOTE

It does not matter exactly what age is guessed.

## DEVELOPMENTAL DOMAIN 5

The parent found the child's homework in the trash after he left for school. When he got home from school, the parent ask him why. The child repeatedly said that he did not throw his homework in the trash even after being shown the crumpled-up piece of homework.



### DO

- Read the developmental domain or ask a volunteer to read it. If doing this remotely, have your co-facilitator read the domain aloud.
- Ask the group or a specific volunteer what they think the child's age is.
- Write the estimated age next to the simple drawing of the child.

### FACILITATOR'S NOTE

It does not matter exactly what age is guessed.

## DEVELOPMENTAL DOMAIN 6

The child was completely focused on food. Every morning the only thing that he could think about was breakfast. He would get up in the middle of night and eat, and even then, he could not complete his morning routine until he ate breakfast. When hungry, he could not do anything other than focus on getting food.



### DO

- Read the developmental domain or ask a volunteer to read it. If doing this remotely, have your co-facilitator read the domain aloud.
- Ask the group or a specific volunteer what they think the child's age is.
- Write the estimated age next to the simple drawing of the child.

### FACILITATOR'S NOTE

It does not matter exactly what age is guessed.

## DEVELOPMENTAL DOMAIN 7



The child had 3 chores that he was expected to do every weekend. Although they had been explained to him with step-by-step directions, he would rush through the chores, only partially completing them. Each weekend he would run to the parent 5 minutes after starting his chores to say that he was done. Every week the parent had to provide specific directions for each chore; however, the child continued to not complete them.



40


### DO

- Read the developmental domain or ask a volunteer to read it. If doing this remotely, have your co-facilitator read the domain aloud.
- Ask the group or a specific volunteer what they think the child's age is.
- Write the estimated age next to the simple drawing of the child.

### FACILITATOR'S NOTE


It does not matter exactly what age is guessed.





**DEVELOPMENTAL  
DOMAINS**  
**RANDY**

- 13 years old
- 7th grade
- Much bigger than most of the kids in his class (5'7", 130 lbs.)



41


### **SAY**

The child we are talking about is Randy. Now that we have identified his developmental stages, let's look at Randy's description:

Randy is 13 years old. At 5'7", he is taller than his foster mother and weighs 130 pounds. As one of the oldest in his seventh-grade class, since he was held back one year, he is much bigger than most of the kids in his class. He is often mistaken for being in high school, based upon his appearance. Randy moved into this home at the age of 8 after being in seven placements.


### **FACILITATOR'S NOTE**

Now that participants know that these 7 domains all belong to one child, ask participants what they notice about Randy and his developmental stages?



## DEVELOPMENTAL DOMAINS DISCUSSION QUESTIONS

- Randy is 13 years old. Does this match the ages you guessed?
- What difficulties could Randy encounter based upon his mixed developmental ages?
- What challenges might the mixed developmental ages cause for the parent?

 42

### DO

Facilitate a large group discussion around the questions on the slide.

### PARAPHRASE

As Dr. Perry discussed in the podcast, it is important to parent to the child's developmental age, rather than making assumptions based on the child's chronological age. Understanding that typical development can vary in different domains, parents should consider what the child's behavior tells them about the child's developmental stage in relation to that behavior, and what building blocks they may have missed. Parents who foster and adopt may need to adjust their expectations of the child. For example, consequences for behavior should be at the appropriate developmental level and focused on helping the child add those missing building blocks. This will help the child progress to the developmental level and behavior that is more appropriate for their chronological age. By parenting to a child's developmental age, the parent will be more **realistic** in understanding and meeting the child's needs (characteristic). This can be confusing and challenging because often a child may act a certain age in some areas and act totally different in other areas, just like Randy.

### DO

If the facilitator has any more real-life example of a child they knew and/or cared for whose developmental domains did not match their chronological age, this would be a good time to share it. The facilitator can also ask the participants if they have a real-life example to share. Focus the sharing on the challenges associated with caring for a child with different developmental ages and any tips on how to do this well.



#### **FACILITATOR'S NOTE**

If time permits do this reflection in class. If time is short, ask participants to do on their own at home.

#### **SAY**

Now, we'll take a few minutes to reflect on what we've learned in this theme.

Please open your **Participant Resource Manual** to page 74 for this activity. Think about "Randy" from our activity today. What do you think would be most challenging for you if you were caring for him, as a child with such a mixture in developmental stages? What support might you need? Please write your thoughts in your **Participant Resource Manual**.





## SAY

Now, it's time to wrap up. Before we do, I want to briefly highlight the key points from this theme:

- Each child has a unique developmental path.
- Developmental milestones are like building blocks—each step builds upon the one before it.
- Trauma and other factors may cause developmental delays or regressions. These delays should be assessed by a professional skilled in understanding child development.
- Parents who are fostering or adopting should be prepared to adjust their expectations about children's developmental capabilities.
- Parenting should be focused on the child's developmental stage, rather than the chronological age.
- You will need to be attuned, realistic, and emotionally supportive and nurturing to successfully parent a child whose developmental age is different from their chronological age.





**National Training and  
Development Curriculum**  
FOR FOSTER AND ADOPTIVE PARENTS



# ATTACHMENT

FACILITATOR CLASSROOM GUIDE  
Modified January 2022

# MATERIALS AND HANDOUTS

## FACILITATOR'S NOTE

- Participants are expected to have the **Participant Resource Manual** available for every session. The Attachment Theme begins on page 77 in the **Participant Manual**.

## MATERIALS NEEDED

You will need the following if conducting the session in the classroom:

- A screen and projector (test before the session with the computer and cables you will use)
- A flipchart or whiteboard and markers for several of the activities. A flipchart with a sticky backing on each sheet may be useful and will allow you to post completed flipchart sheets on the wall for reference.
- Name tent cards (use the name tent cards made during the Introduction and Welcome theme.)
- Something to use as a grab bag for the Examples of Relationship Promoting Activities exercise e.g., a paper bag, a hat, a cardboard box, or a plastic bin.
- Small sheets of paper for the Relationship Promoting Activities activity. A 3x5 card will work but smaller sizes are also OK. Bring at least two per participant; more is fine.

You will need the following if conducting the session via a remote platform:

- Access to a strong internet connection
- A back-up plan in the event your internet and/or computer do not work
- A computer that has the ability to connect to a remote platform- Zoom is recommended

## HANDOUTS

Have the following handouts accessible. Participants will have all handouts listed below in their Participant Resource Manual:

- Handout #1: Cycles of Attachment (page 79)
- Handout #2: Examples of Relationship Promoting Activities (page 82)
- Handout #3: JAR Activity Worksheet (page 83)

## VIDEOS AND PODCASTS

Before the day when you will facilitate this class, decide how you will show/play the media items, review any specific instructions for the theme, and do a test drive.

The following media will be used in this theme:

- Jacob Ham video / *Avoidant Attachment* (4:12 minutes): Slide 60
- Jacob Ham video / *Ambivalent Attachment* (4:41 minutes): Slide 62
- *The Dark Matter of Love* Clip One (2:51 minutes): Slide 69
- *The Dark Matter of Love 4 S's* (1:48 minutes): Slide 73
- NTDC video-*Relationship Focused Discipline* (9:04 minutes): Slide 78



# THEME AND COMPETENCIES

## FACILITATOR'S NOTE

Prior to the session, review the theme and competencies. You will not read these aloud to participants. Participants can access all competencies in their **Participant Resource Manual**.

### Theme: Attachment

Understand the importance of attachment in parenting both for the children and parents who are fostering or adopting; recognize the impact of fractured attachments/lack of attachments on children's ability to attach; can identify strategies to develop healthy attachment bonds, developing trust and developing children's sense of connectedness and belonging; know how to be attuned to children; recognizing and honoring children's primary attachment to their families.

### Competencies

#### Knowledge

- Identify caregiver behaviors that enhance and strengthen relationships.
- Understand the importance of parent's own attachment history and style in developing and maintaining relationships with children.
- Describe the relationship between attachment, safety, attunement, and relationships.
- Define the impact of fractured attachment/lack of stable relationships on children's ability to connect to others.
- Understand the importance of supporting children's primary attachments to their families in order for them to connect to others.

#### Attitudes

- Willing to accept the idea that children may have difficulty in relationships due to previous circumstances.
- Willing to work on the development of healthy relationships with children over an extended period of time.
- Willing to commit the time needed to be attuned and present for children.
- Willing to support the concept that children are expanding family versus replacing their families.

#### Skill

- Demonstrate how to discipline in ways that protect and/or build the parent-child relationship.





**National Training and  
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FOR FOSTER AND ADOPTIVE PARENTS



# ATTACHMENT

Modified January 2022

48

## **FACILITATOR'S NOTE**

Show this slide briefly just before you start.

## **SAY**

Let's get started! Welcome to the Attachment theme. This theme begins on page 77 in your Participant Manual.



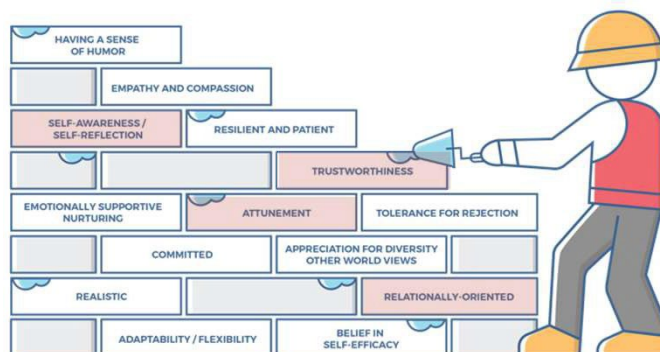


### PARAPHRASE

For anyone who fosters or adopts a child, you will find that prioritizing the relationship with the child becomes the most important thing you can do. It can also be the most challenging part of parenting because that may not be as easy as it sounds. As we begin our conversation on attachment, some key things to know about relationships are:

- Attachment is the foundation of all parent-child relationships.
- Attachment is an emotional dance between two people- no two relationships are the same.
- The way a child relates to their current caregiver is directly impacted by what they experienced with their earlier caregivers.
- To really feel that the world is safe now, children who have experienced separation, loss, and trauma will need caregivers to show them this through their understanding and by consistently meeting their needs.
- After we learn more about attachment, we can discuss strategies to help you build your toolkit to enhance your relationship with the child you foster or adopt.
- This information is also relevant for children living with kinship caregivers who already have a pre-existing connection and relationship with the caregiver.

## CHARACTERISTICS OF SUCCESSFUL FOSTER AND ADOPTIVE PARENTS



50

### FACILITATOR'S NOTE

This slide is shown at the start of each theme. Although the graphic will remain the same, the bricks that are colored in red will change based on the characteristics that will be touched upon in this theme. The characteristics were obtained from review of literature, stakeholder interviews, and review of existing curricula. We want families to become very acquainted with these characteristics throughout the training. It is important to note that in addition to the characteristics that are highlighted in red, there may be additional characteristics that are touched upon during the theme. Facilitators should try to connect these characteristics to the information they are sharing throughout the training. Remind participants that their **Participant Resource Manual** contains the definitions for these characteristics.

### SAY

There are 14 characteristics of successful foster and adoptive parents. The Attachment theme will cover the following characteristics:

- Self-Awareness/Self-Reflection
- Trustworthiness
- Attunement
- Relationally-Oriented



## CHARACTERISTICS FOR ATTACHMENT

### **Self Awareness/Self Reflection**

- Parents can identify why they have responded to a child in a certain way.
- Parents can identify what was good, bad, and different about the way they were raised, while adjusting their own parenting to meet a child's needs.
- Parents can identify and forgive themselves for having negative feelings towards a child, moving from disappointment to acceptance.
- Parents are aware of their own history of experiencing loss and being hurt, and can identify how this history can negatively impact their parenting if they are not careful.

### **Trustworthiness:**

- Parents know that creating an environment of trust is the role of the parent.
- Parents know that trust is based on understanding the importance of honesty, consistency, routines, and rituals, and they can implement these qualities/strategies in the home.
- Parents are careful in what is promised to a child so that the parents can keep their word and meet the expectations they have set.



51

### **FACILITATOR'S NOTE**

Move to the next slide after reviewing this one, then ask the question after reading all 4 Characteristics.

### **SAY**

The Attachment theme will cover the following characteristics:

- Self-Awareness/Self-Reflection
- Trustworthiness
- Attunement
- Relationally-Oriented

Take a moment to think back on how you assessed yourself with these characteristics. It is important as you start this journey to assess your characteristics as they are qualities that can strengthen your ability to successfully parent a child who is in foster care or has been adopted.



## CHARACTERISTICS FOR ATTACHMENT

### Relationally Oriented:

- Parents recognize and value the relationships the child has with others including their family.
- Parents show respect for the child's family and previous relationships, and to the child.
- Parents move beyond any anger or jealousy they may feel toward the child's family in order to help the child resolve relationship issues with their family members and former foster families.
- Parents are able to help a child grieve losses, maintain connections, and feel good about themselves.

### Attunement:

- Parents are aware of, understand, and sensitive to the responses and needs of a child, even when the child does not directly express needs.
- Parents are in tune with child's moods, rhythms and responses, needs for physical contact, affection, security, stimulation and movement.
- Parents understand that they need to stay calm and regulated so that they can successfully help the child regulate their emotions.



52

### ASK

Now that we have reviewed the definitions, why do you think these specific characteristics are important to attachment?

### Reinforce the following:

- Self-Awareness/Self-Reflection
  - Understanding how the way we were parented affects how we are currently parenting is important.
  - Without self-reflection, our strong feelings may come out in reactions that could increase a child's worry and self-blame.
- Trustworthiness
  - Children who have experienced separations, loss and trauma have had their trust broken; parents who foster or adopt will need prioritize the relationship with the child to slowly earn their trust.
  - To create trust, parents need to structure the child's world in consistent and predictable ways and follow through with what they say they will do.
- Relationally-Oriented
  - It is important to value the relationships children have with others and it will help the child not feel they have to chose between people they care about.
- Attunement
  - Being attuned to the child's emotional needs (i.e., moods) and physical needs (i.e., hunger, exhaustion) help a parent respond positively to those needs and gradually build the child's trust and sense of safety.
  - Being attuned means paying attention to more than words, there are many subtle clues that can help adults learn when a child is in need.

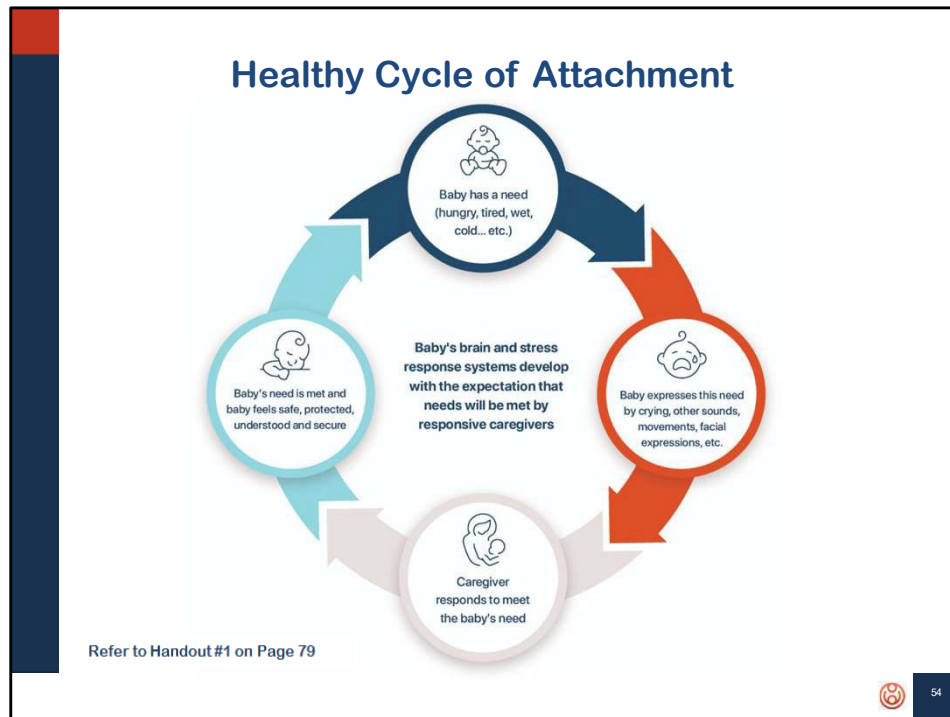






### **PARAPHRASE**

Let's now talk about how attachment is developed and spend some time talking about attachment styles and how they affect behaviors. Later in class, we'll focus on ways to enhance your relationship with a child that you are fostering or have adopted.



#### FACILITATOR'S NOTE

It may be useful to point to the graphic as you move through this cycle of the child's needs being met. This graphic is also Handout #1: Cycles of Attachment for this theme in the **Participant Resource Manual** on page 79 if it is easier for participants to view on paper.

This content is meant to move quickly as the focus should be on the disrupted cycle of attachment, which comes next.

#### SAY

To understand attachment, we need to go back to the beginning. The building blocks for relationships begin in the earliest months between a child and the primary person(s) taking care of them. In a healthy relationship, when the baby expresses a need, the parent comes to meet that need.

#### ASK

What kinds of needs do babies express?

Reinforce:

Hunger

Sleepy

Too hot or cold

Dirty diaper needs changing

Lonely

How many times a day do babies express these needs?

Reinforce: Many!

How do parents and caregivers meet these needs?

Reinforce:

Picking them up/holding

Soothing

Rocking/walking/movement

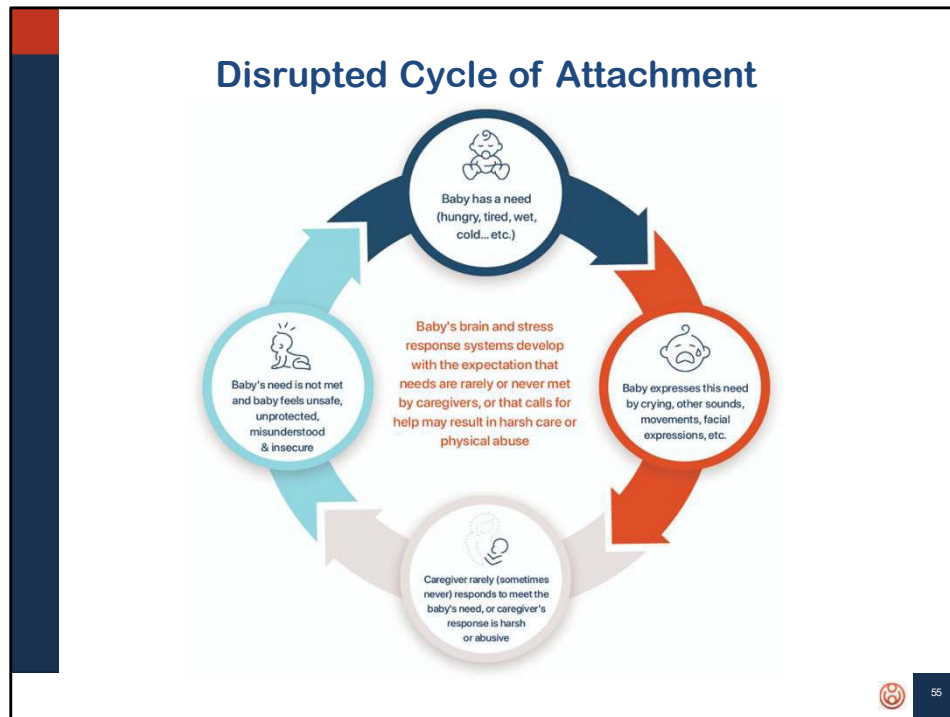
Cooing/singing

Changing what they need-diapers, temperature, environments, etc.

### **SAY**

That's why caregivers of newborn babies are often so exhausted. But it is important to meet the baby's needs because it teaches the child that their needs are understood, so they can relax because the world is predictable and, therefore, safe.





#### PARAPHRASE

When a parent does not come or does not reliably meet the child's needs in an appropriate way, the cycle of healthy attachment gets disrupted. The child's developing brain and body do not learn to relax or feel secure. Instead, they learn difficult messages about people and the world. The world may feel like an unsafe and scary place, and that people will not be there to meet their needs. Unfortunately, this may be the early experience of most of the children that you will be fostering or adopting.

While we cannot actually recreate the attachment process with older children who have experienced disruptions, we can promote their relationships with stable, nurturing, and attentive caregivers that can provide the emotional support necessary for the child's healing no matter what age they are when they come to you.

Relationships that focus on the child's needs over and over again will help improve how the child feels about themselves and interacts with others. This is why parents who are fostering and adopting will become so important in the child's life!

## OVERVIEW: STYLES OF ATTACHMENT

- Attachment is formed early in life and creates expectations and beliefs that will guide later relationships.
- Styles of attachment are thought of in four categories for children and four styles for adults; however, many people have combinations of characteristics.
- Attachment styles are not fixed patterns for life. They can be impacted by experiences in future relationships and with whom we are in a relationship with at any given time.



56

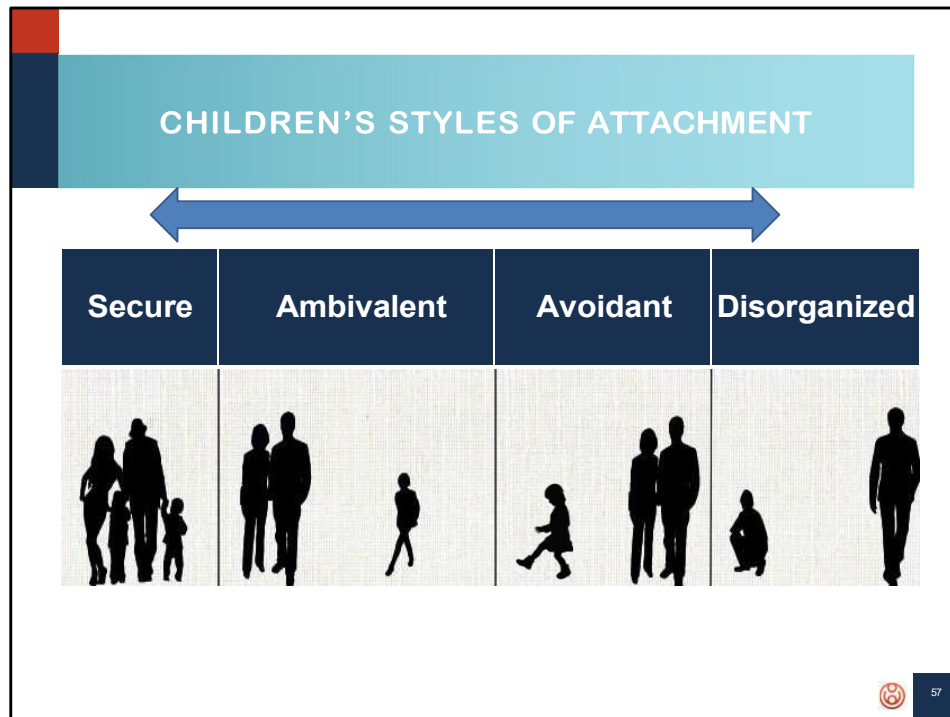
### PARAPHRASE

Now that you have been learning about the impact of early attachments, let's dig a little deeper into how it can play out in relationships later.

Research tells us that both children and adults relate to others with certain styles of attachment. As we discussed, these styles are formed early in life, through interactions with a child's early caregivers. It is through these parent-child interactions that we develop our first ideas and feelings about ourselves, others, and the world. These ideas and feelings often end up guiding the way we interact with others in later relationships.

Attachment styles are generally thought of in four categories for children, with corresponding styles for adults. However, characteristics from the categories can overlap, and the styles are not fixed patterns for life as they can be impacted by other relationships along the way.





### PARAPHRASE

Let's talk for a few minutes about the children's styles of attachment. Although many people have combinations of characteristics, the styles of attachment are generally viewed in four categories.

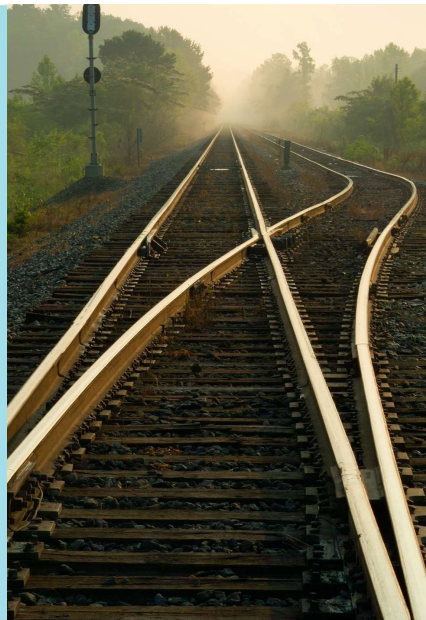
In children, the 4 styles are known as Secure, Avoidant\*, Ambivalent\*, and Disorganized.

\*Sometimes referred to as Anxiously Avoidant and Anxiously Ambivalent.

### FACILITATOR'S NOTE

It may be helpful to point to each style on the slide as you name them. The arrow is indicative of the potential for fluidity and change as they do not have to stay fixed patterns for life.

## REROUTING TO A DIFFERENT TRACK



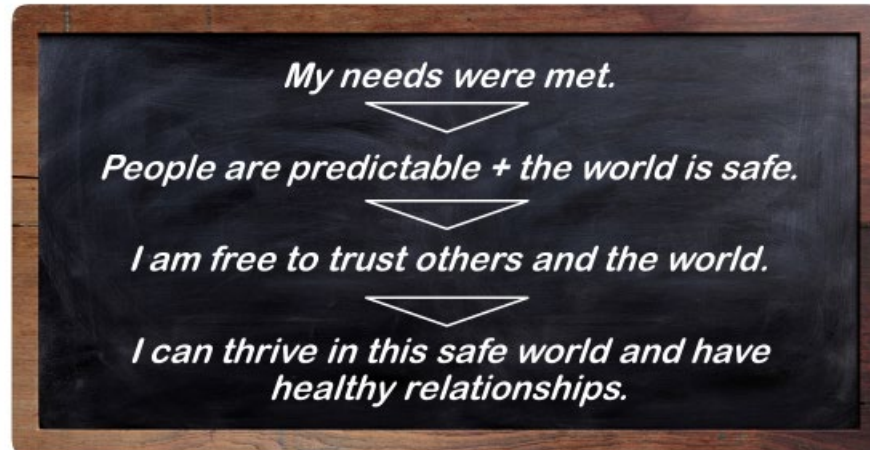
58

### PARAPHRASE

The styles of attachment are patterns that may guide how we interact with others, but it is important to remember that while these patterns are a tendency to act a particular way, that's not always going to be true. Have you ever been moving along a certain path and then you spent time with someone that made such an impression on you that they actually changed your outlook or actions? Maybe it was conversations and time spent with a coach, a colleague, a mentor, a friend? That's kind of how attachment styles work; they move in one direction like they're on autopilot, but as you see in this slide, sometimes, enough powerful experiences with someone reroutes them onto a different track.



## SECURE ATTACHMENTS



### PARAPHRASE

All this theory might sound a little complicated. So let's break it down a bit.

When a child has their needs met the majority of the time, they will likely develop what is known as a "secure" attachment. The securely attached person does not look or act perfectly, nor were they parented perfectly. But, securely attached children believe that their needs are generally understood and can be met, so they experience their world as mostly predictable and safe. This belief allows them to have healthy relationships with others and to individually thrive. Maybe some of you had this experience growing up, maybe not.

### ASK

Why do you think children who are securely attached from having their needs met would be able to thrive in relationships later?

Reinforce the following points if not brought up by participants:

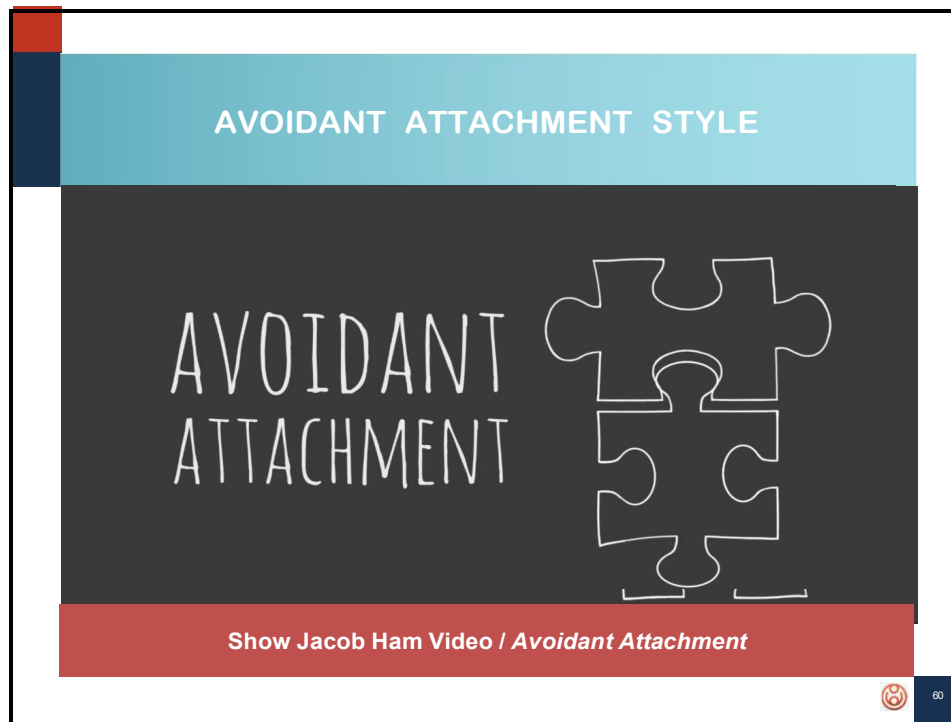
- Experience has taught them how to trust.
- They are not preoccupied with getting their basic needs met.
- They know what love feels like and can return that love.
- The person can relax and be open to learning and creating on their own.
- They know that they can manage tough times because their needs will eventually be met and support will be there if they need it.



## **PARAPHRASE**

Unfortunately, many of the children who have experienced separations, loss and trauma will not have secure attachment styles. We're now going to take a look at some video clips on insecure attachment styles, which you will likely see more of when children first come to your home.





### **FACILITATOR'S NOTE**

For the discussion on attachment styles, focus on participants' understanding of the importance of secure attachment and the range of how attachment concerns can present rather than the details in each individual attachment style.

### **SAY**

These videos were created by Dr. Jacob Ham, a clinical psychologist who is the Director of the Center for Child Trauma and Resilience at Mt. Sinai Hospital in New York, to show what these styles look like in the behaviors of children. The first insecure style of attachment we're going to look at is called Avoidant.

### **DO**

Show the Jacob Ham video clip labeled *Avoidant Attachment*. The run time is approximately 4 minutes.


### **SAY**

To help us think about how to parent this child, now let's talk about an actual child with this attachment style.



**CASE STUDY:**  
**WILLIAM**  
**WHAT DO I NEED?**

- Came from a family with a lot of children.
- Mom had problems with alcohol use and had difficulties caring for all the kids.
- His needs were not met, so he did not think others' needs were important either.

 61

## DO

Read the case study below or ask your co-facilitator to read it:

*William came from a family with a lot of children. His mom had a problem with alcohol use, and it was hard for her to take care of all the kids. William did not have his needs met and learned that his needs were not important. Therefore, he didn't learn that other people's needs were important either. He was a great artist, reader, and athlete and at times had a very sweet side, but at other times, when he hurt another child on the playground, he would either run away or make fun of the child's pain. If he got a consequence, he would say things like, "It didn't matter anyway," or "Kids just have to learn nothing in life ever comes easy."*

Facilitate a discussion around what kind of parenting would be most helpful to children with an avoidant style of attachment like William. Encourage responses that are **relationally-oriented** (characteristic) like those below:

- Slowing down and really getting to know the child and their needs.
- Helping the child learn how to identify and express emotions.
- Pointing out situations where needs are expressed and acknowledging that a person's needs are important. This can be done anywhere and everywhere in daily life, movies, books, etc.



**SAY**

Now we're going to watch another video by Dr. Ham on another insecure, but quite different attachment style. This one is known as ambivalent attachment, also called anxious attachment.

**DO**

Show the Jacob Ham video clip labeled *Ambivalent Attachment*. The run time is approximately 5 minutes.

**SAY**

To help us think about how to parent this child, now let's talk about an actual child with this attachment style.



**CASE STUDY:**  
**MARINA**  
**WHAT DO I NEED?**

- Raised by her mother for first several years. Mother often homeless and had substance abuse problems.
- Mother was verbally cruel when stressed.
- By the time she came into foster care, Marina saw herself as ugly and worthless.

63

## DO

Read the case study below or ask your co-facilitator to read it:

*Marina was raised by her mother for her first several years. Her mother was often homeless, and she had an addiction to methamphetamines. When they were able to live in shelters and motels, Marina's mom was upbeat and better able to attend to her needs, but when she became stressed or was high or experiencing withdrawals, she would say very cruel things to Marina. By the time Marina came into foster care, she saw herself as ugly and worthless. No one could tell her otherwise, and when she was given new clothes, she would often lose or destroy them. Marina had difficulty keeping friends, because once they started spending a lot of time together, she would become angry and jealous if the friend wanted to be with anyone else. As Marina is getting older, she is beginning to cut on her arms when stressed. She is also often staying out past curfew.*

Facilitate a discussion around what kind of parenting would be most helpful to children with an ambivalent style of attachment like Marina. Encourage responses like those below:

- Staying concrete, consistent, and clear about rules, roles, and boundaries.
- Not just telling her she is great but setting her up with successful experiences to believe it herself.
- Keeping everyone safe, while being understanding and validating, by using statements like, "We can see you are in pain. We are here to support you."
- Do not attempt to be a perfect parent; don't set that expectation and be forgiving of yourself!

- Consistency and predictability will be especially helpful for a child with this attachment style to thrive as it will help her to see the world has order, rather than the chaos she was used to. It will also allow her to feel safe and help the child see you as **trustworthy** (characteristic).

#### **PARAPHRASE**

Having mixed feelings is normal when parenting children with insecure attachment styles. Good **self-awareness/self-reflection** (characteristic) will help you to see where you might have the most challenges in being consistent or nurturing and when you may need extra support.



## DISORGANIZED ATTACHMENT STYLE

- Inconsistent, harmful, or even bizarre parenting
  - ❖ Significantly affects the child's view of the world
  - ❖ Not uncommon in children who experienced severe forms of abuse and neglect
- Behavior often makes little sense



64

### PARAPHRASE

What is not shown in the videos is the Disorganized Attachment style. This happens when children have received such inconsistent, harmful, or even bizarre parenting that it significantly impacts how they view the world. While this is not extremely common in the general population, it is not uncommon in children who have experienced severe forms of abuse and neglect.

Because the world is very confusing to a child in these circumstances, later the child's behavior may make little sense to their caregivers. For example, they are often desperate to connect, but they do not go to their caregivers when they need help or if the caregiver offers help, they may push it away because it is scary to them. A child with this background may feel very confused when they first come into stable homes and sometimes their caregivers are unsure about how to best help them.



## DISORGANIZED ATTACHMENT STYLE



- Needs were not met
- Little help from caregivers
- Too young to help themselves
- Nothing to cling to

**True  
emotional  
confusion**



65

### PARAPHRASE

As children with disorganized attachment styles get older, they may not know where to turn or how to get their needs met. Their behaviors may seem inconsistent or illogical, such as the boy in the case study we're about to read.

While you are listening, think about how you would respond as a parent to this child. If you feel an emotional reaction, such as concern, frustration or even fear, that is perfectly ok. It is natural to have a reaction. Noticing how we feel helps us to become self-aware and will help us be thoughtful about how to best respond to the child.

### DO

Read the case study below or ask your co-facilitator to read it:

*Paul is a 7-year-old boy. His mother was homeless the first year of his life and eventually left him near an orphanage, where he lived until he was three and half years old. He had different caregivers on different shifts and was given little attention. When he was first adopted, he would wander aimlessly through the house, pulling out and scattering the insides of all his toys. He did not seem to have any sense of family life and expected everyone to sleep in the same room, screaming until they did. He is now able to sleep in his own room, but he often throws his toys away. He often laughs when he gets in trouble, cries when others are laughing and takes whatever he likes from others without asking. When his parents have friends over, he is always sure to stay close and sit right in between them rather than playing with the other children. But, when they are home alone, he ignores them for long periods until nighttime when he does not let them leave his room.*





**SAY**

It is clear this child has a hard start in life. It is important to remember all that we have learned about how attachment is formed in order to strategize how to parent a child with these behaviors.



## STABILITY BUILDS TRUST

- Anchor the child by being available
- Understand and meet the child's needs
- Parents should be:
  - Structured
  - Predictable
  - Compassionate



66

### DO

Facilitate a discussion around what type of parenting would be most helpful to children with a disorganized attachment style like Paul. Encourage responses like those below:

- The parent will need to be **attuned** (characteristic) to the child to gain their trust.
- Children with disorganized attachment styles need a very predictable, structured, emotionally supportive parenting style to learn what safety and security look and feel like.
- Parents will need to balance predictability with compassion for the child.
- Good self care and self compassion is essential for parents/caregivers.
- Parents should be open to connecting with mental health professionals who have experience with helping parents effectively parent a child with this type of attachment style.

### PARAPHRASE

If the parent can help reorganize the child's emotional confusion by anchoring the child again and again in the safety of being available to them, the child will be able to experience their needs being understood and met in a way they never did before. Gradually, they can learn that the world is predictable and, therefore, safe.

Once a child's outlook on the world starts to change, their behaviors will shift and start to make more sense, too. While parenting should be structured and predictable, we want to do this while being compassionate to their experiences. Balancing structure and predictability with compassion will help the child to see you as being **trustworthy** (characteristic).



## PARAPHRASE

As we've been discussing, we learn to make meaning of the world through our relationships with others. This remains true in learning harmful, as well as healing messages. Once children's brains and bodies learn their needs will get met and people can be experienced as **trustworthy** (characteristic), children can relax and turn their attention to growing in other ways. These experiences will need to happen over and over, many times a day, to be more powerful than the experiences where children learned their needs would not be met, that they were not worth it, and that people can't be trusted.

So, let's take a minute to make sure we know how to stay consistent while remaining compassionate, which is an important balance!



## WHAT IS COMPASSIONATE CONSISTENCY?

### True or False?

1. It is important to acknowledge children's feelings even when they've done something wrong.
2. The parent should do what they said they would do, even when they're upset.
3. Even though their behavior may be challenging, the child should be included in as many typical activities as possible.
4. The child should be sent away from activities and people because of misbehavior.



67

### FACILITATOR'S NOTE

Next, we will engage participants in a set of true/false questions that will help to clarify the concept of compassionate consistency. This is meant to move quickly to break up and reinforce content, only pause for misunderstandings/clarification.

### SAY

As we just said, it's important to be both compassionate and consistent.

What is compassionate consistency?

Let's check in on what we mean with 4 true or false questions.

### DO FOR EACH OF THE 4 STATEMENTS:

- Read the statement aloud.
- Wait a moment to allow participants to think about the statement. Ask for a show of hands for True, then False votes.
- State the correct answer.

### STATEMENT #1:

This statement is "TRUE."

For children who have experienced separations, loss, and trauma, it is especially important to acknowledge their feelings during their mistakes to help with their low self worth.



**STATEMENT #2:**

This statement is “TRUE.”

For children who have experienced separations, loss, and trauma, it is important to build their trust by following through in daily things like picking up children on time or taking them somewhere when you said you would.

**STATEMENT #3:**

This statement is “TRUE.”

For children who have experienced separations, loss, and trauma, being included helps them feel part of the family and teaches them that children should be supported by their families, even in tough times.

**STATEMENT #4:**

This statement is “FALSE.”

Why is this false? Children who have experienced separations and trauma have experienced a tremendous amount of loss already. The goal now is to help them feel they are wanted and that they belong, even when they make mistakes.

- Are there any exceptions? If necessary, give an example of exceptions, such as if the parent knows they need to take a break and a deep breath, in which case they can simply share that with the child and step away versus sending the child away.

**Adaptation for Remote Platform**

Use the poll or chat function to make this activity more interactive.



## ATTACHMENT STYLES IN ADULTS

### Autonomous

- Comfortable in a warm, loving, and emotionally close relationship.

### Preoccupied

- Insecure in intimate relationships
- Constantly worried about rejection and abandonment; preoccupied with relationship

### Dismissive

- Emotionally distant and rejecting in an intimate relationship
- Keeps partner/loved one at arm's length

### Unresolved

- Unresolved mindset and emotions
- Cannot tolerate emotional closeness in a relationship



68

### PARAPHRASE

As we saw when we discussed children's attachment styles, how we interact with people later is directly linked to how we learned to be in relationships when we were young. These patterns in adulthood are called Adult Styles of Attachment. There is a resource on them if you would like to read more about the specific styles of adult attachment and how they play out in adult relationships, including parenting.

Remember, having awareness of how we were parented helps us to develop awareness about how we will parent children, which is why **Self-awareness** and **Self-reflection** are characteristics of this theme!

Maybe you developed a very secure attachment style as the result of healthy parenting. Or some of you who experienced less healthy parenting may now function with more of a secure attachment style because you've done some work to build your self awareness and not repeat the old patterns you learned in childhood. While it takes work and spending time with stable people, it is possible for a person to learn how to interact with others in healthier ways!

Whether you started with a secure attachment style or learned it later, it is human nature to regress, or go backwards, under stress. Have you ever found yourself fussing at a loved one the way a caregiver fussed at you, even though you didn't want to? Being human, we often return to old patterns our brain once knew, and these patterns are tapped during times of stress. Parenting can zap our resources, challenge our confidence, and add levels



of stress we had not expected. It's important to become aware of what patterns you have so that you can be conscious when any old, unwanted interaction styles get tapped into again. How you interact is key to helping create healthy attachment styles for children who have experienced separations, trauma, and loss.

## **FACILITATOR'S NOTE**

Have a parent facilitator personalize this with an example of regressing under stress to make content more relatable with participants.



## THE DARK MATTER OF LOVE



Show *The Dark Matter of Love* Clip One



69

### PARAPHRASE

We are now going to watch a video clip to further understand how a parent's history intersects with how they parent today. This video clip comes from the documentary, *Dark Matter of Love*, written and directed by Sarah McCarthy. It is the story of an American family who adopted three children from Russia- including a 12-year-old Masha, who you'll meet in this clip. You will also see dad with one of the younger children in another clip later today.

In this clip, Mom is actively working on her relationship with Masha. Notice her commitment, and the support and partnership with professionals as she works through it all.

### DO

Play the clip (*The Dark Matter of Love* Clip One). The clip will run approximately three minutes.

### ASK

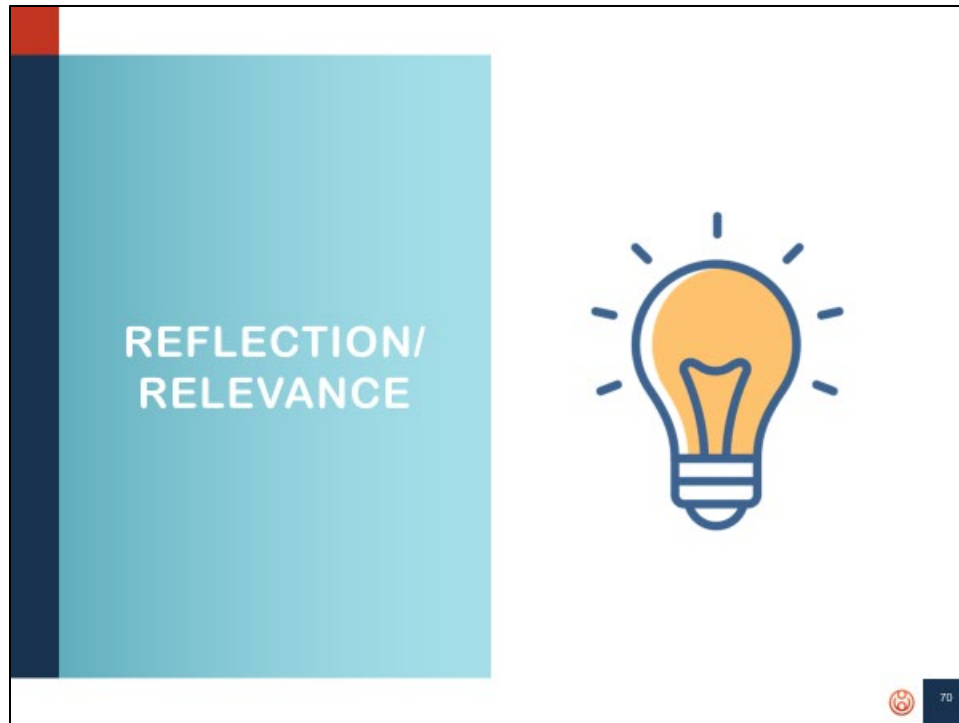
What could be making it hard for Mom to stay attuned to her daughter's emotional needs?

### DO

Facilitate a discussion. And reinforce responses about Mom's own upbringing, such as her own mother not being there for her. Reinforce mom's need for self-awareness to understand how this may impact her parenting.







### PARAPHRASE

As you've been learning today, all of us have a primary attachment style or ways that we tend to interact with others. As you saw in that last video, attachment styles we learned in childhood are connected to how we interact in adulthood. Therefore, our adult attachment style will impact the way we will now parent. When you have time at home, we'd like you to think about own attachment history for a moment so you can reflect on how that may impact your parenting.

Once you find a quiet moment, think about the way that your parent or earliest caregivers took care of you. Really consider how you were parented. After all you've heard today, think about how your parent's attachment style felt for you as a child. After you have done that, think about the child you hope to be fostering or adopting. Think about how you might want to parent this child differently or similarly to how your parents parented you?

Use your **Participant Resource Manual** to write any reflections down. ***The Reflection and Relevance Activity is on page 81 in your Manual.***

Being such a thoughtful and aware parent means taking good care of oneself. This allows everyone to keep stress to reasonable levels and regression to old or unhealthy relationship patterns to a minimum. Just like when children are infants and crying out for help, children with backgrounds of separations, loss, and trauma need consistent, present, **attuned** caregiving to meet their needs (characteristic). Learning new and effective patterns can be gratifying and, at the same time, exhausting for caregivers. You will need to give yourselves permission for rest, healthy nutrition, pleasurable experiences (with and without children), time away, and activities that rejuvenate.



**SAY**

Now, let's focus in on how we can enhance our relationships with children.

## THE 4 S'S OF RELATIONSHIP FOCUSED PARENTING

### SEEN

Be tuned into the child's needs, spoken and unspoken.

### SAFE

Build safety with time at home/with family, protection, and predictability.

### SOOTHED

Comfort by word and action.

### SECURE

Connect physically and emotionally to build trust.

Adapted from work of Dan Siegel, M.D.



72

### PARAPHRASE

One of the primary jobs of a healing parent is to build and protect the relationship with children. For those of you who have parented before, this process likely occurred naturally. But, for children who have experienced separations, loss, and/or trauma, a basic fear they have is that the parent-child relationship will not last. And even worse for children, that anything that goes wrong with it will be their fault. In the early days of a new child living with you, when stressful things happen, building trust in the relationship will be critical to build attachment. This is key in making the relationship with you meaningful, but also in working to heal the child's previous experiences that taught them that it's not safe to trust. This healing will happen through many pleasurable experiences together, as well as finding teachable moments to modify or change their behavior.

Remember, opportunities to build your relationship will be happening all day long; every single day and every experience is a new opportunity for healing. While "big ticket" activities and splurges will be fun sometimes, the real relationship building will come through daily experiences, both positive and negative, that include creating a routine and structure, as well as following through with what you've said you will do. Just as we learned in the cycle of attachment, trust builds with predictability. Predictability builds patterns. Patterns create ways of being in relationships with others.

One easy way to think about the goals of relationship focused parenting are the 4 S's of



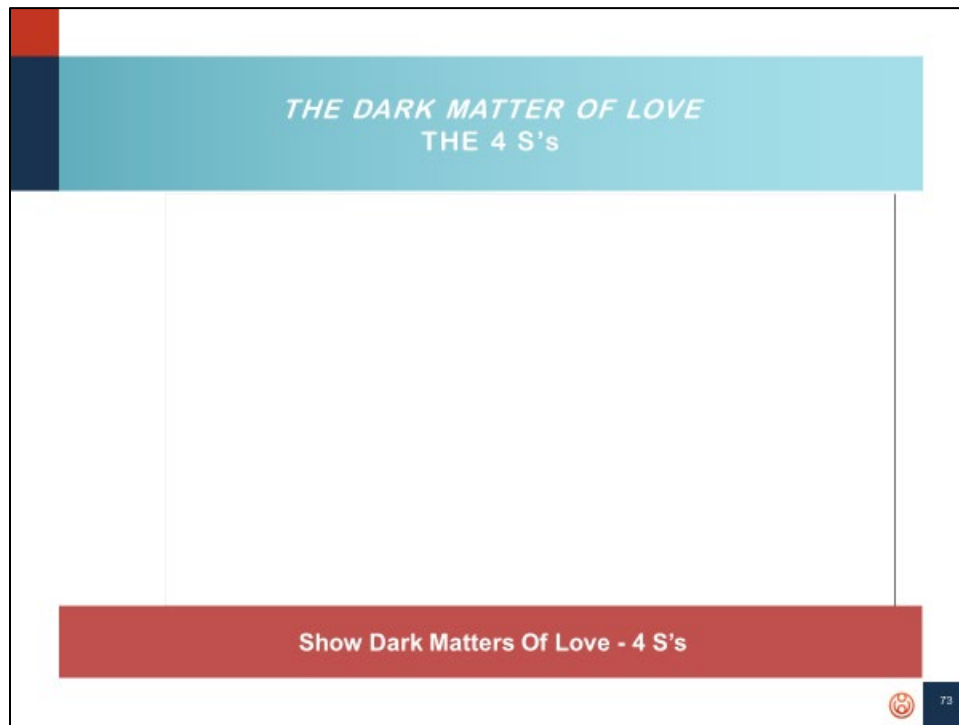
parenting developed by Dr. Daniel Siegel, a well-respected child psychiatrist. The 4 S's help remind us of what children need to feel: Seen, Safe, Soothed and Secure. We'll spend a few minutes exploring these. We will start with the first 2.

### **PARAPHRASE**

The first S is Seen. Just like with infants, parents need to be tuned in or "attuned" to the needs of children, including those that are not spoken. Getting to know signals of a child's emotional state, their signs of distress (which may be unpredictable), subtle body language cues, and triggers will be important to anticipate.

The second S is Safe. Because of their life experiences, feeling safe is particularly critical for children with backgrounds of separations, loss, and trauma. A situation that may seem safe to others, such as going to a movie, might be seen as threatening to a child with a background of trauma and loss. Perhaps the child's history has left them afraid of the dark or worried that they will be lost in unfamiliar places.



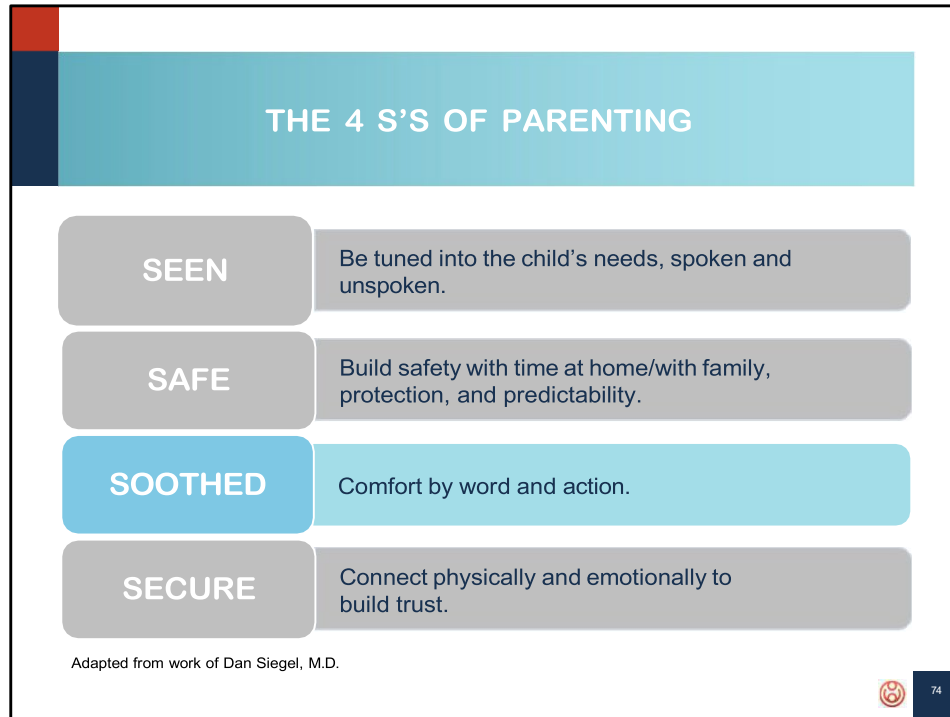


### **PARAPHRASE**

Now, let's watch one more video clip from the documentary *Dark Matter of Love*, where Dad notices that his son has experienced some scary or unpredictable things. Watch how he helps the child to feel seen and safe, which gives him a new sense of mastery over a trauma trigger.

### **DO**

Play the clip (*The Dark Matter of Love: "Dark Matters 4 S's"*). It will run approximately three minutes.



**FACILITATOR'S NOTE:**

Do not take much time to process the video. Return to the 4 S's slide to finish the discussion and segue to the activity which requires time.

**PARAPHRASE**

The third S is Soothed. Remember that a key job of parents who are fostering or adopting is to increase safety, security and positive experiences while decreasing distress. We just saw an example of this with the dad when he gave the child his earplugs and sat with him on the tractor. In the video clip, it was clear the boy felt seen and safe. Did you also notice how soothed he seemed riding along on the tractor with his father? Not unlike infants, children who have experienced loss and trauma will need great comforting, not just by words, but by actions.

Another time children may need soothing is when they are missing their families or other people they used to be close to. As with the boy on the tractor, the child may not be able to clearly communicate when they have this need for comfort. Having gentle conversations about missing loved ones will give you an opportunity to soothe a child, and also has the added benefit of bringing you closer to them. We'll talk more about this and how to have these conversations in future classes.

## THE 4 S'S OF PARENTING

### SEEN

Be tuned into the child's needs, spoken and unspoken.

### SAFE

Build safety with time at home/with family, protection, and predictability.

### SOOTHED

Comfort by word and action.

### SECURE

Connect physically and emotionally to build trust.

Adapted from work of Dan Siegel, M.D.



75

### PARAPHRASE

The last S stands for Secure. Spending time with children and connecting physically and emotionally will create a strong foundation of stability and trust. Experiences speak much louder than words, so activities that involve touch, movement, and use of our senses particularly help to cement positive patterns and loving messages into brains and bodies.



RELATIONSHIP-PROMOTING ACTIVITIES

What makes an experience relationship-promoting?

- ✓ **Is interactive**
- ✓ **Maximizes the senses**
- ✓ **Involves movement**

Handout #2: Page 82

#### **FACILITATOR'S NOTE**

Now, we will move to an interactive activity to allow participants practice thinking about activities that focus on their relationship with the children. The emphasis should be on activities that are interactive, maximize the senses, and involve movement as they solidify patterns in children's brains and bodies.

#### **PARAPHRASE**

Now, let's take some time to brainstorm together about parenting skills that promote parent-child relationships. In a moment, I'm going to pass out some papers and ask each of you to write an activity you think would be relationship-promoting on the paper.

To really solidify a positive memory and create new patterns for the child, the activities you choose should be interactive, maximize the senses, and/or involve movement.

#### **DO**

Distribute the small papers for the activity.

#### **PARAPHRASE**

Now, please think about activities that would be relationship-promoting.

Write one activity on the paper.

Please just write one per sheet. If you think of more than one, use extra sheets.

I'll collect them in two minutes.

#### **DO**

- Circulate as participants work to answer questions and provide advice.
- Keep track of time.
- At 2 minutes, collect the papers, and put them in a grab bag.



## ASK

Can I have two volunteers? I need someone to pull papers out of the grab bag and read them, and someone else to write activities on the flipchart.

## DO

- After the volunteers come up, ask the first volunteer to pull a paper from the grab bag at random, and to read the activity on it.
- The second volunteer writes the activity on the white board.
- After all activities are written, ask the group to choose the 5 they think are the most relationship-promoting (interactive/maximizing senses/involving movement).
- Facilitate a brief discussion around their answers. Some questions that may stimulate conversation:
  - Why do you feel this activity is good for promoting the relationship between a parent and child?
  - How could the activity be used or changed for different children (e.g., toddlers, school-aged, or teens)?
  - What are the exceptions - situations where the activity might not be relationship-promoting? (For example, an activity that soothes some children might be too stimulating for others.)
- After you have finished:
  - Post the flipchart(s) listing relationship-promoting activities to solidify them for participants
  - Invite participants to add to the lists anytime they get an idea for a good activity.
  - Refer to Handout #2 :Examples of Relationship Promoting Activities on page 82 of your Manual.

### Adaptation for Remote Platform

Invite participants to brainstorm their ideas on their own, and place ideas into the chat. Have a volunteer reader call out the ideas. The facilitator can randomly choose one or more activity in the chat box to discuss with the group. The discussion questions can be posed by randomly unmuting participants or volunteers who raise their hand. Use the white board function to reinforce responses. To make this activity more interactive, invite participants to use the reactions buttons. The list from the white board can be sent to participants after class.

## FACILITATOR'S NOTE

Reinforce responses that are sensory rich and action oriented, such as:

- Going for a walk, hike or run together
- Cooking or baking together
- Games with eye contact like patty cake, peek-a-boo
- Find a swing or trampoline, and swing or jump the time away. Try different speeds or mimicking each others' moves
- Brushing hair
- Playing sports where you have time alone and fun together like basketball, tennis, ping pong, etc.
- Eating together as a family, anywhere, everywhere
- Sharing all forms of music, especially singing, dancing, or drumming together
- Creating messy art together, like finger-painting and clay or playdoh



- Scream loudly in jubilation together, such as at a concert, a sporting event, or on a roller coaster
- Swimming, water fights, jumping into a wave or a lake together
- Reading snuggled up or rocking together

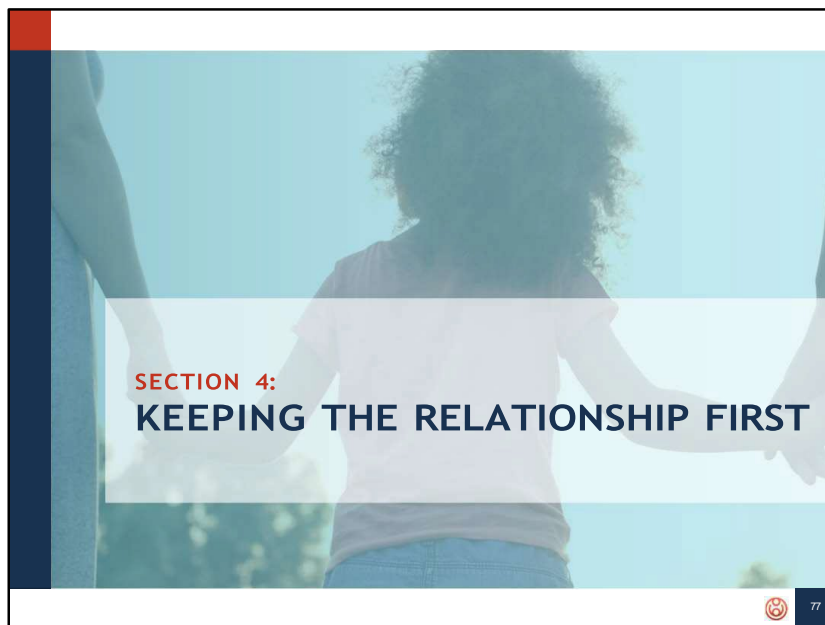
Draw attention to how and why activities like the ones below can still build the parent-child relationship and/or why they may feel more comfortable for children.

- Going for a car ride together
- Biking side by side together
- Side-by-side activities with no eye contact, like doing artwork

Draw out why examples such as those below are not really relationship-promoting because they are focused on talking, punishment, and/or spending time away from the parent. If these come up on the lists, comment or ask how any can be done in a way that promotes the relationship. Reinforce ways to have parents present, give encouragements, and being sure to check in frequently.

- Lecturing
- Time-outs
- Changing siblings' diapers
- Buying the coolest new high-tops
- Watching TV
- Playing Video Games





### PARAPHRASE

We've been talking about experiencing joy and playful moments with children. Now, let's talk about more challenging times. One of the primary roles of parents is to guide children in correcting their behavior when they are off track. What makes this incredibly fulfilling, but also stressful, is that parents are not aiming just to discipline, but to shape lifelong decision-making abilities.

Children who have experienced loss and trauma also need discipline, yet generally benefit most from non-traditional approaches. Typical strategies that "take away" privileges, experiences, or people from children who have a history of loss and trauma can be experienced as more loss, loneliness, or shame. So, these methods are not only ineffective because they put the child into survival mode, they might also be experienced as very painful for the child.

Regardless of the child's age, parents who are fostering or adopting can view these moments as opportunities for children to continue on their healing journey by correcting behavior while simultaneously protecting or even enhancing their relationship.

### Reinforcing WV's Discipline Policy:

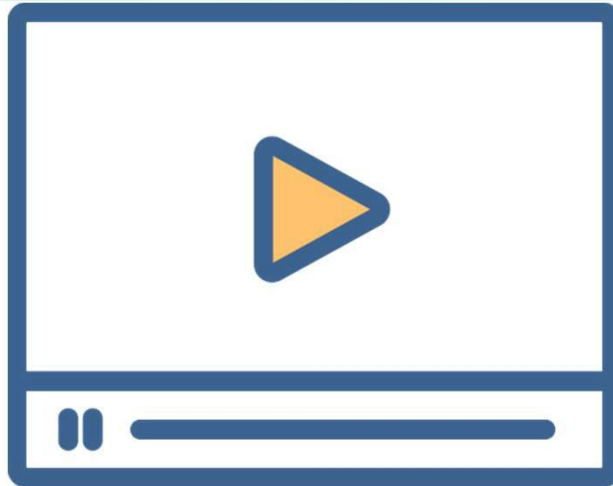
Before we dig into what relationship-focused discipline looks like, let's take a couple of minutes to reinforce the State of West Virginia's Discipline Policy.

Your Homefinder(s) and Caseworker(s) should have or will review this with you. Remember you can always ask them for clarification. Due to children's previous experiences of trauma, it is state policy that caregivers do not engage in harsh, punitive punishments. Punishments of a physical nature (hitting), verbal abuse or shaming (ridicule, humiliation, making inappropriate comments about the child's parents), denying basic needs (clothing, food, etc.), and other harsh forms of discipline are strictly prohibited.

Instead, caregivers are responsible for providing discipline that aims to help children grow, mature, and is developmentally appropriate. Discipline should be implemented with kindness, focus on the action and its appropriate consequences, and can also involve the input of the child.

These are some key points to remember about the state's discipline policy. If you have any questions or need clarification on these procedures, please consult your Homefinder and/or the Child's Caseworker.

## RELATIONSHIP-FOCUSED DISCIPLINE



78

### SAY

Now we're going to watch a video to learn effective techniques for disciplining children who have experienced loss and trauma with Laura Ornelas. Laura is a licensed clinical social worker with 30 years experience working with children and families in foster care and adoption.

The discipline strategies you'll hear about might be new to you since they are not the typical ways people discipline a child when they've done something wrong! In this video, you're going to be introduced to JAR-Joining, Amends Making and Re-do's. As you watch, listen for why these might work particularly well for children who have experienced loss and trauma.

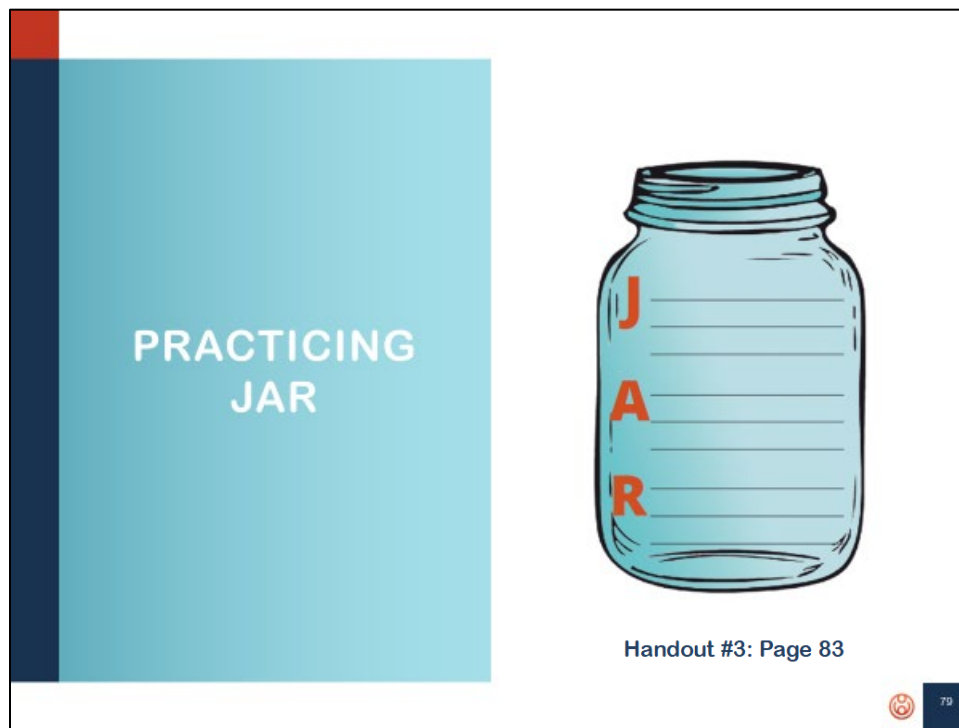
### DO

- Play the NTDC video *Relationship Focused Discipline*. This video will play for approximately 9 minutes.
- If time permits, allow for a few brief reactions.

### SAY

Even though these kind of strategies might not be what you're used to using when a child has done something wrong, using the JAR brings children closer to parents and is very effective at teaching responsibility through consequences. But, when something is new, it can feel confusing. So, now let's take some time to practice using JAR!





### PARAPHRASE

I'm going to hand out a short story of a child who has just done something that needs correcting. Feel free to use Handout #3: JAR Activity Worksheet on page 83 in your **Participant Resource Manual** to take notes as I'm reading.

### DO

Read the short story aloud to the group:

*A neighbor knocks on your door and says he saw your 13-year-old break their window yesterday while playing ball. The child has not told you anything about this, but you did notice that the child came straight home from school today and went to her room, which is not typical. The neighbor says there is no mistaking it was her, because he watched her run into your house after she broke his window. The neighbor seems sincere and believes it was an accident.*

## ASK

To give us a head start on your worksheet, what might be some examples for the A/Amends Making in this scenario?

Reinforce or give any of the following examples of A's:

- ❖ Doing yard work or housework for the person 'wronged' (in this example, the neighbor)
- ❖ Bringing flowers or a gift, like the child's artwork or a baked good.
- ❖ Writing an apology song or rap or poem or story for the neighbor (less direct way of kid expressing themselves in writing)
- ❖ Creating a talking circle where the person acknowledges their wrong publicly and the community decides restitution

## PARAPHRASE

Remembering all that we have learned today about the importance of parent-child relationships, discuss what ideas you have about how to use the JAR in this situation. Turn to the folks around you to think of some examples of the J/Joining and the R/Re-do's. Take about 5 minutes in your small group.

## DO

- Circulate during the discussion to provide advice and answer questions.
- Keep participants especially focused on generating concrete ideas for the R (as the J was discussed in the video and A was just discussed in class.)
- Keep track of time.
- At about 4 minutes, give the group a 1-minute warning
- At 5 minutes, bring everyone back to a large group discussion.

### Adaptation for Remote Platform

Use break out rooms with the desired number of participants. Facilitators can feel free to circulate amongst the breakout rooms to be sure participants are understanding the activity.

## PARAPHRASE

Now, let's discuss your ideas about how you would use J.A.R. with the child in this story.

We already heard a lot about J/Joining in the video, and we discussed the A/Amends-Making a few minutes ago, so let's focus our discussion on ideas for using the R/Re-do's in this situation.

## ASK

What examples would you like to share of some good R's/Re-do's?

Are there any other J's (Joining) or A's (Amends) to add to what we've already discussed?

## DO

- Allow a short while to see what ideas participants have. If you'd like to move this discussion quickly, have them simply shout out responses.

You may need to give examples to get participants on track. For instance:

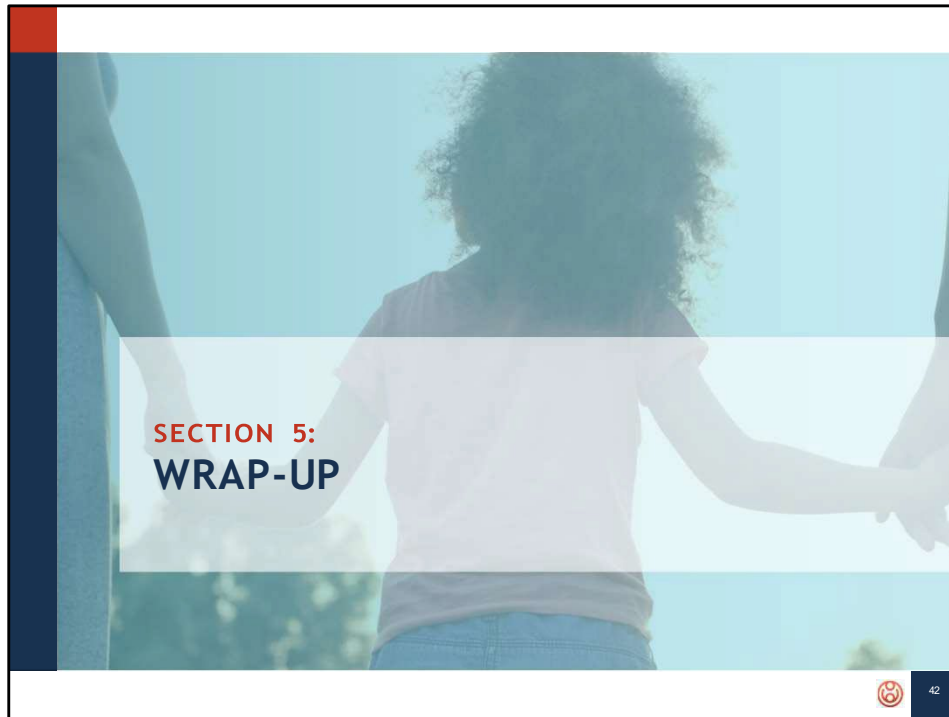
Re-Do example: taking the ball to a safer place and practicing there instead





### **SAY**

Hopefully, the activity helped you get a better sense of how to use JAR strategies. But it will take practice to get it down, so be thinking about Joining, Amends-Making, and Re-Do's as discipline situations come up with children and be sure to try out these strategies when children are in your home.



### **SAY**

Now, it's time to wrap up. Before we do, I want to briefly highlight the key points from this theme:

- A child's experience with previous caregivers will impact the way they relate to their current caregiver(s).
- For kinship caregivers, the child's emotional needs and behaviors are still impacted by early life parenting experiences even if you have been a safe and stable force in their life. These parenting techniques will help reinforce the child's relationship with you and their ability to regain trust with adults and others.
- Children with a history of loss and trauma often find it hard to get close in relationships, and they show this through their behavior.
- When adults understand a child's attachment style and history, they can better understand what the behaviors of the child represent and how the child can now be more effectively parented.
- Parenting a child with breaks in their attachment can be challenging because the parent will need to adjust their parenting and to stay consistent and compassionate. This will require the parent to have awareness of their own attachment history so that they can focus on the child's needs rather than their own.
- Discipline is a necessary component of parenting - methods that bring the child closer to the parent will be essential to provide a healing environment.



- Talking will not be enough to help children understand the world is now safe. The child experiencing repeated, sensory rich interactions with their parent will be key.
- We'll be talking more about helping children to get and stay calm, maybe even avoiding some behavioral concerns in the upcoming trauma themes.



### FACILITATOR'S NOTE

The closing quote above and the paraphrase section below will be done only once per day, after the last theme presented for the day. If you are moving on to another theme invite them to take a break, stretch, or breathe, before moving on to the next theme.

If closing for the day:

- Thank everyone for attending and for their thoughtful participation and attention. Remind the participants that although this training may seem long, it is critical for them to gather the knowledge, attitude, and skills that are needed as they embark on this journey because they ultimately will play a huge role in the lives of children and families.
- If in person, collect the name tents or have them tuck them into their Participant Resource Manual to bring back to the next class.

### PARAPHRASE

Close out the day by covering the below topics:

- Remind participants of the date/time for the next class and let participants know if there are any changes to the location.
- Encourage participants to contact the office if they have any questions or concerns.
- Review the themes that will be covered during the next class.
- If in person, remind participants to take their **Participant Resource Manual** with them and to bring them to the next session. If using a remote platform, remind participants to have the **Participant Resource Manual** available for the next class.



For more information, visit:  
[ntdcportal.org](http://ntdcportal.org)

83



This curriculum was funded by the Children's Bureau, Administration on Children, Youth, and Families, Administration for Children and Families, US Department of Health and Human Services, under grant #90CO1134. The contents of this curriculum are solely the responsibility of the authors and do not necessarily represent the official views of the Children's Bureau.





# National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS



## Session 3: Separation, Grief, & Loss and Building Parental Resilience for Kinship Caregivers





# National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS



# SEPARATION, GRIEF, AND LOSS

FACILITATOR CLASSROOM GUIDE  
Modified January 2022

# PREPARATION

## To prepare for this class, you should:

- Review the facilitator preparation information included in this **Guide** along with the handouts.
- Review the Resources for this.
- Ensure that participants have a copy of the **Participant Resource Manual**. This **Manual** will be used during all themes and will include the handouts needed by participants. Facilitators should have copies of the handouts for the theme available in case participants do not bring their **Manual** to class. If the theme is being taught on a remote platform, facilitators should have the handouts available so that they can share in the chat and/or email to participants who do not have their **Manual**.
- Bring any materials you need for the activities.
- Review any videos or other electronic media used in this theme, if any, and plan the mechanics of how you will present them. Media for this theme are listed in the Materials and Handouts slide. Review the instructions for each media clip (e.g., to pause or stop at a particular time stamp).
- Practice playing the media for the theme. Ensure that you have the files and apps you need, that your links and connections work, and that you know when to pause or stop the media clip if appropriate.
- If training on a remote platform, make sure all participants have the link available to access the class and that you have all videos, PPT's and handouts ready for use.
- If training in person, ensure that a room is available and set up, with the following:
  - Enough tables and chairs for all participants
  - Projector and screen (check that it works with the computer you will be using)
- Classroom-based activities have been adapted so that they can be done on a remote platform. Adaptations will be marked as follows so that they can be easily spotted throughout the Facilitator Classroom Guide: ***Adaptation for Remote Platform***





# MATERIALS AND HANDOUTS

## FACILITATOR'S NOTE

- Participants are expected to have the **Participant Resource Manual** available for every session. Session 3 begins on page 87 of the **Participant Manual**.

## MATERIALS NEEDED

You will need the following if conducting the session in the classroom:

- A screen and projector (test before the session with the computer and cables you will use)
- A flipchart or whiteboard and markers for several of the activities. A flipchart with a sticky backing on each sheet may be useful and will allow you to post completed flipchart sheets on the wall for reference.
- Name tent cards (use the name tent cards made during the Introduction and Welcome theme)

You will need the following if conducting the session via a remote platform:

- Access to a strong internet connection
- A back-up plan in the event your internet and/or computer do not work
- A computer that has the ability to connect to a remote platform- Zoom is recommended

## HANDOUTS

Have the following handouts accessible. Participants will have all handouts listed below in their **Participant Resource Manual**.

- Handout #1: Developmental Stages of Grief (page 97)
- Handout #2: Theories of the Stages of Grief in Foster Care and Adoption: Common Grief Responses for Children (page 102)
- Handout #3: Ambiguous Loss Haunts Foster and Adopted Children (page 108)
- Handout #4: Case Study: Addressing Darren's Grief - for Kinship Caregivers (page 111)

## VIDEOS AND PODCASTS

Before the day you facilitate this class, decide how you will play the media items, review any specific instructions for the theme, and do a test drive.

**The following media will be used in this theme:**

- Podcast: *Understanding Grief and Loss in Foster and Adoptive Children* with Gregory Manning (10:18 minutes): Slide 12
  - Podcast Transcripts are on page 91 in the Participant Manual.
- *Separation, Grief and Loss in Children and Adolescents* with Debbie Riley (7 minutes): Slide 33
- *FOSTER* Clip- featuring Sydney (1:19 minutes): Slide 28



# THEME AND COMPETENCIES

## FACILITATOR'S NOTE

Prior to the session, review the theme and competencies. You will not read these aloud to participants. Participants can access all competencies in their **Participant Resource Manual**.

### Theme: Separation, Grief, and Loss

Understand the impact of separation, ambiguous loss; learning different ways children grieve; life-long grieving and importance of providing opportunities for grieving; recognize strategies to help children deal with grief and loss; understand loss and fractured attachments with birth family members and previous placements; recognize the importance of establishing and maintaining essential relationships with and for children; understand the impact of frequent moves and the importance of managing transitions for children; understand the separation, grief and loss experienced by all members of the foster/adoption network.

### Competencies

#### Knowledge

- Explain the various losses that children may experience and how these losses can impact their feelings and behaviors currently and in the future.
- Describe the grieving process for children and behaviors that may be associated with it.
- Define ways that children grieve and how it often looks different than the way adults express grief.
- Understand how ambiguous loss and unrecognized grief impacts children.
- Understand how to support children in acknowledging their losses and grieving them over the life cycle.
- Learn how to recognize grief and loss as the possible underlying causes of behaviors.

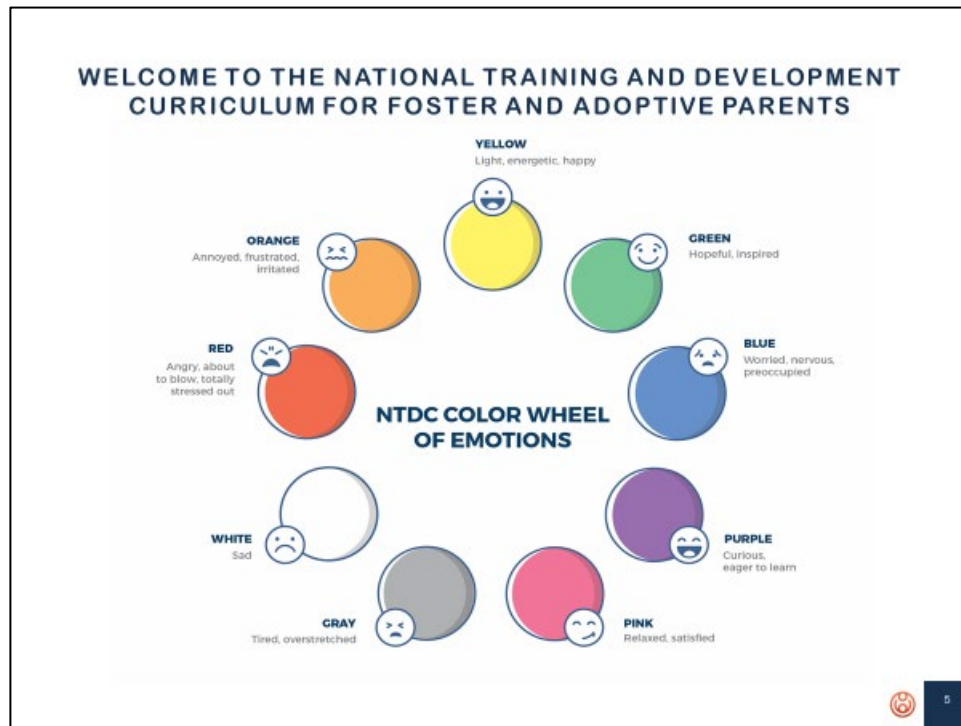
#### Attitudes

- Committed to recognizing and honoring children's losses and helping them to grieve.
- Willing to reflect on how one's own losses may impact their parenting experience.

#### Skill

- Demonstrate the ability to recognize behaviors that may result from grief and loss and respond effectively in a way that considers the underlying cause of the behavior.





**FACILITATOR'S NOTE**

Have this slide showing onscreen as participants assemble for the first class of the day. As participants come in, welcome them back and ask them to take a few minutes to do a self-check using the Color Wheel. **NOTE:** The Color Wheel should only be done one time per day; before the first theme of the day. If combining several themes together on one day, facilitate the Color Wheel at the beginning of the first class of the day as participants are coming into the room.

**SAY**

Welcome back. We are so glad that you have taken time out of your day to join us for another exciting learning opportunity. As you recall, tuning in to how you're doing on a daily basis may not be something everyone here is used to, but this type of regular self-check is critical for parents who are adopting or fostering children who may have experienced trauma, separation, or loss, as it will be helpful to become and stay aware of your own state of mind. It may seem like a simple exercise but be assured that knowing how we're doing on any given day strengthens our ability to know when and how we need to get support and/or need a different balance. Doing this type of check in will also help us to teach and/or model this skill for children! Please take a moment to look at the color wheel and jot down on paper the color(s) that you are currently feeling.

**DO**

Wait a little while to give participants time to complete the Color Wheel.

**SAY**

Now that everybody has had the opportunity to do a quick check in, would someone like to share what color(s) they landed on today for the Color Wheel?

**DO**

Call on someone who volunteers to share their color(s). If a challenging emotion or feeling is shared, thank the person and acknowledge their courage in sharing, pause for a moment, encourage everyone to take a deep breath, and transition to beginning the theme.





**National Training and  
Development Curriculum**  
FOR FOSTER AND ADOPTIVE PARENTS



## SEPARATION, GRIEF, AND LOSS

Modified January 2022

6

### **FACILITATOR'S NOTE**

Show this slide briefly just before you start the session.

### **SAY**

Let's get started! Welcome to the Separation, Grief, and Loss theme. This theme begins on page 89 in your Participant Manuals.





### **FACILITATOR'S NOTE**

The opening quote slide should only be used for the first theme of the day. If combining several themes together on one day, the opening quote slide would only be shown after the Color Wheel at the beginning of the first theme. It is important to always emphasize with this slide that this type of parenting involves lifelong learning and it will be critical for families to be invested in their own learning before and after a child is placed in their home.

### **PARAPHRASE**

We are excited to share this lesson with all of you today. We are going to start with Separation, Grief, and Loss. As the slide states, this information will help to develop your capacity to support children and families. Separation, grief, and loss are key areas for understanding children who are fostered and/or adopted. So, let's dive in and see what important information we have to share with you today.

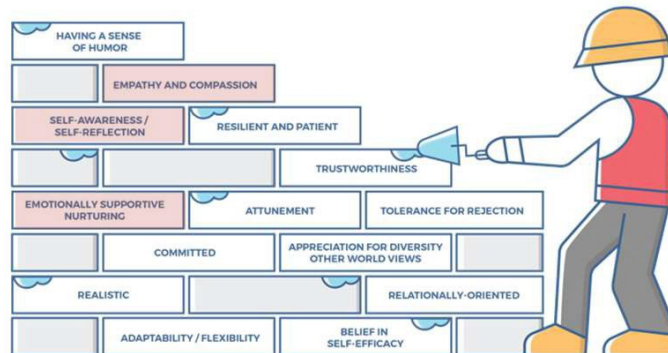


### **PARAPHRASE**

Listed below are the main topics that we will cover during this theme:

- Children who have been in foster care or who were adopted frequently struggle with the impact of separation, loss, and the resulting grief.
- A child may express loss and grief through difficult behaviors, and the child's loss and grief may interfere with relationship building.
- Parents need to support the child by acknowledging and affirming the loss, and by using tools and skills to help the child communicate and understand their loss and grief.

## CHARACTERISTICS OF SUCCESSFUL FOSTER AND ADOPTIVE PARENTS



9

### FACILITATOR'S NOTE

This slide is shown at the start of each theme. Although the graphic will remain the same, the bricks that are colored in red will change based on the characteristics that will be touched upon in this theme. The characteristics were obtained from a review of literature, stakeholder interviews, and review of existing curricula. We want families to become very acquainted with these characteristics throughout the training. It is important to note that in addition to the characteristics that are highlighted in red, there may be additional characteristics that are touched upon during the theme. Facilitators should try to connect these characteristics to the information they are sharing throughout the training. Remind participants that their **Participant Resource Manual** contains the definitions for these characteristics.

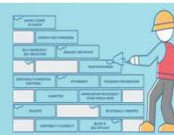
### SAY

Before we get into the content let's look at the 14 characteristics of successful foster and adoptive parents. When you took your self-assessment, you were asked about these characteristics.





## CHARACTERISTICS FOR SEPARATION, GRIEF AND LOSS



### **Self-Awareness/Self-Reflection:**

- Parents can identify why they have responded to a child in a certain way.
- Parents can identify what was good, bad, and different about the way they were raised, while adjusting their own parenting to meet a child's needs.
- Parents can identify and forgive themselves for having negative feelings towards a child, moving from disappointment to acceptance.
- Parents are aware of their own history of experiencing loss and being hurt and can identify how this history can negatively impact their parenting if they are not careful.

### **Empathy and Compassion:**

- Parents can perceive/feel others' emotions, particularly others' disappointment or sadness.
- Parents can look past the current behavior and find the core distress related to the child's response.
- Parents know they cannot shield the child from pain but must allow the child to experience and express pain and grief.



10

## **SAY**

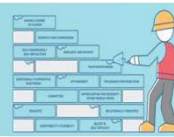
The Separation, Grief, and Loss theme will cover the following characteristics:

- Self-Awareness/Self-Reflection
- Empathy and Compassion
- Emotionally Supportive and Nurturing

Take a moment to think back to how you assessed yourself with these characteristics. It is important as you start this journey to assess your characteristics as they are qualities that can strengthen your ability to successfully parent a child who is in foster care or has been adopted.



## CHARACTERISTICS FOR SEPARATION, GRIEF, AND LOSS



### **Emotionally Supportive and Nurturing:**

- Parents can create an emotionally supportive environment that gives the child a safe space to verbalize and process their emotions, including the positive ones.
- Parents know that the child needs a supportive space to share, and a calming guide who will listen and empathize which can include listening more than speaking so that the child finds a solution for their problem.



11

### **ASK**

Now that we have reviewed the definitions, why do you think these specific characteristics are important to understanding a child that you foster or adopt?

### **Reinforce with Participants:**

- Self-Awareness/Self-Reflection
  - Self-awareness is essential for parents who are fostering or adopting children with a history that includes separation and loss as the child's grief reactions may trigger the parent's own unresolved loss and grief.
- Empathy and Compassion
  - It is not unusual for children to express feelings of loss and grief in their behavior. They will need you to see that what is behind the behavior are often feelings related to their loss and grief.
  - Children will need your support in processing their feelings of loss and grief.
- Emotionally Supportive and Nurturing
  - Children will need you to create an environment where they feel safe to verbalize and process their feelings of loss and grief. Your ability to be empathetic, emotionally supportive, and nurturing will help create that safe place.



# THEME: SEPARATION GRIEF AND LOSS

Podcast Transcripts: Page 91



Guest: Gregory Manning, PsyD  
Host: April Dinwoodie



12

## FACILITATOR'S NOTE

Listen to NTDC Podcast Understanding Grief and Loss in Foster and Adoptive Children by Gregory Manning. Remind participants that Podcast Transcripts are located on page 91 in their Participant Manual.

## STOP & Reflect

Stop the podcast at 5:38 and reflect with the group on separation from parents and adoption being forms of loss these children face.

## ASK

What did you hear from Dr. Manning about the experience of loss and grief for children in foster care or for those who have been adopted?

## PARAPHRASE

Reinforce the following points that were not covered during the discussion:

- Grief is a normal response to loss.
- Grief can be confusing and scary for children, especially for youth in foster care as they may feel unsafe and unsupported by others.
- Children often display their grief through challenging behaviors.
- Parents who are fostering or adopting play a crucial role in helping the child grieve their losses and begin the healing process.





**SAY**

We will now talk about how unresolved separations and ambiguous loss and grief interfere with forming new relationships.

## WHAT IS AMBIGUOUS LOSS?

- The person is alive but is not available or is less available to the child.
- The person may not return.
- The relationship may not be the same as it was.



14

### SAY

The loss experienced by children in foster care or who have been adopted is different from any other losses because it is ambiguous. This means that the loss is not final or certain, like some of the other losses we experience. For instance, the child's parents may be alive, and the child may even see them occasionally, but the relationship has changed. The parent may not be available to the child or may be less available. The child may not be sure if the parent will or will not come back into their lives or if the relationship will ever be the same again. As a result, there is usually no closure, and the loss does not become final.



## AMBIGUOUS LOSS AND UNRESOLVED GRIEF

**Children who have been separated from their family due to abuse or neglect often:**

- Do not have a clear timeline for return.
- Cannot affect the outcome.
- Continue to hope for reconciliation.
- Feel in limbo.

**Ambiguous loss also applies to other children who have lost early connections.**

- Children who were adopted often wonder about their family.
- Children who were adopted may also not have had opportunities to grieve.



15

### PARAPHRASE

As you heard in Dr. Manning's podcast, when a child is in foster care and separated from their parent or family due to abuse, neglect, or other circumstances, there is often not a clear timeline for return, and the child has no power to affect the outcome. This ambiguity is stressful to the child who often wishes to be reunified with the parent and experiences feelings of being in limbo. It's important to remember that the feelings connected to ambiguous loss also apply to other children whose earliest connections were lost, even children who were adopted as infants or those being raised in kinship families.

Very few adopted children lose their parents to death, and we know that children who were adopted often think and wonder about their parents and family members. They too, naturally wonder about the "what ifs." Too often, these children are not given the opportunity to grieve their losses, as their grief is also not recognized.



## HOW DO CHILDREN GRIEVE?

- In spurts, acting fine at times and not at others
- Grief can show up at expected *and* unexpected times
- Grief may look different behaviorally than it does in adults



16

### PARAPHRASE

Children grieve in spurts and at expected and unexpected times. Grief often looks different in children than in adults. A child's grief is often expressed in their behaviors. Grief is a normal response to loss, and it is not considered pathological. The general expectation is that grief will lessen over time, as the child works through their grief. However, for the child experiencing ambiguous loss, this grief may not be resolved, and it may be ever present and can lead to a variety of physical symptoms and behaviors. Reactions to unresolved grief may appear at unexpected times, such as when a child appears fine one moment, and then displays a burst of aggression, or begins crying for no apparent reason. An unexpected trigger or a trigger unknown to the parent might cause a reaction that seems out of place.

The role of the parent who is fostering or adopting is to look beyond the behavior, to try to figure out what has caused it, and to use the opportunity to talk with the child about their loss and grief.



## COMMON SYMPTOMS OF AMBIGUOUS LOSS AND UNRESOLVED GRIEF

- Difficulty with transitions or changes
- Difficulty making decisions or choices, feeling overwhelmed
- Difficulty coping with normal childhood or adolescent losses and disappointments. Feeling “stuck”
- Depression and/or anxiety - fearful that they will keep losing people, and they don't feel safe
- Learned helplessness or hopelessness
- Social isolation to protect from loss again
- Feelings of guilt and shame
- Anger
- Confusion about what happened and whether they were to blame
- Holding on to unhealthy relationships



17

### SAY

Some common symptoms of ambiguous loss and unresolved grief are:

- Difficulty with transitions or changes
- Difficulty making decisions or choices, feeling overwhelmed
- Difficulty coping with normal childhood or adolescent losses and disappointments. Feeling “stuck”
- Depression and/or anxiety - fearful that they will keep losing people, and they don't feel safe
- Learned helplessness or hopelessness
- Social isolation to protect from loss again
- Feelings of guilt and shame
- Anger
- Confusion about what happened and whether they were to blame
- Holding on to unhealthy relationships





## TRAUMA AND ATTACHMENT ISSUES

The child may:

- Feel responsible for the separation.
- Worry about the family's well-being.
- Hope to be reunited.

Ambivalence and unresolved grief may:

- Prevent grieving for lost family.
- Interfere with forming and adjusting to new relationships.
- Be expressed in concerning behaviors.



18

### PARAPHRASE

There may also be trauma and attachment issues that add to the child's situation. The child may feel responsible for the loss, or they may worry about the parent's or a sibling's well-being. When the child holds out hope of being reunited, they cannot grieve the loss because the loss is not fully recognized and/or final. The unresolved grief can interfere with the child forming and adjusting to new relationships. This can make the child's time in foster care difficult for everyone - the family, the child, and the caregiver - since the child is not emotionally free to settle into a new family while they are holding out hope of returning to their parent(s). It is important to remember that children express their loss and grief behaviorally and this is often misinterpreted by others as the child misbehaving.



## SURVIVAL MODE

Children in foster care may be in “survival mode”:

- Hoping to return home.
- Unable to fully acknowledge loss, so unable to begin to grieve.
- Behaviors may be intended to build emotional distance or separation from the foster family.



19

### PARAPHRASE

Children in foster care are often in survival mode with the hope they will return home at the forefront of their thinking. Because they cannot fully acknowledge the loss they are experiencing, they cannot begin to grieve. They may exhibit behaviors that are intended to distance themselves from their foster/kinship family, or even antagonize them in the hope they will be asked to leave and have nowhere to go but home. For example, the child may say things like, “I hate you”, “you are not my real parent”, “I wished I never moved into your home”.



## SURVIVAL MODE

Children moving to adoption must face the reality that they will not return “home” - but will still think about family.

Help children recognize the loss and begin grieving.



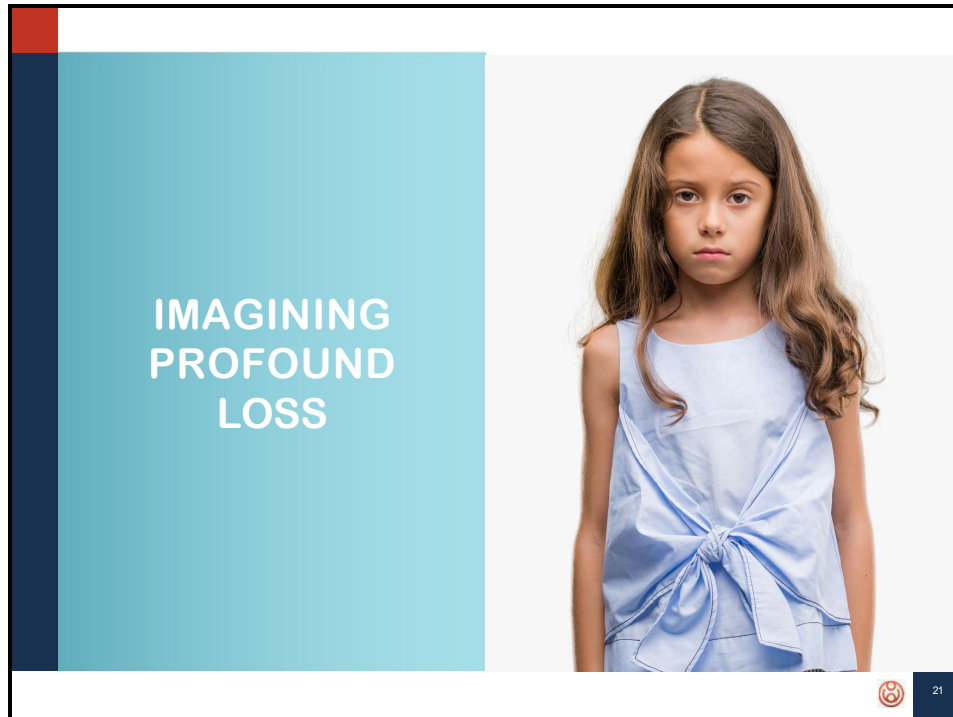
20

### PARAPHRASE

Once a decision is made for the child to move from foster care to adoption, the child must also face the reality that the hope of return to the parent(s) is dashed, adding to the child's loss. This does not mean that the child will stop thinking or grieving the loss of the parent or family. The family will continue to be present psychologically for that child, even if not physically present.

If the parent is still alive, there is always the possibility that a reunion will take place in the future. This is especially true for older children who may plan to reunify once they are 18. Therefore, the loss is not final, and the hope remains. The child must be helped to recognize the loss and begin the grieving process. It may also be helpful to validate that it is ok for the child to love and care about many people in their lives. New relationships don't mean that old relationships are, or were not, important.





### **FACILITATOR'S NOTE**

In this activity you will engage participants in a guided imagery regarding loss. You will present the next four slides, giving participants time to write their responses after each slide, and then facilitate a discussion.

### **SAY**

Now, let's give you the opportunity to imagine what it is like for a child to sustain such profound losses. Before we start, take out a blank page, and be ready to write.

***Adaptation for Remote Platform:*** This activity can easily be done via remote platform as it is written. After the activity has been completed and discussion begins, stop sharing the PPT, so that the class can see each other in gallery view.


### **FACILITATOR'S NOTE**

It is possible that some participants will refuse to complete the activity and will not follow the last step of removing three more items or people from their list. If this occurs, use it as part of your discussion at the end of the exercise, illustrating how difficult it is for children who have no say in who in what they take or leave behind each time they are moved. Explore their feelings about refusing to complete the exercise and ask how they think a child feels when they have no choice to refuse to move and leave so much behind.



## IMAGINING PROFOUND LOSS

- You are moving away and will not return.
- What ten singular things or people would you pack?



22

### **SAY**

Imagine you are moving away and that you will never return. The moving truck is outside. You only have a few minutes to pack ten singular items or people to take with you.

Make a list of the ten singular things or people you will take with you. You have about 2 minutes to make the list.

### **DO**

- At 2 minutes, go to the next slide.



## IMAGINING PROFOUND LOSS

- The truck is smaller than you thought.
- Remove five things or people from your list.

23

### **SAY**

Now you find out that the truck is smaller than you thought. You can only take five items or people. Remove five items or people from your list. You will have about 1 minute.

### **DO**

- At 1 minute, go to the next slide.



## IMAGINING PROFOUND LOSS

- The truck is even smaller than you thought.
- Remove three more things or people from your list.



24


### SAY

Now you find out that the truck is even smaller than you thought. You can only take two items or people. Remove three more items or people from your list. You will have about 1 minute.

### DO


- At 1 minute, go to the next slide.





**IMAGINING  
PROFOUND LOSS**

The truck will take you to a different community to live with strangers.

 25

### SAY

You have just learned that the truck will now take you to a community that is not of your race or culture, and you will be living with people you do not know anything about.

### DO

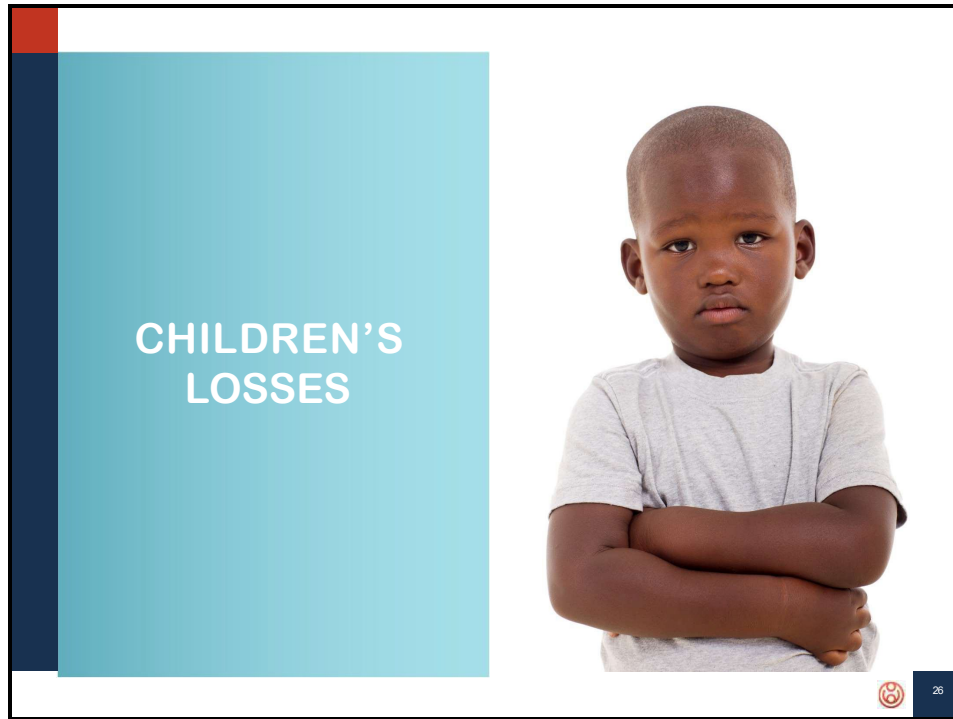
- Facilitate a discussion around the following questions:
  - How did you feel when you had to start removing things from the truck?
  - Who or what did you not want to let go of? Why?
  - Who or what did you keep at the end? Why?
  - What did you learn that would help you understand the loss, grief, and separation experienced by children impacted by foster care, adoption, or guardianship?

### SAY

For many of you, you kept a person - a father, mother, spouse, son, or daughter. That is what children lose when they move into foster care or adoption. It is important to remember that children in these situations are not able to choose parents, family members or pets- they lose what may be most important to them.

As human beings, we all experience loss and grief. It is likely that you will be emotionally touched by the many losses of children that you may foster or adopt. It is not unusual for the child's losses to bring up some of your own issues with loss and grief. You will need to have good **self-awareness** (characteristic) regarding the impact that these losses may have on you so you can be sure it does not strongly interfere with your ability to respond to the child's needs. Your own self-care will be important.





### **FACILITATOR'S NOTE**

This is a full-group flipchart activity. Facilitate a discussion where participants call out children's losses while you write them on a flipchart.

***Adaptation for Remote Platform:*** Instead of a flipchart you can either add a new blank slide and use Zoom annotate feature (text) to reflect participant responses OR you can use the white board feature.

### **SAY**

Now let's think about the losses for the child who has been adopted or who is in foster or kinship care that may impact the child's sense of security, belonging, and emotions.

### **DO**

- Ask the group to call out losses that children in foster care, kinship care, and adoption may have experienced and record the losses on a flipchart.
- Make sure the following losses are included in the list:
  - Parents
  - Siblings
  - Extended family
  - Friends and pets

- Belongings, familiar environments, foods, way of life
- Favorite items, toys, clothing
- Celebrations and cultural events
- Former caregivers and supports, especially if they have to change schools and neighborhoods
- Status within their family, school, friends
- Connection to racial, cultural, ethnic community
- Access to their personal history, including birth and medical information, school records, and records of other milestones
- Birth order
- Genetic connection
- Privacy
- Self/Identity, such as their name
- Change of pre-existing relationships/roles (i.e., grandmother becomes mom, cousins become siblings) for children living with kinship caregivers

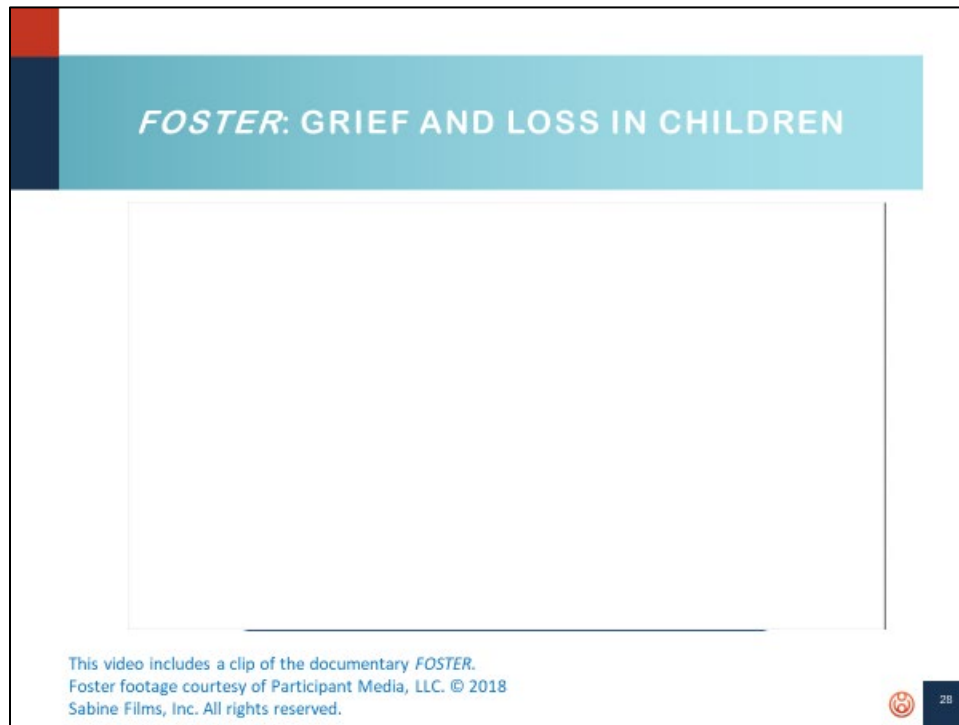
### **SAY**

It is important for us to remember the depth of the losses that many children experience at such young ages. Children don't have the years of experience to manage these losses. Our role is to help them grieve and manage the losses. One way to lessen the impact of loss is to find ways to maintain connections for children with people and communities that are important to them. The importance of these connections and how to help the child maintain them is addressed more fully in other themes.



**SAY**

A child's grief and loss is often expressed in their behavior.



### **PARAPHRASE**

We are now going to watch a video clip taken from a 2018 documentary named *FOSTER*, written and directed by Deborah Oppenheimer and Mark Jonathan Harris. Filmed in Los Angeles County, it is about the true stories of people in the child welfare system. The behavior of children who are grieving their losses is often misunderstood by adults and even the children themselves. In this clip you'll meet a child named Sydney describing her reactions and behaviors after multiple moves. You will also hear from Mrs. Beavers, who has been fostering her. As you watch, listen to how Mrs. Beavers recognizes the losses and think about how her understanding helps the child.

### **DO**

Show the video clip. (The clip is a little over one minute long.)

### **ASK**

- What do you imagine are some of the losses that Sydney might have experienced?
- How did Sydney show her grief before moving into her current foster home?
- Given how Mrs. Beavers describes children's losses, what do you think she may be doing or saying that has supported Sydney in her healing?

### **SAY**

There are many ways children can react to grief and loss. Let's discuss some of the ways that grief and loss might be present.

## GRIEF AND LOSS IN CHILDREN'S BEHAVIOR

### Common Grieving Behaviors

- Depression
- Disturbances in eating habits and sleep patterns
- Running away
- Self-medicating
- Self-harming behaviors (cutting, hair pulling, skin picking)
- Angry outbursts
- Anxiety
- Unhealthy relationships and/or intimacy difficulties
- Confusion and misunderstanding of their own history
- Self-blame
- Need to search for something that feels missing (teens/adults)
- Social withdrawal



29

### **SAY**

Children who are grieving are often overwhelmed by feelings they cannot express verbally but are communicating through their behavior. For instance, you might see any of the behaviors listed on the slide.

### **DO**

Briefly read the behaviors listed on the slide.



## TALKING ABOUT GRIEF



30

### **SAY**

For some children, talking about their losses and grief is so painful that they are afraid if they revisit the loss again, they will be so sad that they may never emerge from their despair. Working with a mental health professional to support the grief process is a good way to help children feel safe and supported and to help them more safely revisit losses and begin to manage their grief.



## KEY FACTORS IN THE EXPERIENCE OF LOSS

- The child's developmental level
- The significance of the people the child is separated from
- Whether the separation is temporary or permanent
- How the loss was communicated to the child
- The degree of familiarity of the new surroundings



31

### PARAPHRASE

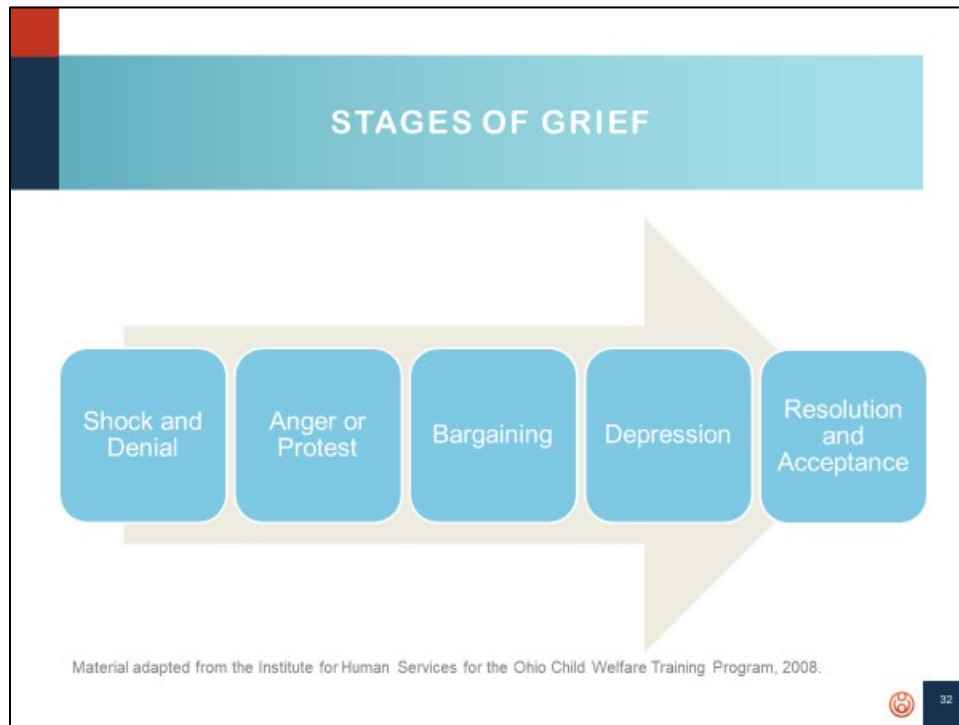
It is important that we understand that the impact of the loss will change over time and will be processed differently through different developmental stages. Awareness of the loss changes over time, so that at each developmental stage the child reconsiders what has been lost, and the grieving process continues. Grief and loss need to be honored and addressed many times over the life course. It is not one and done.

The age of the child at the time of the loss has some bearing on the way the child will grieve. Children revisit grief differently depending on their developmental stage and as their understanding and thinking about the loss changes. A child who experiences the loss of a parent as an infant or toddler will revisit that loss many times over, as their cognitive abilities develop, and their understanding of the loss deepens with age. It's also not unusual for feelings connected with loss to be intensely felt during the teen years as the teen works toward their own identity development and new questions and thoughts emerge.

For children placed at an older age, it is important to understand the quality of relationships with parents and other important people in their life will be an important factor in the child's feelings and adjustment.

The five key factors shown on the slide are essential in understanding how a child experiences loss: 1) The child's developmental level 2) The significance of the people the child is separated from 3) Whether the separation is temporary or permanent 4) How the loss was communicated to the child 5) The degree of familiarity of the new surroundings





## PARAPHRASE

In addition to understanding how children view loss and deal with grief at different developmental stages, we should review the stages of grief that can be expected, not necessarily in order. Children can feel lots of different ways such as sad, angry, confused, and guilty all at the same time. Children grieve because they miss the people who are lost to them, regardless of the circumstances. Let's take a moment and remember how the exercise earlier felt – not being able to take with you the people, places, and things that meant so much to you.

There are two handouts in your **Participant Resource Manual** that discuss children's grief in more detail:

- Handout #1: Developmental Stages of Grief (page 97) – This handout can help you understand what a child may be thinking at different developmental stages and what behaviors you might see that show that grieving is taking place.
- Handout #2: Theories of the Stages of Grief in Foster Care and Adoption (page 102) - This handout can help to define the journey a child might take in coping with grief and the behaviors you might see in each stage. These are resources you can refer to when children are in your home.

## DO

Have participants refer to Handout #1 and Handout #2 in their **Participant Resource Manual**, pages 97 and 102.



## SEPARATION, GRIEF AND LOSS IN CHILDREN AND ADOLESCENTS



33

### SAY

Now, let's watch this video, as Debbie Riley, LCMFT and CEO of the Center for Adoption Support and Education, who is an adoption expert and adoptive parent. In the video, she talks about grief and loss in children and adolescents. Then we will discuss the key points she is raising.

### DO

- Show the video. (Approximately 7 and a half minutes.)
- Facilitate a discussion of key points from the video. Bring up the following points if not mentioned:
  - The loss of a parent, even if the child was never raised by them, is a real and profound loss.
  - Separation from siblings is a profound loss, even if visitation occurs, but more so if there is no visitation.
  - It takes time and support to work through grief and loss.
  - Triggers can be predictable and unpredictable in daily life.
  - We don't always recognize the grief responses of children, but grief must be addressed in a supportive way. Sometimes, this will require assistance from a mental health professional.
  - Patience and being able to listen to the child and validate their feelings is an important part of supporting the grief process.
  - Finding forms of connection to loved ones supports the grieving process and allows for healing.





**SAY**

We've talked about grief and loss and how they may be expressed in a child's behavior. Now, let's discuss ways to address grief and loss.

## ADDRESSING GRIEF AND LOSS WITH EMPATHY

- Be willing to have difficult conversations about loss and grief.
- Be willing to initiate the conversations.
- Help the child tell 'their' story through Life Books or other means.
- Be aware of your own grief history and possible triggers.



35

### PARAPHRASE

As parents, you must be willing to have difficult conversations with children about grief and loss. You must be willing to start these conversations. Children may be reluctant to talk because it's painful and perhaps because they have not made the connections between what they are feeling and the losses they experienced.

Part of the healing will occur through relationships, as feelings of trust and safety are established. Children may also feel disconnected from their experiences and having conversations about their stories can help to open the door to connecting to their losses and talking about their sadness. If the child has a Life Book, this can be helpful tool to assist the child in thinking and talking about their story. We'll talk more about tips like this in a moment.

It is also important that you are aware of your own grief history and how you might be triggered by discussions about loss and grief with a child you are fostering or adopting. Supporting children in their sadness and pain can raise feelings from your own experiences, even if you thought those were resolved. Your ability to be **empathetic and compassionate** without becoming caught up in the child or family's pain will enable you to provide the most **emotionally supportive and nurturing** environment for their expression of grief (characteristics). Being aware of your own loss and grief history can help you understand where you might have triggers. If you find that you are struggling with your own grief and loss, it may be helpful seek professional support.



## TIPS FOR HELPING CHILDREN DEAL WITH LOSS

Help the child identify what was lost.

Discuss loss and ambiguity.

Redefine family.

Give permission to grieve.

Use the Life Book

**Handout #3: Ambiguous Loss  
Haunts Foster and Adopted  
Children**

**Page 108**



36

### **DO**

Have participants refer to the Handout #3: Ambiguous Loss Haunts Foster and Adopted Children. This article is from Adoptalk from the North American Council on Adoptable Children. (The following slides will address each of the following tips.)

### **SAY**

We will talk about some tips for helping children deal with loss which is further expanded upon in the Adoptalk article. Turn to Handout #3: Ambiguous Loss Haunts Foster and Adopted Children on page 108 in your Manual.



## TIPS FOR HELPING CHILDREN DEAL WITH LOSS

Help the child identify what was lost.

Discuss loss and ambiguity.

Redefine family.

Give permission to grieve.

Use the Life Book.

- Remember the list we just made of losses for the child.
- When possible, incorporate celebrations, rituals, food, and other cultural elements into your family life.



37

### DO

Read or paraphrase the tips on the screen.



## TIPS FOR HELPING CHILDREN DEAL WITH LOSS

Help the child identify what was lost.

Discuss loss and ambiguity.

Redefine family.

Give permission to grieve.

Use the Life Book.

- Speak about the ambiguity and acknowledge the loss.
- Let the child know that what they are feeling is normal. Share an experience of your loss.



38

### DO

Read or paraphrase the tips on the screen.



## TIPS FOR HELPING CHILDREN DEAL WITH LOSS

Help the child identify what was lost.

Discuss loss and ambiguity.

Redefine family.

Give permission to grieve.

Use the Life Book.

- Redefine what makes up a family.
- Allow for openness to family members and to other important relationships in the child's life.



39

### DO

Read or paraphrase the tips on the screen.

### SAY

What we mean by 'redefine family' is being open to new a family definition of who is included in your family- it could include siblings in a different home, aunts, uncles, the child's parents etc.



## TIPS FOR HELPING CHILDREN DEAL WITH LOSS

Help the child identify what was lost.

Discuss loss and ambiguity.

Redefine family.

Give permission to grieve.

Use the Life Book.

- Give the child permission to grieve the loss of family without guilt.
- Give the child tools to express grief and opportunities to talk about it.
- Help the child learn to use drawing, journaling, working with clay, vigorous exercise, sports, and dance as safe ways to vent feelings.
- Make time to join the child in these activities.



40

### DO

Read or paraphrase the tips on the screen.





## LIFE BOOKS AND MEMORY BOXES: TOOLS FOR ADDRESSING GRIEF AND LOSS



41

### PARAPHRASE

Let's talk more about some tools that can be helpful in addressing grief and loss with children- the Life Book and Memory Box. The Life Book is one that is commonly used by caseworkers and therapists to help children tell their stories and to make sure they have a clear picture of what has happened to them.

Another tool is a Memory Box. A child can keep photos, letters, and other items that are important to them so that they can be preserved and revisited. The child can choose a box, perhaps a shoe box or other box that they can decorate by painting, writing, drawing, or gluing photos or other decorations on it to personalize it.

It is possible that a child will have a Life Book or Memory Box that they bring with them. They may even be working on a Life Book now with their caseworker or therapist. You can use this tool to open conversations with them about their history and losses, as well as some of the things they feel happy or proud of. You can be helpful by offering new photos or memorabilia to the Life Book or Memory Box that the child wants to add. In this way, you become part of their story. If the child does not have a Life Book or Memory Box, you may want to help the child begin one. If the child has a caseworker or therapist, check in with them for any helpful tips.



## USING TOOLS TO HELP CHILDREN ADDRESS LOSS AND GRIEF

These tools, along with conversations in the home, can:

- Open communication about history and important memories and honor them.
- Help to reconstruct child's story and to correct misconceptions while building trust.
- Open communication about important people in the child's life as a way to honor them and their importance to the child.



42

### PARAPHRASE

How do Life Books and tools like these help children address their grief? Here are some key takeaways from using tools like these and having conversations with children in their home:

- Opens communication about history and important memories and honors them.
- Helps to reconstruct the child's story and to correct misconceptions while building trust.
- Opens communication about important people in the child's life to value them and their importance.
- If the child does not have a Life Book, ask the caseworker or therapist (if they have one) to work on one of these projects with you and the child together.



## TIPS FOR HELPING CHILDREN ADDRESS LOSS AND GRIEF

Display pictures of people, places and things that are important to the child

Be conscious of how special occasions can trigger intense feelings of loss

Keep your expectations realistic

Model healthy responses to loss



43

### PARAPHRASE

- Display pictures of people, places and things that are important to the child. For families who have adopted, their family trees have been permanently changed. There are good examples of adoption friendly “family trees” that can be found on-line to include all members of the child’s family.
- Be conscious of how special occasions can trigger intense feelings of loss. Birthdays, holidays, anniversaries, Mother’s Day, and Father’s Day can all bring up difficult or confusing feelings for the child. Some may bring back traumatic memories, and others may bring melancholy and sadness. Taking steps like adding an extra candle on the birthday cake to commemorate the family, or making a point of saying, “I’ll bet your parents are thinking about you today” shows that you are aware that the child may be thinking of others who may not be there with them for these special days and that you can support the child in recognizing them.
- Be aware of anniversary reactions, especially on days or during seasons when known traumatic events occurred (e.g., child’s removal from the home).
- Keep your expectations realistic. There is no set time frame for grieving losses. Help the child understand that feelings of grief will come and go in different ways over time, and that you will always be a safe person to talk and express feelings with. Understand that we should not expect the child’s feelings for those they care about and lost to just disappear. They will be a part of the child’s life into adulthood.
- Model healthy responses to loss. If you suffer a loss, share your feelings openly; let children see you mourn so they can learn how you express sadness and anger about loss



in a healthy way. It is especially helpful for boys to see grown men express their grief openly, giving them permission to openly express their feelings, too.

- Patience and the ability to sit with a child in their grief and to be supportive over time will help to build your relationship and allow the child to continue to process their grief.

**Facilitator’s Note:**

Kinship families have unique experiences with grief and loss. The caregiver may also be experiencing grief and loss as they deal with the circumstances going on in the life of one or both birth parents or the loss of one of the parents. This will be complicated by their commitment to the family member’s child they are caring for. Some of the “takeaways” will be experienced differently for kinship caregivers. For example, a grandparent may not want to change the family tree when they adopt their grandchild. This activity may also bring up the reality that the child’s parent is now legally their sibling, yet the actual relationships are not those of a sibling, but that of a parent and child. The facilitator may want to acknowledge this if there are kinship caregivers in the class and say that it is normal for an activity like doing a family tree to bring up grief and loss for both the caregiver and the child. Encourage kinship caregivers to think about how they will respond to some of these situations that trigger their own loss issues. When children experience what is called “divided loyalties” and feel protective of their parents and their kinship caregiver, they may try to guard their feelings of grief and loss around the caregiver to not hurt their feelings or make them feel bad. Addressing their own grief and loss issues and getting support may help them feel more prepared to acknowledge and support the child’s grief and loss experiences.





**SAY**

In this section, we'll work on building your skills to address a child's grief and loss.



## CASE STUDY: DARREN

- 13-year-old boy
- Placed with his grandparents at birth
- In foster care since he was 9 years old because his grandmother passed away and his grandfather was not able to care for him.

Handout #4: Page 111



45

### FACILITATOR'S NOTE

In this activity, participants will use the Darren case study to practice recognizing behaviors that may be linked to grief and loss. Participants will read the case study on their own and then circle behaviors related to grief/loss on the handout.

### SAY

We'll work with a case study for this activity. The case centers on Darren, a 13-year-old boy who was placed initially with his grandparents and then entered foster care at age 9 when his grandmother passed away and his grandfather was not able to care for him.

Please read the case study and circle all the behaviors on the list that could be related to Darren's grief and loss issues. You will find this case study in your **Participant Resource Manual** under Handout #4 on page 111.

You'll have about 5 minutes.

### DO

- Have participants refer to the Handout #4: Case Study: Addressing Darren's Grief (for Kinship Caregivers) in their **Participant Resource Manual** on page 111.
- At 5 minutes (or sooner if everybody finishes before 5 minutes), ask participants to stop.

Read the signs below and have volunteers raise their hands (if virtual, they can use the thumbs-up).



**POSSIBLE SIGNS THAT DARREN IS DEALING WITH GRIEF AND LOSS ISSUES** (all items bolded below can be signs of grief and loss):

- a) **He is quiet and withdrawn much of the time.**
- b) **He does not want to talk about Mama and Pop.**
- c) He likes watching TV.
- d) **He gets into fights with other children when he feels slighted.**
- e) He is good at sports.
- f) **He “daydreams” in class, has difficulty finishing projects and hands in homework late.**
- g) He was not given accurate information about his birth parents and other family members when he came into foster care.
- h) **He has trouble sleeping.**
- i) He is intelligent and does well academically.
- j) Darren has a couple of friends outside of sports.
- k) **He is anxious in social situations and does not answer questions about himself.**



## REFLECTION/ RELEVANCE



46

### **FACILITATOR'S NOTE**

If time permits do this reflection in class. If time is short, ask participants to do on their own at home.

### **SAY**

Now, let's take a few minutes to reflect on what you've learned in this theme and how you can apply it to yourself.

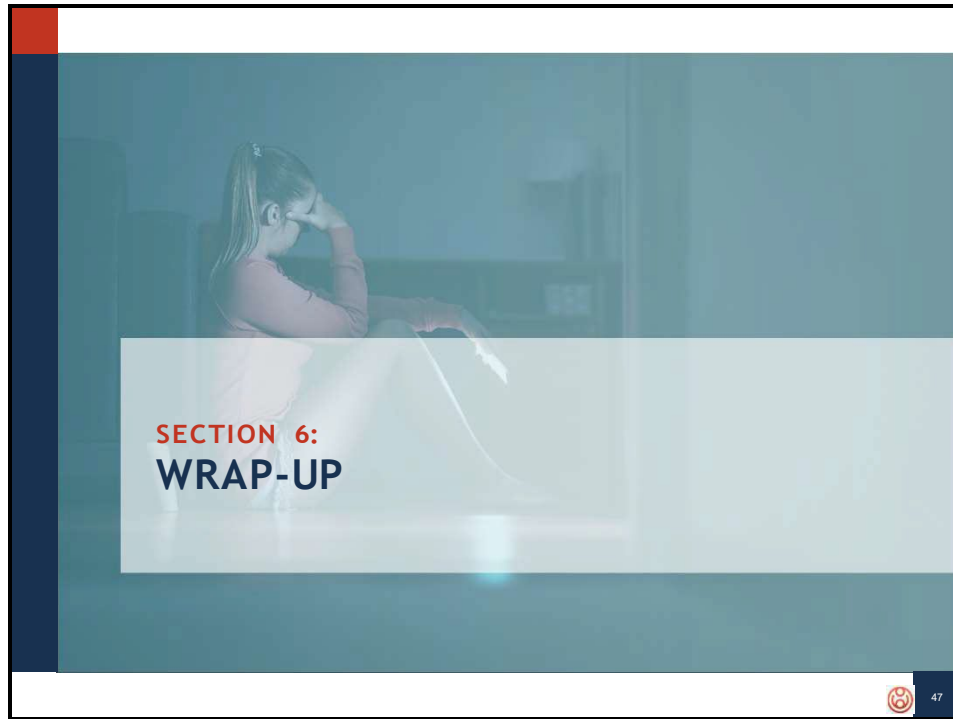
Now please open your **Participant Resource Manual** to page 113. Think back to a personal loss. Be aware that dealing with our own losses may be triggering, so remember to do what you need to do to take care of yourself.

Now that you have thought about a personal loss, can you imagine how supporting a child's loss might stir up feelings in you?

What are some ideas for how you will practice good self-care to help you deal with these feelings?







### **SAY**

Now, it's time to wrap up. Before we do, I want to briefly highlight the key points from this theme:

- Children in the foster care system are likely to experience unresolved grief and ambiguous loss.
- Children who have been adopted may also experience grief and loss, even children who were adopted at a young age.
- Grief work takes time and patience.
- Grieving may change as the child progresses through different developmental stages.
- Grief and loss are often the underlying causes of behavioral concerns.
- Grief is normal and should not be pathologized.
- Parents can help to lessen grief and loss by honoring the child's grief and loss, and by using tools and skills to help the child communicate and understand their loss and grief.





# National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS



# BUILDING RESILIENCE FOR KINSHIP CAREGIVERS

FACILITATOR'S CLASSROOM GUIDE  
Modified January 2022

# MATERIALS AND HANDOUTS

## FACILITATOR'S NOTE

- Participants are expected to have the **Participant Resource Manual** available for every session. Building Parental Resilience for Kinship Caregivers Begins on page 115.

## MATERIALS NEEDED

You will need the following if conducting the session in the classroom:

- A screen and projector (test before the session with the computer and cables you will use)
- A flipchart or whiteboard and markers for several of the activities. A flipchart with a sticky backing on each sheet may be useful and will allow you to post completed flipchart sheets on the wall for reference.
- Name tent cards (use the name tent cards made during the Introduction and Welcome theme)

You will need the following if conducting the session via a remote platform:

- Access to a strong internet connection
- A back-up plan in the event your internet and/or computer do not work
- A computer that has the ability to connect to a remote platform- Zoom is recommended

## HANDOUTS

Have the following handouts accessible. Participants will have all handouts listed below in their **Participant Resource Manual**:

- Handout #1: Taking Care of Yourself: Tips for Kinship Care Providers (page 117)
- Handout #2: Case Examples (page 123)
- Any information you prepared as a handout on locally available options for support for kinship caregivers

## VIDEOS AND PODCASTS

- There are no videos or podcasts in this theme.



# THEME AND COMPETENCIES

## FACILITATOR'S NOTE

Prior to the session, review the theme and competencies. You will not read these aloud to participants. Participants can access the competencies in their **Participant Resource Manual**.

### Theme: Building Resilience for Kinship Caregivers

Understand the importance of self-care and practical ideas how to do it; understand signs of stress and burnout; recognize the importance of parents who are providing kinship care to maintain their mental, physical, emotional and spiritual well-being; understand what parental resilience is and why it is important; understand how caring for children who have experienced trauma, separation, or loss can impact your own well-being; understand the behaviors that foster a protective environment for parents and children.

### Competencies

#### Knowledge

- Understand why maintaining physical, emotional and spiritual well-being contributes to successful kinship parenting.
- Know the signs of caregiver stress and burnout.
- Understand why self-care is a necessary component of good parenting and essential to strengthening resilience.
- Understand parent resilience is the ability to recover quickly after encountering a difficult or tough situation.
- Know how the trauma, separation, and loss that the children have experienced can impact the kinship caregiver.
- Know strategies to implement self-care.
- Understand behaviors that foster a protective environment for parents and children.

#### Attitudes

- Believe self-care is an integral part of being an effective parent.
- Committed to the idea of prioritizing children's needs while balancing ways to meet their own.
- Believe resilience is important to the success of kinship caregivers.





**National Training and  
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FOR FOSTER AND ADOPTIVE PARENTS



## **BUILDING RESILIENCE FOR KINSHIP CAREGIVERS**

Modified January 2022

51

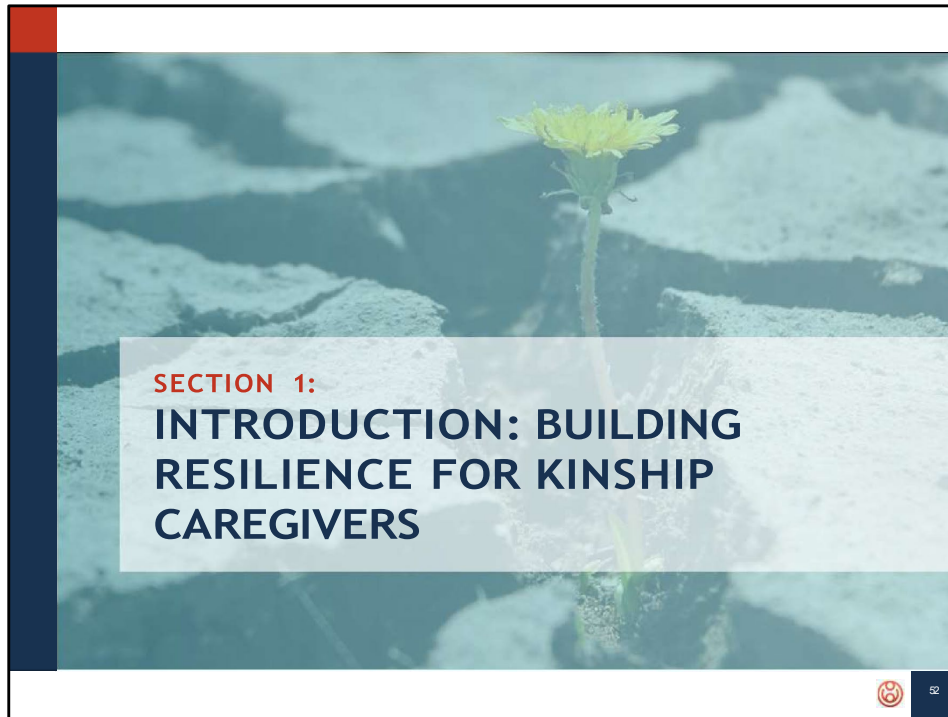
### **FACILITATOR'S NOTE**

Show this slide briefly just before you start the session.

### **SAY**

Let's get started! Welcome to the Building Resilience For Kinship Caregivers theme. This theme begins on page 115 in your Participant Manuals.



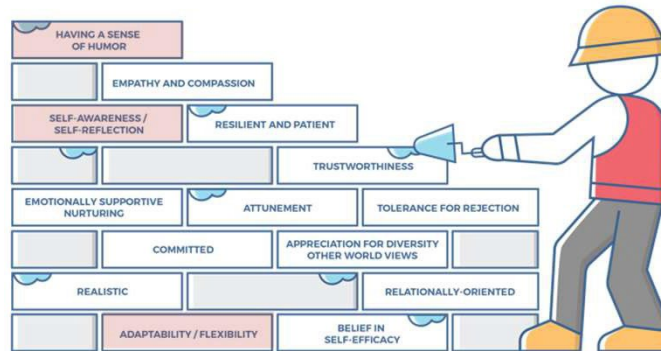


### **PARAPHRASE**

Listed below are the main topics that we will cover during this theme:

- It is important to take care of yourself in order to maintain your resilience and avoid burnout in the face of the many stresses you will encounter as a kinship caregiver.
- Several factors can help protect people from stress. In this theme, we will discuss key protective factors. We will also talk about warning signs of stress and burnout.
- Our goal is for you to walk away with some tips and behaviors you can use to stay resilient as a kinship caregiver.

## CHARACTERISTICS OF SUCCESSFUL FOSTER AND ADOPTIVE PARENTS



This slide is shown at the start of each theme. Although the graphic will remain the same, the bricks that are colored in red will change based on the characteristics that will be touched upon in this theme. The characteristics were obtained from review of literature, stakeholder interviews, and review of existing curricula. We want families to become very acquainted with these characteristics throughout the training. It is important to note that in addition to the characteristics that are highlighted in red, there may be additional characteristics that are touched upon during the theme. Facilitators should try to connect these characteristics to the information they are sharing throughout the training. Remind participants that their **Participant Resource Manual** contains the definitions for these characteristics.

### SAY

Before we get into the content let's look at the 14 characteristics of successful foster and adoptive parents. When you took your self-assessment, you were asked about these characteristics.



## CHARACTERISTICS FOR BUILDING RESILIENCE FOR KINSHIP CAREGIVERS THEME



### **Having a Sense of Humor:**

- Parents are able to laugh at themselves and not take everything too seriously.
- Parents use humor to manage the stress that can result from parenting.
- Parents use humor to vent feelings and de-escalate tense situations, without the use of sarcasm or insults.
- Parents use humor to build rapport and a relationship with a child.

### **Self-Awareness/Self-Reflection:**

- Parents can identify why they have responded to a child in a certain way.
- Parents can identify what was good, bad, and different about the way they were raised, while adjusting their own parenting to meet a child's needs.
- Parents can identify and forgive themselves for having negative feelings towards a child, moving from disappointment to acceptance.
- Parents are aware of their own history of experiencing loss and being hurt and can identify how this history can negatively impact their parenting if they are not careful.



54

## **SAY**

The Building Resilience for Kinship Caregivers theme will cover the following characteristics:

- Having a Sense of Humor
- Self-Awareness/Self-Reflection
- Adaptability/Flexibility

Take a moment to think back to how you assessed yourself with these characteristics. It is important as you start this journey to assess your characteristics as they are qualities that can strengthen your ability to successfully parent a child who is in foster care or has been adopted.



## CHARACTERISTICS FOR BUILDING RESILIENCE FOR KINSHIP CAREGIVERS THEME



### **Adaptability/Flexibility:**

- Parents are willing and able to make changes in their parenting style/responses in order to be accommodating, encouraging, and supportive to the physical, emotional, and cognitive needs of the child.
- Parents share the responsibility of caring for the child and are not restricted by stereotypical or societal roles/expectations.
- Parents can acknowledge when something is not working and are able to try a different approach or modify their expectations for the child.



55

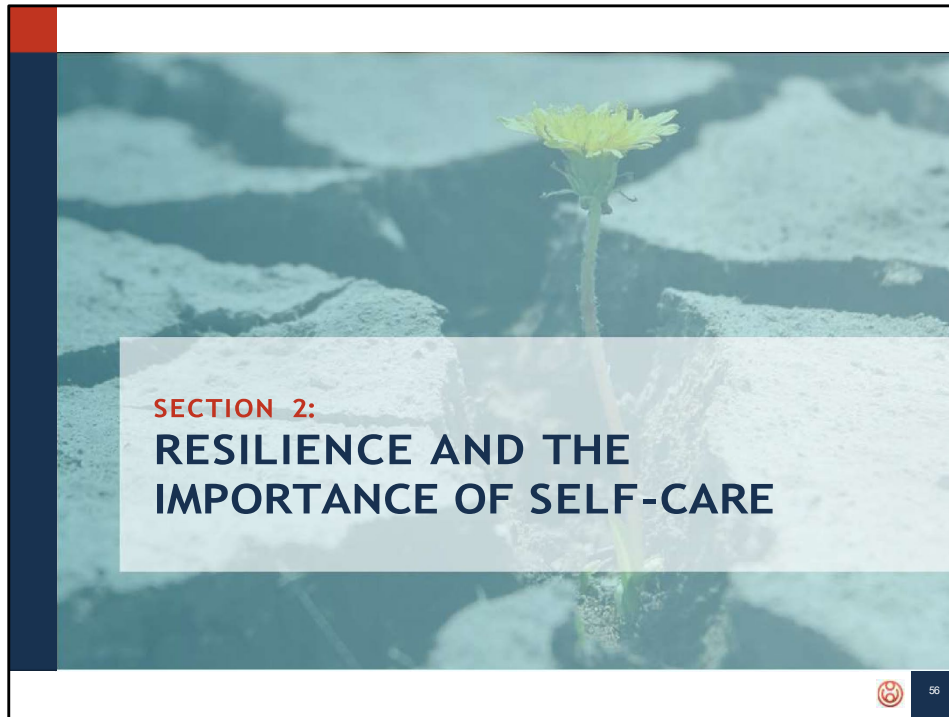
### **ASK**

Now that we have reviewed the definitions, why do you think these specific characteristics are important when you think about building your resilience?

### **Reinforce:**

- Having a Sense of Humor
  - Kinship caregivers know that despite all our planning, life has a way of taking us in directions that we had in no way planned. Sometimes a little humor is the best way to cope.
- Self-Awareness/Self-Reflection
  - Caregiver burn-out is a real risk. To avoid burn-out, you will need good self-awareness to identify when you are overly stressed and need help.
- Adaptability/Flexibility
  - It is not unusual for the child that you care for to need different types of parenting skills than the ones you are used to. Being willing to try different approaches to parenting may help you better meet the child's needs.





### **SAY**

Let's talk about resilience. Taking care of yourself is important to maintain your resilience in the face of the many stresses you will encounter as a kinship caregiver.

I'm sure you have all experienced stress from many different sources. What do you think are some sources of stress for kinship caregivers?

### **DO**

- Facilitate a discussion by prompting participants to suggest sources of stress for kinship caregivers.
- Record the sources of stress on a flipchart or white board
- Keep track of the sources of stress of listed below
  - If participants don't bring them up on their own, bring them into the discussion yourself
  - If needed, remind participants to think specifically about sources of stress for kinship caregivers who are grandparents
- Be mindful that kinship caregivers may be reluctant to open up about their stress and responses to it due to a lack of trust or feeling unsafe or worried that it might impact the child's placement in their home

## **FACILITATOR'S NOTE**

Sources of stress for kinship caregivers can include:

- Finances
- Unmet service needs
- Worries about the child's trauma experiences and/or physical or emotional health
- Child's behavioral issues
- Relationships with parents
- Involvement of external authorities in family matters and family conflict/relationships.
- Kinship caregivers who are grandparents may also experience increased stressors related to
  - Generation gaps
  - Physical health limitations
  - Personalization or guilt over the adult children's failure as parents
  - Isolation due to less time to socialize with friends and peers.



## WHAT IS RESILIENCE?



- The ability to overcome all kinds of trauma, tragedy, personal crisis, and life problems and to bounce back stronger, wiser, and more personally powerful\*
- The ability to recover quickly after difficulties
- Toughness

\*[www.resilience.com](http://www.resilience.com)



57

### SAY

Resilience can be defined as “the ability to overcome all kinds of trauma, tragedy, personal crises, and life problems and to bounce back stronger, wiser, and more personally powerful.”

Other potential definitions include: “The ability to recover quickly after difficulties” and “Toughness.”

Resilience is important in many ways. It helps protect us from experiences that could be overwhelming, it helps us maintain balance in our lives during difficult or stressful times, and it can help protect us from the development of some mental health difficulties. Resilience can improve our overall physical health also.

Parenting children who have experienced trauma can stress our own natural coping skills and self-care habits. In this theme we are going to discuss some strategies and behaviors that will help you become a more resilient parent.



## PUT YOUR OXYGEN MASK ON FIRST

- You can't help others if you are running on empty.
- Caring for yourself is often the best thing you can do to help others.



58

### PARAPHRASE

Parenting (a first or second time around) can throw off your balance – with you spending a disproportionate amount of time attending to the needs of children while neglecting your own physical and emotional health and well-being.

Flight attendants always instruct parents/adults to put their own oxygen masks on first. It's for good reason. If you run out of oxygen, you will not be able to help the child put on their oxygen mask.

Trying to take care of the needs of others without enough oxygen yourself leads to burnout, stress, fatigue, reduced brain power, health problems, anxiety, frustration, and sleep issues.

Remember that self-care is not a luxury for kinship caregivers. It is vital to being able to meet the needs of the child(ren) in your care.

### DO

- Ask the participants to identify some of the stressors they are feeling or anticipate feeling as kinship caregivers.
- Facilitate a brief discussion.



### **Adaptation for Remote Platform**

- Have participants list stressors in the chat, or alternatively, “call-on” (unmute) participants who raise their hand to respond.
- Use whiteboard to list participant responses.

### **PARAPHRASE**

We’ve talked about resilience and the importance of caring for yourself.

There are several factors that can help protect you from stress and maintain your resilience.

We’ll talk about them next.





### FACILITATOR'S NOTE

- In this section, you will review protective factors and discuss concrete examples of
  - How these protective factors apply to kinship care.
  - How the protective factors can strengthen kinship caregivers' ability to give the child(ren) in their care what they need to thrive.
- There is a lot of content here, so it is designed to be an interactive, engaged discussion. If you would like more information about the protective factors, please refer to [Handout #1: Taking Care of Yourself: Tips for Kinship Care Providers](#) on page 117.
- This section has four slides for each protective factor covered. The slides:
  - Introduce and define each protective factor in easy terms.
  - Review what the protective behaviors look like in action.
  - Give an example for discussion.
    - For the discussion, you will:
      - Read an example
      - Have the participants come up with possible behaviors that are protective in nature and responsive to the child's emotional and behavior needs in that moment
      - List the responses on a flipchart.



### **Adaptation for Remote Platform**

- Have participants list protective factors in the chat, or alternatively, “call-on” (unmute) participants who raise their hand to respond.
- Use whiteboard to list participant responses.

### **SAY**

In this section we will review and discuss protective factors and give examples of how these protective factors apply to kinship care and how you can use them to strengthen your ability to help the child in your care heal and thrive. Handout #1: Taking Care of Yourself: Tips for Kinship Care Providers on page 117 in your **Participant Resource Manual** goes through the protective factors in more depth, and we encourage you to take the time to read this handout after class.



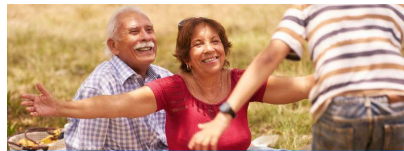
## PROTECTIVE FACTORS



**#1 Parent Resilience:**  
Being strong even when stressed!



**#2 Social Connections:**  
Getting and giving support



**#3 Knowledge:**  
Willing to learn new parenting strategies



**#4 Concrete Support in Times of Need:**  
Getting help when you need it



60

### SAY

In this section we will be highlighting four protective factors that help to build resilience:

- #1 Parental Resilience: Being strong even when stressed!
- #2 Social connections: Getting and giving support
- #3 Knowledge: Willing to learn new parenting strategies
- #4 Concrete support in times of need: Getting help when you need it



#1 Protective Factors **PARENT RESILIENCE**

**Being strong  
even when you're stressed!**

 61

**SAY**

Resilience means being strong even when you're stressed.

It is important to remind yourself regularly that you are doing your best in a difficult situation.

## WHAT DOES RESILIENCE LOOK LIKE?

- Being able to bounce back from setbacks and to see each day as a “new day.”
- Feeling optimistic and hopeful about the future.
- Not allowing your own stress to get in the way of providing nurturing care and support for the child.
- Not taking it personally when the child acts out in negative ways towards you as a parent.
- Being able to ask for and to accept help.



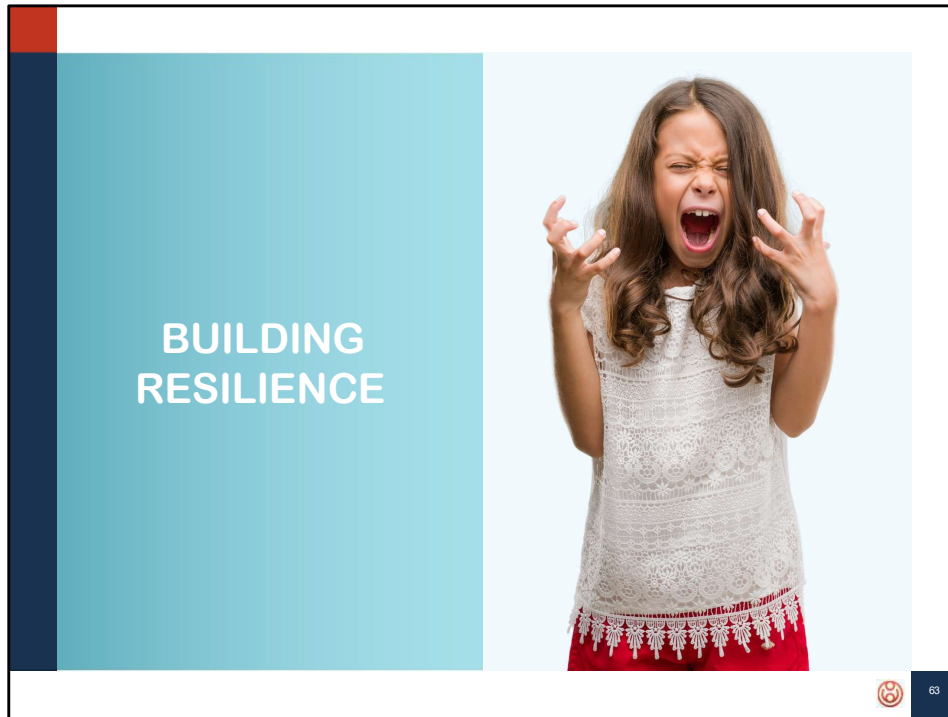
62

### **SAY**

What does resilience look like?

- Being able to bounce back from setbacks and to see each day as a “new day.”
- Feeling optimistic and hopeful about the future.
- Not allowing your own stress to get in the way of providing nurturing care and support for the child.
- Not taking it personally when the child acts out in negative ways towards you as a parent.
- Being able to ask for and to accept help.





### **SAY**

Let's consider an example. Your niece misses living with her mom and is dealing with grief and loss. She yells at you on a regular basis, saying things like: "I hate you and I hate living here."

### **ASK**

What could a kinship caregiver do to foster resilience in this situation?

- Facilitate a brief discussion by prompting participants to suggest ideas for fostering resilience.
- Write the ideas on a flipchart.

### **Adaptation for Remote Platform**

- Have participants list their ideas in the chat, or alternatively, "call-on" (unmute) participants who raise their hand to respond.
- Use whiteboard to list participant responses.

### **SAY**

Thanks for sharing your ideas.

## WAYS TO HELP BUILD RESILIENCE

- Take a deep breath before reacting.
- Don't take the comment personally - understand it is a reaction to what the child is feeling and not about you as the caregiver.
- Allow the child space to calm down and reflect on what is happening with the child and what might have caused the outburst.
- Speak calmly to the child, offering nurture, support, and acceptance of their feelings.
- Believe that moments like these are opportunities to connect with the child and to show unconditional love and support.
- Find a group and/or other kinship caregivers for added peer support.



64

### FACILITATOR'S NOTE

The bulleted list below is a verbatim copy of the text on the slide.

#### DO

Respond positively to the participants' suggestions.

#### SAY

Here is a list of things we can do that can help build parental resilience. How does this list compare with the ideas you had in the previous slide?

- Take a deep breath before reacting.
- Don't take the comment personally - understand it is a reaction to what the child is feeling and not about you (the kinship caregiver).
- Allow the child space to calm down and reflect on what is happening with the child and what might have caused the outburst
- Speak calmly to the child, offering nurture and support and acceptance of what they are feeling.
- Believe that moments like these are opportunities to connect with the child and to show unconditional love and support.
- Find a group and/or other kinship caregivers that you can discuss this with for added peer support.





**#2** Protective  
Factors

## SOCIAL CONNECTIONS



**Getting and Giving Support**



69

### **SAY**

Social connections that give you a network of support are important protective factors.

It is easier to navigate challenges when you do not feel isolated and alone. Surrounding yourself with a network of caring support is empowering and an important protective element of resilience.



## WHAT DO STRONG SOCIAL CONNECTIONS LOOK LIKE?

- Have relationships where you feel respected and appreciated.
- Have a network of people you can rely on for different needs.
- Able to ask for help and to accept help in raising the child.
- Stay connected to your network of friends and family.



66

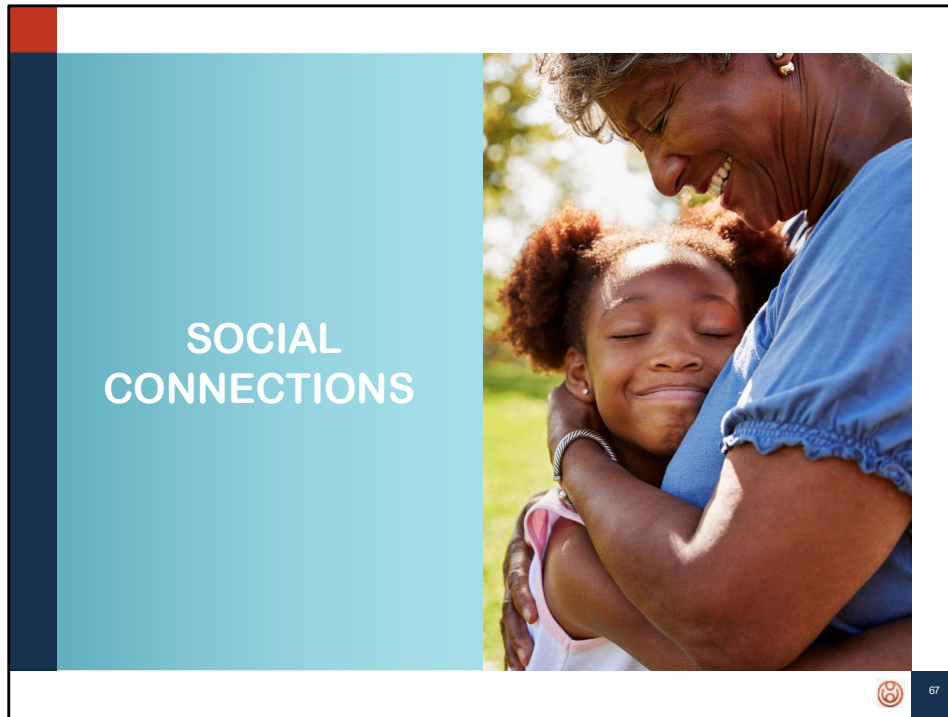
### SAY

What does having strong social connections look like?

- Have relationships where you feel respected and appreciated.
  - If you are parenting the child alone, nurturing other supportive relationships will be an important way for you to get this type of support.
- Have a network of people you can rely on for different needs.
  - Natural networks of friends, neighbors, faith communities, and/or family are important.
- Able to ask for help and accept help in raising the child.
- Stay connected to your network of friends and family.







### **SAY**

Let's consider an example. Imagine that you are taking care of a grandchild. Since taking on the care of the grandchild, you feel isolated. None of your friends have young children, and you miss your regular social activities and time with friends.

### **ASK**

What could a kinship caregiver do to foster social connections and to reduce feelings of isolation and loneliness?

### **DO**

- Facilitate a brief discussion by prompting participants to suggest ideas for fostering social connections and reducing feelings of isolation and loneliness?
- Write the ideas on a flipchart.

### **Adaptation for Remote Platform**

- Have participants list their ideas in the chat, or alternatively, "call-on" (unmute) participants who raise their hand to respond.
- Use whiteboard to list participant responses.

## WAYS TO BUILD STRONG SOCIAL CONNECTIONS

- Consider joining a support group with other kinship caregivers that are sharing common experiences.
- Invest time to spend with friends and family.
- Identify resources for respite.
- Work with the child's case manager to identify programs and activities where the child can participate.



### FACILITATOR'S NOTE

- The bulleted list below is a verbatim copy of the text on the slide.
- The sub-bullets are not on the slide; please read or paraphrase them as well as the main bullets.

### DO

Respond positively to the participants' suggestions.

### SAY

Here are some additional things we can do to help build strong social connections. As I read the list, let's see how this list aligns with the list that you came up with.

- Consider joining a support group with other kinship caregivers that are sharing common experiences.
- Invest time to spend with friends and family.
  - Who did you spend time with before parenting again? Don't forget these relationships.
- Identify resources for respite.
  - If you cannot afford regular childcare, ask your caseworker what might be available to help you with respite, so that you can have some time to participate in the activities that bring you joy and strength.
- Work with the child's case manager to identify programs and activities where the child can participate.
  - This will give you a break and allow the child to participate in enriching activities, such as a mentoring program, after-school programs, summer camps, tutoring, scouting program.





**#3** Protective  
Factors

## KNOWLEDGE



**Willing to Learn New Parenting Strategies**



69

### **SAY**

One important aspect for parent resilience is being willing to learn new child development and parenting strategies so you can parent children who have experienced separation, loss and trauma more effectively. We hope that this curriculum has and will continue to provide opportunities for learning.



## WHAT DOES BEING WILLING TO LEARN NEW PARENTING STRATEGIES LOOK LIKE?

- Knowing what to expect as a child grows and develops.
- Understanding what children need at different ages and stages to help them grow and thrive.
- Being able to see how the child is unique and to help the child build his/her individual talents and abilities.
- Understanding that parenting techniques used with your own children may not be effective with children who have experienced trauma.
- Being open to learning new techniques for managing behaviors.
- Challenging old ways of thinking about parenting and discipline and replace them with protective behaviors that promote attachment, unconditional love, support, and safety.



70

### SAY

What does being willing to learn new parenting strategies look like?

- Knowing what to expect as a child grows and develops.
  - Remind them that they can review material from Child Development theme.
- Understanding what children need at different ages and stages to help them grow and thrive.
  - Children who have experienced trauma, separation, or loss may not be at the same developmental level as other children their age. As a result, expectations may need to be adjusted based on their developmental age and not their chronological age.
- Being able to see how the child is unique and to help the child build his/her individual talents and abilities.
- Understanding that parenting techniques you may have used with your own children may not be effective with children who have experienced trauma
- Being open to learning new techniques for managing behaviors.
- Challenging old ways of thinking about parenting and discipline and to replace them with protective behaviors that promote attachment, unconditional love, support, and safety.



**KNOWLEDGE:**  
**WILLING TO**  
**LEARN NEW**  
**PARENTING**  
**STRATEGIES**



71

**SAY**

Let's consider an example. Imagine that your niece, cousin, or grandchild has behaviors that you don't remember seeing with the children you raised. You are shocked by some of the behaviors and are not sure how to respond. You find yourself angry and frustrated most of the time.

**ASK**

What could a kinship caregiver do to learn new parenting strategies?

**DO**

- Facilitate a brief discussion by prompting participants to suggest ideas for learning new parenting strategies that will be more effective for children who have experienced separation, loss and trauma.
- Write the ideas on a flipchart.

**Adaptation for Remote Platform**

- Have participants list their ideas in the chat, or alternatively, "call-on" (unmute) participants who raise their hand to respond.
- Use whiteboard to list participant responses.



## BUILDING NEW PARENTING STRATEGIES

- Discuss behaviors with the case manager and ask for help in handling the behaviors.
- Join a parenting support group to hear how other parents are dealing with specific behaviors.
- Participate in training offered by the agency or within the community.
- Look for opportunities to continue to learn and grow in your parenting skills - children who have experienced trauma, separation, and loss require different parenting techniques that are not always intuitive.
- Consider seeking counseling.



72

### FACILITATOR'S NOTE

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- The sub-bullets are not on the slide; please read or paraphrase them as well as the main bullets.

### DO

Respond positively to the participants' suggestions.

### SAY

Here are some additional suggestions to help us build new parenting strategies. Let's read them and compare them to the list you created.

- Discuss the behaviors with the case manager and ask for help in handling the behaviors.
  - You shouldn't be afraid to admit that some behaviors are difficult for you to know how to handle. This is normal for parents who are parenting children with trauma backgrounds.
- Join a parenting support group to hear how other parents are dealing with specific behaviors.
- Participate in training offered by the agency or within the community.
- Look for opportunities to continue to learn and grow in your parenting skills - children who have experienced trauma, separation, and loss require different parenting techniques that are not always intuitive.
  - Kinship caregivers will need to be **flexible** and learn how to **adapt** to parenting based





- on the child's needs (characteristic).
- Consider seeking counseling as it may be helpful for:
  - Learning how to addressing the child behaviors with new parenting techniques
  - Offering emotional support to caregivers
  - Improving communication within the home.



**#4** Protective  
Factors

## CONCRETE SUPPORT IN TIMES OF NEED



Getting Help When You Need It



73

### **SAY**

Becoming an instant parent may create financial or other hardships. It is a sign of strength to recognize when you need help and to seek out the support.





## WHAT DOES ACCEPTING CONCRETE SUPPORT IN TIMES OF NEED LOOK LIKE?

- Knowing what help is available
- Not viewing asking for “help” as a sign of weakness
- Being willing to get help when you need it
- Being persistent in pursuing the help that is needed to keep you and the child healthy and safe
- Not waiting till you are burnt out before reaching out for help
- Know that concrete help can be different for each caregiver depending on your unique needs



74

### SAY

What does accepting concrete support in times of need look like?

- Knowing what help is available.
- Not viewing asking for “help” as a sign of weakness.
- Being willing to get help when you need it. Parenting a child who has experienced trauma, separation, or loss can become overwhelming.
- Being persistent in pursuing the help that is needed to keep you and the child healthy and safe.
- Not waiting till you are burnt out before reaching out for help. Sometimes parents are reluctant to reach out and wait too long to seek help. This can lead to placement disruptions.
- Know that concrete help can be different for each caregiver depending on your unique needs.
  - It might include:
    1. Dealing with the added financial burdens of raising a child on a limited income.
    2. Figuring out how the child’s placement will impact your ability to work or your retirement plan.
    3. Getting services in place to assist in meeting child’s needs that you can’t meet due to physical limitations, among a variety of other things.

### FACILITATOR'S NOTE

Provide information on locally available support options for kinship caregivers. Consider having printed materials or sending a resource listing to participants.





### **SAY**

Let's consider an example. Since retirement, you have been living on a fixed income that has been sufficient for your needs. You were not prepared for the financial impact of taking on the care of four of your grandchildren. Your support network has shrunk since becoming a parent again, and you have little time to yourself since you cannot afford childcare. In addition, your monthly expenditures exceed your income, which is causing financial stress.

### **ASK**

What could a kinship caregiver do to build concrete support to help with these financial stressors?

### **DO**

- Facilitate a brief discussion by prompting participants to suggest ideas for building concrete support to help with these financial stressors.
- Write the ideas on a flipchart.

### **Adaptation for Remote Platform**

- Have participants list their ideas in the chat, or alternatively, "call-on" (unmute) participants who raise their hand to respond.
- Use whiteboard to list participant responses.

## WAYS TO FIND CONCRETE SUPPORT

- Acknowledge that becoming a parent at this stage in your life will require you to change some of your plans and may require you to accept help
- Recognize that accepting help is not a sign of weakness
- Caring for a child is expensive. Don't feel guilty or embarrassed accepting financial help
- Learn where help is available
- Be willing to talk openly with your partner about the stress and to take steps together to address the challenges
- Consider seeking out a third party to help
- Remember to find time for self-care



76

### FACILITATOR'S NOTE

- The bulleted list below is a verbatim copy of the text on the slide
- The sub-bullets are not on the slide; please read or paraphrase them as well as the main bullets.
- As part of your preparation for this them, make sure you are informed of what concrete supports are available in the community so that you can offer specific examples.

### DO

Respond positively to the participants' suggestions.

### SAY

Here are some additional suggestions on ways to find concrete support. Let's read them and see how they align to the list you created. I'll read the list, and we'll see if we came up with all of the items on it.

- Acknowledge that becoming a parent at this stage in your life will require you to shift or change some of your plans and may require you to accept help.
- Recognize that accepting help is not a sign of weakness.
- Caring for a child is expensive. Sometimes kinship caregivers feel guilty or embarrassed accepting financial help.
- Learn where help is available.
- Be willing to talk openly with your partner about the stress and to take steps together to address the challenges.
  - Know that if you are co-parenting, financial stress is one of the leading causes of

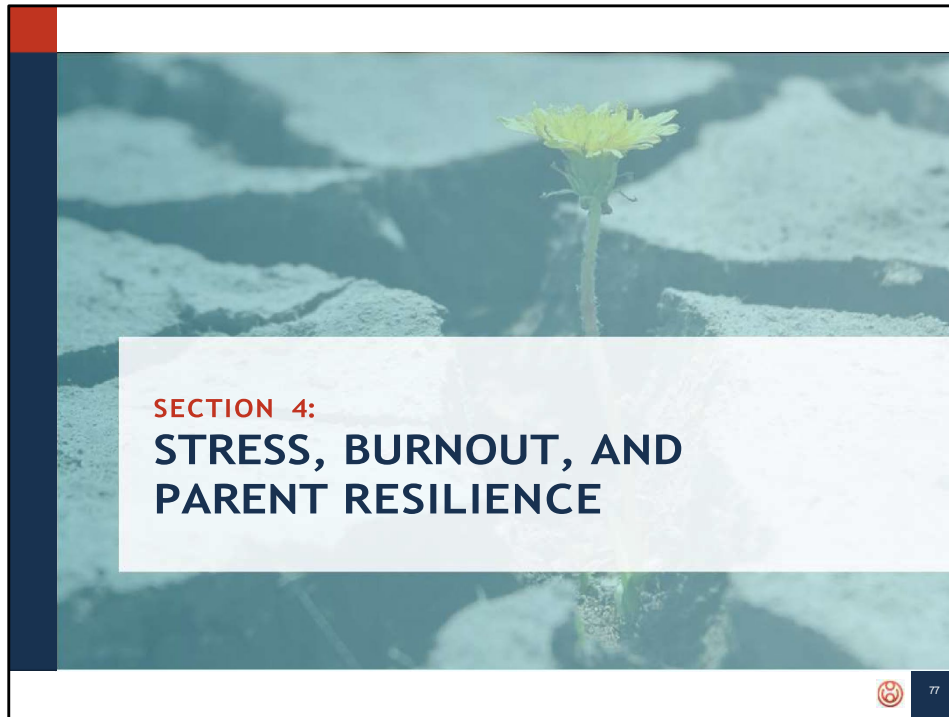


relationship and family stress.

- Consider seeking out a third party to help.
  - A trusted pastor or counselor may be helpful as you talk through areas of stress and identify potential options.
- Remember to find time for self-care.
  - When you are well, it is easier to deal with big challenges.

### **PARAPHRASE**

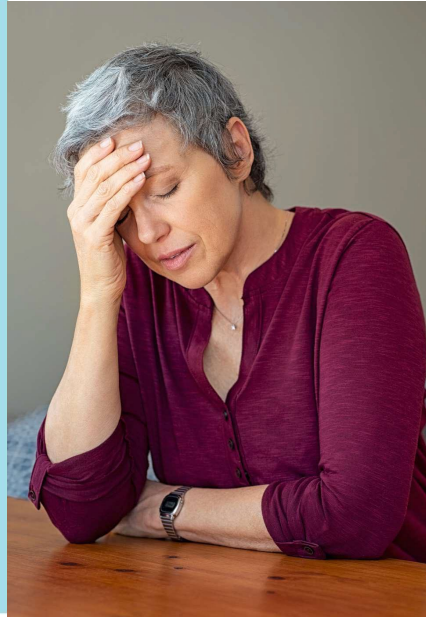
All these protective factors are useful because they help protect against stress and burnout. We'll take a closer look at stress and burnout in the next section.



**SAY**

The best time to recognize the warning signs of stress and burnout are before they occur.

## WHAT CAUSES YOU STRESS?



78

### ASK

Think about a time when you were recently stressed. Who would like to share what situations came to mind?

### DO

- Ask for one volunteer to briefly share their stressful situation with the group.
- Allow the volunteer to share.
- Ask the volunteer if they are willing to let you use their experience as an example and ask them some questions. If they are not willing to share, try asking other volunteers until you find someone who will share.
- Ask the volunteer the following questions and facilitate a brief discussion around each question and answer.
  - How did you know you were stressed?
  - Can you describe the signs and symptoms?
  - Did you find activities or things that you could do to reduce the stress and what were they?
  - Did you do anything that wasn't helpful or made the stress worse?

### SAY

Let's review some of the signs of stress and burnout. By understanding the signs, and learning ways to address stress early, you can strengthen your resilience to stress and avoid some of the negative consequences of stress. Good **self-reflection** and **self-awareness** will help you stay aware of when you are experiencing signs of stress and burnout (characteristic).



## WHAT IS CAREGIVER BURNOUT?

- Caregiver burnout is when you become physically, mentally, and emotionally exhausted after a lengthy period of overwhelming caregiving stress
- Left unattended, chronic stress leads to burnout and puts you at risk for a wide range of issues
- When you reach burnout, healthy and effective parenting is not possible.



79

### DO

Read the text below:

- Caregiver burnout is when you become physically, mentally, and emotionally exhausted after a lengthy period of overwhelming caregiving stress.
- Left unattended, chronic stress leads to burnout and puts you at risk for a wide range of issues.
  - These issues affect your physical and emotional health, such as depression, anxiety, and physical ailments.
- When you reach burnout, healthy and effective parenting is not possible.

### SAY

This is why managing your own stress levels and needs is just as important as managing the child's needs.

It's not a luxury to take care of yourself when caring for children; it is a necessity.





## SIGNS AND SYMPTOMS OF CAREGIVER STRESS

- Do you feel chronically tired, exhausted, and generally run down?
- Are you noticing more difficulty sleeping?
- Do you find yourself overreacting to annoyances?
- Have you lost interest in things that used to be important to you?
- Have you noticed new health issues/concerns?
- Are you increasingly resentful?
- Have you started neglecting important responsibilities?
- Are you smoking, drinking (alcohol), or eating more than usual?
- On the flip side, have you lost your appetite?
- Do you feel isolated? Have you stopped doing some of the leisure or social activities that you previously enjoyed?



### SAY

As I read this list of questions, count how many of these you would answer “yes” to at the current moment.

### DO

Read the list:

- Do you feel chronically tired, exhausted, and generally run down?
- Are you more easily frustrated and irritable a lot of the time?
- Are you noticing more difficulty sleeping?
- Do you find yourself overreacting to annoyances?
- Have you lost interest in things that used to be important to you?
- Have you noticed new health issues/concerns?
- Are you increasingly resentful?
- Have you started neglecting important responsibilities? Things like doctor’s visits, self-care, school appointments, meal prep, etc.
- Are you smoking, drinking (alcohol), or eating more than usual?
- On the flip side, have you lost your appetite?
- Do you feel isolated? Have you stopped doing some of the leisure or social activities that you previously enjoyed?

### SAY

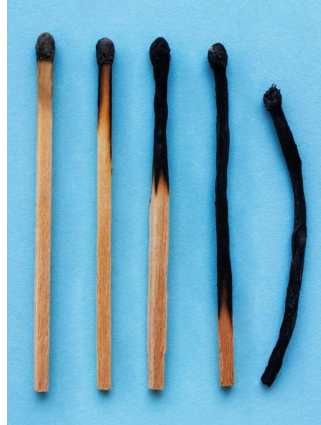
If you answered “yes” to more than one item, you may need to really think about your own level of stress and to develop a plan to alleviate some of the stress you are experiencing.





## WARNING SIGNS OF BURNOUT

- Your energy level is low
- You feel run-down and are getting sick a lot more than usual
- You don't feel rested even after sleeping or resting
- You neglect self-care
- Your life revolves around being a caregiver, but you are not getting any pleasure from it anymore
- You can't seem to relax
- You are impatient and irritable with the children in your care
- You are feeling hopeless or helpless



81

### SAY

Let's review some of the warning signs of burnout.

### DO

Read the list:

- Your energy level is low.
- Your feel run-down are getting sick a lot more than usual.
- You don't feel rested even after sleeping or resting.
- You neglect self-care.
  - You are either too busy or don't care anymore.
- Your life revolves around being a caregiver, but you are not getting any pleasure from it anymore.
- You can't seem to relax.
- You are impatient and irritable with the children in your care more often.
- You have a chronic sense of hopelessness or helplessness.
  - You don't believe things will ever get better and/or that you have any control over your situation.

### PARAPHRASE

With that introduction to stress and burnout, we are ready to review some case studies on resilience and self-care in stressful situations.



## CASE STUDY EXAMPLES

Handout #2: Page 123

Read your case study example,  
and discuss these questions:

1. Signs of stress
2. Suggestions for good self-care  
in this scenario
3. What protective factors are most  
important in this case and why?

### Protective Factors:

*Parental Resilience*

*Social Connections*

*Knowledge*

*Concrete Support in Times of Need*



82

### FACILITATOR'S NOTE

- This is a small group activity, and you will assign one case example to each group from Handout #2: Case Examples, located on page 123 in the Participant Manual. (There are five case examples) Each group will review and respond to the questions for their case example using the questions shown on the slide.
- Allow approximately 15 minutes total for this activity.

### SAY

Let's look at some case examples, and discuss the signs of stress, suggestions for good self-care, and the protective factors that are important for each case. I will divide you up into small groups and assign each group one of the five case studies listed on Handout #2. This handout is located on page 123 in your Participant Manual. You will review the case study assigned to your group and then answer the three questions.

### DO

- Facilitate the class breaking into five groups.
- Ask each group to review and discuss their case, answering the three questions together.
- Remind the groups that the protective factors are listed on the slide. Point to the protective factors.
- Circulate to provide advice and encouragement; answer questions as needed.

### FACILITATOR'S NOTE

Each group should review a different case example but will answer the same questions.



### **Adaptation for Remote Platform**

- Use pre-defined breakout rooms for up to 5 groups of 3-5 people. Assign each breakout room a case example.
- Instruct each breakout room to review one case example and discuss the three questions provided.
- Remind participants of the amount of time for the activity and clock countdown for rejoining the group.

### **SAY**

Welcome back. Any particular points discussed in your group that you would like to share with everybody?

### **PARAPHRASE**

We are going to spend the remainder of the class looking at some ways to reduce stress.



**TAKING CONTROL**

STRESS

- Take control of the situation.
- You are not helpless!

83

**SAY**

We cannot always change the source of stress in our lives, but we can take steps to stay in control. Being proactive can be very empowering.

In this section, we will provide some tips to help empower you.



### SAY

Let's review some strategies to manage and relieve stress.

### DO

Read the first tip.

Paraphrase the more detailed suggestions below related to the first tip.

Repeat for the remaining tips.

Suggestions for each tip:

- Practice acceptance - Avoid the pity or blame game; don't dwell on things you cannot change. You have made a conscious choice to become a caregiver. Focus on the positive reasons behind that choice to reduce feelings of resentment or burden.
- Look for the silver lining - Find the ways that being a caregiver has made you stronger or brought you closer to the child or family. Using a **sense of humor** can help to find the silver lining (characteristic).
- Don't let parenting take over your life - Invest time in the things that bring you joy and purpose - friends, family, church, social clubs, volunteerism, hobbies, favorite TV shows. Make time for these.
- Celebrate small victories - Look for little successes that show what you are doing is making a positive difference for both you and the child. Don't forget to reward yourself.
- Practice good self-care - We cannot stress the importance of self-care enough. Remember that prioritizing the needs of children doesn't mean ignoring your own needs. There is a balance, and filling your own bucket allows you to better fill the buckets of the children in your care. Take care of your health and make time for you!

## BUILDING A SUPPORT NETWORK

- Talk to a supportive friend or family
- Develop a natural support system
- Get respite
- Don't be afraid to say yes
- Engage the family system to help
- Lean on your agency and other community supports.

### SAY

One strategy is building a network of support. It's ok and important to ask for help!

### DO

Read the first tip.

Paraphrase the more detailed suggestions below related to the first tip.

Repeat for the remaining tips.

Suggestions for each tip:

- Talk to a supportive friend or family member - They can lend a listening ear, offer advice or support, and help you see the ways you are making a difference.
- Develop a natural support system - You may need to work at building new support systems if you are finding yourself alone or isolated as you become a parent (again).
- Get respite - You need an occasional break. Find help after school: tutoring, after-school programs or clubs for the kids, or someone to give you a break to go out to get your hair or nails done, watch a movie, shop with a friend, etc.
- Don't be afraid to say "yes" when you get offers for help.
- Engage the family system to help - Having a village to raise a child means that all of the burden doesn't fall to you. Get the family involved to be part of that village.
- Lean on your agency or other community supports.



#### **FACILITATOR'S NOTE**

We are going to spend the next 10 minutes reflecting on what we have been discussing, however if you are running short on time the individual portion of the exercise that involves writing in the **Participant Resource Manual** can be done at home.

## REFLECTION/ RELEVANCE



Participant Manual Page 125



### FACILITATOR'S NOTE

In this activity, participants share and reflect on the parenting challenges they expect.

### SAY

Think about something that is or could be a challenge for you as you take on the parenting of a family member's child? Let's go around the room and give each of you an opportunity to share.

### Adaptation for Remote Platform

"Call-on" and unmute participants until each participant has had an opportunity to share or the 5 minutes allocated for this activity runs out.

### DO

- Facilitate a discussion
- Ask a participant what challenges they expect as they take on the role of parenting a family member's child.
- Thank the participant for sharing their concerns.
- Repeat, going around the room until everyone has responded, or the 5 minutes allocated for this activity runs out.

### SAY

Using your **Participant Resource Manual**, on page 125, write down one challenge and one behavior you will practice to reduce stress and avoid burnout.







### **SAY**

Now, it's time to wrap up. Before we do, I want to briefly highlight the key points from this theme:

- Self-care is not a luxury, and it is vitally important for both the kinship caregiver and the child.
- If you don't take care of your own needs first, you will have a difficult time caring for the needs of the child.
- Avoid burnout. It will make it virtually impossible for you to meet the needs of the child in your care.
- Understanding the impact of childhood trauma is important, and there are techniques that you can use to help the child heal from trauma and change challenging behaviors.
- Using a "protective lens" when developing responses to the child's behaviors strengthens the family and is good for both caregiver and child.



### FACILITATOR'S NOTE

The closing quote above and the paraphrase section below will be done only once per day, after the last theme presented for the day. If you are moving on to another theme invite them to take a break, stretch, or breathe, before moving on to the next theme.

If closing for the day:

- Thank everyone for attending and for their thoughtful participation and attention. Remind the participants that although this training may seem long, it is critical for them to gather the knowledge, attitude, and skills that are needed as they embark on this journey because they ultimately will play a huge role in the lives of children and families.
- If in person, collect the name tents or have them tuck them into their **Participant Resource Manual** to bring back to the next class.

### PARAPHRASE

Close out the day by covering the below topics:

- Remind participants of the date/time for the next class and let participants know if there are any changes to the location.
- Encourage participants to contact the office if they have any questions or concerns.
- Review the themes that will be covered during the next class.
- If in person, remind participants to take their **Participant Resource Manual** with them and to bring them to the next session. If using a remote platform, remind participants to have the **Participant Resource Manual** available for the next class.



For more information, visit:  
[ntdcportal.org](https://ntdcportal.org)

90



This curriculum was funded by the Children's Bureau, Administration on Children, Youth, and Families, Administration for Children and Families, US Department of Health and Human Services, under grant #90CO1134. The contents of this curriculum are solely the responsibility of the authors and do not necessarily represent the official views of the Children's Bureau.





# National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS



## Session 4: Trauma Related Behavior and Mental Health Considerations





# National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS



# TRAUMA RELATED BEHAVIOR

FACILITATOR CLASSROOM GUIDE Modified  
January 2022

# PREPARATION

To prepare for this class, you should:

- Review the facilitator preparation information included in this **Guide** along with the handouts.
- Review the Resources for this theme.
- Ensure that participants have a copy of the **Participant Resource Manual**. This Manual will be used during all themes and will include the handouts needed by participants. Facilitators should have copies of the handouts for the theme available in case participants do not bring their **Manual** to class. If the theme is being taught on a remote platform, facilitators should have the handouts available so that they can share in the chat and/or email to participants who do not have their **Manual**.
- Bring any materials you need for the activities.
- Review any videos or other electronic media used in this theme, if any, and plan the mechanics of how you will present them. Media for this theme are listed in the Materials and Handouts slide. Review the instructions for each media clip (e.g., to pause or stop at a particular time stamp).
- Practice playing the media for the theme. Ensure that you have the files and apps you need, that your links and connections work, and that you know when to pause or stop the media clip if appropriate.
- If training on a remote platform, make sure all participants have the link available to access the class and that you have all videos, PPT's and handouts ready for use.
- If training in person, ensure that a room is available and set up, with the following:
  - Enough tables and chairs for all participants
  - Projector and screen (check that it works with the computer you will be using)
- Classroom activities have been adapted so that they can be done on a remote platform. Adaptations will be marked as follows so that they can be easily spotted throughout the Facilitator Classroom Guide: [Adaptation for Remote Platform](#)





# MATERIALS AND HANDOUTS

## FACILITATOR'S NOTE

- Participants are expected to have the **Participant Resource Manual** available for every session. This Session begins on page 129 in the **Participant Manual**.

## MATERIALS NEEDED

You will need the following if conducting the session in the classroom:

- A screen and projector (test before the session with the computer and cables you will use)
- A flipchart or whiteboard and markers for several of the activities. A flipchart with a sticky backing on each sheet may be useful and will allow you to post completed flipchart sheets on the wall for reference.
- Name tent cards (use the name tent cards made during the Introduction and Welcome theme)

You will need the following if conducting the session via a remote platform:

- Access to a strong internet connection
- A back-up plan in the event your internet and/or computer do not work
- A computer that has the ability to connect to a remote platform- Zoom is recommended

## HANDOUTS

Have the following handouts accessible. Participants will have all handouts listed below in their **Participant Resource Manual**:

- Handout #1: Identifying States (page 133)
- Handout #2: Predictable Escalating and De-escalating Behaviors Chart (134)

## VIDEOS AND PODCASTS

Before the day when you will facilitate this class, decide how you will play the media items, review any specific instructions for the theme, and do a test drive. All videos are implemented directly into the PowerPoint Presentation.

The following media will be used for this theme:

- Brain Basics (2:34 minutes): Slide 13
- State Dependent Functioning (6:11 minutes): Slide 17
- Instant Family Video Clip (around 3 minutes): Slide 26
  - Instant Family clips can also be accessed at the WVFACT site.

# THEME AND COMPETENCIES

## FACILITATOR'S NOTE

Before beginning, review the theme and competencies. You will not read these aloud to participants. Participants can access all competencies in their **Participant Resource Manual**.

### Theme: Trauma-Related Behaviors

Learn how chaos, threat, neglect, and other adversity during development can alter the developing brain and that, in turn, can change the ways children think, feel and act. Understand the major stress-responses we use to cope with perceived and actual threat. Recognize the reasons and range of adaptive symptoms from inattention and distractibility to avoidance and shut-down; learn about reasons for rejection and testing; recognize survival skills and coping strategies that result in a complex range of behaviors.

### Competencies

#### Knowledge

- Realize how childhood trauma, including abuse and neglect, can impact the developing brain, and how this can have an ongoing impact on the child's development.
- Recognize the impact of trauma on behaviors.
- Understand how challenging behaviors can be coping or survival strategies caused by underlying trauma.
- Understand triggers and how they impact children's behavior.
- Understand the main strategies we use when under threat (arousal and dissociation).
- Understand that fear and threat change the way we think, feel, and behave.

#### Attitudes

- Belief that learning information about the potential effects of trauma on children is essential.
- Accept that they will need to learn a trauma-informed way to parent.

#### Skill

- Learn to recognize the range of "sensitized reactions" of children who have experienced trauma and loss.



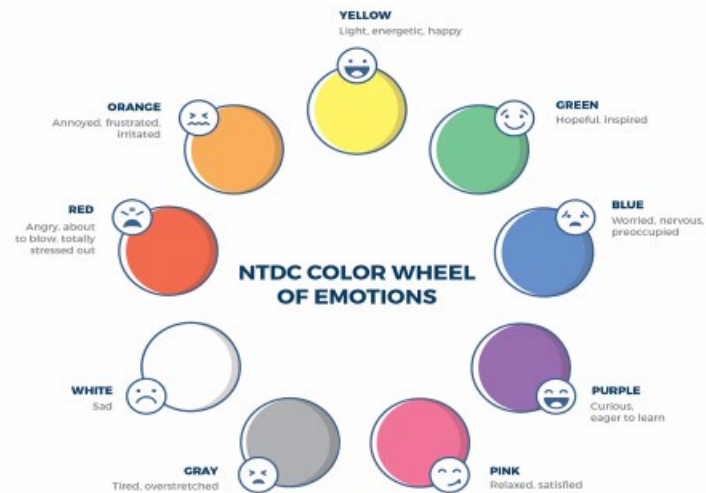
## BEFORE YOU BEGIN THE CLASS

Before discussing the Color Wheel of Emotions and covering the content of this theme, you should do the following:

- Make any announcements that are needed regarding the training, timing of training, or process to become a foster or adoptive parent.
- Take out the **Participant Resource Manual** and direct participants to this theme in their **Manual**. Remind participants that the Competencies for today's theme are in their **Manual**.
- Encourage participants to be engaged and active learners.
- Encourage participants to contact you in between classes with any questions and/or concerns. (Prior to class, list the name(s) of the facilitators on the board with contact information.)
- Remind participants to put out their name tents.



## WELCOME TO THE NATIONAL TRAINING AND DEVELOPMENT CURRICULUM FOR FOSTER AND ADOPTIVE PARENTS



### FACILITATOR'S NOTE

Have this slide showing onscreen as participants assemble for the first class of the day. As participants come in, welcome them back and ask them to take a few minutes to do a self-check using the Color Wheel. NOTE: The Color Wheel should only be done one time per day; before the first theme of the day. If combining several themes together on one day, facilitate the Color Wheel at the beginning of the first class of the day as participants are coming into the room.

### SAY

Welcome back. We are so glad that you have taken time out of your day to join us for another exciting learning opportunity. As you recall, tuning in to how you're doing on a daily basis may not be something everyone here is used to, but this type of regular self-check is critical for parents who are adopting or fostering children who may have experienced trauma, separation, or loss, as it will be helpful to become and stay aware of your own state of mind. It may seem like a simple exercise but be assured that knowing how we're doing on any given day strengthens our ability to know when and how we need to get support and/or need a different balance. Doing this type of check in will also help us to teach and/or model this skill for children! Please take a moment to look at the color wheel and jot down on paper the color(s) that you are currently feeling.

### DO

Wait a little while to give participants time to complete the Color Wheel.



## **SAY**

Now that everybody has had the opportunity to do a quick check in, would someone like to share what color(s) they landed on today for the Color Wheel?

## **DO**

Call on someone who volunteers to share their color(s). If a challenging emotion or feeling is shared, thank the person and acknowledge their courage in sharing, pause for a moment, encourage everyone to take a deep breath, and transition to beginning the theme.





## TRAUMA-RELATED BEHAVIORS

Modified January 2022

6

### **FACILITATOR'S NOTE**

Show this slide briefly just before you start the class.

### **SAY**

Let's get started! Welcome to the Trauma-Related Behaviors theme. This theme begins on page 131 in your Participant Manual.



### **FACILITATOR'S NOTE**

The opening quote slide should only be used for the first theme of the day. If combining several themes together on one day, the opening quote slide would only be shown after the Color Wheel at the beginning of the first theme. It is important to always emphasize with this slide that this type of parenting involves lifelong learning and that it will be critical for families to be invested in their own learning before and after a child is placed in their home.

### **PARAPHRASE**

We are excited to share this lesson with all of you today. We are going to start with the Trauma-Related Behaviors theme. As the slide states, this information will help to develop your capacity to support children and families. This type of parenting will require continuous learning. So, let's dive in and see what important information we have to share with you today.





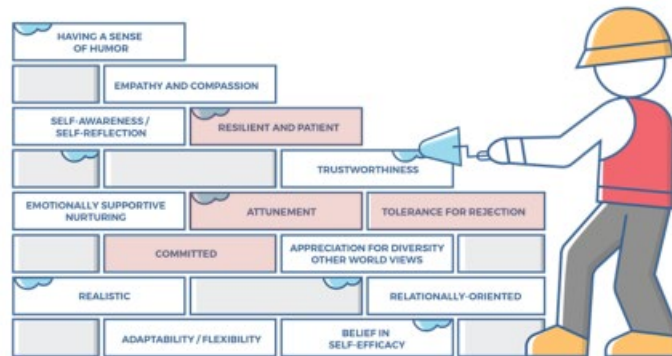
## PARAPHRASE

Today, we will be talking about the following:

- When children experience separation, loss, and trauma, their brains often develop differently from children who feel safe and consistently cared for.
- While the effects of trauma are different for each person, we know that the effects can be far-reaching and can influence every part of the brain, which in turn can impact how the body functions. Trauma can impact our physical health as well as complex brain functions like our ability to learn or how we form relationships.
- Children's responses when fearful or anxious are often rooted in survival instincts that protected them when they felt unsafe. Children will need adult support to help them learn new ways of interacting now that they are safe.
- Parents who are fostering or adopting can help children manage these behaviors and heal from their separation, loss, and trauma by co-regulating - staying calm to help the child learn how to become and stay calm.



## CHARACTERISTICS OF SUCCESSFUL FOSTER AND ADOPTIVE PARENTS



### FACILITATOR'S NOTE

This slide is shown at the start of each theme. Although the graphic will remain the same, the bricks that are colored in red will change based on the characteristics that will be touched upon in this theme. The characteristics were obtained from review of literature, stakeholder interviews, and review of existing curricula. We want families to become very acquainted with these characteristics throughout the training. It is important to note that in addition to the characteristics that are highlighted in red, there may be additional characteristics that are touched upon during the theme. Facilitators should try to connect these characteristics to the content they are sharing throughout the training. Remind participants that their **Participant Resource Manual** contains the definitions for these characteristics.

### SAY

Before we get into the content let's look at the 14 characteristics of successful foster and adoptive parents. When you took your self-assessment, you were asked about these characteristics.



## CHARACTERISTICS FOR TRAUMA-RELATED BEHAVIORS



### Attunement:

- Parents are aware of, understand, and are sensitive to the specific responses and needs of a child at any given time (despite the degree to which the child expresses or does not express these needs directly).
- Parents are in tune with the child's moods, levels of exhaustion, hunger, rhythms, responses, need for physical contact, affection, security, and stimulation, and use this understanding to build a trusting environment with the child.
- Parents understand that they need to stay calm and regulated so that they can successfully help the child regulate their emotions.

### Committed:

- Parents are dedicated to a child, sticking with them no matter how difficult the journey.
- Parents carefully and consciously consider the requirements of parenting a child and understand that it is not about fulfilling their own parental needs.
- Parents recognize the role may not offer much validation or reinforcement of their skills and talents but are willing to commit to the long-term work of unconditional parenting and promoting the child's well-being.
- Parents believe in commitment and can persevere in the face of adversity.
- Parents have a secure commitment to the child, knowing they are doing the right thing.



10

## SAY

The Trauma-Related Behaviors theme will cover the following characteristics:

- Attunement
- Committed
- Resilient and Patient
- Tolerance for Rejection

Take a moment to think back to how you assessed yourself with these characteristics. It is important as you start this journey to assess your characteristics as they are qualities that can strengthen your ability to successfully parent a child who is in foster care or has been adopted.



## CHARACTERISTICS FOR TRAUMA-RELATED BEHAVIORS



### **Resilient and Patient:**

- Parents see their role as helping a child achieve success in small steps, beginning with measurable, daily tasks.
- Parents do not dwell on past mistakes or focus on the future in ways that pressure themselves or the child.
- Parents celebrate small successes, teaching the child to appreciate the accumulative effect of each effort.
- Parents have an ability to wait for answers /solutions without giving up.
- Parents can withstand the child's "testing" behaviors including hurtful, angry, or rejecting comments and actions.

### **Tolerance for Rejection**

- Parents don't take hurtful comments or behaviors directed at them personally.
- Parents acknowledge that the rewards of parenting are not always immediate.
- Parents provide a loving, nurturing environment to a child without receiving acknowledgment, gratitude, or reciprocal love.



## ASK

Now that we have reviewed the definitions, why do you think these specific characteristics are important to a child who had experienced trauma?

Reinforce the following:

- **Attunement:**
  - Children who have experienced trauma, are often quick to become dysregulated and they need caring adults who can stay calm so that they can help the child calm.
  - Being attuned to the child emotional needs (i.e., moods and feelings of security) and physical needs (i.e., hunger, levels of exhaustion) will help a parent respond positively to those needs and gradually build the child's trust and sense of safety.
  - Being attuned means paying attention to more than words, there are many subtle clues that can help adults learn when a child is starting to go into survival mode.
- **Committed:**
  - It takes a great deal of commitment from parents to understand what the behaviors mean, rather than just reacting to the behaviors.
  - It is challenging to parent when a child's behaviors are difficult. Children, need a safe, nurturing home environment with parents who can stay committed to meeting their needs and will hang in there while the child gradually develops trust. It will take time.
- **Resilient and Patient:**
  - Caring, patient caregivers who have realistic expectations will be most successful with children who have experienced trauma.



- It will be important to notice and celebrate the small steps of progress each one matters, and they will be fuel to help you and the child keep going.
- **Tolerance for Rejection**
  - At times, survival behaviors will look as though the child is rejecting the parent who is fostering or adopting. As a result, parents will need to learn to not take things that the child does or says personally.
  - Children who have experienced trauma often are filled with guilt and shame and may feel unworthy of love and care. As a result, they may try to push you away with their words or behaviors. It is important not take these moments to heart as they are not about you and much more about their past experiences.



### **PARAPHRASE**

To understand how trauma has impacted a developing child, we are going to take a deeper look at what goes on in the brain and body after a person has experienced trauma. This will help us to better understand what is going on underneath a child's behaviors.

## BRAIN BASICS

Dr. Bruce Perry Video: Brain Basics



13

### PARAPHRASE

Let's watch this short video about the basics of how the brain works.

### DO

Play the video Brain Basics (runtime: 2:34 minutes.)

### ASK

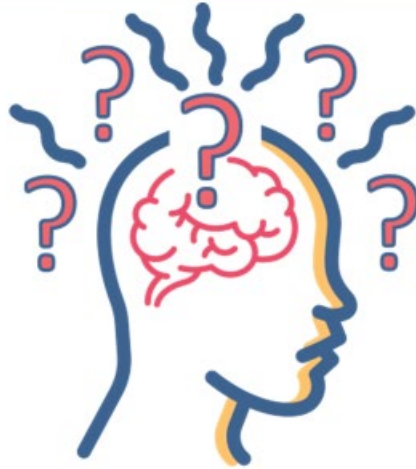
How does understanding the hierarchy of the brain that Dr. Perry was talking about give you better insight into confusing or challenging behaviors of a child?

### DO

- Facilitate a discussion around participants' answers to this question.
- Reinforce answers like:
  - When children feel scared, they act in the present as if the trauma/abuse/loss is still occurring.
  - Children who have experienced trauma are not trying to misbehave, nor do they have complete control over their behavior until they feel safe enough to learn new patterns and skills.



## BEHAVIOR AND THE CONFUSED BRAIN



### PARAPHRASE

Behaviors of children who have experienced loss and trauma are often perplexing to adults. As you heard in the video, the brain of the child is processing the present as if it were the past. The child is frequently not responding from the higher levels, or “smart part” of the brain. Instead, the child is acting, interacting, and reacting from the more primitive, lower parts of the brain, which do not have the ability to reason like we might expect. What makes this especially hard for us to keep in mind is that the brain is invisible to us from the outside. We are often looking at a child whose face or words do not tell us that their brain is functioning in a very underdeveloped way in these moments. Parenting a child who has experienced trauma and loss requires the parent to be **attuned** to the child’s level of functioning. It takes a great deal of **commitment** from the parent to understand what is beneath the behaviors versus just reacting to the behaviors (characteristics).



## STATE-DEPENDENT FUNCTIONING



A small sampling of emotional states



15

### PARAPHRASE

Let's talk for a moment about the concept of "states." Understanding 'state-dependent' functioning is the key to understanding many trauma-related behaviors.

### ASK

Can anybody give a definition for the "state" of a person? Here's a hint, it is not the same as a "trait."

### DO

- Facilitate a brief discussion.
- If needed, repeat the question "What is a state?"
- If nobody has an answer - or if nobody gets the right answer after a few tries, give or reinforce the answer below.
  - States are temporary behaviors or feelings that depend on the person's situation at a point in time, like being tired, hungry, irritable, etc.

### FACILITATOR'S NOTE

Unlike states, traits are stable characteristics about the person that tend to show through in most situations over time, i.e., intelligent, outgoing, witty, etc.

### PARAPHRASE

States will not always be present; they pass. And that's a good thing! For example when a person is irritable from not eating or sleeping! But, as we heard in that last video, when children have





experienced trauma and loss, their brains have been taught that they are in a state of distress regularly because their needs so rarely got met. And their behaviors show it.



## CYCLE OF ATTACHMENT



### PARAPHRASE

This is the cycle of attachment from the Attachment theme. Rather than learning how to relax from their caregiver as other children learn to do, children who have experienced trauma and separations learned distress from their caregiver not coming to meet their needs or perhaps hurting them when they did come. This teaches the child's brain to be in a fearful, defensive, survival mode as a starting place, rather than a moment they're just passing through.

This is different than a child who developed more typically - a child whose brain and body learned that distressful moments happen and then they will be able to relax again when they pass. So, fast forward a few years and a child with a more typical background may experience minor stress and not be too bothered by it, or they will get over it quickly.

Let's watch another video clip with Dr. Perry to learn more about the brain functioning behind states.



## STATE DEPENDENT FUNCTIONING

### Dr. Bruce Perry Video: State-Dependent Functioning



#### **DO**

Play the video: State-Dependent Functioning (runtime 6:11 minutes).

#### **ASK**

What did Dr. Perry mean when he said that when people are stressed, there will be a 'state-dependent' shift in the parts of the brain that are 'in control' of our functioning?

#### **DO**

Break down the video by highlighting the following points as participants make them. If they do not make these points, be sure to reframe or state them.

- For all of us, the more stress we experience, the harder it is for us to stay in the smart part of our brains.
- This is especially hard for children because the higher and more thoughtful parts of their brain are not fully developed due to their age.
- Children who have experienced trauma and loss often have even greater difficulty than other children because rather than their brain power going toward maturing, their brain power was going towards defending itself for survival. So, they are playing serious catch-up.
- The behaviors of children who have experienced trauma are largely out of their control even though it may not look like it. They are not manipulating or planning to misbehave, they are reacting to what feels like scary situations with survival behaviors. At times, these survival behaviors will look as if they are rejecting the



parent who is fostering or adopting them. As a result, parents will need to have **tolerance for rejection** and learn not to take things that the child does or says personally (characteristic).

- Hopefully, as adults, we have learned to regroup pretty quickly from stressful times and get back into the smart part of our brain, but it still takes a lot of practice for us all!



## BRAIN BASICS STRESS, TRAUMA, AND RELATIONSHIPS



18

### PARAPHRASE

Because of the way trauma impacts the brains and bodies of children, it will almost definitely affect relationships with family members and the child's ability to develop friendships.

### ASK

If others don't understand that this is what's actually going on in the child's brain, how might it impact their relationships with you, peers, and others when the child overreacts?

### DO

- Facilitate a short discussion by taking a few thoughts/examples.
- Highlight examples from participant responses that demonstrate "misunderstandings" and "landmines," as in the video.
- Reinforce that a child's misreading of a person's facial expressions, body language, intentions, etc., can lead to overreactions (like fighting, blowing up, shutting down, etc.).

### PARAPHRASE

If the caregiver, teacher, or other adult working with the child does not understand what's going on in the child's brain, they might take it personally, respond with punishment or disconnecting from the child.



For those that are more understanding and continue to work with the child, it can get frustrating after a while because the misunderstandings can lead to a lack of trust from the child, even though the other person is doing and saying all the right things.

Children can remain in survival mode much longer than you might expect until their brains can truly learn a new pattern of acting, interacting, and reacting. That's where you'll come in as they'll learn it best from you!

We know that this is a lot of information to take in. It's a lot to get! To help, we're going to ask a few true/false questions about long-term trauma and its effect on behaviors to make sure we're all on the same page.





## THE SCIENCE OF TRAUMA: FIRST TWO QUESTIONS

### **True or False?**

Fear and threat change the way we think, feel, and behave.

### **True or False?**

A child who has experienced trauma and loss will need understanding and support to learn how not to react as if the past is present.



### **FACILITATOR'S NOTE**

- In this short activity, you will present two True/False questions. For each question, you will ask participants to answer, and then present the correct answer.
- Move rapidly through each question, but pause if participants have questions or seem confused, reinforcing any areas of content that are necessary.
- These questions are purposely designed so all of the answers are true. The goal of the activity is to reinforce correct concepts rather than to quiz participants on their knowledge.

### **PARAPHRASE**

I'm going to go through two true or false questions with you. And, in a few minutes we'll do two more. I'll read each question and ask you to choose your answer as a group.

### **DO**

- Read the first question. "True or False? Fear and threat change the way we think, feel, and behave."
- Call on a few people to answer and see whether the group can reach consensus.

### **PARAPHRASE**

This is TRUE. Fear and threat do change the way we think, feel, and behave.



## **DO**

- Pause briefly for questions; answer them as appropriate.
- Read the next question “True or False? A child who has experienced trauma and loss will need understanding and support to learn how not to react as if the past is present.”
- Call on a few people to answer and see whether the group can reach consensus.

## **PARAPHRASE**

This is TRUE. A child who has experienced trauma and loss will need understanding and support to learn how not to react as if the past is present.

We'll have two more questions in a moment, first let's talk a little about adaptive responses.





## ADAPTIVE RESPONSES



### Hyperarousal

Extreme alertness and easily triggered fight-or-flight reaction, possibly when there is no actual danger.



### Dissociation

Disconnecting from the here-and-now; retreating to an inner world that feels safe.



### PARAPHRASE

There are two major adaptive strategies that we use that work together to help us cope with stress, fear, and traumatic stress. The first is Hyperarousal. The second is Dissociation.

### DO

Write “Hyperarousal” on the top left of a flipchart or whiteboard. Write “Dissociation” on the top right. You will add additional information to each column in the next slides.

Adaptation for Remote Platform: Create a slide with 2 columns. Write the word Hyperarousal on the top of one column and Dissociation on the top the second column. Use this to record participant’s examples during the activity on the next slide.

### PARAPHRASE

These are natural, biological responses that help to protect us. It is important to remember these responses come from the lower parts of our brain.

### ASK

Is that the smart, thinking part of the brain, or the instinctive, reactive part of the brain?



## **DO**

Reinforce that, in the moments when these responses are activated, they are coming from instinct, not logic or thinking.

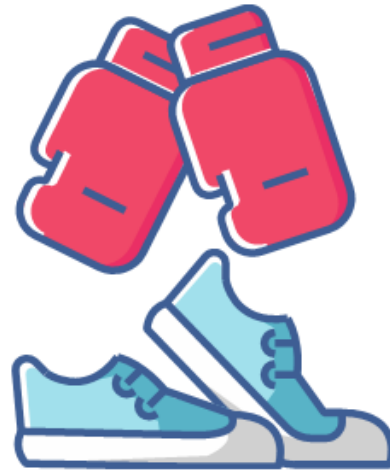
## **PARAPHRASE**

Let's look at Hyperarousal responses first.



## **HYPERAROUSAL**

Extreme alertness and easily triggered fight-or-flight reaction, possibly when there is no actual danger.



21

### **FACILITATOR'S NOTE**

- In this activity, you will facilitate brainstorming about hyperarousal behaviors.
- Be sure to encourage and support participants as this material is complex.

### **PARAPHRASE**

You may have heard about fight or flight. These reactions are forms of “hyperarousal,” which means things are revved up too hot and our brains and bodies will have to respond. So, we fight under stress, or sometimes, when things (or people) become too much for us, we run away from them. Is this the way any of you currently react or have reacted under extreme stress? It’s true for most of us. And the same is true for children who have experienced separations, trauma, and loss. The difference for them is that when a person has been exposed to extreme or ongoing distress, like physical or sexual abuse, or unpredictable and uncontrollable stress, like with poverty and community violence, the stress-response systems can become what’s called ‘sensitized.’ This means their brains may not be able to determine what an actual threat is and overreacts to things as if they are more threatening than they actually are.

### **ASK**

What might hyperarousal behaviors look like for a child who has experienced separations, loss, and trauma?



## **DO**

- Ask participants to give examples.
- Write responses in the first column under the word Hyperarousal. Reinforce responses or fill in behaviors like:
- Extreme reactions, often from things that seem minor.
- Hard time transitioning
- “Melt downs”/getting “worked up” easily
- Running away
- Bursting away from interactions with others
- Lashing out
- Yelling
- Encourage participants throughout this activity with statements like “Great, you’re definitely getting it!”

## **PARAPHRASE**

Now, let’s look at the other side of the coin - Dissociation.



## **DISSOCIATION**

Disconnecting from the here-and-now; retreating to an inner world that feels safer.



22

### **FACILTATOR'S NOTE**

- In this activity, you will facilitate brainstorming about behaviors associated with dissociation.
- Be sure to encourage and support participants as this material is complex.

### **PARAPHRASE**

Dissociation comes from the same instinctive part of the brain as hyperarousal, and it is also a response to detecting threat. So, the response is for protection and survival of the person like Hyperarousal, but it looks quite different on the outside.

The 'flock' response is the natural process of looking to others to help you figure out how to interpret a challenge. It helps us to maneuver our way through many situations where we are unsure. But, for children with backgrounds of separation, loss, and trauma, looking to others has not always kept them safe. It is not uncommon for children with these experiences to constantly keep watch over adults and their surroundings because they learned they had to, to keep themselves safe. When children are in your homes, you may notice this through facial expressions that show just how tuned in there are to other's reactions, such as wide watchful eyes, or body language that could look stiff or turned inward. You may hear this reaction referred to as "hypervigilance."



The next stage is for the body to move into fight or flight which we already talked about, but there are some circumstances where children who have experienced trauma were not able to fight or flee, such as if they would get hit for trying to defend themselves or were physically held down or were being sexually abused by a bigger person in their home. In circumstances like this where they could not get away or flee, another possibility would be for the brain itself to flee. This process is invisible on the outside and the person can look passive or even cooperative. This freeze response is a very common reaction for children who have experienced painful events because it protects them from absorbing the intensity of what is happening to them.

When a person's body is present, but their mind is not, it is known as Dissociation. Dissociation is a way of emotionally fleeing from the body and retreating to an inner world that feels safer. When a person is dissociating, they might experience feelings and interactions like they are watching themselves from above. On the outside, this kind of quiet withdrawal can be mistaken for compliance or typical shyness at first, but you will see it become problematic. Examples might be when a child does not follow directions because they haven't been absorbing them, or not really feeling any emotions, which makes it hard to connect in meaningful interactions with others. It is in situations like these where they need us the most.

### **ASK**

What do you think are some examples of behaviors of a child who has experienced separation, loss, and trauma while in a dissociated state?

### **DO**

- Ask participants to give examples.
- Write responses in the second column under the word Dissociation. Reinforce responses or fill in behaviors like:
  - Tuning out/avoiding/withdrawing
  - Daydreaming
  - Physical complaints in their body like headaches and/or stomachaches
  - Not seeming to take in information
  - Staying away from people, in their room or the playground
  - Difficulty identifying or expressing feelings
  - Substance use/abuse
  - Self-harming behaviors such as "cutting"

## **ASK**

As we were coming up with these examples of hyperarousal and dissociation, were any of you thinking of adults you know who also do some of these? Perhaps yourselves?

## **FACILITATOR NOTE**

Pause here, but do not probe. This question is meant to get parents thinking, not to prompt a lengthy discussion. If anyone chooses to answer out loud, acknowledge any insight a person may show.

## **PARAPHRASE**

Everything we've been discussing is true not just for children; it is true for all people. Any of us can potentially act in these ways! So, it's important not just to identify these responses for children, but also for ourselves. We may have learned to manage these reactions better by adulthood, but they can be sparked when we ourselves are under stress or experiencing fear or distress. The experience of parenting traumatized children may in fact be one of those sparks. This makes it even more important to be aware of as the impact on children in this state will not be positive if both parent and child are in a reactive mode.

Now, let's try to answer the second set of true/false questions.





## THE SCIENCE OF TRAUMA: NEXT TWO QUESTIONS

### True or False?

Challenging behaviors from a child who has experienced trauma and loss were likely learned as adaptive strategies to cope or survive.

### True or False?

“Fight,” “flight,” “freeze,” and “flock” are normal responses to separation, loss, and trauma.



23

#### DO

- Read the question. “True or False? Challenging behaviors from a child who has experienced trauma and loss were likely learned as adaptive strategies to cope or survive.”
- Call on a few people to answer and see whether the group can reach consensus.

#### PARAPHRASE

This is TRUE. Challenging behaviors from a child who has experienced trauma and loss were likely learned as adaptive strategies to cope or survive.

#### DO

- Pause briefly for questions; answer them as appropriate.
- Read the next question. “True or False? “Fight,” “flight,” “freeze,” and “flock” are normal responses to separation, loss, and trauma.”
- Call on a few people to answer and see whether the group can reach consensus.

#### PARAPHRASE

This is TRUE. “Fight,” “flight,” “freeze,” and “flock” are normal responses to separation, loss, and trauma.

#### ASK

Does anyone have any other questions or comments before we move on?





## **DO**

Pause briefly for questions/comments; respond as appropriate.

## **PARAPHRASE**

Now that we understand a bit about the brain science involved with trauma, we can practice translating what that looks like in behaviors on the outside. Soon, we'll do an activity with that, and then we can get into how we might best interact to help children learn new patterns and have better relationships!





## PARAPHRASE

To understand how trauma has impacted a developing child, we are going to take a deeper look at what goes on in the brain and body after a person has experienced trauma. This will help us to better understand what is actually going on underneath a child's behaviors.

ENHANCING  
YOUR TOOLBOX

IDENTIFYING  
STATES

*INSTANT FAMILY*  
CLIP



Handout#1: Page 133



25

## FACILITATOR'S NOTE

In this activity, you will show a clip from the Instant Family video. Participants will fill in the Identifying States handout, identifying the state of different characters during the clip. Allow some time for discussion, stressing points that help participants understand where and why characters become more escalated. You can also point out that the behaviors of different people can look different in each of the states (i.e., when in a fear-based state, Juan starts to cry, while Lizzie acts angry.)

## PARAPHRASE

When noticed early, fear-based responses can be reduced. It's helpful to be able to recognize the range of what these states look like. Let's have a little fun going to the movies to practice. Many of you may have already seen the video Instant Family, but for those who haven't, it's about a family who came together through foster care and adoption. Although the movie is fiction, it is based on experiences that the director's family had on their journey through foster care and ultimately adoption. Please turn to Handout #1: Identifying States on page 133 in your **Participant Resource Manual**. We will watch a scene now while we do an exercise to identify the states of each of the characters in the scene. This will help us practice noticing when you or the children you are parenting are moving away from the ideal active, alert, engaged state.



## INSTANT FAMILY CLIP



25

### PARAPHRASE:

In the scene we're about to see, there are 5 characters: Mom, Dad, Lizzie the oldest, Juan the middle child, and Lita, the youngest. As you watch, put an "x" in the box for each character that you think best represents the state they are experiencing for most of the scene. Because states can change quickly, you may want to mark more than one box for a few of the characters.

### DO

- Show the clip from Instant Family.
- Pause throughout or finish the video to allow the class to mark the boxes on the handout.
  - Discuss choices as a group, emphasizing what shows escalation or de-escalation





## ENHANCING YOUR TOOLBOX IDENTIFYING STATES

	High Arousal	Moderate/ on the way to Arousal	Active, Alert, Engaged	Disengaged/ pulling away	Shut Down
Mom	X ← → X				
Dad		X ← → X			
Lita	X				
Lizzie		X ← → X ← → X			
Juan		X	X	X	



27

### PARAPHRASE

This table shows the range of possible answers about the character's states. The arrows show changing states that may have shifted during the clip. Look it over for a moment and see how it compares to what you were thinking.

### DO

- Wait for a minute or so for participants to review the table and compare their results.
- Facilitate a brief discussion to process the video and expand on nuances that help participants understand what states look like in behavior, such as pointing out body language and tone of voice for any given character.
- Highlight any responses that show characters moving between states, such as:
  - Lizzie's is quick to respond with anger then withdraws emotionally as she is not allowed to help, and her sister's behavior escalates. This withdrawal is a survival strategy that actually works in the end because she understood what her sister needed.
  - Juan's has extreme changes from watchful to scared and apologetic back to watchful. Highlight the trauma over-response he has to breaking his glass.
  - Mom making a choice not to listen when other people (such as Dad or Lizzie) tried to help allows us to see that she is not operating in the smart part of her brain. In the end, she is deflated because she has been ineffective.



## PARAPHRASE

Paying attention to behaviors, which can sometimes be very subtle, allow us to see into the inner world of a child. When we can tune in to children's needs early, we can cut off extreme hyperarousal or dissociation and are much more likely to avoid the situation turning serious. How you react is important so we're going to spend the rest of our time talking about that today and will talk more about it in the Trauma Informed Parenting theme.





## PARAPHRASE

True healing can begin for children when parents tune-in to their children's needs while putting their needs aside. Children need support from their parents and caregivers in many ways. One important way to help a child is to focus in on your relationship with the child.

## CO-REGULATION



29

### PARAPHRASE

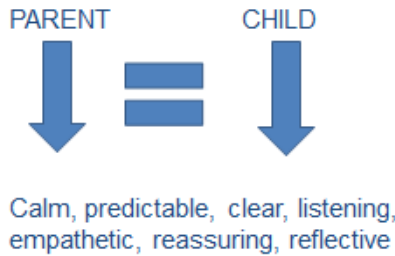
Co-regulation occurs when a person is able to calm because someone else soothes them. It is what babies learn from their earliest caregivers. As was covered in the Attachment theme, people often think co-regulation is something only infants and young children need, but children who have experienced separations, loss, and trauma have not yet learned the skill of self-regulating and calming down on their own. The process of learning how to self-regulate will develop over time through repeated experiences with parents teaching the child how to calm. And, just as it happens with babies, learning how to be calm and self-regulate will not come from parents' words, but by the way they interact with their child.



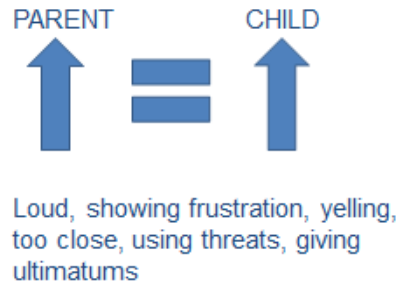


## PREDICTABLE BEHAVIORS

### DE-ESCALATING



### ESCALATING



Handout #2: Page 134



### PARAPHRASE

Getting wound up and escalating is contagious. Remember how when a domino goes down, the rest of them go down as well? This is true here; the more escalated the parent, the longer the child stays escalated. We know that what will shut a child's thinking brain down and put them in survival mode is another person in escalation mode. This can be communicated in words, tone of voice, or body language. As we've talked about, children who have experienced trauma, separation, or loss are very **attuned** to everything beyond words, so even if you are saying the right things, but your body language, like facial expression or tone of voice says something else, they will be much more likely to tune into your body language (characteristic).

The good news is that calming down is contagious as well. That's why sometimes it matters less what we say in a stressful or sad situation, and more that we are present or just listen or sit calmly and kindly with someone. Let's turn to [Handout #2: Predictable Escalating and De-escalating Behaviors Chart](#) on page 134 in our **Participant Resource Manuals**. As you will see from the handout and our conversation on co-regulation, what will quiet the fear and help a child feel safe enough to begin to use the smart part of their brain, is another person using the smart part of their own brain! That's why they need caring, tuned in parents.

This handout was created by Dr. Bruce Perry. There's a lot of information on this handout, so let's focus on two rows, the Predictable De-Escalating Behaviors and Predictable Escalating Behaviors. These two rows describe how children and parents get wound up and also how they are able to wind down.

As you look this over, what do you notice about the important impact that the parent's behavior has on the child's behavior?



## **DO**

Pause for a few minutes for participants to look over the chart.

Reinforce: The adult's responses seem to directly affect the child's behavior. When the adult has calming behaviors, the child can calm. When the adult's behavior escalates, so does the child's behavior.

## **PARAPHRASE**

Let's think a little more about how we as parents or caregivers can help a child move from one state to the other. It might make more sense with an example. Imagine that you just heard a crash from another room. When you investigate, you find a child who has just broken a window and is standing there, looking at the broken pieces with a worried expression.

## **ASK**

Looking at the top row of the chart of adaptive responses, does anyone want to take a guess about which adaptive response the child might be having and/or what state they could be experiencing at a moment like this?

## **DO**

- Call on a few participants to get their answers.
- NOTE: The child is probably in the ALARM state and the adaptive response is FREEZE. FEAR/FLIGHT and ALERT/FLOCK are also reasonable responses.

## **PARAPHRASE**

Let's assume the child's adaptive response is the Freeze state. Now look at the Predictable De-Escalating Behaviors and Predictable Escalating Behaviors rows in the FREEZE column.

The de-escalating behaviors section lists things you as the parent or caregiver can do that will predictably calm and regulate the child and move the child to the ALERT or CALM states. On the other hand, the escalating behaviors section lists things you might do that will predictably make the child more upset and move them to the FEAR or TERROR states.

## **ASK**

What emotional state do we want the child to be in so that we can deal with the problem?

## **DO**

- Call on a few participants to get their answers.
- NOTE: We want to regulate the child by moving them to the ALERT or CALM state. Going in the other direction will escalate the situation and make it harder for the child to use the thinking parts of their brain.

## **ASK**

Based on this chart, what are some actions we as parents could take to regulate the child?

## **DO**

- Call on a few participants to get their answers.
- NOTE: The actions are listed in the Predictable De-escalating Behaviors section, i.e.:
- “Invited” touch.
- Quiet melodic words.
- Singing, humming.
- Music.

## **ASK**

Based on this chart, what actions should we avoid because they would probably escalate the situation?

## **DO**

- Call on a few participants to get their answers.
- NOTE: The actions are listed in the Predictable Escalating Behaviors section, i.e.:
- Raised voice.
- Raised hand.
- Shaking finger.
- Tone of voice, yelling, threats.
- Chaotic milieu.

## **ASK**

As you look over the whole chart, what do you notice children need most from their parent when they need help to wind down? Is it lecturing or being sent away for a time out? Is it a raised voice or hand?

## **DO**

- Facilitate a short discussion by prompting a few participants to share their thoughts/answers to the question.
- Reinforce: Children need their parent/caregiver to remain with them, and most of all, to remain calm themselves and to help them become regulated. It is not about using lots of words or lecturing.



## THE POWER OF A PARENT'S REACTION



31

### PARAPHRASE

It may not come naturally at first, but people who are parenting children who have experienced separation, grief and loss have tremendous power when they can teach children this skill.

To be able to tune in to children and meet their needs, the parent will need to put their own feelings and preoccupations aside. Yet, this is easier said than done when a child looks like they're misbehaving. Just imagine what that mom felt like in the Christmas dinner scene! How many of us would get hooked into that same power struggle?

While any of us might have this reaction, the reality is our own feelings, history and values will have a lot to do with how we react. Any or all of that can come to the surface when a child is expressing the kind of behaviors we were talking about earlier, like yelling or running away. Those moments are not usually when adults feel like coming in closer and responding calmly!

At times, survival behaviors will look as if the child is rejecting the parent who is fostering or adopting them. As a result, parents will need to have **tolerance for rejection** and learn not to take things that the child does or says personally (characteristic).



## **ASK**

Even if the child is dysregulated or rejecting, what do you think they need the most?  
Reinforce: the parent to come in closer and respond calmly.

Why is this so critical?

### **Reinforce:**

- What is likely happening in these moments, is the child is going into survival mode.
- The sooner caregivers come in closer to help the child feel safe, the more the child will be able to learn over time that it's ok to let their guard down and start to trust.
- When we do this over and over and over again, the child's brain eventually learns a new pattern. Once their brain learn this new pattern, it will move out of fearful, survival mode more easily and stay in the higher, thinking parts of the brain more often.
- This is a critical turning point, because once we can decrease their need for survival behaviors, children can start to think before they act on their own.

This skill can take a lot of practice for parents too, so we're going to be talking much more about this in the Trauma-Informed Parenting theme.





## REFLECTION/ RELEVANCE

(Page 135)

- When you're stressed, think about what adaptive responses you use and why you may have developed them.
- What regulating or calming activities do you use?
- How might your responses play out when interacting with a dysregulated child?



32

### PARAPHRASE

Use page 135 of your Participant **Resource Manual** to answer the following questions:

- When you are highly distressed or threatened, do you tend to use more hyperarousal strategies (do you get confrontational, agitated, and angry with conflict/frustration/stress) or dissociative strategies (do you avoid and shut down with conflict), or some of both?
- What do you think sparked you to develop these strategies?
- Based on what you have been learning, identify a list of regulating or calming activities that you use or can use. (What makes you feel better when you are upset?)
- Reflect on how your responses to distress may play out when interacting with a dysregulated child.

Parenting a child with the needs we have been talking about will require the best of you. Maybe you've started to think about how draining this type of parenting can be. It will take a great deal of **resilience and patience** with yourself and with the child (characteristic).

When you feel drained, it will be critical that you take care of yourself so that you are able to provide the nurturing and regulation the child needs, even in challenging situations. It is also important to understand the impact of your interactions on the child, including their ability to regulate, their ability to learn new patterns of handling stressful situations, and their likelihood of becoming escalated. So, we'll focus more on the parent's role and positive strategies to use in the Trauma-informed Parenting theme.





## PARAPHRASE

Now, it's time to wrap up. Before we do, I want to briefly highlight the key points from this theme:

- Each person is impacted uniquely from trauma.
- The effects of trauma can influence every part of the brain, including how we interact in relationships.
- Adults should be prepared for children who have experienced separation, loss, and trauma to be impacted in the way they think, feel, and behave. This is an adaptive, biological response that produces adaptive strategies that can be experienced as challenging behaviors.
- There are two major adaptive strategies to perceived threat: Hyperarousal (the “fight or flight” response) and Dissociation (“freeze” response) that work together to help us all cope with stress, distress, and traumatic stress.
- These adaptive strategies are interactive, and their sensitivity can be modified; increased by chaotic, unpredictable, or severe stress and distress; decreased by opportunities for moderate, predictable stress.
- Emotions can be contagious, and self-regulation for parents is valuable.
- Parenting a child who has experienced trauma and/or loss will require all of these characteristics: **1) resilience and patience, 2) attunement, 3) tolerance for rejection and 4) commitment.**







# National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS



# MENTAL HEALTH CONSIDERATIONS

FACILITATOR CLASSROOM GUIDE Modified  
January 2022

# MATERIALS AND HANDOUTS

## FACILITATOR'S NOTE

- Participants are expected to have the **Participant Resource Manual** available for every session. This theme begins on page 137.

## MATERIALS NEEDED

You will need the following if conducting the session in the classroom:

- A screen and projector (test before the session with the computer and cables you will use)
- A flipchart or whiteboard and markers for several of the activities. A flipchart with a sticky backing on each sheet may be useful and will allow you to post completed flipchart sheets on the wall for reference.
- Name tent cards (use the name tent cards made during the Introduction and Welcome theme)

You will need the following if conducting the session via a remote platform:

- Access to a strong Internet connection
- A back-up plan in the event your Internet and/or computer do not work
- A computer that has the ability to connect to a remote platform- Zoom is recommended

## HANDOUTS

Have the following handouts accessible. Participants will have all handouts listed below in their **Participant Resource Manual**:

- Handout #1: Parent Tip Sheet: Children's Mental Health (page 139)
- Handout #2: Role of Parents Who are Fostering when Psychotropic Medication Has Been Prescribed (page 140)
- If you have a list of mental health agencies/therapists that your agency works with who have experience working with children who have experienced trauma, separation and loss, add as a resource for parents to place in their **Participant Resource Manual**.
- Many sites have policies and procedures regarding medication management. Facilitators should bring this information to include with this theme.

## VIDEOS AND PODCASTS

Before the day you facilitate this class, decide how you will play the media items, review any specific instructions for the theme, and do a test drive. You may wish to set up the media to the start point.

**The following media will be used in this theme:**

- Video: *Addressing Children's Mental Health Needs* (3:43 minutes): Slide 54
- Video: *Jessica's Success* from *FOSTER* (approx. 2 minutes): Slide 60



# THEME AND COMPETENCIES

## FACILITATOR'S NOTE

Prior to the session, review the theme and competencies. You will not read these aloud to participants. Participants can access all competencies in their **Participant Resource Manual**.

### Theme: Mental Health Considerations

Have a basic understanding of mental health disorders and conditions that commonly occur in childhood; recognize that not all 'survival' behaviors or symptoms of grief are connected with mental health disorders; know about commonly administered psychotropic medications; know how to obtain consistent, adequate and appropriate access to mental health services.

### Competencies

#### Knowledge

- Understand the complexity of appropriately diagnosing children with mental health conditions when they have experienced separation, loss and trauma.
- Know where and how to access information on common childhood mental health conditions and psychotropic medications through the child's medical professionals and resources.
- Learn accurate and sensitive language to describe behavioral symptoms and diagnoses.

#### Attitudes

- Committed to implementing recommendations related to children's mental health.
- Willing to recognize one's own possible bias, attitudes and assumptions about the need for mental health services.
- Willing to parent children who may have mental health challenges and willing to continue to seek resources and services for such needs.
- Believe that the experiences children have had will significantly impact their behavior.



## BEFORE YOU BEGIN THE CLASS

Before discussing the Color Wheel of Emotions and covering the content of this theme, you should do the following:

- Make any announcements that are needed regarding the training, timing of training, or process to become a foster or adoptive parent.
- Take out the **Participant Resource Manual** and direct participants to this theme in their **Manual**. Remind participants that the Competencies for today's theme are in their **Manual**.
- Encourage participants to be engaged and active learners.
- Encourage participants to contact the office in between classes with any questions and/or concerns.
- Remind participants to put out their name tents. If conducting the class on a remote platform, remind participants to type their first and last names in their screen box.





# MENTAL HEALTH CONSIDERATIONS

Modified January 2022

37

## **FACILITATOR'S NOTE**

Show this slide briefly just before you start the session.

## **SAY**

Let's get started! Welcome to the Mental Health Considerations theme. This theme begins on page 137 in your Participant Manuals.

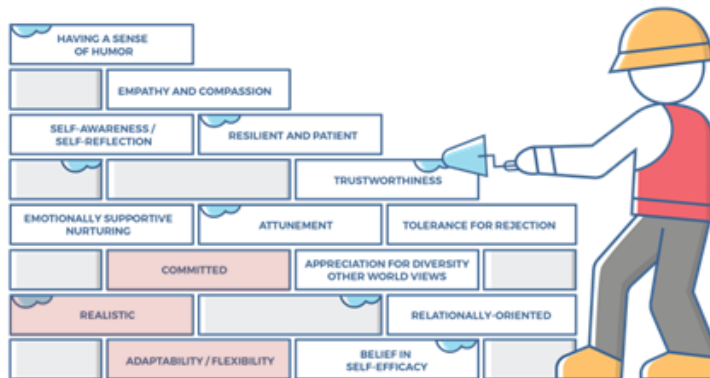


## PARAPHRASE

Children who have experienced loss, separation, and trauma have particular mental health needs. This theme focuses on what to consider about their mental health, including:

- We can all understand that a child's life experience impacts their behavior.
- Concerning behaviors are often misunderstood and can lead to misdiagnosing or over-diagnosing without really thinking about the impact of loss, trauma, and environmental stressors that influence children's mental health.
- Trauma that happens between people needs healing through relationships between people. While children's histories can impact their functioning, the families they're now living with will also make a major impact on how the child functions in the world.
- Supportive and competent professionals trained in grief and trauma can also make a big difference in how children will affect children in the future.

## CHARACTERISTICS OF SUCCESSFUL FOSTER AND ADOPTIVE PARENTS



### FACILITATOR'S NOTE

This slide is shown at the start of each theme. Although the graphic will remain the same, the bricks that are colored in red will change based on the characteristics that will be touched upon in this theme. The characteristics were obtained from review of literature, stakeholder interviews, and review of existing curricula. We want families to become very acquainted with these characteristics throughout the training. It is important to note that in addition to the characteristics that are highlighted in red, there may be additional characteristics that are touched upon during the theme. Facilitators should try to connect these characteristics to the information they are sharing throughout the training. Remind participants that their **Participant Resource Manual** contains the definitions for these characteristics.

### SAY

Before we get into the content let's look at the 14 characteristics of successful foster and adoptive parents. When you took your self-assessment, you were asked about these characteristics.

The Mental Health Considerations theme will cover the following characteristics:

- Adaptability/ Flexibility
- Realistic
- Committed



## CHARACTERISTICS FOR MENTAL HEALTH CONSIDERATIONS



### Adaptability /Flexibility:

- Parents are willing and able to make changes in their parenting style/responses in order to be accommodating, encouraging, and supportive to the physical, emotional, and cognitive needs of the child.
- Parents share the responsibility of caring for the child and are not restricted by stereotypical or societal roles/expectations.
- Parents can acknowledge when something is not working and are able to try a different approach or modify their expectations for the child.

### Realistic:

- Parents understand that there will be varying degrees of success with different situations with each child.
- Parents understand that the efforts that they provide may not result in a change in a child's understanding or behavior until much later.
- Parents know that when mistakes are made, adjustments and allowances can be made as they re-evaluate expectations.
- Parents know what their expectations are and can identify when those expectations are not being met and need to change.



40

## SAY

Before we get into the content let's look at the 14 characteristics of successful foster and adoptive parents. When you took your self-assessment, you were asked about these characteristics.

The Mental Health Considerations theme will cover the following characteristics:

- Adaptability/ Flexibility
- Realistic
- Committed

Take a moment to think back to how you assessed yourself with these characteristics. It is important as you start this journey to assess your characteristics as they are qualities that can strengthen your ability to successfully parent a child who is in foster care or has been adopted.





## CHARACTERISTICS FOR MENTAL HEALTH CONSIDERATIONS



### **Committed:**

- Parents are dedicated to a child, sticking with them no matter how difficult the journey.
- Parents carefully and consciously consider the requirements of parenting a child and understand that it is not about fulfilling their own parental needs.
- Parents recognize the role may not offer much validation or reinforcement of their skills and talents but are willing to commit to the long-term work of unconditional parenting and promoting the child's well-being.
- Parents believe in commitment and can persevere in the face of adversity.



41

## **ASK**

Now that we have reviewed the definitions, why do you think these specific characteristics are important to mental health considerations for a child that you may foster or adopt?

Reinforce:

- Adaptability/Flexibility
  - Parents will need different types of parenting skills and strategies to help children with mental health considerations, especially as the needs change over time.
  - Parenting may look different than what the parent is used to or what comes naturally to them. It may involve adding new parenting skills.
  - Parents who recognize when certain parenting strategies are not working and who are willing to be adaptable and flexible in learning how to best parent the child will be more able to meet the specific needs of each child.
- Realistic
  - Effective parents understand that a child with mental health considerations will need caring, patient caregivers who have realistic expectations.
  - Children with mental health challenges need parents who can celebrate small victories, understanding that each small step is progress.
- Committed
  - Children with mental health considerations need parents who will stay committed to understanding their needs and stay on top of getting them met.



## WHAT DO THESE PEOPLE HAVE IN COMMON?

- ❖ **Abraham Lincoln** - President of the United States
- ❖ **Oprah Winfrey** - Millionaire, Celebrity, Philanthropist
- ❖ **Charlize Theron** - Academy Award winning actress
- ❖ **Demi Lovato** – Singer and Advocate
- ❖ **Steve Young** - NFL Hall of Famer
- ❖ **Darrell Hammond** - Most aired Comedian on Saturday Night Live
- ❖ **Janet Jackson** - Musician
- ❖ **Lena Dunham** - Television Actor
- ❖ **Michael Phelps** - Olympic swimmer, record holder for the most gold medals of all time
- ❖ **Lady Gaga** - Celebrated musician, winner of all five of the biggest entertainment awards



42

### SAY

To get us thinking, let's check out the names of the famous people on the slide. Do you know what they all have in common?

### DO

Pause briefly.

### SAY

Success with mental health vulnerabilities. In this theme, we're going work toward understanding how and why this happens and what can help.

### FACILITATOR'S NOTE

The famous people shown onscreen are:

- Abraham Lincoln - President of the United States
- Oprah Winfrey - Millionaire, Celebrity, Philanthropist
- Charlize Theron - Academy Award winning actress
- Demi Lovato – Singer and Advocate
- Steve Young - NFL Hall of Famer
- Darrell Hammond - Most aired Comedian on Saturday Night Live
- Janet Jackson - Musician
- Lena Dunham - Television Actor
- Michael Phelps - Olympic swimmer
- Lady Gaga - Celebrated musician, winner of 5 of the biggest entertainment awards





### **FACILITATOR NOTE**

As you move through this section, it will be helpful for you to give examples of real children to clarify any misconceptions. Acknowledge, but do not get side-tracked by examples shared by the group if they do not relate to the needs of children who have experienced separations, loss, and trauma.

### **PARAPHRASE**

Let's start by building our understanding of mental health. We'll talk first for a moment about diagnoses.

Everyone has mental health needs, and it is important to address those needs. Sometimes, people have mental health needs that meet the definition of a mental health diagnosis.

Children you are caring for may have a diagnosis. While any given diagnosis doesn't tell the whole story, some studies show that as many as 80% of children in foster care have been given a mental health diagnosis\*. As with any medical diagnosis, if children have a mental health diagnosis, it is helpful to understand it so that you can understand the child's needs and identify appropriate services to help them. We should see this as the purpose of a mental health diagnosis, rather than seeing it as something wrong with the child or a life sentence.

\*Source: American Academy of Pediatrics

## THE ALPHABET SOUP OF COMMON DIAGNOSES



Photo [139135587 / Soup.Bowl](#) © [Sukanya Phanphoka](#) | [Dreamstime.com](#)



44

### PARAPHRASE

These are examples of diagnoses a child in your care may be given. It can start to feel like the names of diagnoses are like an alphabet soup because the words can become a jumble of initials or all blend together. Sometimes, professionals will even use different diagnoses to describe the same child's needs, which can get even more confusing!

Instead of getting tripped up in all of that, if a child in your care is given a diagnosis, it is helpful to focus on learning about that particular diagnosis. While it would not be appropriate for you to figure out a diagnosis yourself, knowing the facts about a diagnosis a child is given by a professional can help you to advocate for the best type of services and understand what professionals on your team are talking about.

More information and specifics about diagnoses can be found in the Resources on the NTDC website. Good places to learn more from are the American Academy of Child and Adolescent Psychiatry (AACAP), the National Child Traumatic Stress Network (NCTSN) and the Centers for Disease Control and Prevention (CDC).

### FACILITATOR'S NOTE

Covering this slide should not take more than a few minutes. Participants may have questions and/or wish to express personal stories at this time, so it may be helpful for you to ask them to hold their thoughts and questions until the end of this section and/or to refer them to Resources.



## UNDERSTANDING BEHAVIORS



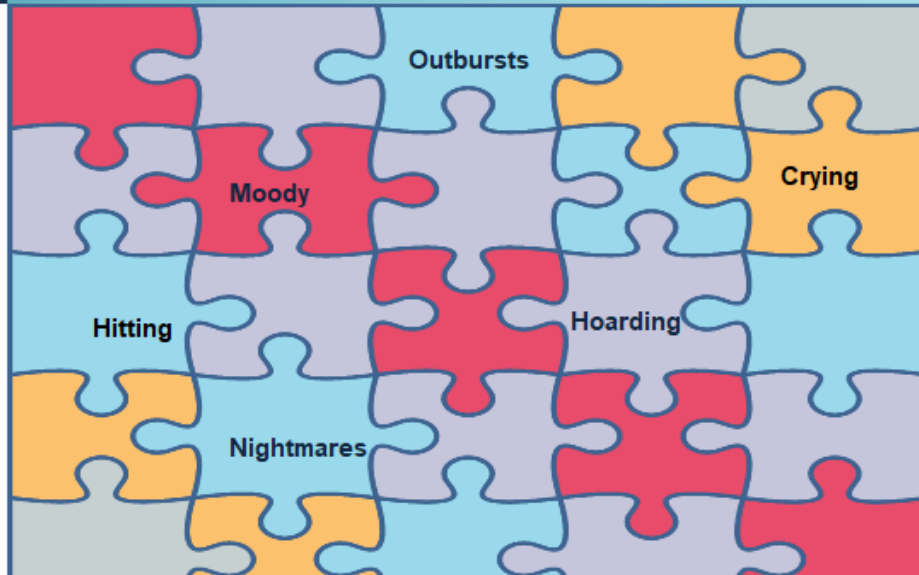
### PARAPHRASE

It is important to know that diagnoses for children who have experienced separations, loss and trauma do not explain or address everything about the child. There is much more to consider, so instead of narrowly focusing on diagnoses today, we're going to turn our attention to more fully understanding children's mental health needs.

First, let's talk about what we might see in their behaviors because that is how children most often express what is going on for them.



## CONCERNING AND PUZZLING BEHAVIORS



### FACILITATOR'S NOTE

This exercise will involve identifying behaviors that might be present for children who have experienced trauma, separation, or loss.

### SAY

Let's think about behaviors you might see from children with experiences of separation, loss, and trauma that would concern you. The slide shows a few examples.

### ASK

What other examples of concerning behaviors can you think of?

### DO

- Write the answers on the flipchart.
- Continue writing behaviors participants name as the discussion proceeds.
- Encourage participants to take notes in their **Participant Resource Manual**, so they can look back at it if a child in their home is expressing any of these behaviors.
- Scan the lists below. If participants leave out any of the listed behaviors, add them to the flipchart/white board.
- Use the questions at the bottom of the page to lead a discussion.

## **Adaptation for Remote Platform**

Use the white board function and the chat in Zoom or Jamboard (Google account needed) to write and/or invite participants to write responses and verbally reinforce their responses as they come in.

### **PARAPHRASE**

Let's think a little deeper. Often, we focus on behaviors we see on the outside. These are called externalizing behaviors, like fighting or breaking things or running away.

It is also important to notice behaviors that a person focuses inward, toward themselves. These are called internalizing behaviors. They might include shutting down, body complaints like stomach aches or self-harm.

With that in mind, is there anything else you'd like to add to the list?

### **FACILITATOR'S NOTE**

Listed below are examples of behaviors if participants do not bring them up.

Examples of internalizing behaviors:

- Withdrawing/shutting down
- Sadness/tearfulness
- Moody
- Nightmares, trouble sleeping
- Toileting problems
- Unhealthy eating
- Frequent head aches and/or stomach aches
- Cutting and other types of self-harm
- Clingy
- Peer problems, inability to make or keep friends
- Suicidal thoughts

Examples of externalizing behaviors:

- Crying, at surprising times
- Hoarding property and/or food
- Not telling the truth
- Defiant
- Fighting
- Angry outbursts
- Cursing/saying shocking things
- Breaking things
- Aggression
- Promiscuity
- Drug/alcohol use
- Running away



## DO

Use the questions below to stimulate a brief discussion and reinforce the intersection of grief and trauma with these behaviors and how we may not always be able to tell what is underlying the behavior. Refer to the list that the class created as examples or as necessary.

- Which of these behaviors would be the most concerning to you, and why?
- How do you see the backgrounds of children who have experienced separations, loss, and trauma affecting these behaviors?
- At what point do you think you would seek professional support around these?  
Reinforce early and often.

## SAY

These behaviors can be concerning and challenging, and they may or may not result in a mental health diagnosis. In any case, stable, consistent, and nurturing parenting will go a long way to help.

## ASK

What do you think parents can do to support children when they are experiencing concerns around their mental health?

## DO

- Refer to Handout #1: Parent Tip Sheet: Children’s Mental Health in the **Participant Resource Manual** on page 139.
- Encourage participants to refer to this handout in the future when they have children in the home and to share it with extended family and friends.

## PARAPHRASE

We have mentioned that children who are being fostered or adopted may have mental health challenges, which are often related to their experiences of separation, loss, and trauma. Now, let’s take a closer look at how mental health issues are evaluated by professionals.





## WHAT SHOULD AN ASSESSMENT INCLUDE?



### PARAPHRASE

There are so many things going on for children who have experienced separation, loss and trauma that may play out in their behavior. Trying to understand it all can be hard, even for the professionals working with them.

There is not one easy method for figuring out or assessing mental health needs of children who have experienced trauma, separation, or loss. It is important to put together a strong treatment team who understands how complex it is, and who focus on the whole child, not on a diagnosis. Professional assessments evaluate a child's strengths and needs to determine the services and supports appropriate to meet those needs. All assessments for professional treatment should include understanding of the child's:

- Trauma and Attachment History
- Physical Impacts
- Environmental Impacts
- Loss and Grief

These are all important so let's go through them one by one.



## Trauma and Attachment History

The children you will be caring for may have experienced trauma to their bodies, such as physical and/or sexual abuse. As we talked about in the themes on trauma, this will impact how children think and feel about themselves and others, and how they respond to situations and people. They may have also experienced trauma to their heart and mind if they were not protected and they may not have ever had the chance to feel cherished by the people who were supposed to care for them. As we talked about in the Attachment theme, this affects their ability to trust, the way children think and feel about relationships, and how they interact with others. These thoughts, and feelings on the inside may be expressed in behaviors that, on the outside, can be really confusing, even to professionals.

## Physical Impacts

There are also physiological considerations that may impact a child's functioning: Were they exposed to drugs or alcohol prenatally; do they have developmental delays; is their sensory system hypersensitive? Any or all of these things could make them seem like they are overreacting or misbehaving.

## Environmental Impacts

It is important to think about factors impacting the child in their current situation. It is helpful to notice how a child does in different settings, such as school versus daycare versus how they are doing at home. How are they responding to different caregivers? How do the different cultures in each of these places impact them? For example, do people look, seem, eat, act, live, dress differently than the child is used to?

## Loss and Grief

Loss and Grief is critical to consider in an assessment, especially for children who have had multiple moves. This is so important that NTDC has a whole theme on it. Loss is considered the center of the core issues that children in foster care and adoption experience over a lifetime. We should never lose sight of its effects and the need for children to grieve as we are trying to understand their behaviors and needs.

## SEVEN CORE ISSUES: LOSS

*Loss begins the journey and remains at the center, because even when a child has a permanent family, it is crisis and/or trauma that create the circumstances... There is the first loss that led to the child being with the new family, and then many secondary losses that continue to affect family members...throughout their lives. Some of these are vague and may be described as a feeling of distress and confusion about people who are physically absent but psychologically and emotionally present in their lives. And, these feelings can occur at any point in their lives. Children lose both their birth/first families; siblings, grandparents, aunts and uncles, and cousins. They may lose cultural, racial and ethnic connections and/or their language of origin. If they are separated as older children, they may also lose friends, foster families, pets, schools, neighborhoods, and familiar surroundings.\**

\*Summary of The Seven Core Issues, 2020



48

### FACILITATOR'S NOTE

You may wish to print out the excerpt/slide in advance to give to a volunteer to read.

### SAY

An article in your resources, *Summary of the Seven Core Issues*, further explains loss and grief, and the other vulnerabilities children may have over time, such as rejection, shame, identity, intimacy, and control. Let's read a little part from that article now, and we encourage you to go back to read the full article to learn more.

### DO

Ask for a volunteer or have the co-facilitator read the slide.

### PARAPHRASE

Thank you for reading. Imagine the impact of all that loss and grieving and how confusing it would be for a child to try to make sense of.

As we just discussed, the effects of trauma, attachment, loss, grief, physical and environmental impacts make understanding children's behaviors quite complex. Because of this complexity, even professionals may have a hard time accurately diagnosing and treating children with these backgrounds. So, it is important that the professionals who are supporting children and families continue to assess if a particular diagnosis is accurate. Diagnoses can certainly be changed, and we should be aware that the diagnoses are only part of the puzzle that needs to be figured out to understand and help the child.



## INTERSECTING DIAGNOSES

<b>Anxiety Disorders</b>	Avoidance of what's feared, hyperarousal when exposed to what's feared, sleep problems, hypervigilance, and increased startle reactions
<b>Attention Deficit Disorder (ADD)/ Attention Deficit Child Hyperactivity Disorder (ADHD)</b>	Restless, hyperactive, disorganized, and/or agitated activity; difficulty sleeping, poor concentration, and high physical activity
<b>Bipolar Disorder</b>	Hyperarousal and other anxiety symptoms; traumatic reenactments, mimicking aggressive or hypersexual behavior, making manic-sounding statements
<b>Major Depressive Disorder</b>	Self-injury, avoiding trauma reminders, social withdrawal, emotional numbing, and/or sleep difficulties
<b>Oppositional Defiant Disorder</b>	Angry outbursts and irritability
<b>Psychotic Disorders</b>	Severely agitated, hypervigilance, flashbacks, sleep disturbance, numbing, and/or social withdrawal, unusual perceptions
<b>Substance Abuse Disorder</b>	Drugs and/or alcohol used to numb or avoid trauma reminders

**Trauma**

Adapted from: Addressing the Impact of Trauma Before Diagnosing Mental Illness in Child Welfare by Gene Griffin, et al.



49

## PARAPHRASE

While it may seem easier for a mental health diagnosis to explain behavior or even to ask for medication to control a child's behaviors, figuring out what the treatment should be and addressing all the mental health considerations for children who have experienced separations, loss and trauma may not be so straightforward.

This chart can help us to understand why. You can see common diagnoses for children in the left column and the symptoms for the disorder in the center column. We could stop there like many people do, but what do you notice on the right side of the chart? That's right, the symptoms of trauma overlap all of these diagnoses.

You've all probably heard of PTSD or Post Traumatic Stress Disorder. It was really created for adults, so even that diagnosis does not fully describe what happens for children who lived through different types of trauma while they were still growing.

Maybe the trauma symptoms will be obvious, and the child will be given a PTSD diagnosis because of behaviors such as:

- Upsetting and frightening dreams
- Having frequent memories of a traumatic event, or in young children, repeating some of the traumatic events in their play over and over
- Acting or feeling like the experience is happening again
- Developing repeated physical or emotional symptoms when they're reminded of the event.



Or you may notice signs of trauma that may not be as obvious or fully match a PTSD diagnosis, such as:

- Losing interest in activities
- Having physical symptoms, like headaches and stomachaches
- Sudden and extreme emotional reactions
- Problems falling or staying asleep
- Irritability or angry outbursts
- Having problems concentrating
- Acting younger than their age (like thumb sucking or clingy behavior)
- Showing increased alertness in the environment (remember the hyperarousal we spoke about during the Trauma Related Behaviors theme)
- Repeating behaviors that reminds them of the trauma, such as always crashing their toy cars if they were in a car accident





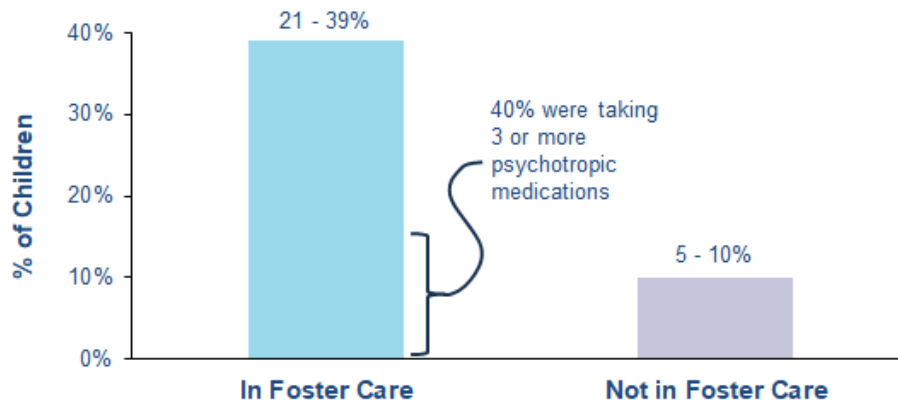
**SECTION 3:**  
**ADDRESSING CHILDREN'S  
MENTAL HEALTH NEEDS**

**SAY**

Children who have experienced trauma, separation, or loss, have important mental health needs. As a parent who is fostering or adopting, you will have a critical role in addressing the child's needs. In a moment we'll be watching a video clip to learn more about treatment to meet their needs.

## OVER MEDICATION OF CHILDREN IN CHILD WELFARE

### % of Children Receiving Psychotropic Medications



Information was obtained from: <http://www.ncsl.org/research/human-services/mental-health-and-foster-care.aspx>



51

### PARAPHRASE

First, let's talk about medication. Medicines that are used to treat mental health conditions are known as "psychotropic medications." A number of studies have found children in child welfare have been prescribed these types of medicines at rates from 3 to 11 times higher than children not in child welfare. For example, a recent report on Medicaid records in five states found that as many as 21% to 39% of children in foster care received a prescription for psychotropic medication. As you can see from the slide, that is much higher than prescriptions for children not in foster care in those states. In this study, it was also shown that the prescriptions were written for a large number of children under the age of six. Over 40% of children in foster care who took psychotropic medication were taking three or more psychotropic medicines at the same time!

### ASK

What do studies like this tell us?

Reinforce:

- Children with backgrounds of trauma and loss are sometimes overmedicated or not being prescribed medication properly.
- Behaviors of children in foster care concern parents and professionals. We must look beyond managing behaviors to a broader range of how to help and heal.
- You will need to be **committed** to understand root causes of what is actually causing the concerning behaviors to really help the child heal, not just trying to stop the behaviors themselves (characteristic).



## **SAY**

Now, let's learn about a broader treatment approach from a child and adolescent psychiatrist who specializes in work with children who are in foster care or adopted.

## **FACILITATOR'S NOTE**

All the information on this slide is adapted from the website that is listed in Resources for this theme: <http://www.ncsl.org/research/human-services/mental-health-and-foster-care.aspx>.





## ADDRESSING CHILDREN'S MENTAL HEALTH NEEDS

Dr. Lisa Cullins – Addressing Children's Mental Health Needs



52

### SAY

This video is called *Addressing Children's Mental Health Needs*. It features Dr. Lisa Cullins, Child and Adolescent Psychiatrist, talking about considerations when addressing children's mental health needs. It is approximately 4 minutes long.

### DO

Show the video.

### PARAPHRASE

As shown in the video and discussed earlier, children who are experiencing mental health issues need a thorough mental health assessment and comprehensive treatment, like on-going therapy, not just medication.

Finding or advocating for treatment team members, like a mental health therapist, doctor, and others who have some understanding about the different forms of trauma and loss will be very helpful.

Having open and consistent communication with the child's team, including their mental health professionals, can help a parent who is fostering or adopting to have **realistic expectations** about the child's needs and abilities (characteristic).



# MEDICATIONS AND YOUR ROLE

Handout #2: Page 140



53

## FACILITATOR'S NOTE

If there are parents who will be fostering in the class, use this slide and continue with the below content.

### DO

Refer to Handout #2: Role of Parents Who are Fostering when Psychotropic Medication Has Been Prescribed on page 140 and any policies and procedures specific to your setting.

### PARAPHRASE

If children are prescribed medication, there are policies and procedures that all parents who foster must be aware of and follow.

- The parent who is fostering will have to work closely with the caseworker. The caseworker is responsible for working with other professionals to determine if the medication is needed and to obtain the appropriate consent or court order.
- Parents who are fostering do not have the authority to put a child on or take a child off psychotropic medications or to give a doctor permission to do so.
- If the child is prescribed psychotropic medicine, but parental rights have not been terminated, the child's parents must give permission. This is called 'informed parental consent for administration of psychotropic medications.' If it is not possible to get permission from the child's parents, a judge can sign the Informed Consent form instead.



## LANGUAGE AROUND LABELS



54

### FACILITATOR'S NOTE

This activity uses the set of three note cards labeled Hyper, Oppositional, and Crazy that you created while preparing for the session. **Note: if teaching in-person, you will use the index cards. After completing the activity, you can skip the next 3 slides created for remote adaptation.**

### SAY

Today we've talked about parenting children with complex mental health needs. A key role for you to play is being a strong advocate for the child. Since you will be speaking up on their behalf, it is important to use and encourage others to use appropriate and descriptive language about mental health needs. Let's take a moment to consider how the words we use impact how we think and feel about mental health needs.

### PARAPHRASE

- A person is not their diagnosis or a mental health label; human beings are much more complex.
- Become aware and teach children that there can be stigma associated with mental illness and diagnoses. Help them remember and describe themselves as who they are: Resilient, strong, smart, working hard - and not any random or rude words they may hear people say about them or others.
- Words we've learned from diagnoses should be used sparingly. Be mindful of the words we choose to label a child's behavior that could sound diagnostic, such as hyperactive, oppositional, manic, etc. Rather, describe what is actually going on, and give kids language to do the same about how they are experiencing their symptoms, such as, "I'm



feeling so sad. I don't even want to be around people," or "I'm so angry right now I feel like my head could explode."

- A diagnosis, accurate or not, can follow a child into adulthood, which can affect their future opportunities. This is another reason that we should be careful.

## **SAY**

Let's take a few minutes to practice our language. We'll use these three cards.

## **DO**

- Fan out the set of three index cards so that participants can see them.
- Invite three volunteers to come up and each choose one of the cards.
- Ask one of the three volunteers to read the word on their card.
- Invite the volunteer who chose the card to give a description of how the general public might describe this diagnosis/label.
- Once each volunteer gives a "general public" description of the diagnosis on their card, ask the class to make the description more strength-based.
- Invite the class to imagine the child is listening as you create descriptions that are accurate and thoughtful of the child's self-image.
- Reinforce descriptive terms rather than labels and have the co-facilitator write them on the flip chart or white board.
- If the class doesn't seem to know any strengths-based descriptions for these diagnosis/labels draw from the samples listed below.
- Repeat for each card.

### **Adaptation for Remote Platform**

Use the following 3 slides. As each slide/card is shown, ask the class what this word brings up for the general public. Brainstorm words that are more strengths based using the above prompts. Use chat or unmute to get responses from the group.

Keep the larger group engaged by asking for raised hands, thumbs up or adding a poll about whether the term is strengths based.

## **FACILITATOR'S NOTE**

### **Sample strength-based descriptions**

Card 1: Hyper

- Full of energy all the time
- Engine runs fast
- Doesn't seem to sleep as much as other kids their age
- Has a lot of pep in their step



### Card 2: Oppositional

- Has not yet learned the limits and rules in families, school, etc.
- Needs extra guidance and support to stay on track
- Has a hard time accepting rules/limits
- Still learning boundaries

### Card 3: Crazy

- In a lot of emotional pain
- Heart and head are feeling really mixed up right now
- Working hard and struggling to make sense of all they've experienced



## LANGUAGE AROUND LABELS



55

### **Adaptation for Remote Platform**

Ask the class what this word can mean to the general public. Brainstorm words that are more strengths-based using the above prompts. Use chat or unmute to get responses from the group.

Keep the larger group engaged by asking for raised hands, thumbs up or adding a poll about whether the term is strengths based.

### **FACILITATOR'S NOTE**

#### **Sample Strength-based descriptions**

Card 1: Hyper

- Full of energy all the time
- Engine runs fast
- Doesn't seem to sleep as much as other kids their age
- Has a lot of pep in their step



## LANGUAGE AROUND LABELS



### **Adaptation for Remote Platform**

Ask the class what this word can mean to the general public. Brainstorm words that are more strengths based using the above prompts. Use chat or unmute to get responses from the group.

Keep the larger group engaged by asking for raised hands, thumbs up or adding a poll about whether the term is strengths-based.

### **FACILITATOR'S NOTE**

#### **Sample Strength-based descriptions**

Card 2: Oppositional

- Has not yet learned the limits and rules in families, school, etc.
- Needs extra guidance and support to stay on track
- Has a hard time accepting rules and limits
- Still learning boundaries



## LANGUAGE AROUND LABELS



### **Adaptation for Remote Platform**

Ask the class what this word means to the general public. Brainstorm words that are more strengths-based using the above prompts. Use chat or unmute to get responses from the group.

Keep the larger group engaged by asking for raised hands, thumbs up or adding a poll about whether the term is strengths based.

### **FACILITATOR'S NOTE**

#### **Sample Strength-based descriptions**

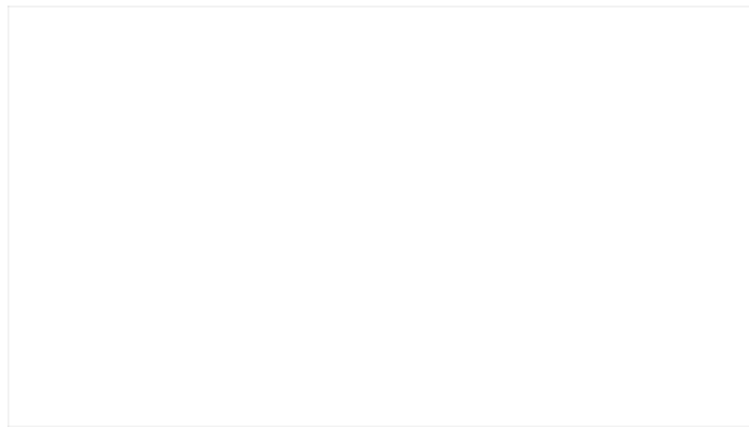
Card 3: Crazy

- In a lot of emotional pain
- Heart and head are feeling really mixed up right now
- Working hard and struggling to make sense of all they've experienced





## FOSTER: JESSICA'S SUCCESS



This video includes a clip of the documentary *FOSTER*.  
Foster footage courtesy of Participant Media, LLC. © 2018 Sabine Films, Inc. All rights reserved.



58

### **SAY**

Let's listen to the story of Jessica, who was able to overcome tremendous challenges, including a teen pregnancy and significant behavioral problems in the past. This clip is taken from the documentary *FOSTER*, which features young adults who spent time in foster care.

### **DO**

Show the video clip *Jessica's Success*. It is approximately 2 minutes long. Lead a brief discussion following it.

### **ASK**

While Jessica experienced huge obstacles, she was able to get a Master's degree, now has a professional job and is successfully parenting. What did you hear her say that contributed most to her success? Reinforce: People who believed in her and never gave up on her.

If you were parenting Jessica, what is one thing you would have done to show her you believed in her?

### **DO**

Solicit a few answers from participants, acknowledging efforts.

### **SAY**

As we always say, "At the end of the day, the most overwhelming key to a child's success is the positive involvement of parents."

Even if there are challenges when you are parenting children with mental health considerations, their success is possible, and your unwavering support will be critical in making that happen.





### Questions for Reflection

1. What do you think a child with mental health considerations needs most from those caring for them?
2. Think about people you know who have experienced mental health challenges and have been successful. How did they address the challenges?



### FACILITATOR'S NOTE

If time permits do this reflection in class. If time is short, ask participants to do on their own at home in their **Participant Resource Manual**. (page 141)

### SAY

Now, we'll take a few minutes to reflect on what we've learned in this theme.

Take a few minutes to think about the questions on the slide. Write your thoughts in your **Participant Resource Manual**, on page 141.

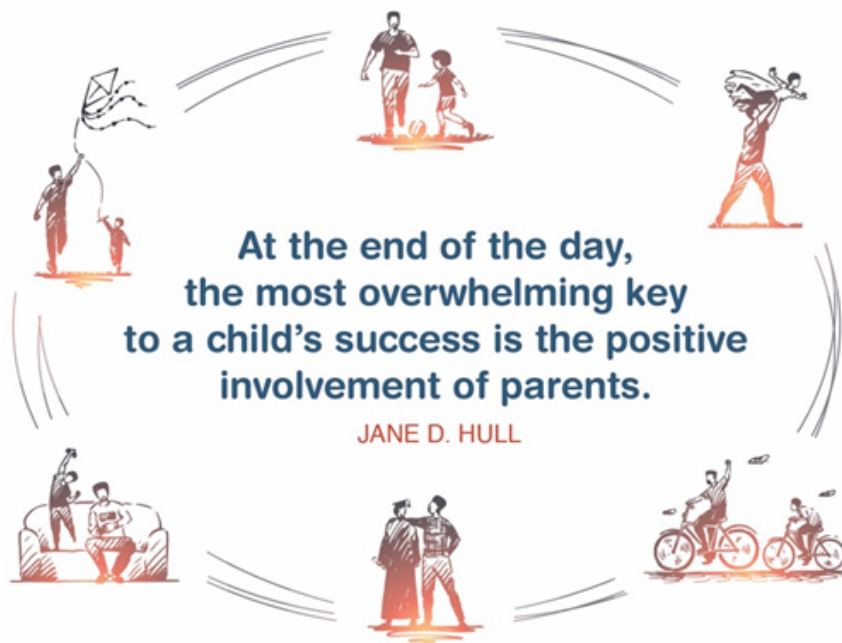




## PARAPHRASE

Now, it's time to wrap up. Before we do, I want to briefly highlight a few points from this theme:

- We all have mental health needs and considerations that impact our body, mind, and spirit - we all need to tend to these needs to stay well.
- Mental health is impacted by our life experiences and who and what is and has surrounded us, including stressors, supports, culture, community, beliefs, etc.
- Atypical behavior should not always be viewed as mental illness - context matters. Behavior has tremendous capacity for change with time, circumstances and support.
- It makes sense for children who have experienced separation, loss, and trauma to be profoundly affected, possibly in all areas of their development. This should always be considered in mental health assessment, diagnosing and treatment.
- Medication is appropriate for a select number of children. It should be carefully considered and will not take away all problems. It should be partnered with therapies, supports and other possible changes in the child's routine.
- A parent who is fostering has a very specific role when medications are prescribed and needs to be aware of those requirements and responsibilities. There is a handout in this theme to support knowledge in this area.
- Advocacy, teamwork and knowledgeable professional support will be key to address mental health considerations.



## FACILITATOR'S NOTE

The closing quote above and the paraphrase section below will be done only once per day, after the last theme presented for the day. If you are moving on to another theme invite them to take a break, stretch, or breathe, before moving on to the next theme.

If closing for the day:

- Thank everyone for attending and for their thoughtful participation and attention. Remind the participants that although this training may seem long, it is critical for them to gather the knowledge, attitude, and skills that are needed as they embark on this journey because they ultimately will play a huge role in the lives of children and families.
- If in person, collect the name tents or have them tuck them into their **Participant Resource Manual** to bring back to the next class.

## PARAPHRASE

Close out the day by covering the below topics:

- Remind participants of the date/time for the next class and let participants know if there are any changes to the location.
- Encourage participants to contact you (or other facilitators) if they have any questions or concerns.
- Review the themes that will be covered during the next class.
- If in person, remind participants to take their **Participant Resource Manual** with them and to bring them to the next session. If using a remote platform, remind participants to have the **Participant Resource Manual** available for the next class.



For more information, visit:  
[ntdcportal.org](https://ntdcportal.org)

62



This curriculum was funded by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health & Human Services, under grant #90CO1134. The contents of this curriculum are solely the responsibility of the authors and do not necessarily represent the official views of the Children's Bureau.





# National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS



## Session 5: Trauma-Informed Parenting and Effective Communication







# National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS



# TRAUMA-INFORMED PARENTING

FACILITATOR CLASSROOM GUIDE  
Modified January 2022

# PREPARATION

To prepare for this class, you should:

- Review the facilitator preparation information included in this **Guide** along with the handouts.
- Review the Resources for this theme.
- Ensure that participants have a copy of the **Participant Resource Manual**. This Manual will be used during all themes and will include the handouts needed by participants. Facilitators should have copies of the handouts for the theme available in case participants do not bring their **Manual** to class. If the theme is being taught on a remote platform, facilitators should have the handouts available so that they can share in the chat and/or email to participants who do not have their **Manual**.
- Bring any materials you need for the activities.
- Review any videos or other electronic media used in this theme, if any, and plan the mechanics of how you will present them. Media for this theme are listed in the Materials and Handouts slide. Review the instructions for each media clip (e.g., to pause or stop at a particular time stamp).
- Practice playing the media for the theme. Ensure that you have the files and apps you need, that your links and connections work, and that you know when to pause or stop the media clip if appropriate.
- If training on a remote platform, make sure all participants have the link available to access the class and that you have all videos, PPT's and handouts ready for use.
- If training in person, ensure that a room is available and set up, with the following:
  - Enough tables and chairs for all participants
  - Projector and screen (check that it works with the computer you will be using)
- Classroom activities have been adapted so that they can be done on a remote platform. Adaptations will be marked as follows so that they can be easily spotted throughout the Facilitator Classroom Guide: [Adaptation for Remote Platform](#)



# MATERIALS AND HANDOUTS

## FACILITATOR'S NOTE

- Participants are expected to have the **Participant Resource Manual** available for every session. This Session begins on page 145 in the **Participant Manual**.

## MATERIALS NEEDED

You will need the following if conducting the session in the classroom:

- A screen and projector (test before the session with the computer and cables you will use)
- A flipchart or whiteboard and markers for several of the activities. A flipchart with a sticky backing on each sheet may be useful and will allow you to post completed flipchart sheets on the wall for reference.
- Name tent cards (use the name tent cards made during the Introduction and Welcome theme)

You will need the following if conducting the session via a remote platform:

- Access to a strong internet connection.
- A back-up plan in the event your internet and/or computer do not work.
- A computer that has the ability to connect to a remote platform- Zoom is recommended.

## HANDOUTS

Have the following handouts accessible. Participants will have all handouts listed below in their Participant Resource Manual.

- Handout #1: The Three R's- Reaching the Learning Brain by Beacon House (page 156)

## VIDEOS AND PODCASTS

Before the day you facilitate this class, decide how you will show/play the media items, review any specific instructions for the theme, and do a test drive.

### The following media will be used in this theme:

- Podcast: Trauma Informed Parenting by Bruce Perry: Slide 12
  - Podcast Transcripts on page 149
- Podcast: The Emotional Container in Real Life by Diane Lanni: Slide 30
  - Podcast Transcripts on page 157
- Instant Family Video Clip (around 10 minutes): Slide 25
  - Instant Family clips can also be accessed at the WVFACT site.



# THEME AND COMPETENCIES

## FACILITATOR'S NOTE

Prior to the session, review the theme and competencies. You will not read these aloud to participants. Participants can access all competencies in their Participant Resource Manual.

### Theme: Trauma-Informed Parenting

Learn the three Rs - Regulate, Relate, Reason; be informed of practical Trauma-Informed Parenting strategies; be aware of trauma support resources for children; recognize the importance of finding activities to have fun with children; recognize the importance of connected parenting and the relationship as the foundational cornerstone; understand how to promote healthy behaviors; recognize the importance of parent's self-regulation; know how to be proactive versus reactive; recognize the difference between discipline and punishment.

### Competencies

#### Knowledge

- Identify trauma-informed strategies/parenting techniques for responding to behaviors children may exhibit.
- Explain the impact trauma can have on attachment and relationship development.
- Recognize the reasons that parents who are fostering or adopting need to manage their own anger, avoid reactive behavior, and increase their empathy.
- Describe the reasons that Trauma-Informed Parenting techniques work more effectively with children who have experienced separation, loss, and other forms of trauma.
- Describe the difference between discipline and punishment

#### Attitudes

- Willing to take the time and effort needed to develop new parenting skills to successfully parent children with a history of trauma/loss.
- Committed to the idea of putting relationship-building first and willing to self-reflect and address what could be in the way of that.
- Accepts the idea that parenting is an opportunity for learning, teaching, and connecting.

#### Skill

- Understand how to use the Three R's when parenting.



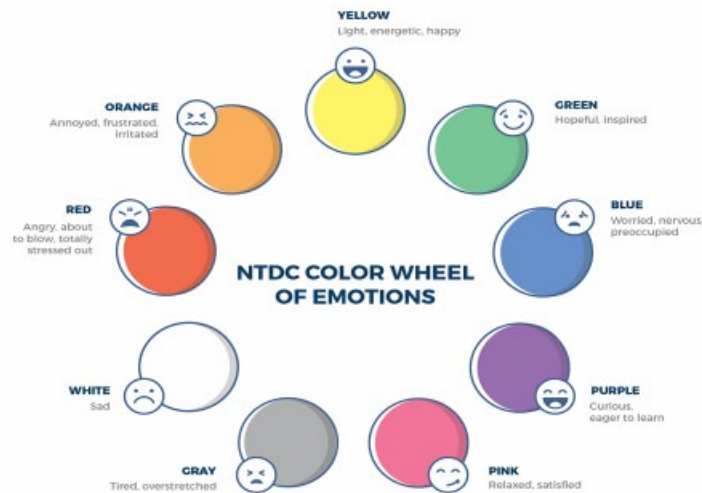
## BEFORE YOU BEGIN THE CLASS

Before discussing the Color Wheel of Emotions and covering the content of this theme, you should do the following:

- Make any announcements that are needed regarding the training, timing of training, or process to become a foster or adoptive parent.
- Take out the **Participant Resource Manual** and direct participants to this theme in their **Manual**. Remind participants that the Competencies for today's theme are in their **Manual**.
- Encourage participants to be engaged and active learners.
- Encourage participants to contact you in between classes with any questions and/or concerns. (Prior to class, list the name(s) of the facilitators on the board with contact information.)
- Remind participants to put out their name tents (these can either be made by the participants during the first class or the agency can print out name tents and provide them to the participants at the first class). If conducting the class on a remote platform, remind participants to type their first and last names in their screen box.



## WELCOME TO THE NATIONAL TRAINING AND DEVELOPMENT CURRICULUM FOR FOSTER AND ADOPTIVE PARENTS



### FACILITATOR'S NOTE

Have this slide showing onscreen as participants assemble for the first class of the day. As participants come in, welcome them back and ask them to take a few minutes to do a self-check using the Color Wheel. NOTE: The Color Wheel should only be done one time per day; before the first theme of the day. If combining several themes together on one day, facilitate the Color Wheel at the beginning of the first class of the day as participants are coming into the room.

### SAY

Welcome back. We are so glad that you have taken time out of your day to join us for another exciting learning opportunity. As you recall, tuning in to how you're doing on a daily basis may not be something everyone here is used to, but this type of regular self-check is critical for parents who are adopting or fostering children who may have experienced trauma, separation, or loss, as it will be helpful to become and stay aware of your own state of mind. It may seem like a simple exercise but be assured that knowing how we're doing on any given day strengthens our ability to know when and how we need to get support and/or need a different balance. Doing this type of check in will also help us to teach and/or model this skill for children! Please take a moment to look at the color wheel and jot down on paper the color(s) that you are currently feeling.

### DO

Wait a little while to give participants time to complete the Color Wheel.

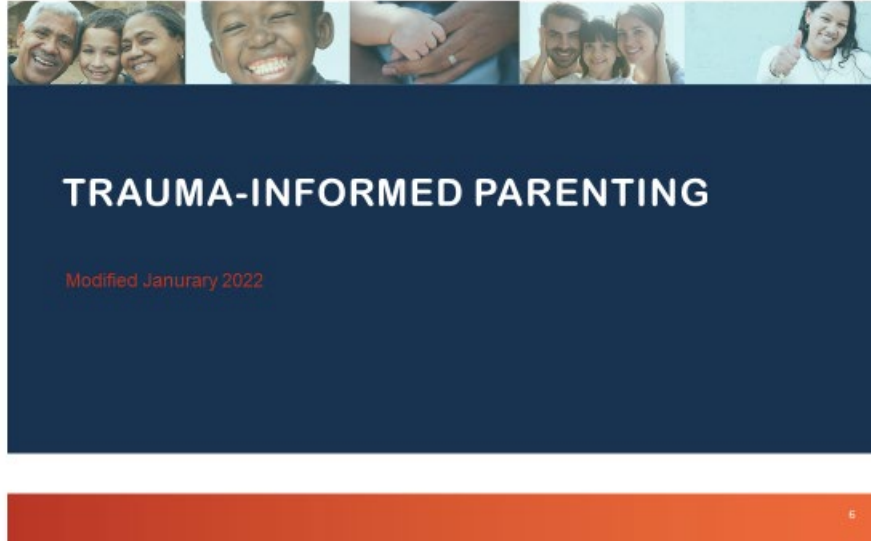
## **SAY**

Now that everybody has had the opportunity to do a quick check in, would someone like to share what color(s) they landed on today for the Color Wheel?

## **DO**

Call on someone who volunteers to share their color(s). If a challenging emotion or feeling is shared, thank the person and acknowledge their courage in sharing, pause for a moment, encourage everyone to take a deep breath, and transition to beginning the theme.





### **FACILITATOR'S NOTE**

Show this slide briefly just before you start the class.

### **SAY**

Let's get started! Welcome to the Trauma-Informed Parenting theme. This theme begins on page 147 of your Participant Manuals.



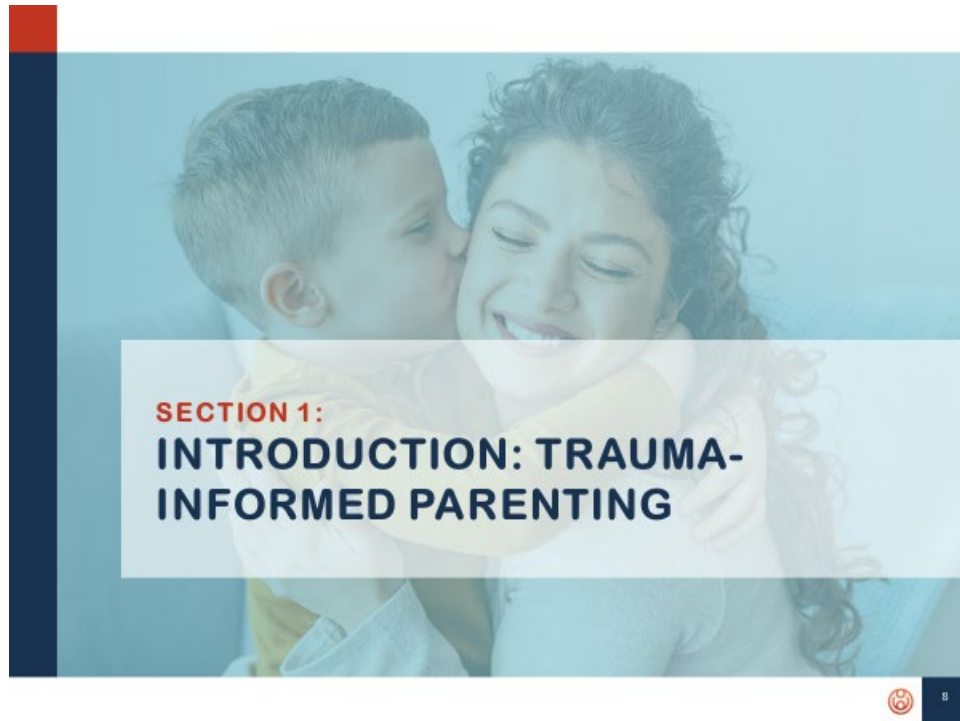


## **FACILITATOR'S NOTE**

The opening quote slide should only be used for the first theme of the day. If combining several themes together on one day, the opening quote slide would only be shown after the Color Wheel at the beginning of the first theme. It is important to always emphasize with this slide that this type of parenting involves lifelong learning and it will be critical for families to be invested in their own learning before and after a child is placed in their home.

## **PARAPHRASE**

We are excited to share this lesson with all of you today. We are going to start with Trauma-Informed Parenting. As the slide states, this information will help to develop your capacity to support children and families. Learning to parent in trauma informed ways is important when parenting children who are fostered and/or adopted. So, let's dive in and see what important information we have to share with you today.

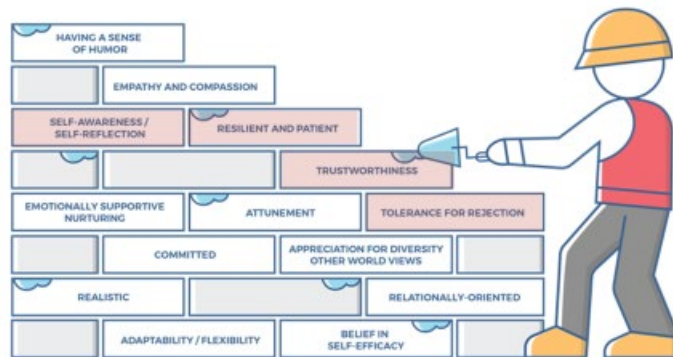


## PARAPHRASE

Listed below are the main topics that we will cover during this theme:

- Children who have experienced trauma may have triggers that set off challenging behaviors. They need support from healthy adults to work through these challenges successfully.
- Knowing and using the Three R's (**Regulate, Relate, and Reason**) can be helpful when parenting a child who has experienced trauma.
- When a child is triggered, the child's intense emotion and challenging behaviors may trigger the parent as well. It is important for the parent to be aware of their own triggers and to regulate their own emotions and responses. This emotional co-regulation will help calm the child and de-escalate challenging situations.
- It's important to remember that parenting will bring successes as well as challenges. You will need to plan for the challenges and celebrate the successes!

## CHARACTERISTICS OF SUCCESSFUL FOSTER AND ADOPTIVE PARENTS



### FACILITATOR'S NOTE

This slide is shown at the start of each theme. Although the graphic will remain the same, the bricks that are colored in red will change based on the characteristics that will be touched upon in this theme. The characteristics were obtained from review of literature, stakeholder interviews, and review of existing curricula. We want families to become very acquainted with these characteristics throughout the training. It is important to note that in addition to the characteristics that are highlighted in red, there may be additional characteristics that are touched upon during the theme. Facilitators should try to connect these characteristics to the information they are sharing throughout the training. Remind participants that their **Participant Resource Manual** contains the definitions for these characteristics.

### SAY

Before we get into the content let's look at the 14 characteristics of successful foster and adoptive parents. When you took your self-assessment, you were asked about these characteristics.



## CHARACTERISTICS FOR TRAUMA-INFORMED PARENTING



### Self-Awareness/Self-Reflection:

- Parents can identify why they have responded to a child in a certain way.
- Parents can identify what was good, bad, and different about the way they were raised, while adjusting their own parenting to meet a child's needs.
- Parents can identify and forgive themselves for having negative feelings towards a child, moving from disappointment to acceptance.
- Parents are aware of their own history of experiencing loss and being hurt and can identify how this history can negatively impact their parenting if they are not careful.

### Trustworthiness:

- Parents know that creating an environment of trust is the role of the parent.
- Parents know that trust is based on understanding the importance of honesty, consistency, routines, and rituals, and they can implement these qualities/strategies in the home.
- Parents are careful in what is promised to a child so that the parents can keep their word and meet the expectations they have set.



10

## SAY

The Trauma-Informed Parenting theme will cover the following characteristics:

- Self-Awareness/Self-Reflection
- Trustworthiness
- Resilient and Patient
- Tolerance for Rejection

Take a moment to think back to how you assessed yourself with these characteristics. It is important as you start this journey to assess your characteristics as they are qualities that can strengthen your ability to successfully parent a child who is in foster care or has been adopted.



## CHARACTERISTICS FOR TRAUMA-INFORMED PARENTING



### **Resilient and Patient:**

- Parents see their role as helping a child achieve success in small steps, beginning with measurable, daily tasks.
- Parents do not dwell on past mistakes or focus on the future in ways that pressure themselves or the child.
- Parents celebrate small successes, teaching the child to appreciate the accumulative effect of each effort.
- Parents have an ability to wait for answers/solutions without giving up.
- Parents can withstand the child's "testing" behaviors including hurtful, angry, or rejecting comments and actions.

### **Tolerance for Rejection:**

- Parents do not take hurtful comments or behaviors directed at them by the child personally.
- Parents acknowledge that the rewards of parenting are not always immediate.
- Parents provide a loving, nurturing environment to a child without receiving acknowledgment, gratitude, or reciprocal love.



11

## ASK

Now that we have reviewed the definitions, why do you think these specific characteristics are important to understanding a child that you may foster or adopt?

### **Reinforce with Participants:**

- Self-Awareness/Self-Reflection
  - Children who have a history of trauma and loss often exhibit behaviors that can easily trigger adult caretakers. Good self-awareness helps parents who foster or adopt not respond to the child with their own fight, flight, or freeze responses, but instead respond in ways that can help the child calm down and learn better ways to cope with their feelings.
- Trustworthiness
  - Children who have experienced trauma and loss have often lost their trust in caretakers. By interacting with the child in honest and consistent ways, and by establishing predictable routines, and rituals, parents who foster or adopt can work to build trust with the child.
- Resilient and Patient
  - Parenting a child who has experienced trauma and loss is often challenging, but by being able to see and celebrate small successes, the parent can help the child grow and heal.
- Tolerance for Rejection
  - It's not unusual for a child who has been hurt by experiencing trauma and loss to lash out with hurtful comments or behaviors with caretakers. The ability to not take this personally and to continue to provide a loving and nurturing environment offers the best opportunity to help the child grow and heal.



## PODCAST: TRAUMA INFORMED PARENTING

Guest: Dr. Bruce Perry, M.D.  
Host: April Dinwoodie

As you listen, write down three main points or elements that stood out to you.



Podcast Transcripts: Page 149



12

### FACILITATOR'S NOTE

- Listen to NTDC Podcast by Dr. Bruce Perry on Trauma-Informed Parenting
- **Instruct participants to write down 3 points** from Dr. Perry as they listen.
- Podcast is approximately 20 minutes total: **stop at 10:07** to keep participants focused and save time if needed.
- Ask participants to follow along with the transcripts for this podcast on page 149 in their manuals.

### ASK

- What points did you write down? (Have a few participants share).

### PARAPHRASE

Reinforce the following points:

- When a child is dysregulated (upset, angry, having or about to have a meltdown), Dr. Perry suggests that there are steps to reaching the child's "thinking" brain (the Three R's). First, we have to help a child Regulate (calm), then we help a child Relate (feel connected with us), and only then can we help the child Reason (think about what is happening and perhaps learn from it).
- In order to be supportive when children are acting out, parents need to be aware of their own emotions.
- Co-regulation acknowledges that it isn't just the child who needs to calm down. The parent and child's emotional responses both affect each other.
- Children can recover and become more resilient. Children will develop at their own rate but, with care and support, they can begin to learn and grow.
- We will talk more about the Three R's in our next section.





## **PARAPHRASE**

In this section, we'll discuss the need that all children, especially children who have experienced trauma, have for safety and support. Then we'll discuss the Three R's Regulate, Relate, and Reason - as a tool to handle challenging behaviors while strengthening your relationship with the child. Finally, we'll work through several case studies and examples.



## TRAUMA AND PARENTING



14

### PARAPHRASE

Every child is unique, and every parent is unique. There is no one magic lesson on Trauma-Informed Parenting that will apply to everyone.

However, there are some general principles that can be helpful. As children develop, you can anticipate that they will go through the same stages and challenges (e.g., walking; toilet training; starting school; puberty; adolescent risk-taking), although they will often do it at different times and in different ways. These developmental stages are covered in the Child Development theme.

Because children do not all experience the same adversities or have the same supports available to them, no two children will have the same response. In general, you can anticipate that children who have experienced trauma may have some difficulty with developmental and emotional issues, including attachment. Children can have overdeveloped ways of responding to fear, moving quickly into fight/flight/freeze behaviors. While fight/flight/freeze responses are natural and helpful human responses to danger, children who have experienced trauma often overuse them, as they may often feel a sense of threat or danger.





## TWO KEY CONCEPTS



15

### PARAPHRASE

There are some things you can do as a parent to help minimize these trauma reactions. Two key concepts are safety and support. We will talk about these concepts and some possible responses today. The Creating a Stable, Nurturing, and Safe Home Environment theme addresses additional helpful parenting responses.



## SAFETY AND SUPPORT



### SAFETY

### SUPPORT

Children need a space where:

- They **are** safe.
- They **feel** safe.

Schedules, rituals, and routines can help.



16

## PARAPHRASE

When children do not feel safe, their arousal levels go up, and traumatic responses may kick in (overused fight, flight or freeze responses). Children need to know and feel that there is a safe place where they can go. It is important that parents who are fostering or adopting understand that there can be a difference between physical safety and felt safety for a child. A child who has experienced trauma may have trouble feeling safe in most places. Even when we cannot see any apparent danger, the child who has experienced the world as a dangerous place will carry this fear and worry with them. It may take more time and support for a traumatized child to have felt safety in certain situations, and their behavior will reflect their fear until felt safety has been experienced by the child. Felt safety can be developed when a caring adult modifies the child's environment and learns how to respond in a way that helps the child feel safe. To do this, parents who are fostering or adopting will need to continuously show **trustworthiness** to the child (characteristic). This will entail doing what you say, keeping your promises, and being predictable.

Home should be a safe place - a place where children will not be harmed or be at risk of injury from others. The home should be a place the child feels comfortable to be themselves and know that they will receive support, acceptance, and consistent care. Ideally, there will be several spaces in children's daily lives where they feel safe (such as their school, faith-based or other community spaces, relatives, or trusted friends or neighbors); however, when a child comes into a new situation, such as a new home or



school, it will take time for the child to feel safe.

Modifying the child's environment to help a child feel safe in the home:

Schedules can help a child feel safe. Consistency and predictability help a child feel safe. Anxiety sets in when a child is faced with uncertainty. The schedule should be shared with the child and if age appropriate, written out and placed where it is accessible to all.

As part of safety and scheduling, rituals and routines can help children feel safe as well. Having a routine way to get ready in the morning, (i.e., laying out clothes the night before, breakfast routines) and at bedtime (i.e., talking about tomorrow's schedule, reading a book before bedtime, saying prayers before lights out) allows the child to know what to expect, increasing their felt safety.



## SAFETY AND SUPPORT



SAFETY

SUPPORT

To handle adversity, children need a supporting relationship with a healthy adult.



17

### PARAPHRASE

Despite a parent's best attempts, life will never go perfectly. Upsetting things will happen.

The most important factor in a child's ability to tolerate adversity is having a supportive relationship with a healthy adult. This is particularly necessary for children who have experienced separation, loss, and trauma.

Ideally, the child should feel that the parent who is fostering or adopting them is someone the child can turn to for support. It is also important to find other safe, supportive adults that are available in places where the parent is not present (teacher, coach, neighbor, etc.).





## PARAPHRASE

When a traumatic response is triggered, the child may become overwhelmed and not able to think clearly. The child may engage in overdeveloped fight/flight/freeze behaviors. An adult who responds to this traumatic reaction by yelling at the child or immediately punishing the child will not help that child calm down and, in fact, may drive the child to overreact even more, making the situation worse.

For children who have experienced trauma, separation, or loss, punishment will likely escalate a situation, not solve it. These children will need help regulating before you can have any conversation or put in a consequence. In these situations, parents who are fostering or adopting need to regulate themselves, try to identify what might have caused the behavior, and help the child to regulate or calm.



## EXAMPLE



19

### **PARAPHRASE**

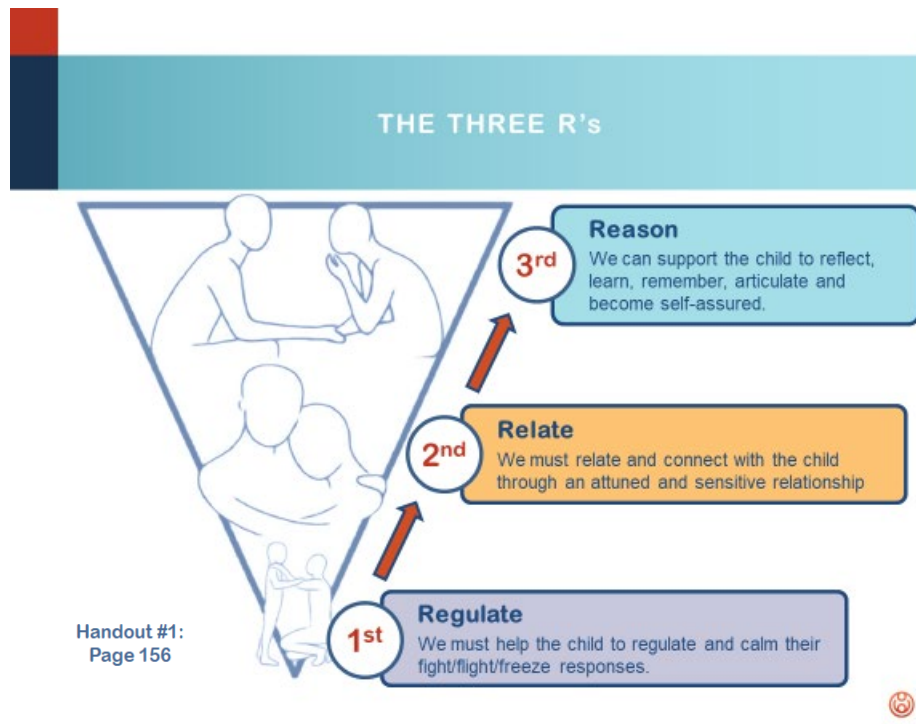
For example, let's assume a parent who is fostering or adopting gets up in the middle of a winter night and checks on a sleeping child who has kicked off their covers. As the parent is pulling the covers back up, the child wakes up. This child, who has a history of being sexually abused at night, now screams and hits the parent.

The parent, who has done nothing wrong, should not let the child continue to hit. But yelling at this child or punishing this child will not calm the child down. Nor will it help the child get back to sleep.

### **FACILITATOR'S NOTE**

An example of how to handle this in an appropriate manner is described and included in the discussion on slides 22-24.





## DO

Have participants look at the Handout #1 for this theme in their **Participant Resource Manual** on page 156.

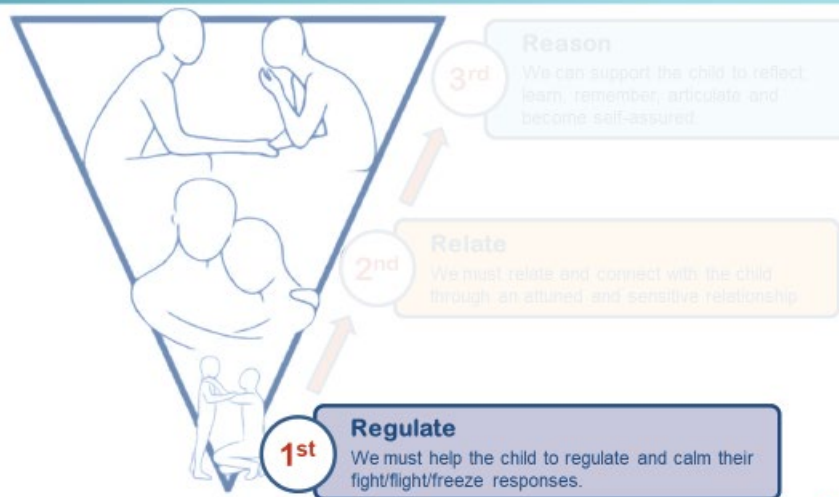
## PARAPHRASE

A better approach is a trauma-informed response that incorporates safety and support. This trauma-informed response uses the Three R's: Regulate, Relate, and Reason. You heard Dr. Perry mention these in his podcast. Let's look at Handout #1, The Three R's - Reaching the Learning Brain, by Beacon House, that can be found in your **Participant Resource Manual** on page 156.

Dr. Perry spoke about the child who is dysregulated and needs help in calming down (Regulating). Then, the parent needs to connect with the child (Relate) enough for the child to start to feel safe again. Finally, the adult and child can talk and figure out how to move forward (Reason). In this way, a parent can help a child and set limits without being punitive.

Let's take a closer look at each of these three steps.

## THE THREE R's



### PARAPHRASE

When a child who has experienced trauma is triggered (responding to something with a fight, flight or freeze response), their whole body is reacting, and they are in survival mode. As discussed in the Trauma-Related Behaviors theme, the brain stem controls heart rate, blood pressure, and breathing, and all these can change when a child experiences a trauma trigger or feels fearful.

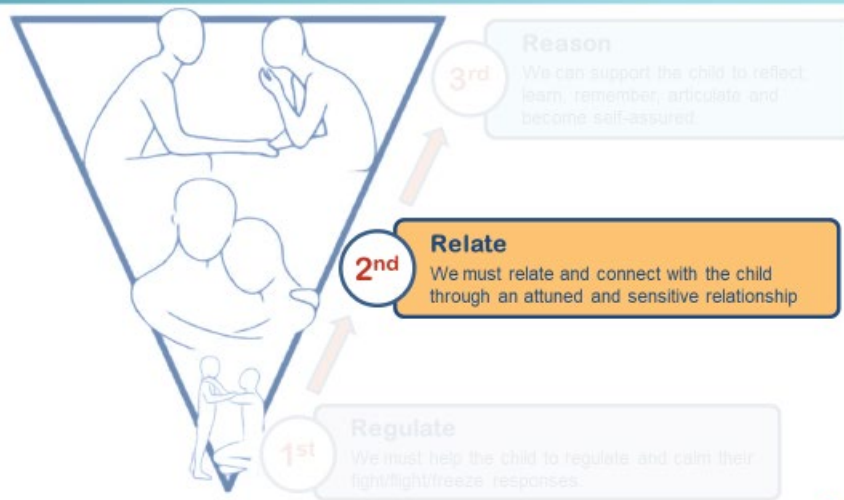
The child will not be able to have a rational discussion when their body is experiencing these physical reactions. This is what Dr. Perry described as the reacting part of the brain, and that is what the child is responding to at that point. The first step that we must take is to help the child calm down (Regulate).

In the example where the child awakens and starts hitting the parent, the parent might step back out of range to stop the hitting, while assuring the child they are safe and encouraging the child to take some deep breaths; or count to ten.

Once the child has calmed, we then want to Relate.



## THE THREE R's



22

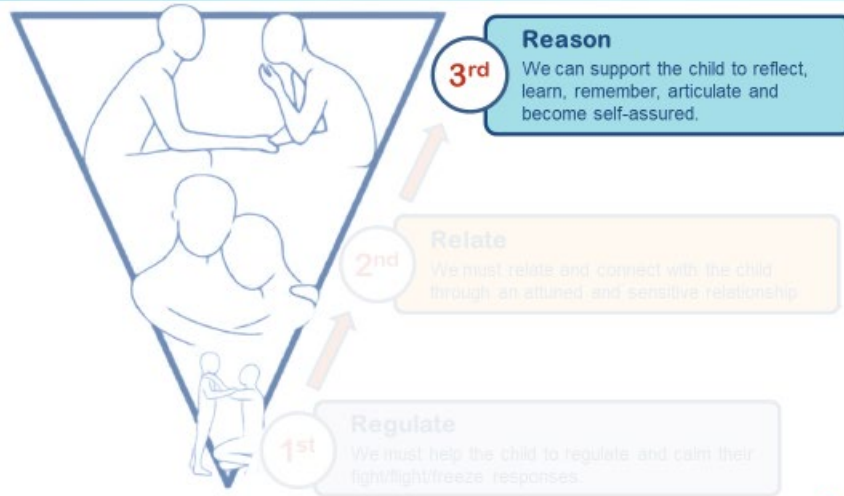
### PARAPHRASE

It is important now for the parent to emotionally reconnect with the child and try to understand what upset the child. This support engages the emotional part of brain that Dr. Perry referred to.

In the example about the child screaming and hitting the parent, the parent might acknowledge that the child was startled and apologize, even though the parent's actions were well-intended. The parent can remind the child of where they are, who is in the room, and reassure them that they are safe. The parent needs to continue to reassure the child they are in a safe place and to focus on how the child is feeling (e.g., scared, anxious, angry, sad). In doing this, the parent needs to be aware of their tone, volume and proximity, making sure they are calming.



## THE THREE R'S



23

### PARAPHRASE

Once the parent has helped the child regulate their behaviors and has emotionally reconnected with the calmed child, then they can talk about what happened and develop a plan to address the issues.

In the example, once the child is calmer and listening to the parent, the parent can explain why they were in the room. The parent can focus on soothing the child and getting them back to sleep. The next morning, they might talk about how to handle this situation in the future so that the child is not cold at night.

These discussions engage the highest level of the brain, or the thinking and learning brain, and can happen only after the child has been calmed and emotionally engaged. This is why we work through the steps in order, Regulate first, then Relate, and finally Reason.

### PARAPHRASE

Now, let's do a few activities to help you develop your skills in using the Three R's.





A 7-year-old child comes in dysregulated (angry, crying, and yelling) after playing outside with friends.

How can you use the first 2 steps of the Three R's (Regulate, Relate)?



24

## FACILITATOR'S NOTE

In this activity, participants will work in small groups to think about ways to use the first 2 steps of the Three R's with a 7-year-old child who comes in from playing with friends dysregulated. The group will share their ideas and responses and then consider how parents in that situation would feel. Each group will then do a brief report out on how they would engage with the child to help them move through the following steps: 1) **Regulate** 2) **Relate**.

**Adaptation for Remote Platform:** This activity can be modified for a remote platform by using the break-out rooms function in zoom to create small groups after the facilitator reads the case scenario. Or the activity can be done as a whole group activity with members using the chat function or sharing aloud how they would help a child 1) Regulate 2) Relate.

## PARAPHRASE

Our first activity is a case study. I will read you the short scenario.

## SAY

Imagine you are parenting a 7-year-old child who comes in after playing outside with some neighborhood friends, slams the door shut, and yells at the parent saying, "I hate this place and I hate you." The child was crying as they came in.



## **ASK**

First, how might the parent feel after this happens?

## **SAY**

Now, I will break you into small groups to come up with a way you, as parents, could use the first 2 steps of the Three R's. Remember - first, you need to Regulate (help the child calm down), then Relate (help the child feel connected with the parent).

You'll have about 5 minutes, and then we'll talk as a group to share some of your ideas.

## **DO**

- Circulate while participants work to provide encouragement and advice and to answer questions as needed.
- At 4 minutes, give a 1-minute warning.
- At 5 minutes, call the group back together.

## **ASK**

Can I have a few volunteers to share their ideas with the full group?

## **PARAPHRASE**

Thank you! That was a lot of great ideas, and a great job thinking about how a parent could help comfort a child who was overwhelmed and upset over an encounter with friends.



## INSTANT FAMILY CLIP



25

### **FACILITATOR'S NOTE**

In this activity, you will show a clip from Instant Family and facilitate full-group discussion after watching the clip.

### **PARAPHRASE**

Even when we try hard to understand the child and their past, we can't always be aware of what might trigger a trauma reaction. We will watch a clip from Instant Family to illustrate an example for us to discuss.

### **DO**

Show clip from Instant Family. This clip from Instant Family (mom combing the daughter's hair through the apology), lasts approximately 12 minutes.

### **PARAPHRASE**

This is an example of not knowing when a trauma reaction has been triggered. Here, the new parent is being supportive. This would usually be a moment of bonding and attachment. However, for a traumatized child, starting to feel close to another adult may trigger a warning not to trust that adult and risk getting hurt again. It is important that the parent who fosters or adopts be able to tolerate rejection and understand what is underneath the rejection for the child (characteristic). It can also conflict with the child's feelings of attachment to their parent, making the child feel disloyal. Thus, a child's initial positive emotional experience can end up generating grief, loneliness, and other complicated emotions in that same child.



## ASK

- How do you think the mother feels in clip shown? What does this bring up for her?
- What does the dad do to help Regulate and Relate to the child?
- What did you think of this delayed explanation and apology?
  - Did it seem sincere?
  - Why didn't the daughter say all of this sooner?





**SECTION 3:**  
**EMOTIONAL CO-REGULATION**



26

**PARAPHRASE**

One important thing to realize is that the parent's responses and the child's responses interact. If the parent escalates by getting angry, the child may also escalate more, and the emotional intensity will increase. If the parent stays calm, it will help calm the child, and the emotional intensity will decrease. This is called emotional co-regulation, which is what we will be working on in this section.



## TRIGGERS AND EMOTIONAL INTENSITY



### PARAPHRASE

As we discussed earlier, we know that a supportive relationship with a healthy adult is essential for a traumatized child. But we also know that it can be very hard for the child to feel close and connected, especially to somebody in a parent role.

Often, children who have experienced trauma will push back against a caring parent, not trusting their intentions and are fearful of closeness. Sometimes an older child distancing from a parent will be an attempt at developmental adolescent independence; other times, it may be due to the child's past, with the child assuming the parent is like previous adults who have let them down or hurt them in some way; or the child may be trying to get the parent to reject the child as other adults have done, proving the new parent can't be trusted either.

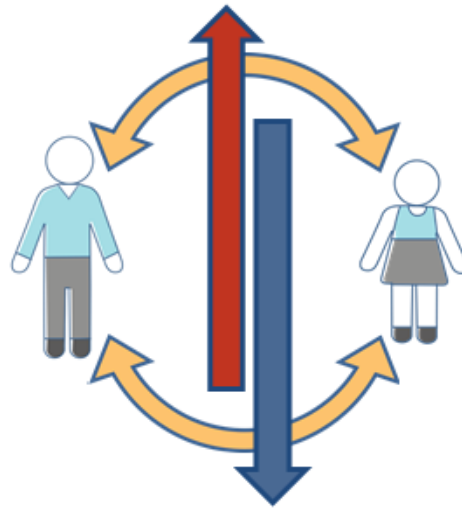
This can get emotionally intense. Children may become angry with the parent and defy the rules, falsely accuse a parent, or escalate into fight/flight/freeze behaviors. The characteristics of being **resilient/patient** and able to **tolerate rejection** are critical for the parent who is fostering or adopting to stay committed and invested in the child (characteristics).





## EMOTIONAL CO-REGULATION

The PARENT'S response and the CHILD'S response interact, either to calm or increase the emotional intensity.



### PARAPHRASE

Successfully navigating these intense "emotional punches" requires emotional coregulation. As we have discussed, the parent's response and child's response interact, either to calm or increase the emotional intensity. If the parent can remain calm during these emotionally intense situations, that will help the child begin to calm down as well. If, instead, the parent gets angry or upset, the child will escalate. Thus, the parent needs to remain calm and in control. The child will work hard to push a parent's "buttons," trying to get the parent more upset and divert the conversation away from the child's inappropriate behaviors. Parents need to manage their own range of emotions, avoid reactive behaviors and, instead, increase their empathy.

All of this will require a great deal of **self-awareness** (characteristic). An adult who is getting more upset will not be able to calm a child. It is important to remember that the concerning behaviors, which are inappropriate now, are often behaviors that helped the child survive in previous threatening situations.



## THE EMOTIONAL CONTAINER IN REAL LIFE

Podcast Transcripts: Page 157



### NCTSN Resource Parent Curriculum Podcast

Host: Resource Parent- Diane Lanni



### FACILITATOR'S NOTE

- Listen to the podcast by Diane Lanni on Trauma-Informed Parenting (3 minutes and 21 seconds).
- Instruct participants to listen to how Diane Lanni helps her son Regulate or calm down. (This podcast can also be found on the National Child Traumatic Stress Network website.)
- Ask participants to follow along with the transcripts for this podcast in their participant manual on page 157.

### ASK

- What did you hear going on in this podcast?
- How did Diane Lanni help her son calm down through co-regulation? (She remains calm and supportive during the call. She understands what's behind her son's behavior and what has been triggered for him- fear of abandonment.)
- What do you think would have happened if Diane also "lost her cool" in response to her son's behavior?



## REFLECTION/ RELEVANCE



Reflection & Relevance: Page 159



30

### FACILITATOR'S NOTE

If time permits do this reflection in class. If time is short, ask participants to do on their own at home.

### SAY

Now, we'll take a few minutes to reflect on what we've learned in this theme.

Now, please open your **Participant Resource Manual** to page 159. Think about Diane Lanni and her son. Now, think about a child having a meltdown, yelling at you and calling you names.

Please write your thoughts regarding the following questions in your **Participant Resource Manual**.

- How do you think it would feel to you?
- What might be your first reaction?
- How would you get yourself ready to help the child co-regulate?
- What support might you need?



## ADULTS CAN ALSO BE TRIGGERED



31

### **PARAPHRASE**

An adult can go through the same calm to alarm stages as the child. Remember, it's natural for all of us to respond to threat with a fight, flight, or freeze response. First, it is essential for parents to be able to recognize what emotional state they are in. Then, the parent can calm down, become more attuned to the child, and help that child become more regulated.

In these instances, parents may want to use the Three R's to help calm themselves first.

### **ASK**

How can the parent help themselves Regulate (calm), Relate (feel connected), and Reason (problem-solve)?

### **PARAPHRASE**

Parents need to understand that progress is not always linear. A child may be doing well for a long time and then slip back into older, less healthy behaviors when retriggered. The parents need to recognize the developmental level of the child's response, be patient, and work through these tough times.

Next, we'll watch a video that demonstrates two different ways of responding to when a child is upset and directly challenges the parents.



## VIDEO: *LIVING ROOM SCENE 1*



### **FACILITATOR'S NOTE**

The facilitator will show two videos. (Show one and then have discussion, and then you will show the other followed by discussion.) In the videos, actors demonstrate a parent responding to a fourteen-year-old who breaks a vase. The child lies about breaking it and then angrily lists things that the parent has been doing wrong. After viewing the clip, facilitate a full-group discussion about the situation.

Allow 10 minutes for the video and discussion.

### **DO**

- Show the first short NTDC video clip (Living Room Scene 1)
- Facilitate a discussion around these questions:
  - How do you describe the child's reaction to breaking the vase?  
Look for answers such as: The child responds that they didn't do it and becomes emotionally upset and defensive, the child immediately begins to blame the parent.
  - Why do you think the child responds this way?  
Look for answers such as: the child may have experienced harsh discipline or abuse, so they are very fearful and go into "fight" response.
  - What is the parent's reaction?

## VIDEO: *LIVING ROOM SCENE 2*



### **PARAPHRASE**

Now we will watch the second video clip. Pay close attention to how the parent's reaction affects the child's reaction.

### **DO**

Show the second short NTDC video clip (Living Room Scene 2)

- Facilitate a discussion around these questions:
  - Eventually, what does the parent do that that helps child calm down?
  - How do you think the parent's response helped the child become Regulated and then be able to Relate and Reason?

Let's also remember that some children will react to fear with more of a flight-or-freeze response, such as running away or withdrawing. They too will need help in feeling safe. They will need your help to Regulate (calm down and feel safe enough not to run or withdraw), Relate, and Reason about a problem.



## CELEBRATE SUCCESSES



34

### PARAPHRASE

While children who have experienced trauma can present with challenging behaviors, parents who are fostering and adopting need to celebrate the successes. This will mean learning to celebrate small successes. Parents need to be flexible in their thinking and to redefine their expectations and their idea of success. Something, such as a child coming home from school one day without a negative comment about their behavior could truly be a success and should be celebrated. Find and focus on the positive accomplishments of the child.

Families can do this by:

- Having lots of private celebrations for the child's achievements that might embarrass the child if known publicly (e.g., passing a test in a subject they were failing or talking out a disagreement rather than becoming aggressive).
- Setting small goals for the family and then recognizing the achievement of these goals.
- Celebrating birthdays, anniversaries, and holidays.
- Supporting one another after difficulties - take a night off.
- Rewarding positive behaviors of the child and parents.
- Finding fun activities, the parents and child can share in and enjoy together.

### DO

- Facilitate a brief discussion of ways to celebrate the child's successes.

### PARAPHRASE

We're almost finished. Let's wrap up.





## SAY

Now, it's time to wrap up. Before we do, I want to briefly highlight the key points from this theme:

- In parenting a child who has experienced trauma, keep in mind the importance of a child feeling safe and supported and that co-regulation will be more helpful to the child than punishment.
- Intervening with a child who has experienced trauma and is upset includes helping the child calm (Regulate), then reestablish your supportive relationship with the child (Relate) and helping the child to Reason through the issue (Three R's).
- To help a child who has experienced trauma, a parent must be able self-regulate. This can be challenging when the parent feels the child is intentionally provoking the parent. (Remember the Three R's for the parent as well.)
- A child who has experienced trauma can recover but it will take time and patience.





# National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS



# EFFECTIVE COMMUNICATION

FACILITATOR CLASSROOM GUIDE  
Modified January 2022

# MATERIALS AND HANDOUTS

## FACILITATOR'S NOTE

- Participants are expected to have the **Participant Resource Manual** available for every session. This theme begins on page 163 in the **Participant Manual**.

## MATERIALS NEEDED

You will need the following if conducting the session in the classroom:

- A screen and projector (test before the session with the computer and cables you will use)
- A flipchart or whiteboard and markers for several of the activities. A flipchart with a sticky backing on each sheet may be useful and will allow you to post completed flipchart sheets on the wall for reference.
- Name tent cards (use the name tent cards made during the Introduction and Welcome theme)

You will need the following if conducting the session via a remote platform:

- Access to a strong internet connection
- A back-up plan in the event your internet and/or computer do not work
- A computer that has the ability to connect to a remote platform- Zoom is recommended

## HANDOUTS

Have the following handouts accessible. Participants will have all handouts listed below in their **Participant Resource Manual**:

- Handout #1: The 4P's (page 165)
- Handout #2: Case Study for Effective Communication - Kinship Caregivers (page 166)

## VIDEOS AND PODCASTS

This theme uses the following media as classroom elements. Before the day you facilitate this class, decide how you will show/play the media items, review any specific instructions for the theme, and do a test drive.

**For this theme:**

- Video: *Effective Communication with Children and Teens* with Heather Forbes (5:36 minutes): Slide 52
- Video: *Being Parallel to Allow for Effective Communication* with Bruce Perry (2:40 minutes): Slide 56



# THEME AND COMPETENCIES

## FACILITATOR'S NOTE

Prior to the session, review the theme and competencies. You will not read these aloud to participants. Participants can access all competencies in their **Participant Resource Manual**.

### Theme: Effective Communication

Understand the definition of effective communication including both verbal and non-verbal language; understand how to use open communication with children; recognize the importance of active listening skills; aware of strategies to convey compassion and attunement; recognize how to talk to children about difficult and/or sensitive issues with openness; know how to develop and maintain open communication.

### Competencies

#### Knowledge

- Aware of strategies to discuss difficult/sensitive issues with children in a supportive manner.
- Know strategies to convey empathy.
- Aware of the components of effective communication, including both verbal and non-verbal language.
- Identify empowering and inclusive language.
- Able to describe what effective listening skills are for parents.

#### Attitudes

- Believe it is important to communicate with children about sensitive topics even when I am uncomfortable.
- Feel it is important to be open to learning about ways to be a better communicator with children.

#### Skill

- Demonstrate ability to talk with children about difficult and/or sensitive issues in an empathetic and empowering manner.



## **BEFORE YOU BEGIN THE CLASS**

Before discussing the Color Wheel of Emotions and covering the content of this theme, you should do the following:

- Make any announcements that are needed regarding the training, timing of training, or process to become a foster or adoptive parent.
- Take out the **Participant Resource Manual** and direct participants to this theme in their **Manual**. Remind participants that the Competencies for today's theme are in their **Manual**.
- Encourage participants to be engaged and active learners.
- Encourage participants to contact the office in between classes with any questions and/or concerns.
- Remind participants to put out their name tents. If conducting the class on a remote platform, remind participants to type their first and last names in their screen box.





# EFFECTIVE COMMUNICATION

Modified October 2023

39

## FACILITATOR'S NOTE

Show this slide briefly just before you start the theme.

### **SAY**

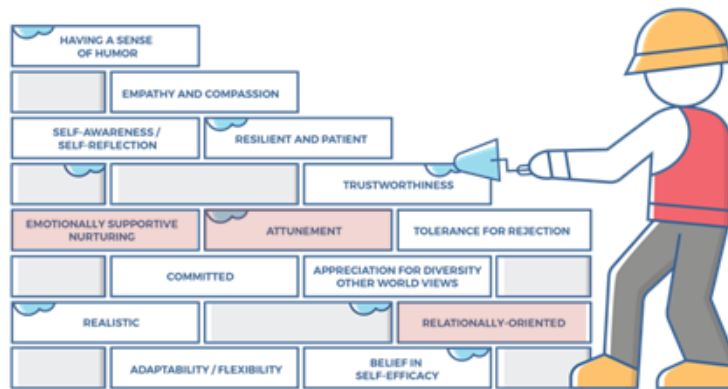
Let's get started! Welcome to the Effective Communication theme. This theme begins on page 163 of your Participant Manual.



## PARAPHRASE

- Communicating effectively with children is a key skill for any parent.
- This theme will provide you with a variety of tools you can use to make your communications more effective, particularly during sensitive conversations with the child you are fostering or have adopted.
- We will focus on communicating in a way that is empathetic, empowering, and age-appropriate.
- Let's get started!

## CHARACTERISTICS OF SUCCESSFUL FOSTER AND ADOPTIVE PARENTS



41

### FACILITATOR'S NOTE

This slide is shown at the start of each theme. Although the graphic will remain the same, the bricks that are colored in red will change based on the characteristics that will be touched upon in this theme. The characteristics were obtained from review of literature, stakeholder interviews, and review of existing curricula. We want families to become very acquainted with these characteristics throughout the training. It is important to note that in addition to the characteristics that are highlighted in red, there may be additional characteristics that are touched upon during the theme. Facilitators should try to connect these characteristics to the content they are sharing throughout the training. Remind participants that their **Participant Resource Manual** contains the definitions for these characteristics.

### SAY

Before we get into the content let's look at the 14 characteristics of successful foster and adoptive parents. When you took your self-assessment, you were asked about these characteristics.



## CHARACTERISTICS FOR EFFECTIVE COMMUNICATION

### **Emotionally Supportive/Nurturing:**

- Creating a supportive environment that gives the child a safe space to talk about their emotions.
- Children feel heard and understood when they have a supportive space they share with a calming guide to listen and support them.
- Listen more than you speak, allowing the child to find solutions for their problems.

### **Attunement:**

- Aware of, understand, and sensitive to the responses and needs of a child, even when the child does not directly express needs.
- In tune with child's moods, rhythms and responses.
- In tune with child's needs for physical contact, affection, security, stimulation and movement.
- Remaining calm in moments of stress as you help child manage their emotions.



42

## SAY

The Effective Communication theme will cover the following characteristics:

- Emotionally Supportive/Nurturing
- Attunement
- Relationally-Oriented

Take a moment to how you assessed yourself with these characteristics. It is important as you start this journey to assess your characteristics as they are qualities that can strengthen your ability to successfully parent a child who is in foster care or has been adopted.





## CHARACTERISTICS FOR EFFECTIVE COMMUNICATION

### Relationally-Oriented:

- Parents recognize and value the relationships the child has with others including their family.
- Parents show respect for the child's family and previous relationships, and to the child.
- Parents move beyond any anger or jealousy they may feel toward the child's family in order to help the child resolve relationship issues with their family members and former foster families.
- Parents are able to help a child grieve losses, maintain connections, and feel good about themselves.

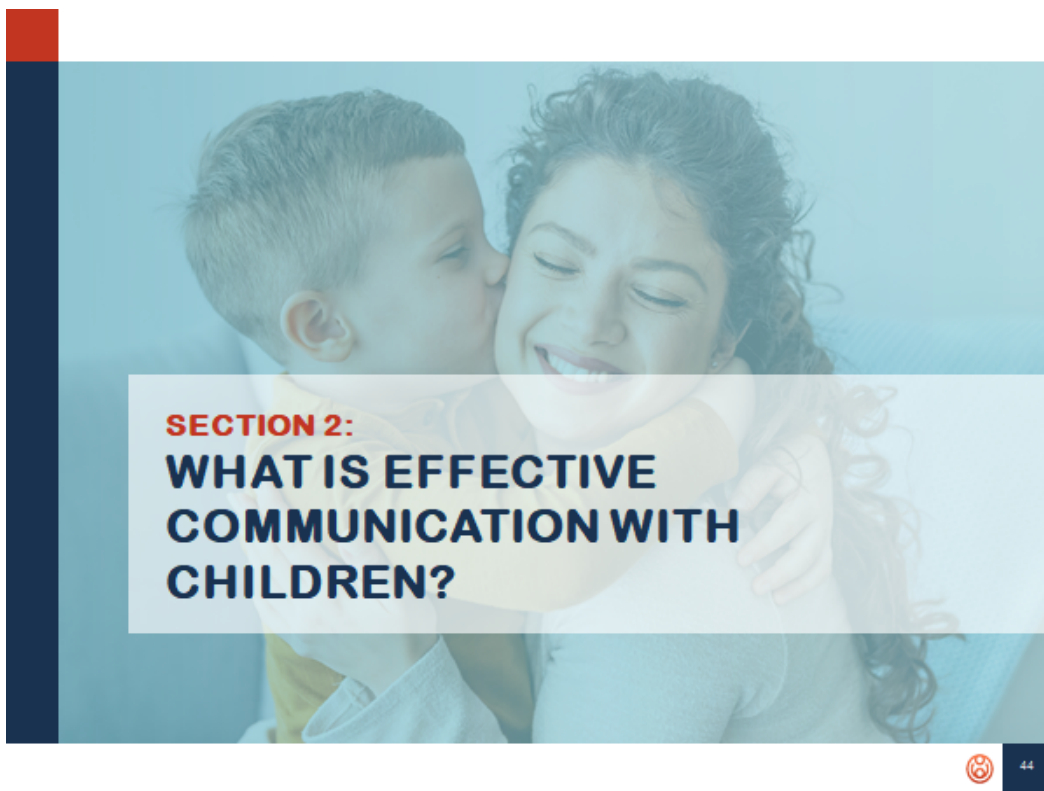


43

### **ASK**

Now that we have reviewed the definitions, why do you think these specific characteristics are important to effective communication?





## PARAPHRASE

Authentic listening conveys empathy and allows the child to feel validated and heard. This is especially important when talking about sensitive or painful topics with children.

It is also important for you to remain calm and empathetic as you listen to the child talk about their story. This lets the child know that their feelings and experiences are important, that they are respected, and that they matter. Children who have experienced trauma and loss may never have been given these messages, so your attention and validation of their feelings is very important.

As we talk about communication today, remember, communicating with children is different than communicating with adults. How we can communicate effectively depends a lot on the age and stage of the child. While we may like to do a lot of talking because it is what comes naturally to us as adults, it is not always the best way to communicate with children if we really want to understand them or have them understand us.

And, communicating with children who have experienced loss, grief, and trauma can make it even more complicated as they may not receive and process information in a way that might be expected for their age.

So, even if you consider yourself a strong communicator, try to see where you can grow your communication skills today. This will help all of us be more effective in interacting with children in a way that is **relationally-oriented**, an important characteristic for parents who are fostering and adopting.

## KEY ELEMENTS OF EFFECTIVE COMMUNICATION

Authentic listening

Be aware of triggers

Use empowering language

Express empathy



Validate the child's feelings and point of view.



45

### PARAPHRASE

Let's first talk about the important elements of effective communication with children who have experienced loss, grief, and trauma:

- Authentic listening
- Being conscious of triggers
- Using empowering language
- Expressing empathy.

Parents should practice authentic listening to acknowledge the child's feelings and point of view. Authentic listening is being **emotionally supportive and nurturing** (characteristic).

The three steps for authentic, true listening are:

- 1) Listening attentively without interruption
- 2) Feeding back your understanding of what the child is saying and feeling
- 3) Checking in with the child to confirm that you understood correctly

Let's think about how these three things might look different depending on the child. You may be able to have straightforward conversations with an older child or teen depending on their developmentally stage and communication skills. Remember the Three Rs (Regulate, Relate and Reason), so pick a time when the child is calm and not already upset. You may not be able to cover a topic in one conversation, but instead allow the child to take in and process what is being communicated, and perhaps come back to the topic later. Don't insist on quick solutions, agreement, and closure, but check in with the teen on what you think you are hearing as make sure you understand what the teen is trying to tell you. Authentic listening is about paying attention to the here and now. Really tune in to



what the child or teen's body language and tone of voice tell you and be sure to notice what they are not saying as much as what they are saying.

With younger children, know the "conversations" will happen in spurts, and occur less through words and more with actions. That is ok! Don't push the talking. It is important to realize that play is the language of younger children both in what they are telling us and how they begin to understand things. So "listening to what they're saying" could be more like playing with them and/or observing their behavior and helping them put words to their feelings and experiences over time.



## KEY ELEMENTS OF EFFECTIVE COMMUNICATION

Authentic listening

Be aware of triggers

Use empowering language

Express empathy



Learn the child's history to identify triggers, such as times in the routine or special days.



46

### PARAPHRASE

It's important to be aware of any triggers that are present or may come up while communicating with children who have experienced separations and loss. As a result, conversations could be derailed at moments that seem unexpected to you. Triggers could occur when talking about certain people or events, or even things that remind them of the people or events. They might be especially true around holidays, certain seasons, anniversary dates, and/or specific times in the routine that remind them of people or events in their past.

When we take the time to learn more about the child's history, we can identify possible triggers for the child and give us insight into the behaviors that might result. Communication about these behaviors can be eased by understanding the reason behind the behavior and by remembering that at one point in the child's life, they developed the behavior to feel safe and to cope with their situation. Keep this in mind and eventually you can help the child to understand this too. As you both make sense of this, it will help them to feel better about themselves and learn new ways to cope with stress and/or triggers.



## KEY ELEMENTS OF EFFECTIVE COMMUNICATION

Authentic listening

Be aware of triggers

Use empowering language

Express empathy



**Example of triggered behavior:**

### Food hoarding

- Common among children who experienced early deprivation
- Potential health hazard



47

## PARAPHRASE

One example might be with children who have experienced food insecurity and early deprivation. It is not unusual for children who have had these experiences to be triggered by the fear of not having enough food. Even when the child is offered plenty of food in the home, a part of the child may still feel as if there won't be enough food to meet their hunger. The child may respond behaviorally by food hoarding, a behavior that is common among children who did not have enough food in the past. Food hoarding can be a health hazard if food is hidden in a child's room and left to rot, attracting bugs, and causing odors.

If hoarding or sneaking of food occurs, you can talk with the child about strategies to help them feel more secure, rather than creating consequences for the behavior. One strategy might be to give the child a plastic container with wrapped snacks that they can take to their room each day and bring back to the kitchen the following day to be refilled as needed. This strategy will help ensure that the child always has food available until they feel secure enough to let go of their "personal supply". Discussing possible solutions with the child, rather than giving consequences for behaviors, can build your relationship and meet the child's underlying need.



## KEY ELEMENTS OF EFFECTIVE COMMUNICATION

Authentic listening

Be aware of triggers

Use empowering language

Express empathy



- Show no judgment, shaming, or blaming
- Be clear and direct.
- Comment on the action, not the actor.
- Encourage positive behaviors, hopes and dreams.
- Reinforce belonging.
- Express genuine affection.



48

### PARAPHRASE

Another key element of effective communication is to use empowering language when talking with the child. I'm sure you can think of examples when another person's language shuts things down real fast!

Here are some helpful tips:

- Communicate with no judgment, no shaming, or blaming.
- Be clear and direct.
- Comment on the negative action, not the actor.
- Notice positive behaviors often and compliment them. The brain is primed to hear the negative, so really focus on strengths.
- Notice, encourage, and support children's efforts and attempts. Change is hard for all of us, and it takes time.
- Reinforce the child's belonging in your home regularly. Never threaten a child with leaving the family as a consequence to behavior. Moves are very serious and need to be discussed thoughtfully with professionals in the rare case it was necessary.
- Express genuine affection. All children need this even if they act like they don't.
- Encourage their hopes and dreams for the future in your conversation. It helps them to know you believe in them.



## KEY ELEMENTS OF EFFECTIVE COMMUNICATION

Authentic listening

Be aware of triggers

Use empowering language

Express empathy



Sonya, age 12, leaves her clothes on the floor and does not put them in the hamper for days.



49

### PARAPHRASE

Let's think about a parent's language in the case of Sonya. Sonya is 12 years old and has the habit of leaving her clothes on the floor when she changes to get ready for bed. She does not put her dirty clothes in the hamper so there are piles of clothes on the floor in her room for several days until her mother goes into her room and picks them up.

Her mother *could* say, "Sonya, you are very messy, and you don't take care of your nice clothes. I cannot always come into your room and pick up after you. You will not have clean clothes if you do not put your dirty clothes in the hamper, and I won't buy you new clothes if you cannot take care of them."

OR

Her mother *could* say, "Sonya, I know you like to have nice, clean clothes to wear to school. We can be sure your clothes get washed if they are in the hamper when I am ready to do laundry. Let me help you hang up your clothes when you are ready for bed and put the dirty clothes in the hamper. This way you will get into the habit of doing this for yourself after a while."

### ASK

Which of these examples uses empowering language?

### DO

Facilitate a brief discussion.





## **FACILITATOR'S NOTE**

The first example is NOT empowering because it focuses on the shortcomings of the child. The second example is much more empowering because the parent focuses on the behavior itself without judgement. In the second example, the parent offers to help as necessary, which is likely because the child is acting at a much younger age developmentally and parental support may better set her up for success.



## KEY ELEMENTS OF EFFECTIVE COMMUNICATION

Authentic listening

Be aware of triggers

Use empowering language

Express empathy



- Express both verbally and non-verbally.
- Respond with empathetic statements.
- Stay calm and relaxed.
- Make eye contact (as appropriate).
- Gently touch (if appropriate).



50

### PARAPHRASE

Empathy is putting yourself in the shoes of another person and showing them that you're trying to understand what they're going through. It is different than feeling sorry for them. It means you are joining with them in whatever they are feeling and acknowledging it.

Express empathy through both your verbal and non-verbal language. Respond with empathetic statements such as, "That must have made you feel sad/scared/confused," or "I understand how upsetting that must have been for you." Stay calm and relaxed in these conversations. Sit with the child, lean towards them if that feels comforting to them, and gently touch the child, if appropriate, by holding their hand, putting a hand on the child's arm, or putting an arm around the child's shoulder. Some children do not want to be touched, so be aware of the child's boundaries and what they consider safe or culturally appropriate. Some children may feel that direct eye contact is too intimate, or it may not be culturally appropriate, so be considerate of how to use eye contact as well.

Do not make assumptions based on the child's age when it comes to how you express empathy. Some younger children may not want any cuddles and prefer a simple kind look, while some older children will really love to crawl up right next to you. Follow their lead and they will see you understand them.



## EFFECTIVE COMMUNICATION WITH CHILDREN AND TEENS



### SAY

Now let's listen to adoptive mom, Heather Forbes, talking about communicating with children and teens. Heather is a licensed clinical social worker and the owner of the Beyond Consequences Institute. She has worked in the field of trauma and healing for over 20 years and much of her insight comes from her direct mothering of children impacted by trauma.

### DO

Play the video *Effective Communication with Children and Teens*. This will run approximately 6 minutes.

Process video with questions like:

- What did you learn about children's ability to communicate about their emotions?

#### Reinforce:

- Children learn from modeling
- Children will need help to use language to describe their emotions
- Parents need to communicate clearly
- Why is it important to give children a voice, especially when they have experienced trauma?

#### Reinforce:

- Decisions have been made for them/choices have been taken from them
- The child's viewpoint needs to be validated
- What did you think about Heather Forbes saying that the parent needs to communicate at an emotional level? Why is this so challenging for parents?

#### Reinforce:

- This is not how most of us were socialized/raised
- It is important that communication is reciprocal and not one-sided



## **PARAPHRASE**

We can't emphasize the importance of listening enough. It is true for all effective communication, but especially for children who have not been listened to. Do you remember what Heather Forbes said about listening? Parenting takes a lot of listening and it is important to let child have their own viewpoint. Especially as children get older, conversations are not just about parents giving directions. Communication is a two-way street. Even if you don't change course with your parenting decisions, it is important for the child to feel really heard by you. And remember, real listening is focusing on the child, not thinking about what you are going to say next!



## PRACTICAL STRATEGIES FOR CAREGIVERS



- ✓ Stay curious and open
- ✓ Speak at a level the child understands
- ✓ Have a calm attitude
- ✓ Pay attention to your body language, face & voice
- ✓ Acknowledge what the child is communicating, including feelings
- ✓ Remember a sense of humor without minimizing seriousness
- ✓ Talk in person if you can
- ✓ Practice!



52

### PARAPHRASE

To keep communication open with children, use a curious attitude, even tone of voice, and calm demeanor. Don't talk too much or too long and observe when the child has had enough. Be sure to use words the child can understand.

Let the child lead the pace of the conversation both verbally and non-verbally. In addition to paying close attention to the child's body language, pay attention to your own. Children who have experienced trauma are very sensitive to non-verbal communication such as use of hands, facial expressions and tone of voice. Children (and adults) often get more from your body language and tone than from the words.

It will be important for you to remain calm in conversations, even when the information is upsetting. (Remember, the Three Rs apply to adults too and that means regulating yourself first.) This is especially true when communicating with younger children who understand and will remember so much less of your words. If needed, take a moment to calm yourself before conversations. Keeping your breathing even or consciously relaxing your face or shoulders may help you calm yourself before and during difficult conversations.

Although these interactions may feel intense, it is also important to maintain a sense of humor and use humor to lighten the mood when it is appropriate. Just be careful not to minimize the seriousness of the communication.

While texts, emails, or phone calls might be useful at times, they cannot take the place of in-person communication. Verbal and non-verbal communication are essential parts of effective communication with children so be sure to talk in person when possible.

It may be useful to practice talking with a friend, partner, or the child's therapist or caseworker about any subject that might be difficult for you, before you approach the child. Children sense when adults are uncomfortable, and they will take their cues from us. To help children feel comfortable in talking about the hard stuff, parents need to feel comfortable with the "hard stuff," themselves and practicing helps. It's also okay and can be good modeling to acknowledge when something does feel hard to talk about.





## PARAPHRASE

All parents will need to have sensitive conversations with the child they are fostering or adopting. In this section, we'll talk about ways to communicate effectively even during these sensitive conversations.



## FLIPCHART ACTIVITY



### FACILITATOR'S NOTE

Next you will use a flipchart to facilitate a brainstorm on potentially painful or sensitive topics that children might bring up. Title the page “Difficult Topics”.

#### ***Adaptation for Remote Platform:***

Write directly onto this slide, use a Zoom white board.

### DO

Start a new flipchart page. Write “Difficult Topics” as a title.

### SAY

Let’s take a few minutes to brainstorm about potentially painful or sensitive topics that children might bring up that could be hard to talk about. Who can name some?

### DO

Facilitate the discussion.

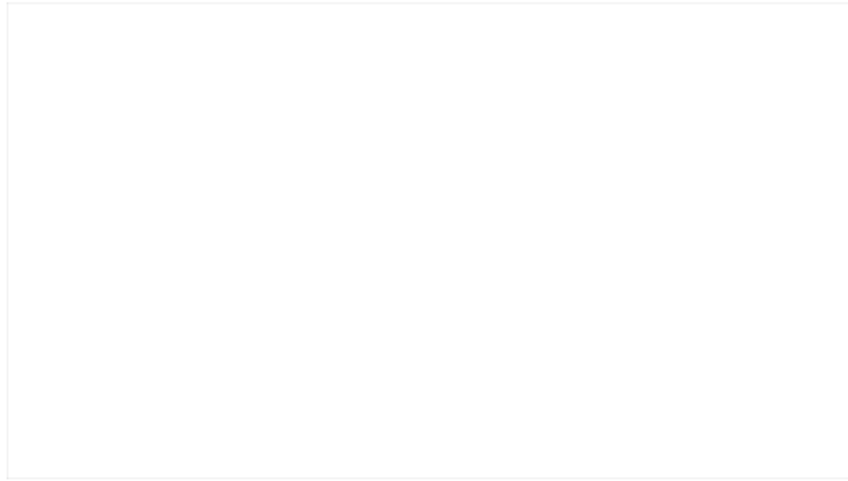
As participants name topics, write them on the flipchart.

#### **Be sure to include:**

- Abuse - physical, sexual, emotional
- Neglect - lack of food, lack of shelter, living in a car
- Abandonment by a parent
- Humiliation
- Domestic violence
- Observing drug abuse or sexual acts
- Arrest of a parent
- Wanting more information about their family
- Embarrassment that they live with their grandparent or relative (specific to kinship)
- Strained relationship between kinship caregivers and the child’s parents



## BRUCE PERRY: *BEING PARALLEL TO ALLOW FOR EFFECTIVE COMMUNICATION*



Handout #1: The 4 P's: Page 165



55

### **SAY**

Both parent and child must be regulated and calm in order to have meaningful conversations.

Dr. Perry also gives us tips about the time, place and way to have these conversations. Let's watch Dr. Perry talk a little more about this and the time and place for these conversations.

### **DO**

- Show the Bruce Perry video clip *Being Parallel to Allow for Effective Communication*. This will take approximately 3 minutes.
- Take a few reaction comments to process the video if you have time.
- Refer to Handout #1: The 4P's on page 165 in the **Participant Manual** and take a moment to review it to solidify the concepts.







## PARAPHRASE

When talking with a child, particularly about sensitive topics, it is important to communicate at a level that's appropriate for the child's chronological age AND their developmental level. Conversations about sensitive topics will not be "one and done" discussions. The child's understanding will change over time as they mature and different questions and concerns will come up over the years. For example, talking in great detail to a five-year old about their parent's drug usage and addiction may not make sense if they really don't understand the concept or how drugs affect a person. But a 15-year-old absolutely knows as they have started to see it in the world around them, if not with their friends, then through movies, music, social media, etc.

As discussed in the Child Development theme, it is always important to consider the child's developmental level which may not be the same as their chronological age. So, if the child is chronologically age 10, but has the social experiences of a 15-year-old, then conversations about something like drug usage would happen earlier. Or, if a child is age 10, but more like a 5-year-old in their emotional capacity, they may not be ready yet for the conversation or might need very simple ways to understand their feelings like saying "owies on your heart" to describe being sad, angry or scared in relation to a parent's drug addiction.



## **CASE STUDY:** **HANDOUT #2: PAGE 166**

### **EFFECTIVE COMMUNICATION FOR KINSHIP PARENTS**

Darius was born while his mom Lorena was a teen. At the time, Lorena was living on the streets and was struggling with substance use. Lorena moved back in with her mother but left at age 17 and has not been heard from since.



57

## **SAY**

Let's start with a case study to illustrate how communication changes at different ages.

## **DO**

Using Handout #2 on page 166, read the case study or ask for a volunteer to do so. Then, transition to the first question on the next slide.

## **CASE STUDY**

Darius is a 5-year-old boy. His mother Lorena grew up in a family with severe violence. Her father was addicted to alcohol and her mother attempted to protect her children from his outbursts but often failed. She would run to her room and lock the door to get away from the violence. Lorena left home at age 14 and lived on the street with other teens, moving from place to place and staying wherever they could. She began using drugs and experienced sex trafficking when she did not have stable housing. During that time, her mother tried, without success, to find Lorena. She also sought help for women escaping violent relationships and left Lorena's father to keep her remaining two children safe. When Lorena was still living on the street, she gave birth to Darius. She had no place to go from the hospital, and Social Services intervened. She and Darius went back to live with Lorena's mother. For two years Lorena lived at home, breaking all the rules. She ditched school, would leave Darius at night to go out, and eventually began using drugs re-experienced sexual exploitation. Her mother was Darius' primary caregiver. When Lorena finally left for the last time, at age 17, she asked her mom to take good care of Darius, and she has not been heard from since then. Social Services has tried to find her, without success so far.



## CASE STUDY QUESTION 1



Darius is around age 5.

If you are the kinship caregiver and Darius asked where his mother is, what would you tell him?



58

### DO

- Give participants a moment to circle the response on their handout that best represents what they may say to a child at this age. (Assure them that there is not one “right” answer.)
- Facilitate a brief discussion of the answers participants choose.
- Call on a few participants to share which answer they chose and to briefly share why.
- Engage all participants in a group discussion by asking them to think aloud about the various responses.

### FACILITATOR’S NOTES

‘D’ may be a “textbook answer”, but each child is unique so it’s helpful to think through options. Make this point as you draw out participants’ thinking about the range of choices.

Throughout the discussion on age five, reinforce the following points:

- Thinking about why a child is asking a question can be helpful to guide a parent’s response.
- At age 5, the child’s main need is to know they are loved, safe and secure. Any question is likely coming from that need.
- The parent’s role when a child is younger is to reinforce the child’s security, rather than giving a lot of information that they can’t yet understand. In this situation, he likely wants to understand what’s right in front of him, like why he’s growing up with relatives and if he’s going to be taken care of or need to move again.



- Labels like mom/mother and dad/father can be confusing to use at this age. Around age 5, those terms are usually understood as the people who take care of children. It may be helpful to choose together what to call Lorena.
- Be sure everything you say is truthful, so you have a strong and honest foundation to work from later.
- As we've mentioned and will talk more about later, body language and tone of voice speak volumes. Try to keep an even, non-judgmental tone and relaxed body language so the child learns you're open to them coming to you in the future on this topic.



## CASE STUDY QUESTION 2



Darius is around age 10.  
If you are the kinship caregiver and Darius asked about his mother, what would you tell him?



59

### DO

- Give participants a moment to circle the response on their handout that best represents what they may say to a child at this age.
- Facilitate a brief discussion of the answers participants choose.
- Call on a few participants to share which answer they chose and to briefly share why.
- Engage all participants in a group discussion by asking them to think aloud about the various responses.

### FACILITATOR'S NOTE

'C' may be a "textbook answer", but each child is unique so it's helpful to think through options. Make this point as you draw out participants' thinking about the range of choices. Throughout the discussion on age ten, reinforce the following points:

- We want to continue to make sure the child knows they're safe and loved.
- Now the child is beginning to wonder about his mother and what happened to her.
- We are continuing to build the child's story at this age, layering in more information as the child can understand these facts. This is not likely to be one conversation, just examples of what may happen at any given time.
- Keep all information factual. Remember that children may be hearing things from other family members, so clarify anything for them and stay truthful.
- Use words the child can understand.



- You may choose to add an example from other families the child knows where children live with their relatives or where members live in different places such as step-families, or a movie or story where this has been the case.
- If the child asks a question where the information seems like too much for their developmental level, answer the question as best you can, but also share that you will write the question down to be sure to answer more fully as they get older.
- For those who will be adopting, you can reference the Right-Time theme- **Life Story- Birth Story and Adoption Story.**

## CASE STUDY QUESTION 3



Darius is around age 15.  
If you were the kinship caregiver and Darius asked about his mother, what would you tell him?



### DO

- Give participants a moment to circle the response on their handout that best represents what they may say to a child at this age.
- Facilitate a brief discussion of the answers participants choose.
- Call on a few participants to share which answer they chose and to briefly share why.
- Engage all participants in a group discussion by asking them to think aloud about the various responses.

### FACILITATOR'S NOTE

'A' may be a "textbook answer" but each child is unique so it's helpful to think through options. Make this point as you draw out participants' thinking about the range of choices.

Throughout the discussion on age 15, reinforce the following points:

- This answer is a snapshot of what would actually be several open conversations over adolescence. The child will only digest all of this over time and as different events in their own life are unfolding.
- Now that Darius is a teenager, it is time for him to begin to understand his whole story.
- The child's story ultimately belongs to them. The parent's role is to share the information in developmentally and emotionally sensitive ways and to support their understanding of it.
- Once a child becomes a teenager, the parent's role shifts to supporting them in understanding and making sense of their own story, not to editing or judging it.



- In answer 'A', the parent adds the education about addiction. While all conversations do not need to keep emphasizing this, it is important for the child to understand this reality as a teenager.
- The information we have been given does not tell us about Darius' father. It could have been someone his mother was close to, or because she had experienced sex trafficking, it is possible that his father is not known. This is something the child will eventually ask or need to know, so it will be up to the parent to discuss this reality and support the teenager in any range of feelings about it. Do not take much time debating this bullet, simply state it during the group discussion. If any participants debate sharing sensitive information, you can remind the group of the reality that the child's story belongs to them. Eventually he can and probably will find out information on his own and if he finds out without you, your trust will be broken.
- Answer B, describes Lorena as a "prostitute." This type of language is stigmatizing, and it will be important for participants to understand that any commercial sexual activity with a minor, even without force, fraud, or coercion, is considered trafficking.
- Consider the option of speaking individually with a participant who seems to be struggling with talking about sensitive subjects to check in about what makes it so difficult.



## REFLECTION/ RELEVANCE



Reflection & Relevance:  
Page 169



51

### FACILITATOR'S NOTE

If time permits do this reflection in class. If time is short, ask participants to do on their own at home.

### SAY

Now, we'll take a few minutes to reflect on what we've learned in this theme.

For your reflection, please take out your **Participant Resource Manual** and turn to page 169. Now, think of a time when you had an interaction with a child or teen that did not go well. Recall the details of the situation for a moment. Then, consider how you might have handled it differently now that you have the new skills that you learned in this theme. Write your thoughts in your **Participant Resource Manual**.





## SAY

Now, it's time to wrap up. Let's highlight some key takeaways from this theme.

- Use authentic listening. This means staying present while the child is communicating.
- Both the parent and the child need to be regulated for effective communication to occur. This may take time, validation, and listening on the part of the parent.
- It is important for parents to show empathy and acknowledge the child's feelings and ideas.
- Communication at the appropriate developmental level for the child is key.



## FACILITATOR'S NOTE

The closing quote above and the paraphrase section below will be done only once per day, after the last theme presented for the day. If you are moving on to another theme invite them to take a break, stretch, or breathe, before moving on to the next theme.

If closing for the day:

- Thank everyone for attending and for their thoughtful participation and attention. Remind the participants that although this training may seem long, it is critical for them to gather the knowledge, attitude, and skills that are needed as they embark on this journey because they ultimately will play a huge role in the lives of children and families.
- If in person, collect the name tents or have them tuck them into their **Participant Resource Manual** to bring back to the next class.

## PARAPHRASE

Close out the day by covering the below topics:

- Remind participants of the date/time for the next class and let participants know if there are any changes to the location.
- Encourage participants to contact you (or other facilitators) if they have any questions or concerns.
- Review the themes that will be covered during the next class.
- If in person, remind participants to take their **Participant Resource Manual** with them and to bring them to the next session. If using a remote platform, remind participants to have the **Participant Resource Manual** available for the next class.



For more information, visit:  
[ntdcportal.org](https://ntdcportal.org)

64



This curriculum was funded by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health & Human Services, under grant #90CO1134. The contents of this curriculum are solely the responsibility of the authors and do not necessarily represent the official views of the Children's Bureau.







# National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS



## Session 6: Impact of Substance Use, Parenting a Child with a History of Sexual Trauma, and Cultural Humility







# National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS



# Impact of Substance Use

FACILITATOR CLASSROOM GUIDE  
Modified January 2022

# PREPARATION

## To prepare for this class, you should:

- Review the facilitator preparation information included in this **Guide** along with the handouts.
- Review the Resources for this theme.
- Ensure that participants have a copy of the **Participant Resource Manual** and that it is accessible to them. This **Manual** will be used during all themes and will have handouts needed by participants. Facilitators should have copies of the handouts for the theme available in case participants do not bring their **Manual** to class. If the theme is being taught on a remote platform, facilitators should have the handouts available so that they can share in the chat and/or email to participants who do not have their **Manual**
- Bring any materials you need for the activities.
- Review any videos or other electronic media used in this theme, if any, and plan the mechanics of how you will present them. Media for this theme are listed in the Materials and Handouts slide. Review the instructions for each media clip (e.g., to pause or stop at a particular time stamp).
- Practice playing the media for the theme. Ensure that you have the files and apps you need, that your links and connections work, and that you know when to pause or stop the media clip if appropriate.
- If training on a remote platform, make sure all participants have the link available to access the class and that you have all videos, PPT's and handouts ready for use.
- If training in person, ensure that a room is available and set up, with the following:
  - Enough tables and chairs for all participants
  - Projector and screen (check that it works with the computer you will be using)
- Many classroom activities have been adapted so they can be done on a remote platform. Adaptations will be marked as follows so they can be easily spotted throughout the Facilitator Classroom Guide: **[Adaptation for Remote Platform](#)**



# MATERIALS AND HANDOUTS

## FACILITATOR'S NOTE

- Participants are expected to have the **Participant Resource Manual** available for every session. This Session begins on page 172 of the **Participant Manual**.

## MATERIALS NEEDED

You will need the following if conducting the session in the classroom:

- A screen and projector (test before the session with the computer and cables you will use)
- A flipchart or whiteboard and markers for several of the activities. A flipchart with a sticky backing on each sheet may be useful and will allow you to post completed flipchart sheets on the wall for reference.
- Name tent cards (use the name tent cards made during the Introduction and Welcome theme)

You will need the following if conducting the session via a remote platform:

- Access to a strong internet connection
- A back-up plan in the event your internet and/or computer do not work
- A computer that has the ability to connect to a remote platform- Zoom is recommended

## HANDOUTS

Have the following handouts accessible. Participants will have all handouts listed below in their **Participant Resource Manual**:

- Handout #1: Understanding Complicated Children: The Impact of Prenatal Exposure (page 177)
- Handout #2: Developmental Quadrant (page 184)

## VIDEOS AND PODCASTS

- There are no videos or podcasts in the classroom content for this theme.



# THEME AND COMPETENCIES

## FACILITATOR'S NOTE

Prior to the session, review the theme and competencies. You will not read these aloud to participants. Participants can access the competencies in their **Participant Resource Manual**.

### Theme: Impact of Substance Use

Understand the short and long-term impact on children exposed to substances prenatally including FASD; recognize issues that may be present if parents use(d) substances; aware of medical issues that can arise due to substance exposure including higher risk of later addiction; understand the genetic component of addiction and addiction as a chronic disease; aware of parenting strategies for children exposed to substances prenatally.

### Competencies

#### Knowledge

- Understand what FASD is and the potential lifelong impact upon children's social, emotional, and cognitive functioning that are associated with this and other parental substance use conditions.
- Understand the impact substance use has on the developing brain - both in utero and throughout the lifetime.
- Can identify strategies to effectively parent children who have been exposed to substances prenatally.
- Understand the genetic component of addiction and addiction as a chronic disease.

#### Attitudes

- Committed to learning new techniques and adjusting parenting style when caring for children who have been exposed to substances prenatally.
- Committed to model a healthy lifestyle for children.
- Embraces the concept that children who have been exposed to substances will likely have special needs.
- Willing to have compassion for parents who are seeking treatment for an addiction and understands that relapse is a part of recovery.

#### Skill

Able to reframe challenging behaviors using positive behavioral support techniques.



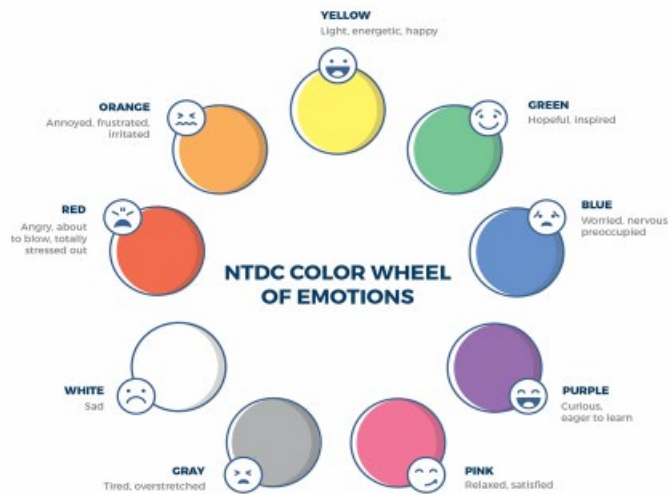
## BEFORE YOU BEGIN THE CLASS

Before discussing the Color Wheel of Emotions and covering the content of this theme, you should do the following:

- Make any announcements that are needed regarding the training, timing of training, or process to become a foster or adoptive parent.
- Take out the **Participant Resource Manual** and direct participants to this theme in their **Manual**. Remind participants that the Competencies for today's theme are in their **Manual**.
- Encourage participants to be engaged and active learners.
- Encourage participants to contact you in between classes with any questions and/or concerns. (Prior to class, list the name(s) of the facilitators on the board with contact information.)
- Remind participants to put out their name tents (these can either be made by the participants during the first class or the agency can print out name tents and provide them to the participants at the first class). If conducting the class on a remote platform, remind participants to type their first and last names in their screen box.



## WELCOME TO THE NATIONAL TRAINING AND DEVELOPMENT CURRICULUM FOR FOSTER AND ADOPTIVE PARENTS



### FACILITATOR'S NOTE

Have this slide showing onscreen as participants assemble for the first class of the day. As participants come in, welcome them back and ask them to take a few minutes to do a self-check using the Color Wheel. **NOTE:** The Color Wheel should only be done one time per day; before the first theme of the day. If combining several themes together on one day, facilitate the Color Wheel at the beginning of the first class of the day as participants are coming into the room.

### SAY

Welcome back. We are so glad that you have taken time out of your day to join us for another exciting learning opportunity. As you recall, tuning in to how you're doing on a daily basis may not be something everyone here is used to, but this type of regular self-check is critical for parents who are adopting or fostering children who may have experienced trauma, separation, or loss, as it will be helpful to become and stay aware of your own state of mind. It may seem like a simple exercise but be assured that knowing how we're doing on any given day strengthens our ability to know when and how we need to get support and/or need a different balance. Doing this type of check in will also help us to teach and/or model this skill for children! Please take a moment to look at the color wheel and jot down on paper the color(s) that you are currently feeling.

### DO

Wait a little while to give participants time to complete the Color Wheel.



**SAY**

Now that everybody has had the opportunity to do a quick check in, would someone like to share what color(s) they landed on today for the Color Wheel?

**DO**

Call on someone who volunteers to share their color(s). If a challenging emotion or feeling is shared, thank the person and acknowledge their courage in sharing, pause for a moment, encourage everyone to take a deep breath, and transition to beginning the theme.





**FACILITATOR'S NOTE**

Show this slide briefly just before you start the class.

**SAY**

Let's get started! Welcome to the Impact of Substance Use theme. This theme begins on page 174 in the Participant Manual.





#### **FACILITATOR'S NOTE**

The opening quote slide should only be used for the first theme of the day. If combining several themes together on one day, the opening quote slide would only be shown after the Color Wheel at the beginning of the first theme. It is important to always emphasize with this slide that this type of parenting involves lifelong learning and it will be critical for families to be invested in their own learning before and after a child is placed in their home.

#### **PARAPHRASE**

We are excited to share this lesson with all of you today. We are going to start with Impact of Substance Use, focusing primarily on the impact of prenatal alcohol exposure, as current research has shown this to have the potential for the greatest impact. As the slide states, this information will help to develop your capacity to support children and families. This type of parenting will require continuous learning. So, let's dive in and see what important information we have to share with you today.



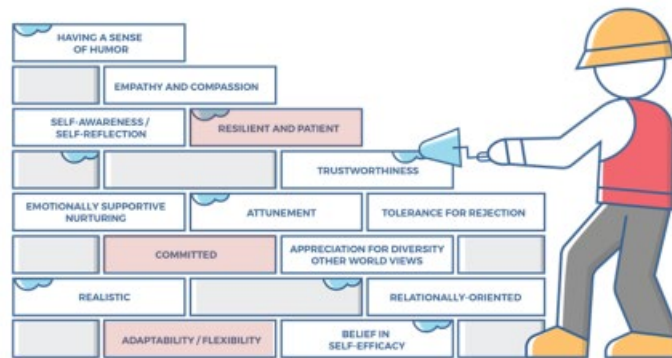


### PARAPHRASE

The following topics will be covered in today's theme:

- Neither drugs nor alcohol are safe for a developing fetus.
- Prenatal exposure to drugs and alcohol can impact various areas of fetal development, but the brain is where we see the most impact.
- Some children who are in the child welfare system or have been adopted were exposed to drugs and alcohol before they were born. These exposures can affect a baby's development while they are still in utero. To date, the research on alcohol exposure tells us that alcohol has been shown to have the most serious long-term implications because it can cause permanent brain injury and fetal alcohol spectrum disorders (FASDs).
- One of the most important concepts that parents who are fostering and adopting need to understand about children with a FASD is that it is a permanent brain injury. FASD is most often an invisible disability, even though some of the children might have the physical features of Fetal Alcohol Syndrome (FAS).
- Children with a FASD often look like they are being willfully disobedient, when in fact, they are exhibiting symptoms of a brain injury that play out in a behavioral way.
- Learning to reframe behaviors with the perspective that a child with a FASD lives with a brain injury can help parents have more patience and empathy, even in the difficult times.
- In this theme, we'll focus on FASD and ways to reframe the challenging behaviors that it may cause.

## CHARACTERISTICS OF SUCCESSFUL FOSTER AND ADOPTIVE PARENTS



### FACILITATOR'S NOTE

This slide is shown at the start of each theme. Although the graphic will remain the same, the bricks that are colored in red will change based on the characteristics that will be touched upon in this theme. The characteristics were obtained from a review of literature, stakeholder interviews, and review of existing curricula. We want families to become very acquainted with these characteristics throughout the training. It is important to note that in addition to the characteristics that are highlighted in red, there may be additional characteristics that are touched upon during the theme. Facilitators should try to connect these characteristics to the content they are sharing throughout the training. Remind participants that their **Participant Resource Manual** contains the definitions for these characteristics.

### SAY

Before we get into the content let's look at the 14 characteristics of successful foster and adoptive parents. When you took your self-assessment, you were asked about these characteristics.

## CHARACTERISTICS FOR IMPACT OF SUBSTANCE USE



### Adaptability/Flexibility:

- Parents are willing and able to make changes in their parenting style/responses in order to be accommodating, encouraging, and supportive to the physical, emotional, and cognitive needs of the child.
- Parents share the responsibility of caring for the child and are not restricted by stereotypical or societal roles/expectations.
- Parents can acknowledge when something is not working and are able to try a different approach or modify their expectations for the child.

### Committed:

- Parents are dedicated to a child, sticking with them no matter how difficult the journey.
- Parents carefully and consciously consider the requirements of parenting a child and understand that it is not about fulfilling their own parental needs.
- Parents recognize the role may not offer much validation or reinforcement of their skills and talents but are willing to commit to the long-term work of unconditional parenting and promoting the child's well-being.
- Parents believe in commitment and can persevere in the face of adversity.
- Parents are secure in their commitment to the child and know they are doing the right thing.



10

## SAY

The Impact of Substance Abuse theme will cover the following characteristics:

- Adaptability/Flexibility
- Committed
- Resilient and Patient

Take a moment to think back to the self-assessment and how you assessed yourself with these characteristics. It is important as you start this journey to assess your characteristics as they are qualities that can strengthen your ability to successfully parent a child who is in foster care or has been adopted.



## CHARACTERISTICS FOR IMPACT OF SUBSTANCE USE



### **Resilient and Patient:**

- Parents see their role as helping a child achieve success in small steps, beginning with measurable, daily tasks.
- Parents do not dwell on past mistakes or focus on the future in ways that pressure themselves or the child.
- Parents celebrate small successes, teaching the child to appreciate the accumulative effect of each effort.
- Parents have an ability to wait for answers /solutions without giving up.
- Parents can withstand the child's "testing" behaviors including hurtful, angry, or rejecting comments and actions.



### **ASK**

Now that we have reviewed the definitions, why do you think these specific characteristics are important for parents to know for this theme?

### **Reinforce the following:**

- Adaptability/Flexibility
  - A child exposed to substances may need different types of parenting skills and strategies.
  - Parents who recognize when certain parenting strategies are not working and who are willing to be adaptable and flexible in learning how to best parent the child will be more able to meet the unique needs of the child
- Committed
  - Children who were exposed to substances prenatally, like all children, need a safe, nurturing home environment with parents who are committed to meeting their needs.
  - Children with a Fetal Alcohol Spectrum Disorder need parents who understand the challenges that may arise and are 100 percent committed to parenting the child.
- Resilient and Patient.
  - Successful parents understand that a child impacted by prenatal substance use will need caring, patient caregivers who have realistic expectations.
  - Children with a Fetal Alcohol Spectrum Disorder need parents who can celebrate the small steps understanding that each small step is progress.





### **PARAPHRASE**

In this section, we will discuss the possible impact of prenatal exposure to substances on children's development. Given what we know from current research, we will spend the most of our time discussing the possible developmental impact on children who have had prenatal exposure to alcohol.

However, first we will begin with a quick general overview of the impact of prenatal exposure to drugs and alcohol using [Handout #1: Understanding Complicated Children: The Impact of Prenatal Exposure](#) developed for us by Dr. Julia Bledsoe, a pediatrician at the University of Washington Medical Center and Seattle Children's Hospital.

## HANDOUT 1: UNDERSTANDING COMPLICATED CHILDREN: THE IMPACT OF PRENATAL EXPOSURE

- Legal is not better.
- Drug and alcohol use during pregnancy causes a wide range of problems.
- Even with heavy exposure, some children seem unaffected.
- There are individual factors of mother and baby that influence outcome.
- Nature AND nurture are important.
- Problems can be due to something other than alcohol and drug exposure.
- The need for lifelong support from a team.

Julia Bledsoe, MD

Handout #1: Page 177



13

### FACILITATOR'S NOTE

The points on the slide come from Handout #1: Understanding Complicated Children: The Impact of Prenatal Exposure on page 177 of the Participant Manual. Review the points and encourage participants to read the handout to learn more.

### SAY

Dr. Bledsoe's article can be found in your **Participant Resource Manual** on page 176, and I would encourage you to read the full article later. Dr. Bledsoe gives us an overview of the impact of prenatal exposure, highlighting this is a big problem, affecting many children in foster care and children who are available for adoption through private agencies, both in domestic and intercountry adoptions. The article covers the impact of the legal substances, nicotine and alcohol, as well as the illegal substances, such as cocaine, methamphetamines, opiates, and marijuana. For example, the research shows that prenatal exposure to opiates can cause babies to be born with newborn withdrawal symptoms such as tremors, fussiness, diarrhea, and difficulties with feeding. Opiate exposure has been associated with smaller birth weight. Marijuana exposure may lead to an increase in learning problems for exposed children.

For all substances additional research is needed, but let's review the list of those things that Dr. Bledsoe described as what we know for sure:

- **Legal is not better.** More children are exposed prenatally to alcohol and nicotine than to other drugs and they tend to cause the most damage to the developing baby –

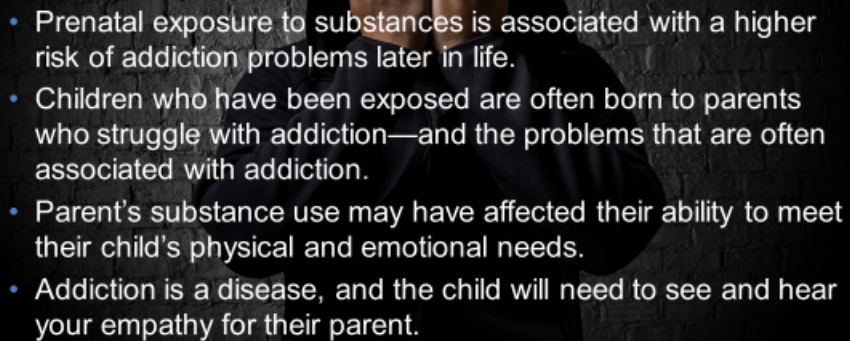


especially alcohol. This is not to say that the illegal drugs don't cause harm, but alcohol and nicotine products have been shown to cause the most severe short and long-term effects on a child.

- **Drugs and alcohol use during pregnancy causes a wide range of problems.** Babies exposed to substances in the womb can have degrees of severity of problems; some mild, some more severe.
- **Even with heavy exposure, some children seem unaffected.** Although some babies prenatally exposed to alcohol and substances can show short and/or long-term effects of this exposure, many are born healthy without any identifiable problems.
- **There are individual factors of mother and baby that influence outcome.** The metabolism of drugs and alcohol of both the baby and mother can influence the severity of problems from exposure to substances in the womb.
- **Nature AND nurture are important.** Research shows that both nature (the baby's genetic or biological make-up) and nurture (the environment in which a baby lives and grows) are important influences on childhood health and development.
- **Problems can be due to something other than alcohol and drug exposure.** Baby and childhood developmental behaviors and problems that cause concern for caregivers may or may not be related to substance exposure.
- **The need for lifelong support from a team.** Children who are exposed to alcohol and drugs in the womb benefit from early identification and care over time from a coordinated group of parents/caregivers, families, teachers, and medical professionals.



## ADDITIONAL IMPACTS OF SUBSTANCE USE

- 
- Prenatal exposure to substances is associated with a higher risk of addiction problems later in life.
  - Children who have been exposed are often born to parents who struggle with addiction—and the problems that are often associated with addiction.
  - Parent's substance use may have affected their ability to meet their child's physical and emotional needs.
  - Addiction is a disease, and the child will need to see and hear your empathy for their parent.

Julia Bledsoe, MD



14

### PARAPHRASE

Dr. Bledsoe also talks about several additional risk factors that children who have been prenatally exposed to substances may face:

- These children may also face increased risk of addiction problems later in life. Knowing this, parents and the growing child can learn steps to prevent these problems from developing. Knowledge can be power in this situation.
- Children who have been exposed are often born to parents who are struggling with addiction, and this problem is associated with other risk factors for the family and child such as poverty, exposure to trauma, and lack of good medical care
- Parent's substance use may have affected their ability to meet the child's physical and emotional needs.
- These problems may have led to the child's removal from the parents to ensure the child's safety and well-being.

Additionally, it is important to remember that:

- Even when the problems associated with substance use and addiction led to the child being removed from the parent's care, the child still thinks about and cares for their parents.
- Addiction is a disease, and it is important that the child sees and hears your empathy for the parents and their struggles.



## WHAT ARE FETAL ALCOHOL SPECTRUM DISORDERS (FASDS)?

- Fetal alcohol syndrome (FAS)
- Partial fetal alcohol syndrome (pFAS)
- Alcohol-related birth defects (ARBDs)
- Alcohol-related neurodevelopmental disorder (ARND)
- Neurobehavioral disorder associated with prenatal alcohol exposure (ND-PAE)



### SAY

As Dr. Bledsoe indicated, when it comes to the impact of substances on the developing baby during pregnancy, alcohol exposure is associated with the most serious impact.

Alcohol exposure can lead to the development of a fetal alcohol spectrum disorder. Before discussing how FASDs affect children's development, let's define what we mean by FASDs.

### PARAPHRASE

What are Fetal Alcohol Spectrum Disorders?

Alcohol usage during pregnancy can lead to a number of diagnoses under the umbrella of fetal alcohol spectrum disorders, or FASDs. One FASD is Fetal Alcohol Syndrome or FAS, which involves poor growth (at birth or since), a subtle set of facial features, and evidence of brain damage.

It's important to remember children affected by prenatal alcohol often don't have all the possible symptoms and issues, and they may have partial FAS or pFAS (where they're missing some of the physical features but have equivalent brain dysfunction) or may exclusively have neurodevelopmental impacts that range from mild to severe.



Other conditions that reflect cognitive and behavioral impairments with a history of prenatal alcohol exposure include diagnostic terms you might hear about such as: Neurobehavioral disorder associated with prenatal alcohol exposure (or ND-PAE), static encephalopathy/alcohol-exposed, or alcohol-related neurodevelopmental disorder (ARND). The bottom line is that alcohol can damage almost every part of the developing brain and have lifelong impacts.

## TYPICAL STAGES OF IMPACT ON DEVELOPMENT FOR CHILDREN WITH A FASD\*

Infants	Toddlers	School-Age	Teenagers
<ul style="list-style-type: none"> <li>▪ Low birth weight</li> <li>▪ Sensitivity to light, noise, and touch</li> <li>▪ Irritability</li> <li>▪ Unable to suck effectively</li> <li>▪ Slow to develop</li> <li>▪ Ear infections</li> <li>▪ Trouble sleeping</li> </ul>	<ul style="list-style-type: none"> <li>▪ Poor memory</li> <li>▪ Hyperactivity</li> <li>▪ Seems to have no fear</li> <li>▪ Speech and language delays</li> </ul>	<ul style="list-style-type: none"> <li>▪ Poor social skills</li> <li>▪ Easily distracted, short attention span</li> <li>▪ Poor coordination</li> <li>▪ Trouble with large and fine motor skills</li> <li>▪ Difficulty in school</li> </ul>	<ul style="list-style-type: none"> <li>▪ Low self-esteem</li> <li>▪ Poor impulse control</li> <li>▪ Must be reminded of concepts on a daily basis</li> </ul>

\*FASD = fetal alcohol spectrum disorders



### PARAPHRASE

As discussed in the Child Development theme, children's chronological and developmental ages can be different.

### DO

Facilitate a quick review of slide and then let participant know that you will be talking more about each stage in upcoming slides.



## FASD AT DIFFERENT AGES



Infant, Toddler, Early School    Pre-adolescent, Adolescent    Young adult

Many children do OK



17

### PARAPHRASE

It is important to note that many children with a FASD have no apparent difficulties in the toddler and early school years. Children with FASD are typically very concrete thinkers and do not process abstract concepts well. Preschool and early elementary curriculum are very concrete. Children at this stage are not expected to use a lot of the higher-level parts of their brain for problem solving, abstract thinking, and decision-making. They are not given many tests.



## FASD AT DIFFERENT AGES



Infant, Toddler, Early School   **Pre-adolescent, Adolescent**   Young adult

### Increasing challenges:

- Difficulty with abstract thinking
- Lagging social skills
- Hormonal changes



### PARAPHRASE

When they are entering into upper elementary and middle school, we start to see many children struggle in school and at home. There are several reasons for this:

- Around fourth grade, many students with a FASD start to struggle as the curriculum becomes more abstract and tests are given frequently. This can increase their anxiety levels, causing behaviors in school and school refusal. This anxiety can trickle into their home life where they feel more comfortable to express their frustrations.
- Most children with a FASD do not function at their chronological age, even if they have average or high IQs. Their social skills, in particular, lag behind their peers. In early years, this social gap is not as obvious, but as the children get older, these differences become obvious to peers, and they start to become socially isolated as children are self-selecting their friend groups.
- This is also the age when bullying in schools increases and these children are easy targets for bullies. Many young children with a FASD are invited to birthday parties and sleepovers, but these invitations may generally decrease or disappear as children get older, leading them to feel isolated and lonely.
- This is also the age when their bodies are starting the pre-hormonal changes of puberty, which is a difficult time for all pre-adolescents, and is generally even more challenging for those with neurobehavioral issues.

These three factors listed on the bottom of the slide can lead to multiple challenges for



children with a FASD. By the end of elementary/beginning of middle school, many start to have significant struggles with challenging behaviors. Parents and caregivers are often unclear about the cause of these behaviors. It can look like a child is out of control, when instead it is a child who is struggling significantly academically, socially, and emotionally.

It is crucial that children's parents, caregivers, educators, and other adult supporters are aware of these factors as soon as some of these struggles begin, so supports can be implemented to potentially avoid issues with truancy, self-harm, and falling self-esteem. Parenting children with FASD will take a great deal of **commitment** (characteristic).



## FASD AT DIFFERENT AGES



Infant, Toddler, Early School    Pre-adolescent, Adolescent    **Young adult**

Increasing social and emotional maturity



19

### PARAPHRASE

We start to see many young adults with a FASD begin to show more developed social and emotional maturing, improved life skills and decreased difficulties in life between the ages of 25 and 30. This is partially due to the fact that the frontal lobe of their brain continues developing up to the age of 25. Even while improvements may be seen, many children with a FASD continue to have some struggles that they will need support in dealing with into their adult years.

Two considerations that seem to factor into which children are able to function better in life are:

- Being able to stay away from addiction
- Maintaining a positive relationship with their parents and families

Let's illustrate some of the concepts we've been discussing with a case study example.







### **FACILITATOR'S NOTE**

In this activity, you will:

- Review the case study of Amira
- Describe the Developmental Quadrants diagram
- Facilitate the group in estimating Amira's developmental age in each quadrant
- Discuss the parenting and other strategies based on the child's developmental age in each quadrant.

### **READ** the case study:

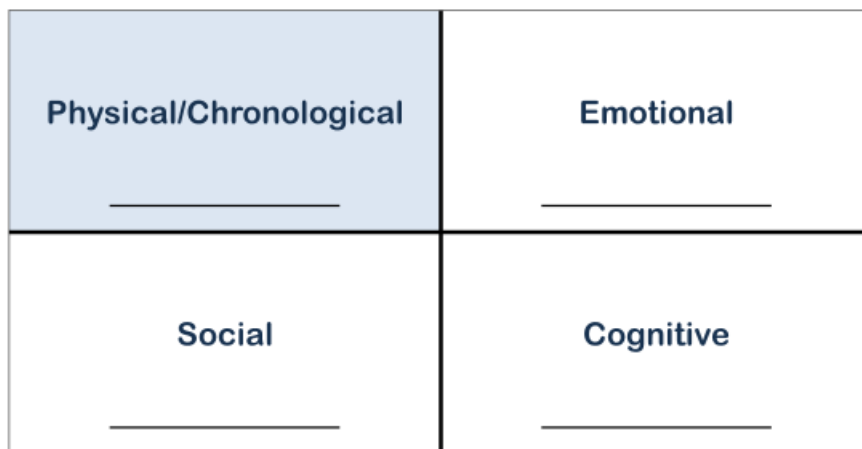
Amira is a 16-year-old girl who has a FASD. She is in a special education school with lots of support for her challenging behaviors and learning needs. She gets frustrated very easily and has a hard time controlling her emotions. She reads at a fourth-grade level and does third-grade level math. She is obsessed with boys and has had many boyfriends already at age 16. She enjoys wearing makeup, buying clothes, shopping, and talking on the phone. She doesn't have any same-age friends, although she talks to teenage boys on the phone regularly. For her birthday, she is asking for a doll and a Barbie movie. She recently rented an Arthur video from the library, and she enjoys playing with her neighbor's kids who are 5 and 6 years old.

### **PARAPHRASE**

Let's talk about Amira and her developmental mixture. It is very common for children with a FASD to have very mixed development.

One common strength for children with a FASD is strong verbal expressive skills. This often confuses adults and makes them think that the child is capable of things they may not be, or that they understand things that they don't.

## DEVELOPMENTAL QUADRANT



### PARAPHRASE

Let's look at the Developmental Quadrant. In the top left quadrant, we put the child's chronological age. As we continue to discuss this child in the following slides, we'll put their emotional age in the top right quadrant, their social age in the bottom left quadrant, and their cognitive age in the bottom right quadrant.

### DO

- Draw a Developmental Quadrant on a flipchart or whiteboard.
- Distribute or refer to the the Developmental Quadrant handout: [Handout #2: Developmental Quadrant](#) on page 184 of he Participant Manual.

***Adaptation for Remote Platform:*** This activity can be easily adapted. Each time the participants suggest ages, you can add it on the actual slide as you move through the slides. You will need to leave "slide show" view to be able to write on the slides and you will need to remember to erase the numbers prior to your next training. You could also choose to use the whiteboard feature and draw the quadrant there.

### PARAPHRASE

Let's decide as a group what ages we think we should fill in the quadrants for Amira.



## DO

- Facilitate a discussion to fill in the Developmental Quadrant diagram.
- Start with the physical/chronological age.
  - Explain that this is the child's actual age.
  - Ask participants Amira's actual age.
  - Allow one participant to answer. (The correct answer is 16, as stated in the case study)
  - Write it in the Physical/Chronological quadrant.
- Discuss the other quadrants using the suggestions on the following three slides. Feel free to change the order based on how the discussion flows.



## DEVELOPMENTAL QUADRANT

Physical/Chronological _____	Emotional _____
Social _____	Cognitive _____



22

### DO

- Facilitate a discussion to estimate Amira's emotional age
  - Explain that emotional age is estimated by looking how they respond and react to situations/frustrations.
  - Ask participants to estimate Amira's emotional age.
  - Facilitate a discussion. Try to arrive at a consensus regarding the emotional age. It should be approximately 9 years, based on how she responds to situations. (She is easily frustrated and has a hard time managing her emotions and needs help with challenging behaviors at school; she has no friends who are her same age). It's OK if the consensus is a few years off; the key is that Amira's emotional age is much younger than her Physical/Chronological age.
  - Write the consensus emotional age in the Emotional quadrant.



## DEVELOPMENTAL QUADRANT

<b>Physical/Chronological</b> _____	<b>Emotional</b> _____
<b>Social</b> _____	<b>Cognitive</b> _____



### DO

- Facilitate a discussion to estimate Amira's social age
  - Explain that social age is estimated by looking at the ages of children they play with, what kinds of things they play with, what they watch, etc.
  - Ask participants to estimate Amira's social age.
  - Facilitate a discussion. Try to arrive at a consensus. It should be approximately 5 years, based on who she plays with and what she watches. (She plays with neighborhood kids who are 5 and 6 years old; she may feel socially comfortable with younger children, while also liking dolls, Barbie movies, Arthur videos.) It's OK if the consensus is a few years off; the key is that Amira's social age is much younger than her physical/chronological age.
  - Write the consensus social age in the Social quadrant. While we know we are giving only estimates, it's clear from her behavior that she is closer to 5 than 16 based on her behaviors.
  - We also know that Amira is obsessed with boys and has had boyfriends, but given her social and emotional age, she will need additional structure and guidance to keep her safe.



## DEVELOPMENTAL QUADRANT

Physical/Chronological _____	Emotional _____
Social _____	Cognitive _____



24

### DO

- Facilitate a discussion to estimate Amira's cognitive age.
  - Explain that cognitive age is estimated by looking at their academic testing, or what levels of math or reading they are working on.
  - Ask participants to estimate Amira's cognitive age.
  - Facilitate a discussion. Try to arrive at a consensus. It should be approximately 9 years, based on Amira's level in school (fourth-grade reading, third-grade math). It's OK if the consensus is a few years off; the key is that Amira's cognitive age is much younger than her physical/chronological age.
  - Write the consensus cognitive age in the Cognitive quadrant.



## DEVELOPMENTAL QUADRANT

<b>Physical/Chronological</b> _____	Parent/teach to this age <b>Emotional</b> _____
Provide support and guidance with and about peers and safety measures <b>Social</b> _____	Advocate at school regarding this age <b>Cognitive</b> _____



25

### DO

- After writing all four ages on the flipchart, write the following:
  - Parent/teach to this age (below the Emotional Age)
  - Provide support and guidance with and about peers and safety measures (below the Social Age)
  - Advocate at school regarding this age (below the Cognitive Age)
- Facilitate a discussion of the flipchart. Highlight the following points:
  - The most important aspect of this chart is for the parent who is fostering or adopting to realize they should parent to the emotional age.
  - It can be exhausting to parent to the emotional age as it can vary minute to minute, leaving caregivers confused and frustrated. One minute you might be dealing with a child who has the emotional maturity that matches their chronological age, and the next minute their emotional maturity is cut in half. This is common and is a part of their brain injury. This will require parents to have a great deal of **flexibility and adaptability** and **patience** (characteristics).
  - It is recommended that parents who are fostering or adopting a child with a FASD take the child's actual age, cut it in half, and frame your parenting strategies around that age. So, if you are parenting a child with a FASD who is 12 years old, he is likely closer to that of a 6-year-old. We should stop saying phrases like "act your age" or "12-year-olds don't do that." It is unfair to expect the child to act their age when developmentally they are not that age.



- Remember: Children with a FASD often look like they are being willfully disobedient or naughty, when in fact, they are exhibiting symptoms of a brain injury that play out in a very behavioral way.

**PARAPHRASE**

Now that we've seen how FASD can affect development, let's look at its impact on the brain.



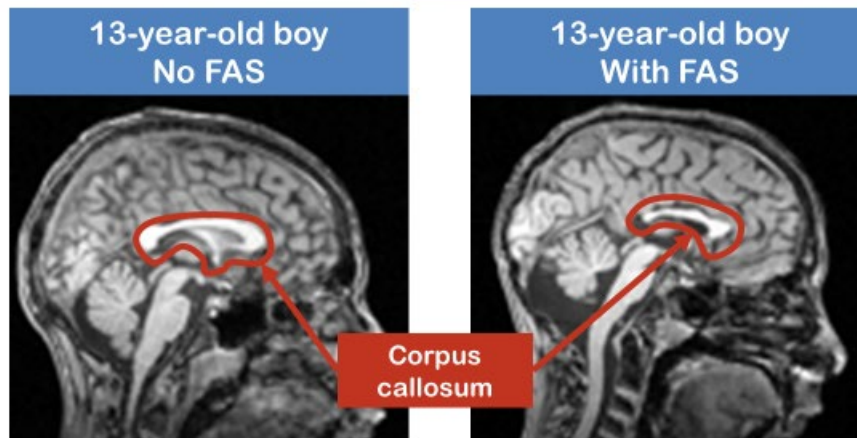




### **PARAPHRASE**

As you know, prenatal exposure to alcohol can result in brain injury. Let's review FASD (Fetal Alcohol Spectrum Disorders) and FAS (Fetal Alcohol Syndrome). In this section we are going to take a closer look at the brain injury and its effects.

## BRAIN SCANS



Images courtesy Jeffrey R. Wozniak, PhD Used with permission.



### PARAPHRASE

This screen shows Magnetic Resonance Imaging (MRI) scans of the developing brains of two 13-year-old boys. The one on the left shows the brain of a typical boy with no FAS. The one on the right shows the brain of a boy with FAS.

Look at the corpus callosum - the white structure in the center of the brain. Neuroscientists explain that the corpus callosum is a thick bundle of fibers in the center of the brain that separates the left and right hemisphere. It helps the two hemispheres to communicate with each other. Notice the difference in length and width of the corpus callosum between these two boys

Often, children with a FASD have retained information in one hemisphere and are not able to access the information when they need it if the Corpus Callosum is not firing properly in the moment, especially during times when the child is stressed or anxious. This damage is the cause of INCONSISTENCY in children with FASD.

One day they might know how much toothpaste to put on a toothbrush, and not the next day. One day they might know what 3 x 2 is, and the next day they might not. These inconsistencies can even change minute to minute. This is one of the reasons it is so important to understand the brain injury perspective of children with a FASD. Otherwise, it is easy for parents and caregivers to assume the child is lazy, or not trying hard enough, or even trying to act incompetent.



Note that many of the structural abnormalities that can be caused by FAS do not show up on a regular MRI, yet many of the children still have brain functional impairments. For some children, it may be difficult to get a clear diagnosis, however, when history and developmental functioning suggest the symptoms consistent with a FASD, parents may need to adjust their parenting style to better meet the emotional and behavioral needs of the child.

## OTHER COMMON CHALLENGES FOR CHILDREN WITH A FASD

- Inconsistency
- Impulse control
- Difficulty sensing the passage of time
- Difficulty with generalizing
- Sensory Integration issues
- Difficulty with judgment
- Working memory struggles
- Poor comprehension



29

### PARAPHRASE

In addition to inconsistency, other common challenges for children with a FASD include:

- Impulse control
- Difficulty sensing the passage of time (leading to challenging behaviors during times of transition)
- Difficulty with generalizing (ability to use a skill and to transfer it to similar but not identical situations)
- Sensory Integration issues (being over or under sensitive to things like noise, smells, texture, or touch)
- Difficulty with judgment
- Working memory struggles (example - difficulty remembering and being able to put memory into action, such as remembering the steps of a recipe the child is currently using, or not retaining or being able to carry out simple multi-step directions)
- Poor comprehension

### PARAPHRASE

Now, let's do a quick activity designed to help you understand how children with a FASD might manage in school. I need a volunteer to read the next slide.

### DO

Select a volunteer.



Last serny, Fingledobe and Pribin were in the  
nerd-link treppering gloopy caples and  
cleaming burly greps.

Suddently a ditty strezzle boofed into  
Fingledobe's tresk. Pribin glaped and glaped.

"Oh Fingledobe!" He Chifed, "That ditty  
strezle is tunning in your grep!"



**DO**

Ask the volunteer to read the slide.  
After the volunteer reads, thank them.

**PARAPHRASE**

Now, I'm going to ask the group some easy questions about what [our volunteer] just read.  
Please just shout out the answers as soon as you know them.

**FACILITATOR'S NOTE**

Keep this fast-paced.

**ASK**

Who were the main characters?

**DO**

Wait for the group to shout out the answer. [The answer should be: Fingledobe and Pribin]

**ASK**

When did the story take place?

**DO**

Wait for the group to shout out the answer. [The answer should be: Last serny]

**ASK**

What happened to Fingledobe's tresk



**DO**

Wait for the group to shout out the answer. [The answer should be: A ditty strezzle boofed into it]

**ASK**

What did Pribin do?

**DO**

Wait for the group to shout out the answer. [The answer should be: He glaped and glaped]

**ASK**

What does this story mean?

**DO**

Wait for the group to shout out the answer. [Nobody should have a clue]

**PARAPHRASE**

This is an example of what happens when a child doesn't comprehend something but comes off as if they do. The group was able to read the story and answer the questions, without knowing what they meant. Most children with a FASD are smart enough to figure out what answers the teachers, parents, case managers want to hear, but it doesn't always mean that they comprehend or understand what they are saying.

This comprehension challenge leads to many misunderstandings between the adults and the child. It is important for parents who are fostering or adopting to take time to break it down, and see if the child truly understands a task, or a rule, or a request. And remember that this will change frequently, due to their Corpus Callosum damage.

We all want to seem smart and competent, and it is no different for our children. Imagine living with their body/brain - not understanding things regularly, knowing that people are often frustrated with you, and dealing with feelings of hopelessness and frustration. It makes sense that these children want to sound like they understand things.

**PARAPHRASE**

The brain injury caused by a FASD can lead to challenging behaviors. In the next section, we'll discuss ways that we can address challenging behaviors.





#### **PARAPHRASE**

Let's start this section with a case study about a child who steals things repeatedly.



### **FACILITATOR'S NOTE**

In this activity, you will read the Cell Phone story case study aloud and facilitate a discussion of why the parents' new approach was successful.

Allow approximately 10 minutes for the activity.

**READ** the case study that follows:

Martin has a FASD and has struggled with stealing since his toddler years. No amount of consequences or sticker charts have had an impact on the stealing, leading to huge issues in the family. The parents were constantly disappointed and frustrated because Martin's stealing was taking place on a regular basis, and the issue was starting to impact their relationship with him.

When Martin was 11 years old, the parents received some training to better understand that Martin's disability was brain based, and they changed their approach. They sat down with Martin and told him they would not give him a consequence any longer for stealing. They discussed that it still was not acceptable, but that they wanted to work with him to keep giving him the skills to not take things that were not his; they had tried years of therapy with various therapists with no impact.



At age 11, he had already stolen dozens of cell phones. One day, Martin's parent found a cell phone in his backpack that did not belong to him. The parent approached their son and said, "Who do I need to get this back to?" Phrasing the question this way took the blame and shame away and did not put Martin on the defense immediately. Martin told her who the phone belonged to immediately, which was rarely the case in previous situations. The parent asked Martin where the phone was when he stole it. Martin said he was at school and he saw the phone on a student's desk. Martin's parent asked him what happened next, and he said that he took the phone. Martin's parent asked him how he felt when he took it, and the son replied, "It felt so good. I want a cell phone so bad and I got really happy." Martin's parent then asked other questions about how the person who owned the phone likely felt when they realized it was missing, how much time they spent looking for it, etc. The final question the parent asked Martin was, "How do you feel now about having taken the phone?" Martin replied that he did not feel good about it, and they had a conversation about stealing and the reasons why it isn't OK.

After about a year of this new approach, Martin stopped stealing.

## CASE STUDY: THE CELL PHONE STORY

Why was this new approach successful?



### ASK

Why do you think this new approach was successful?

### PARAPHRASE

This approach was a way of keeping Martin's anxiety down. Whenever a child is in trouble, or thinks they are in trouble, or were caught doing something they should not have done, their anxiety rises instantly. When they are anxious, it is very difficult for them to get to the truth in their own brain which often leads to confabulating, an unintentional type of lying that is common for people with compromised brains. In these moments, parents are often "lecturing" or trying to give learning points to the child, but the child's brain is not in a place where it can process and retain the information. Children with a FASD need repetitive lessons given when not stressed or anxious.

This parent is reflecting the characteristic of **patience**.

### ASK

How do you think this case study would have turned out if the parents had not received training and learned to have more patience with his behaviors'?



## REFRAMING RESPONSES TO CHALLENGING SITUATIONS: WHAT ARE YOUR IDEAS?

### Challenge

Child refuses to shower or bathe and is starting to have strong body odor.

### Ideas

- Go swimming at the local community pool.
- Wash the car together and have a water fight.



### FACILITATOR'S NOTE

In this activity, you facilitate brainstorming about ways to reframe behaviors for three different challenges, recording key ideas on a flipchart. These types of behaviors can also be seen in children who don't have a FASD, but these scenarios can give participants practice in the skill of reframing.

Allow approximately 12 minutes for the activity (4 minutes for each challenge). Stick to this time frame in order to have participants experience the challenge of having to think creatively and quickly in the moment!

### PARAPHRASE

Here's the first challenge - a child who refuses to shower or bathe and is starting to have strong body odor.

### DO

- Facilitate a discussion. Encourage participants to share their ideas.
- Write the ideas on a flipchart.
- The slide shows a few examples you can use if needed to kick-start the discussion.
- Allow approximately 4 minutes for this challenge, so that the entire activity will run about 12 minutes.



## REFRAMING RESPONSES TO CHALLENGING SITUATIONS: WHAT ARE YOUR IDEAS?

### Challenge

Child refuses to use lotion on their very dry skin. (The child won't apply it or let you apply it.)

### Ideas

- Try spray lotion.
- Put glitter in the lotion or purchase glitter lotion.



### PARAPHRASE

Here's another challenge - a child who refuses to use lotion on their very dry skin. (The child won't apply it or let you apply it.)

### DO

- Facilitate a discussion. Encourage participants to share their ideas.
- Write the ideas on a flipchart.
- The slide shows a few examples you can use if needed to kick-start the discussion.
- Allow approximately 4 minutes for this challenge.



## REFRAMING RESPONSES TO CHALLENGING SITUATIONS: WHAT ARE YOUR IDEAS?

### Challenge

Teen keeps taking food while everyone is sleeping.

### Ideas

- Give the teen a basket of healthy snacks to keep in their room.
- Have a healthy snack with the teen right before bedtime.



35

### PARAPHRASE

What about a child who keeps taking food while everyone is sleeping?

### DO

- Facilitate a discussion. Encourage participants to share their ideas.
- Write the ideas on a flipchart.
- The slide shows an example you can use if needed to kick-start the discussion.
- Allow approximately 4 minutes for this challenge.



## REFLECTION/ RELEVANCE



Reflection & Relevance:  
Page 185



### FACILITATOR'S NOTE

Ask participants to do on their own at home.

**Note:** There are additional questions for kinship caregivers for this activity in the addendum section.

### SAY

We have covered a lot today.

There are three questions to think about for this exercise for you to do at home. Please think about how they might apply to you and record your thoughts in your **Participant Resource Manual** on page 185.

- How hard do you think that it will be to remember and respond to the child's developmental age, as opposed to their chronological age?
- What are some behaviors that might easily be misinterpreted by adults that are more likely symptoms of a brain injury?
- What supports and resources in your community do you think would be helpful to support a child with a FASD, and how could you find these supports and resources?
- How are you dealing with your feelings about your family member (child's birth parent) whose substance abuse injured the child?
- Has this negatively impacted your relationship with your family member or others in the family?
- How likely is it that your extended family members will support these new parenting approaches and how can you help them understand?
- What support do you have or need to help you deal with the common dynamics in families with an adult child or family member who has a substance use disorder?





## SAY

Now, it's time to wrap up. Before we do, I want to briefly highlight the key points from this theme:

### Impacts:

- Alcohol and drug exposure can have a negative impact on the developing fetus.
- Challenges may occur from infancy to adolescence/adulthood.
- FASDs are considered a brain injury and a lifelong disability.
- Many people with a FASD will need additional support and guidance throughout their lives.

### Interventions:

- We cannot erase the brain damage from prenatal substance use, but we can:
  - Identify challenges in an early and ongoing fashion.
  - Promote resilience.
  - Reframe challenging behaviors.
  - Support children at their developmental and cognitive level.
  - Parent with patience, commitment, and flexibility.







# National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS



# PARENTING A CHILD WITH A HISTORY OF SEXUAL TRAUMA

FACILITATOR CLASSROOM GUIDE  
May 2022

# PREPARATION

## To prepare for this class, you should:

- Review the facilitator preparation information included in this **Guide** along with the handouts.
- Review the Resources for this theme.
- Ensure that participants have a copy of the **Participant Resource Manual**. This **Manual** will be used during all themes and will include the handouts needed by participants. Facilitators should have copies of the handouts for the theme available in case participants do not bring their **Manual** to class. If the theme is being taught on a remote platform, facilitators should have the handouts available so that they can share in the chat and/or email to participants who do not have their **Manual**.
- Bring any materials you need for the activities.
- Review any videos or other electronic media used in this theme, if any, and plan the mechanics of how you will present them. Media for this theme are listed in the Materials and Handouts slide. Review the instructions for each media clip (e.g., to pause or stop at a particular time stamp).
- Practice playing the media for the theme. Ensure that you have the files and apps you need, that your links and connections work, and that you know when to pause or stop the media clip if appropriate.
- If training on a remote platform, make sure all participants have the link available to access the class and that you have all videos, PPT's and handouts ready for use.
- If training in person, ensure that a room is available and set up, with the following:
  - Enough tables and chairs for all participants
  - Projector and screen (check that it works with the computer you will be using)
- Classroom activities have been adapted so that they can be done on a remote platform. Adaptations will be marked as follows so that they can be easily spotted throughout the Facilitator Classroom Guide: **[Adaptation for Remote Platform](#)**



# MATERIALS AND HANDOUTS

## FACILITATOR'S NOTE

- Participants are expected to have the **Participant Resource Manual** available for every session. This theme begins on page 188 of the **Participant Manual**.

## MATERIALS NEEDED

You will need the following if conducting the session in the classroom:

- A screen and projector (test before the session with the computer and cables you will use)
- A flipchart or whiteboard and markers for several of the activities. A flipchart with a sticky backing on each sheet may be useful and will allow you to post completed flipchart sheets on the wall for reference.
- Name tent cards (use the name tent cards made during the Introduction and Welcome theme)

You will need the following if conducting the session via a remote platform:

- Access to a strong internet connection
- A back-up plan in the event your internet and/or computer do not work
- A computer that has the ability to connect to a remote platform- Zoom is recommended

## HANDOUTS

Have the following handouts accessible. Participants will have all handouts listed below in their **Participant Resource Manual**.

- Handout #1: Key Points: Right-Time Video on Sexual Trauma (page 191)
- Handout #2: Abuse Reports and False Allegations: How to Protect Yourself and Respond (page 195)
- Handout #3: House Rules for Sexual Safety (page 199)
- Handout #4: Interrupted Sexual Development (page 201)

## VIDEOS and PODCASTS

Before the day you facilitate this class, decide how you will play the media items, review any specific instructions for the theme, and do a test drive.

**The following media will be used for this theme:**

- NTDC Right-Time Video on Sexual Trauma (17 minutes): Slide 49



# THEME AND COMPETENCIES

## FACILITATOR'S NOTE

Before beginning, review the theme and competencies. You will not read these aloud to participants. Participants can access all competencies in their **Participant Resource Manual**.

### Theme: Parenting a Child with a History of Sexual Trauma

Aware of the indicators of sexual abuse; recognize the impact of interrupted sexual development; aware of the unique challenges associated with parenting children who have been sexually abused; recognize the potential risk factors for children who have experienced sexual trauma including re-victimization, sexual trafficking, and re-enactment behaviors. Understand that parents can learn and implement effective parenting strategies that can help keep children safe and help them heal from sexual trauma.

### Competencies

#### Knowledge

- Identify indicators of sexual abuse.
- Describe the risk factors for children who have been sexually abused and how to respond to prevent these risk factors from manifesting.
- Know how to draw safe boundaries with and for children around sexualized knowledge and/or behaviors.

#### Attitudes

- Willing to examine personal feelings about sexuality and how this might impact parenting children who have experienced sexual trauma.
- Embrace the concept that children are not at fault for sexual abuse/assault they have experienced.
- Willing to parent children with the understanding that sexual abuse/exposure is often undetected.
- Prioritizes children experiencing as few losses as possible.
- Willing to learn parenting strategies that help ensure children's safety and healing from sexual trauma.



## BEFORE YOU BEGIN THE CLASS

Before discussing the Color Wheel of Emotions and covering the content of this theme, you should do the following:

- Make any announcements that are needed regarding the training, timing of training, or process to become a foster or adoptive parent.
- Take out the **Participant Resource Manual** and direct participants to this theme in their **Manual**. Remind participants that Competencies for today's theme are in their **Manual**.
- Encourage participants to be engaged and active learners.
- Encourage participants to contact you in between classes with questions and/or concerns. (List the name(s) of the facilitators on the board with contact information.)
- Remind participants to put out their name tents. If conducting class on a remote platform, remind participants to type their first and last names in their screen box.





**FACILITATOR'S NOTE**

Show this slide briefly just before you start the class.

**SAY**

Let's get started! Welcome to the Parenting a Child with a History of Sexual Trauma theme. This theme begins on page 188 of the Participant Manual.



### PARAPHRASE

Today we will be talking about some of the information and strategies that parents who foster or adopt need to effectively parent a child with a history of sexual trauma.

There are several reasons that those who want to foster or adopt need to build their understanding and skill in this area:

- Children and teens who are in foster care and those who are available for adoption most often have experienced different types of trauma. For some, this includes sexual trauma.
- Though caseworkers and other professionals try to give parents who foster and adopt an accurate view of the child's history, including their trauma history, there is no guarantee that a child's history of sexual trauma will be known.
- Many children do not disclose sexual abuse for a number of reasons.
- Children with a history of sexual trauma, like other children in need of fostering or adoptive homes, need to be in safe and caring homes that can help them heal from past traumas, including sexual trauma.

## CONCERNS



44

### **FACILITATOR'S NOTE**

In this activity, you will acknowledge that many parents who foster or adopt have concerns related to parenting a child with a history of sexual abuse. You will ask members to identify some of the possible concerns.

### **DO**

Facilitate a discussion on identifying some of the concerns that participants may have about parenting a child with a history of sexual trauma, and record some of the responses on a flipchart or white board.

### **Adaptation for Remote Platform:**

Have participants write their responses into the chat or add a blank slide to the PPT and record answers as they share.

### **SAY**

Let's acknowledge what some of the possible concerns may be?

### **Reinforce some of the common concerns, such as:**

- Afraid the child will sexually abuse other children
- Concerns about the child making a false allegation against them
- Not knowing how to talk about uncomfortable behaviors or topics with the child
- Not feeling like you know what the child needs so that they and others will be safe
- Unsure about how to express affection with the child....are hugs bad?



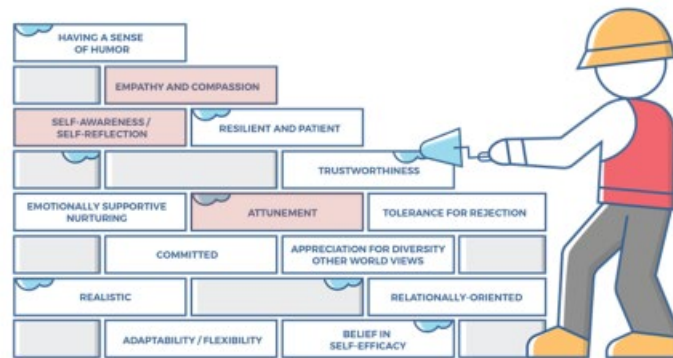


**PARAPHRASE**

Nice job in acknowledging some of your concerns. By bringing our concerns out into the open, we can address them. One good way to do this is to educate ourselves on this topic. We will be addressing many of these concerns throughout this theme.



## CHARACTERISTICS OF SUCCESSFUL FOSTER AND ADOPTIVE PARENTS



### FACILITATOR'S NOTE

This slide is shown at the start of each theme. Although the graphic will remain the same, the bricks that are colored in red will change based on the characteristics that will be touched upon in this theme. The characteristics were obtained from review of literature, stakeholder interviews, and review of existing curricula. We want families to become very acquainted with these characteristics throughout the training. It is important to note that in addition to the characteristics that are highlighted in red, there may be additional characteristics that are touched upon during the theme. Facilitators should try to connect these characteristics to the information they are sharing throughout the training. Remind participants that their **Participant Resource Manual** contains the definitions for these characteristics.

### SAY

Let's look at the 14 characteristics of successful foster and adoptive parents. When you took your self-assessment, you were asked about these characteristics.



## CHARACTERISTICS FOR PARENTING A CHILD WITH A HISTORY OF SEXUAL TRAUMA



### **Self-Awareness/Self-Reflection:**

- Parents can identify why they have responded to a child in a certain way.
- Parents can identify what was good, bad, and different about the way they were raised, while adjusting their own parenting to meet a child's needs.
- Parents can identify and forgive themselves for having negative feelings towards a child, moving from disappointment to acceptance.
- Parents are aware of their own history of experiencing loss and being hurt and can identify how this history can negatively impact their parenting if not careful.

### **Empathy and Compassion:**

- Parents can perceive/feel others' emotions, particularly others' disappointment or sadness.
- Parents can look past the current behavior and find the core distress related to the child's response.
- Parents know they cannot shield the child from pain but must allow the child to experience and express pain and grief.



46

### **SAY**

The Parenting a Child with a History of Sexual Trauma theme will cover the following characteristics:

- Self-Awareness/Self-Reflection
- Empathy and Compassion
- Attunement

Take a moment to think back to how you assessed yourself with these characteristics. It is important as you start this journey to assess your characteristics as they are qualities that can strengthen your ability to successfully parent a child who is in foster care or has been adopted, and who has experienced sexual trauma.



## CHARACTERISTICS FOR PARENTING A CHILD WITH A HISTORY OF SEXUAL TRAUMA



### **Attunement:**

- Parents are aware of, understand, and are sensitive to the specific responses and needs of a child at any given time (despite the degree to which the child expresses or does not express these needs directly).
- Parents are in tune with the child's moods, levels of exhaustion, hunger, rhythms, responses, need for physical contact, affection, security, and stimulation, and use this understanding to build a trusting environment with the child.
- Parents understand that they need to stay calm and regulated so that they can successfully help the child regulate their emotions.



### **ASK**

Now that we have reviewed the definitions, why do you think these specific characteristics are important for this theme?

### **Reinforce the following:**

- Self-Awareness/Self-Reflection:
  - Talking about and handling issues around sexuality in general can be difficult in our society. Being able to talk about this topic will be essential to helping a child develop a healthy sexual identity.
  - It's not unusual for the topic of sexual abuse of children to evoke strong feeling reactions. Without self-reflection it will be difficult to avoid letting our strong feelings come out in ways that might increase a child's worry and self-blame as children often blame themselves for the abuse.
- Empathy and Compassion:
  - It is important to know that the child will need to work through their feelings of loss, grief, and pain related to their trauma, and the parent will need to offer support without trying to shield the child from this work.
  - Parents are aware that the child's current behaviors have an underlying reason that may be connected to the child's past trauma. The parent can be empathic and



compassionate as part of helping a child heal.

- Attunement:

- Children who have experienced trauma, including sexual trauma, are often quick to become dysregulated and they need caring adults who can stay calm so that they can help the child calm.
- Because of past experiences, it will take time for the child to trust the parent who is fostering or adopting.
- Keeping all children in the home safe by setting good boundaries and family rules will require parents to be attuned to the responses and needs of all children in the home





**PARAPHRASE**

Now we will watch a video created for the NTDC that highlights some of the real experts in the field: Parents and professionals who have built their understanding and skills in ways that have allowed them to successfully work with and parent children who have a history of sexual trauma.

## VIDEO: *SEXUAL TRAUMA*



### **FACILITATOR'S NOTE**

In this section, you will show the Right-Time video, *Sexual Trauma* (17 minutes) and then ask participants to respond by sharing some of the points that stuck out for them. After getting several responses, you will move to the definition of sexual abuse on the next slide.

### **PARAPHRASE**

This video addresses several areas that parents who foster or adopt need to know to increase their understanding of what is needed to successfully parent children with a history of sexual trauma. After the video, be prepared to share something that stood out for you as you watched.

### **DO**

Show the video. After showing the video, facilitate a large group discussion.

### **ASK**

What stood out to you about the information covered in the video?



## DEFINITION OF SEXUAL ABUSE

"Child sexual abuse is any interaction between a child and an adult (or another child) in which the child is used for the sexual stimulation of the perpetrator or an observer. Sexual abuse can include both touching and non-touching behaviors. Non-touching behaviors can include voyeurism (trying to look at a child's naked body), exhibitionism, or exposing the child to pornography."

- The National Child Traumatic Stress Network (NCTSN)



50

### FACILITATOR'S NOTES

Go over the definition of sexual abuse which was also used in the video.

### PARAPHRASE

There are many types of sexual abuse, some include physical contact or touching offenses, and some are considered to be a non-contact offence. Can you identify some activities that you think would fall under sexual abuse non-contact as well as sexual abuse contact.

### DO

Write on a flip chart 'Sexual abuse non-contact' and 'Sexual abuse contact'. Ask participants to give you examples that they think fall into each type of sexual abuse and write on the flip chart. Some examples that you might want to bring up are listed below.

**Adaptation for Remote Platform:** Use the white board to record examples.

#### Sexual Abuse: *Non-Contact*

- Forced to watch sexual acts
- Forced to listen to sexual talk, including comments, tapes, and obscene phone calls
- Sexually explicit material such as videos, DVDs, magazines, photographs, etc.; can be in-person, on the computer via e-mails, and otherwise through the Internet
- Forced to look at sexual parts of the body--includes buttocks, anus, genital area (vulva, vagina, penis, scrotum), breasts, and mouth
- Sexually intrusive questions or comments; can be verbal, on the computer, or in notes





### Sexual Abuse: *Contact*

- Touched and/or fondled in sexual areas, including kissing
- Forced to touch another person's sexual areas (could be another child or adult)
- Forced oral sex--oral sex is when the mouth comes in contact with the penis, the vagina or the anus; many children believe that oral sex is "talking dirty"
- Forced intercourse--can be vaginally, anally or orally; penetration *must* occur; penetration can be with body parts and/or objects

### **PARAPHRASE**

As you can see there are many activities that can constitute sexual abuse. It is important to note that child sexual abuse is much more than just about contact or lack thereof. This behavior is used to gain power and control over the child and often involves a betrayal of the child's trust. The power and control dynamic of child sexual abuse is important to understand. It is considered sexual "abuse" primarily because of the power differential between the abuser and the victim, usually the abuser exerts some sort of power over the victim to obtain what appears to be compliance. In other words, the offender controls the child victim, and the sexual encounter is not mutually conceived.

The violation of the trust is as devastating as the physical breach, leaving children with feelings of confusion, uncertainty, guilt, shame and fear.



## KEY POINTS FROM VIDEO

- Risk factors and indicators of sexual abuse
- Creating an emotionally safe environment
- Strategies to prevent further abuse
- Promoting healthy sexual development



Handout #1: Page 191



### PARAPHRASE

The video addressed 4 areas that can help us effectively parent a child who has experienced sexual trauma.

- **Identify risk factors:** Knowing the risk factors and indicators of sexual abuse helps parents prepare to address behaviors that might indicate a history of sexual abuse. When the risk factors are a part of the child's known history, parents can adjust their parenting to accommodate this history. But often when a child enters the child welfare system, their history of sexual abuse is unknown. As a parent who is fostering or adopting, you may be the first person the child discloses to, either with their words or their behaviors, so it is important that you recognize indicators of abuse.
- **Create an emotionally safe environment:** Learning how to create an emotionally safe environment is important for all children and will help parents prepare for any child entering their home. This is especially important for a child with a sexual trauma history.
- **Strategies:** Practicing strategies to prevent further abuse will help the child to feel safe and build trust.
- **Promote healthy sexual development:** Allow children to learn appropriate behavior and establish personal boundaries to protect their own bodies from further abuse and trauma and promote healthy sexual development.



In the next section, we will continue to explore some of the key points from the video. Handout #1: Key Points: Right-Time Video on Sexual Abuse (page 191 in your Manual) has been included for you to use as a resource to review at home.





**PARAPHRASE**

We will now review some of the risk factors and indicators of sexual abuse that will be important for you to know.

## RISK FACTORS FOR SEXUAL TRAUMA

- Neglect
- Parental substance abuse
- Parental mental illness
- Chaotic households
- Inconsistent living arrangements
- Unrelated household members with caregiving responsibility

**Any child can be at risk for sexual trauma.**



### PARAPHRASE

We know some of the risk factors that are associated with a child experiencing sexual trauma:

- Neglect
- Parental substance abuse
- Parental mental illness
- Chaotic households
- Inconsistent living arrangements
- Unrelated household members with caregiving responsibility

Keeping our perspective is important- most people do not engage in sexually abusive behaviors. However, it is important that we all remember that any child from any background can be at risk for sexual trauma. Not recognizing this can lead to increased risk as too often, we focus exclusively on “stranger danger”, while not paying attention to what we know about sexual abuse:

- Most children are abused by someone they know and often trust.
- This could be a parent or caretaker, but it can also be someone the family knows and trusts (teachers, extended family member, scout leaders, clergy, neighbor).
- Abuse can occur in any situation when the child is alone with someone, who by virtue of authority or age is in a position of power or control over them.
- There is an increased risk of re-abuse for children previously sexually abused.



## INDICATORS OF SEXUAL TRAUMA

- Sexualized behaviors and play
- Imitating sex acts with toys, peers, or siblings
- Sexual knowledge not appropriate for age
- Excessive masturbation
- Sexually reactive behavior
- Overly physically affectionate; lacking physical boundaries
- Nightmares or night terrors are common
- Regressive behavior particularly in the area of toileting



### PARAPHRASE

The behaviors listed on the slide can be indicators of sexual trauma. When a child's history includes information about sexual abuse, parents should be alert to behaviors such as these. If there is no known history of sexual abuse and these behaviors are present, it could be an indication of sexual trauma in the child's history, and the child should be assessed by a professional who has experience working with children with a history of sexual trauma. It is important to remember that sexual trauma is often not known when children come into the child welfare system. It may be long after they enter that a history of sexual abuse is discovered, in addition to other abuse and/or neglect that brought them into care. As a result, it is best to create an environment that helps to ensure everyone's safety. It is also important to remember that a child who is exhibiting one of these behaviors does not mean that we can be sure they have a history of sexual trauma.

### ASK

- How would you feel about caring for a child who exhibited some of these behaviors?
- Which of these behaviors do you think would be most difficult for you to manage?
- Did you hear anything from the video that may be helpful to you in managing these types of behaviors?

Reinforce messages from the video-

- In the words of Deb Schugg, "It isn't as scary as it sounds. It's very doable to parent kids and help them heal and help them thrive despite a really difficult history."
- There are strategies that can be used to increase safety for all family members, and we will be discussing many of the strategies today.



## INDICATORS OF SEXUAL TRAUMA: OLDER YOUTH

- Unhealthy eating patterns or unusual weight gain or weight loss
- Anxiety or depression
- Changes in self-care or paying less attention to hygiene
- Self-harming behaviors or suicidal thoughts
- Alcohol or drug use
- Running away
- Sexually transmitted illnesses or pregnancy
- High-risk sexual behavior
- Tendency to be involved in unhealthy relationships that involve physical, sexual or emotional abuse



### **FACILITATOR'S NOTE**

In addition to the behaviors on the previous slide, this slide shows behaviors that may be seen in teens who have experienced sexual trauma. Make sure participants understand that a teen exhibiting some of these behaviors does not mean that they have definitely experienced sexual trauma.

### **PARAPHRASE**

Indicators of sexual trauma may look different in older youth, as listed on this slide. Some of these indicators might be present alongside those behaviors that were on the previous slide. While some of these behaviors might be indicators of something other than sexual trauma, it is wise to pay attention to these behaviors. Talk to the case manager about any behaviors if they are present so that you can work together to develop a safety plan to support the youth.



## RISK OF RE-VICTIMIZATION AND TRAFFICKING

### Risk Factors include:

- Child Welfare System involved
- History of abuse
- LGBTQ+ youth
- Substance abuse
- Mental Health Issues
- Poverty/Homelessness

**Important: Social media is often a tool used by those who engage in exploiting children.**



### PARAPHRASE

It is important to note that older youth in foster care are especially vulnerable to sexual exploitation or trafficking. Running away, unexplained absences, presence of a sexually-transmitted disease or pregnancy, high-risk sexual behavior, and suddenly having more money may be indicators that a youth is being sexually exploited or trafficked.

Most sexually exploited children are girls, but boys also are vulnerable to exploitation. According to research, youth with a history that involves any of the following increases the risk of sexual exploitation:

- Involvement in the child welfare system
- History of abuse
- Identifies as LGBTQ+
- Substance use/abuse
- Mental health issues
- Experienced poverty and homelessness

Social media is often used by those who would exploit children to slowly draw them into unsafe and exploitive situations unwittingly. While it is difficult to monitor all social media activity since it is often conducted on cell phones, it is useful to have computers in more public areas of the home where youth are less likely to use them for contact with exploiters, and they can be monitored. If you suspect that a child or teen is involved in sexual trafficking, it will be essential that the child or teen and you be connected with professionals who have experience in helping victims of trafficking.





### **FACILITATOR'S NOTE**

This theme does not cover what is needed to parent a child or teen with a history of being sexually trafficked. If parents ask questions, let them know that keeping a child with a history of being trafficked safe, will need to involve a professional who has experience in working with these youth.





**PARAPHRASE**

Creating an emotionally safe environment is key to giving the child the safe space to disclose abuse and/or heal from it. An emotionally safe environment is accepting of the child's experiences, feelings, vulnerabilities, fears, and open to understanding the underlying causes of behavior.

## RESPONDING TO THE CHILD

If the child is showing signs of sexual abuse or discloses that they have been sexually abused:

- Be calm, curious, regulated, and open
- Listen
- Believe the child
- When a child discloses, don't probe for details
- Reinforce that sexual abuse is never the child's fault
- Advocate for sexual abuse treatment for the child



### PARAPHRASE

If the child is showing signs of sexual abuse or discloses to you that sexual abuse has occurred, it is important that you follow these steps:

- Be calm, curious and open
- Take time to listen and support the child
- Believe the child- even if the story does not seem real or the facts don't add up. Your role is to listen and believe. You don't have to be the person to verify the abuse.
- Don't probe for details- don't ask a ton of questions. The most important thing you can do is to listen.
- Reinforce that sexual abuse is never the child's fault- children often feel blame for the sexual abuse and will carry that with them for years. It is imperative that the child never feel blamed for any type of sexual trauma they experienced.

If the child is in foster care, remember that it is essential, that the case manager be notified so that they can guide you through the steps/processes that need to be legally followed.

The foster/adoptive parent should remain positive and consistently assure the child that it is not their fault. The foster/adoptive parent should create a safe environment for the child to heal where they feel supported and comfortable talking about their previous abuse.



## SECRETS AND DISCLOSURE



### FACILITATOR'S NOTE

Disclosure can be done in many different ways. It is crucial that parents who are fostering or adopting be prepared to handle the situation if and when a child discloses.

### PARAPHRASE

The question often arises as to why children don't disclose this type of abuse more frequently and when it is taking place. There are many reasons for this:

- Abusers have trained their victims not to tell anybody about their 'secret'. Often, the abuser will threaten to harm them or their family members if they tell.
- The abuser convinces the child that it is their fault.
- The child may have already disclosed to somebody, but they received such a negative or non-action response that they determined it was not worth disclosing again. They may fear that no one will believe them.
- Children often feel shame about the abuse and are reluctant to disclose.
- Children may be afraid of getting in trouble or being blamed for the abuse.

Children often will not disclose sexual abuse until they are in a place that they feel safe. This could be a long time after the incident occurred. It is not unusual for a child to disclose this information initially to the parent who is fostering or adopting them as they develop a trusting relationship with this person.



Disclosure is not always done verbally. It can be done in different manners including:

- Child acts out something through play that they have seen or experienced.
- Child draws a picture and is able to talk about the events.
- Child is triggered and shows distress about an abusive situation on TV, in a book, or in a movie, creating an opportunity to have a discussion and disclosure.

## REDUCING THE RISKS OF FALSE ALLEGATIONS

Handout #2: Page 195

### False allegations occur due to:

- Child's blurring of events and perpetrators
- Misunderstanding a child's statement
- Birth family reports out of anger or jealousy
- Child reports due to past trauma, fear or desire to change placement

### Steps to protect yourself:

- Be honest about what behaviors you can manage
- Get child's history, ask questions, document events
- Review NTDC handout "*House Rules for Sexual Safety*"

### How to respond to an allegation:

- Understand all reports must be investigated
- Know agency procedures on investigations
- Be calm, respectful, and factual
- Do not question the child about the allegation



### **FACILITATOR'S NOTE**

Review the information below and remind participants to review Handout #2: Abuse Reports and False Allegations: How to Protect Yourself and Respond at home. This is located on page 195 in the Participant Resource Manual.

### **PARAPHRASE**

In the beginning of our class, we talked about some of our concerns related to parenting a child with a history of sexual abuse, and one concern was false allegations. Of course, one of the more challenging experiences that you may have as a foster or adoptive parent is being accused of abuse or neglect. Ask participants how they would feel if accused of abuse? Reinforce that the reaction of most parents range from shock, hurt, betrayal, to anger. These are common and understandable feelings. It's important to understand why false allegations occur.

Here are some reasons:

- A child's abuse history will be largely unknown to most people the child comes into contact with, including teachers, clinicians, and friends. A child's comment may be misunderstood to be referring to the present rather than to past abuse.
- Birth parent(s) may be angry or jealous of a foster parent or may observe an unexplained mark or bruise during a visit. Or a child makes an allegation believing this will prompt a return to their family or out of anger towards the foster family.



While there is no guaranteed way to prevent allegations from occurring, there are strategies that can help protect you. Let's talk about some of those:

- Know your limits. Before taking a child into your family, ask questions about their history. That includes known abuse, prior placement history and physical, emotional and behavioral concerns. If you are uncertain about your capacity to parent them, take some time to think about it.
- Carefully supervise a child during the early weeks of placement and review family rules about privacy and touching. Reinforce those rules with all the children in your home.
- Start a notebook or journal for each child. Record all illnesses and injuries, and any behavioral, physical, or emotional concerns you observe. Document conversations with caseworkers, therapists, teachers, and medical personnel. Include the date, time, and substance of the communication.
- Sexual abuse is not always known. Know the signs that may mean a child has been abused and report it to the caseworker.
- Never use or threaten to use physical punishment.

Of course, all allegations of abuse and neglect are taken seriously and have to be investigated, as this is necessary to protect children. Though most of those allegations are found to be unfounded, there are cases of foster and adoptive parents abusing their children. It may be hard to put your feelings aside. You may fear your ability to foster or adopt will be jeopardized, or worse that children will be removed from your home. The investigator's job is to gather all the information and make a determination about whether the abuse occurred. Answer questions calmly, respectfully, and factually. Contact your local Foster and Adoptive Parent Association. There are very likely other parents that have had this experience and can be a support to you.

This is where keeping a journal for each child comes in handy. Share any notes you have about the child's injuries, physical or behavioral concerns, combative visitations or threats, that may provide insight into what caused the allegation to be made. If the allegation is similar to an incident in the child's history, share that with the investigator. They may be unaware of the child's history initially.

Don't question the child about the allegation. This may upset the child and could complicate the investigation.



## Parenting Children with Sexual Trauma History:

## Creating Family Rules to Ensure Safety



Handout #3: Page 199



61

### FACILITATOR'S NOTE

- In this activity, you will ask each participant to think about welcoming a child with a known history of sexual trauma into their home. Ask each participant to create 5 family rules that would be used to ensure everyone's safety in the home.
- Encourage participants to write out their list of 5 rules.
- Facilitate as needed by giving advice and answering questions.

### PARAPHRASE

Now, let's talk about parenting a child who has experienced sexual trauma. Let's imagine you have chosen to foster or adopt a child with a known history of sexual trauma. As you prepare to welcome the child into your home, what are the first 5 family rules that you will create to help ensure safety. Please write the rules down. You will have 5 minutes to create your list and then we will discuss.

### DO

Give participants 5 minutes to create their lists.

When time is up, ask a volunteer to share one of the rules from their list. Go around the class until everyone has shared 1 rule, especially any that have not yet been given.

### SAY

Did everyone hear some good suggestions for family rules to keep everyone safe.

Creating and following good family rules will help to ensure the safety of family members and can help a child grow and heal.

There is a handout in your **Participant Resource Manual** on page 199 with additional tips called Handout #3: House Rules for Sexual Safety. Looking at this handout at home will give you additional things to think about as you create your list. Remember that these rules should apply whenever a child comes into your home.







**PARAPHRASE**

Children who have experienced sexual trauma are at increased risk for re-victimization. Let's discuss strategies to prevent further abuse.

## STRATEGIES TO PREVENT FURTHER ABUSE

- Strong parent/child relationship
- Ongoing conversation
- Education about consent
- Vigilance about bedrooms, bathrooms, and touch
- Explicit reassurance about safety
- Safe sensory experiences
- Structure and House Rules that apply to everyone



### PARAPHRASE

Establishing a strong, trusting parent/child relationship is the foundation for creating an environment which will allow for prevention of further abuse. Supporting the child or youth requires your comfort in having open, non-judgmental conversations about their experiences, and how they establish boundaries regarding their body and privacy. Parents must be open to the child's perspective of what has happened to them, and able to validate the child's experience and feelings. It is critical to reinforce that what happened was not the child's fault. As Debbie Schugg said in the video, 'The parent's first responsibility is keeping the child safe'. The message must be, "There is nothing you can do to make me love you less."

Structure and house rules that foster safe interaction among children and adults is important to teach about positive physical boundaries, good touch, and acceptable measures of privacy. The example of individual sleeping bags for movie watching is a creative way of ensuring safety and togetherness. Asking permission to touch or hug respects boundaries and reinforces the idea that everyone has the right to protect their body.

Remember that children may have experienced abuse in different environments. Common areas of abuse include bathrooms or at nighttime in bedrooms. Be aware of the child's body language in different environments so you can address signs that the child is anticipating unsafe situations. Reinforcing that bad things will not happen in your home needs to be repeated. Explicit house rules about privacy that apply to everyone is important. Everyone in the household should knock and ask permission before entering a closed door to a bedroom or bathroom. Making sure that children are supervised, and that bedrooms are not shared with a child who is exhibiting sexualized behaviors can help maintain a safe environment and avoid incidents.

Find creative ways for children to interact in play while being supervised by an adult so that they can have fun, appropriate interaction, and learn about appropriate touch. Games that involve no touching or brief touching on the shoulder or arm, like Tag, are fine. Activities that involve wrestling, tackling, tickling or more than brief contact should be avoided.



## CASE STUDY: MATTHEW- AGE 6

Matthew was exposed to sexual material since he was an infant. Adults in his family regularly had sex in front of him and/or watched pornographic videos. Matthew was removed from his parents at the age of 5.

One time, the parent who was fostering walked into the room and found Matthew totally naked and telling another child in the home who was about his age to touch his penis. When asked about this incident Matthew did not seem to understand the concern and stated that he was showing her what he had seen in a video.



### PARAPHRASE

Now, let's spend some time putting some of the things we have been talking about together with a case study.

### DO

Read the case study on the slide or ask for a volunteer to read it.

### PARAPHRASE

In this case, we see a child who is engaging in sexually reactive behavior. The child is imitating what he has seen or what has been done to him.

Distinguishing Characteristics of Sexually Reactive Behavior can include:

- Child has usually been sexually abused or been exposed to a sexually stimulating experience.
- Child may feel deep shame, guilt and pervasive anxiety regarding sexuality.
- Behavior is not aggressive or hostile, not meant to demean another child.
- Child does not seek out other children to coerce or victimize and does not threaten other children. Instead, child uses influence and persuasion.
- Child may not even be aware that the behavior is inappropriate.

Let's think more about how a parent could respond.



## ASK

1. How should the parent who is fostering respond when walking into the room?

Reinforce answers like:

- Stay calm, clearly remind children about the house rules about privacy and touching.

2. What steps should the parent who is fostering take after handling the immediate situation?

Reinforce answers like:

- Follow up individually with each child letting them know that you care about them and have rules for keeping everyone safe.
- Allow each child to share any feelings, concerns about what happened.
- Review and reinforce the house rules with all family members.

3. What precautions could the parent who is fostering take to prevent this type of incident from happening again?

- Adding additional supervision.
- Ensuring the children are not in the same room without adult supervision.
- Reviewing the rules about boundaries and privacy and encouraging children to come to you if they are in an uncomfortable situation.
- Letting the caseworker know about the incident and finding out what services and supports can be put into the home.
- Seeking services for Matthew or letting a therapist know about the incident if he is in treatment.

4. Ask participants to think about their house rules. Do they have rules that address this type of potential behavior? Are there any rules they would want to add?

A child showing these signs is likely to need the help of a mental health professional.

Foster/adoptive parents should discuss these behaviors with a professional to determine the best course of action.



## WHAT ARE ATYPICAL SEXUAL BEHAVIORS?

- Involve children of different ages or sizes
- Is usually “secretive”
- Has an aggressive or forceful quality
- Can include compulsive, self-stimulating behavior



### PARAPHRASE

While it is not always easy to talk about sexual activity in children, it is another area that's important for parents who are fostering or adopting to understand. We know that it is typical for children to explore their sexuality. Developmentally typical sexual behaviors in young children include looking at genitals, touching, and masturbation. This type of sexual play typically occurs between children who are friends of similar age, size, and social and emotional development. This kind of play is generally mutual and rooted in curiosity.

Sexual behaviors that are not typical involve children of different ages, sizes, and social and emotional developmental levels. These behaviors can have an aggressive quality, sometimes with the use of threats, or force that may be social or physical, a pattern of inappropriate sexual acts, and secrecy. Problematic behaviors can include compulsive, self-stimulating activity or engaging in widespread sexual interaction with other children. These types of behaviors will require intervention with a mental health professional who specializes in treating children with a history of sexual trauma.

We often won't know if a child has been exposed to inappropriate sexual material such as watching porn, or observing adults having sex, or if they have been sexually abused. It is important to know that most children who have a history of sexual trauma, do not engage in these more serious concerning behaviors, but children who have had these experiences may be at a higher risk for having sexual behaviors that are not typical. It does not mean that they will grow up and become sexual offenders, but instead it means that they will need structure that protects them and others in the home. It also means they need to have services put in place to help them manage these behaviors.



For now, know that when a child has sexualized behavior toward others, it does not mean the child is a perpetrator, but rather the child is re-enacting what they have previously experienced or been exposed to. For many, re-enactment is an attempt to make sense of exposure to sexual experiences and in fact, can put them at high risk of further abuse from others.



## MANAGING SEXUALIZED BEHAVIORS

- Seek professional help.
- Provide safety and supervision in your home.

### SPECIFIC TYPES OF SUPERVISION

- |  |  |
|--|--|
| ▪ Not leaving the child alone with other children          | ▪ No sleepovers without adult supervision during sleep time                      |
| ▪ Not sharing bathroom time with other children            | ▪ Open conversations about personal space and your personal body                 |
| ▪ Not closing bedroom doors                                | ▪ Alarms on bedroom doors to ensure children are staying in their rooms at night |
| ▪ Not sharing bedrooms                                     | ▪ Talking to other children in the home about sexual safety                      |
| ▪ Not allowing children to stay up after parents go to bed |  |



### PARAPHRASE

As soon as you become aware of sexual behaviors that seem atypical to you, talk to your caseworker and/or mental health professional. It is very important to not shame or blame the child for these behaviors. You may also need to get professionals to help the child process these emotions and to help you set up a home that is safe for the child. Safety and supervision are the first priorities for parents who are fostering or adopting.

If you find yourself in this situation, some specific types of supervision to protect the child are similar to types of rules around structure and supervision that we have been talking about, but additional layers of structure will need to be added to protect everyone. These include:

- Not leaving the child alone with other children
- Not sharing bathroom time with other children
- Not closing bedroom doors
- Not sharing beds or bedrooms
- No sleepovers without adult supervision during sleep time
- Open conversations about personal space and your personal body
- Alarms on bedroom doors so you can ensure children are staying in their rooms at night
- Not allowing children to stay up after parents go to bed





### **PARAPHRASE**

Sexual Development, just like other domains of human development, is an important part of the developing child, adolescent and adult. It is especially important for children with a history of sexual trauma that we be aware of the messages that we give about sexuality.



## PROMOTING HEALTHY SEXUAL DEVELOPMENT

HANDOUT #4: INTERRUPTED SEXUAL DEVELOPMENT: PAGE 201



68

### PARAPHRASE

Healthy sexual development is a normal part of growing up. Parents who are fostering or adopting need to know what healthy sexual development looks like so that they can identify when something may be of concern while also supporting children in their healthy sexual development.

Let's do a quick review of Handout #4: Interrupted Sexual Development. Handout #4: Interrupted Sexual Development (2017) by the U.S. Department of Health and Human Services. This handout provides useful information on typical healthy sexual development at different ages, the possible effects and indicators of sexual trauma at these ages, and appropriate parental responses that promote healing for a child whose sexual development has been interrupted by trauma.

Right now, we will review one age group, 7-12 years.

### DO

Review the content in Handout #4, reviewing the content from left to right in the row titled 7-12 years. After you have reviewed this age group, continue to next Paraphrase.

### PARAPHRASE

Handout #4 can be a useful resource in the future as it helps us understand healthy sexual development at different ages and what can happen when there is a history of sexual trauma that has interrupted this area of development. The handout also reminds us that when parenting a child with a history of sexual trauma, parents have a big role to play in the child's healing and getting them back on their track of healthy sexual development by using appropriate parental responses as well as the other safety measures we have been covering.



## CONVERSATIONS ABOUT SEXUALITY

- Sexual Identity
- Boundaries and consent
- Vulnerability to exploitation
- Candid conversations
- Permission to say no



### PARAPHRASE

Going back to the importance of a trusting parent/child relationship, conversations about sexual identity, boundaries regarding our bodies, and consent are appropriate at any age, and will need to be geared to the developmental age of the child. Laying the foundation with younger children is important to the healthy development of sexual identity as the child grows older. Having these conversations with teens who have had sexual trauma and may never have had guidance in this area, can be challenging. However, it is even more important as they embark on dating, and become vulnerable to exploitation as they move out into the world. Teens, especially those who have experienced abuse, need to be given permission to say “no” to any interaction that makes them feel uncomfortable.

Candid conversations about sexuality, their growing and maturing body, attraction to others, dating, and once again, boundaries, consent and protection of their body, are key to healthy self-identity and prevention of abuse. The video we watched earlier today suggested using books to read about growing, changing bodies and using real words for real body parts. Helping youth by role playing situations they may encounter can give them the language they need and practice to protect themselves from abuse or exploitation. We also want to give children and teens appropriate positive messages about their sexual identity and sexual development, countering negative messages that may have been given to the child or teen so that they can achieve their potential and fully develop into the person they are and feel positively about it.





- 1) Think about your childhood and how you were given messages about boundaries, protection of your body, and privacy. What were those messages?
- 2) Were they explicit messages or were they more subtle and delivered by example?
- 3) Is there anything about those messages that you would change for a child coming into your home?



#### **FACILITATOR'S NOTE**

If time permits, have participants complete this activity in class, allowing 5 minutes. If time is short, explain the activity and ask them to complete it at home.

#### **PARAPHRASE**

For this reflection exercise, you'll go to page 205 in your **Participant Resource Manual**. You will answer the questions on the slide.





### PARAPHRASE

It's time to wrap up. Before we do, I want to briefly highlight some key points from this theme:

- It's not unusual for the topic of sexual trauma of children to be uncomfortable to think about or talk about.
- Because a child can have a history of sexual trauma without it being known by the child welfare system or adoption agency, it is important that all parents who foster or adopt learn about effectively parenting a child with a history of sexual trauma.
- There are strategies that parents can learn to help ensure sexual safety in the home.
- Most children who have a history of sexual trauma do not engage in acting out this trauma with others.
- By learning more about how to effectively parent a child with a history of sexual trauma, parents can create a safe and healing environment for the child.



# National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS



# CULTURAL HUMILITY

FACILITATOR CLASSROOM GUIDE  
Modified January 2022

# PREPARATION

## To prepare for this class, you should:

- Review the facilitator preparation information included in this **Guide** along with the handouts.
- Review the Resources for this theme.
- Ensure that participants have a copy of the **Participant Resource Manual** and that it is accessible to them. This **Manual** will be used during all themes and will have handouts needed by participants. Facilitators should have copies of the handouts for the theme available in case participants do not bring their **Manual** to class. If the theme is being taught on a remote platform, facilitators should have the handouts available so that they can share in the chat and/or email to participants who do not have their **Manual**.
- Bring any materials you need for the activities.
- Review any videos or other electronic media used in this theme, if any, and plan the mechanics of how you will present them. Media for this theme are listed in the Materials and Handouts slide. Review the instructions for each media clip (e.g., to pause or stop at a particular time stamp).
- Practice playing the media for the theme. Ensure that you have the files and apps you need, that your links and connections work, and that you know when to pause or stop the media clip if appropriate.
- If training on a remote platform, make sure all participants have the link available to access the class and that you have all videos, PPT's and handouts ready for use.
- If training in person, ensure that a room is available and set up, with the following:
  - Enough tables and chairs for all participants
  - Projector and screen (check that it works with the computer you will be using)
- Classroom activities have been adapted so that they can be done on a remote platform. Adaptations will be marked as follows so that they can be easily spotted throughout the Facilitator Classroom Guide: ***Adaptation for Remote Platform***



# MATERIALS AND HANDOUTS

## FACILITATOR'S NOTE

- Participants are expected to have the **Participant Resource Manual** available for every session. This theme begins on page 208 in the **Participant Manual**.

## MATERIALS NEEDED

You will need the following if conducting the session in the classroom:

- A screen and projector (test before the session with the computer and cables you will use)
- A flipchart or whiteboard and markers for several of the activities. A flipchart with a sticky backing on each sheet may be useful and will allow you to post completed flipchart sheets on the wall for reference.
- Name tent cards (use the name tent cards made during the Introduction and Welcome theme)

You will need the following if conducting the session via a remote platform:

- Access to a strong internet connection
- A back-up plan in the event your internet and/or computer do not work
- A computer that has the ability to connect to a remote platform- Zoom is recommended

## HANDOUTS

Have the following handouts accessible. Participants will have all handouts listed below in their **Participant Resource Manual**:

- Handout #1: A Glossary of Terms on Sexual Orientation and Gender Identity Expression (SOGIE) - (page 211)
- Handout #2: Enhancing Your Toolbox: Conversations that Ally (page 214)
- Handout #3: NTDC Parent Tip Sheet: Cultural Humility (page 216)

## VIDEOS AND PODCASTS

None for this theme.





## THEME AND COMPETENCIES

### FACILITATOR'S NOTE

Before beginning, review the theme and competencies. You will not read these aloud to participants. Participants can access all competencies in their **Participant Resource Manual**.

### Theme: Cultural Humility

Obtain an overview of cultural humility; recognize the importance of honoring and incorporating children's cultural identity and respecting families from varying races, religions, ethnicities, and economic statuses; openness to a child's sexual orientation and gender identity and expression; able to view these differences from a strengths based perspective; strategies for parents who are fostering or adopting to respect as well as navigate differences in values from the children and families; acknowledge imbalances of power and inequities.

### Competencies

#### Knowledge

- Know strategies that can be used to demonstrate respect, inclusion, and support of children and parents' intersecting identities (including cultural and racial backgrounds as well as SOGIE.)
- Understand the meaning and importance of cultural humility and cultural responsiveness when fostering/adopting children when interacting with or talking about families.
- Identify ways in which the family who is fostering or adopting may be culturally responsive when parenting children whose culture and identity is similar or different than their own.

#### Attitudes

- Believe showing respect for similarities and differences in race, ethnicity, economic status, sexual orientation and gender is critical to healthy child development.
- Open to making changes in order to honor and respect children and their families from varying backgrounds.
- Believe children should be allowed to maintain areas of difference from mine, now and as they develop.

#### Skill

- Can demonstrate the ability to ally with children in conversations about their developing identities.





## BEFORE YOU BEGIN CLASS

Before discussing the Color Wheel of Emotions and covering the content of this theme, you should do the following:

- Make any announcements that are needed regarding the training, timing of training, or process to become a foster or adoptive parent.
- Take out the **Participant Resource Manual** and direct participants to this theme in their **Manual**. Remind participants that the Competencies for today's theme are in their **Manual**.
- Encourage participants to be engaged and active learners.
- Encourage participants to contact you in between classes with any questions and/or concerns. (Prior to class, list the name(s) of the facilitators on the board with contact information.)
- Remind participants to put out their name tents (these can either be made by the participants during the first class or the agency can print out name tents and provide them to the participants at the first class). If conducting the class on a remote platform, remind participants to type their first and last names in their screen box.





**FACILITATOR'S NOTE**

Show this slide briefly just before you start the theme.

**SAY**

Let's get started! Welcome to the Cultural Humility theme. This theme begins on page 208 of your Participant Manual.



### **FACILITATOR'S NOTE**

We know that people generally feel most comfortable with what is familiar. At any time in this theme, participants may become uncomfortable or start to disconnect. Pause any time it seems needed to acknowledge discomfort and thank them for staying present and open. Reinforce how children in foster care or who are adopted often live their lives with a sense of discomfort related to issues of identity and culture as well, which is why we are all working so hard to understand what they need.

### **PARAPHRASE**

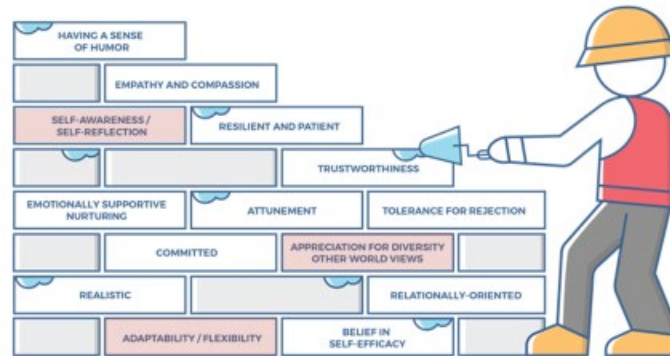
This theme focuses on the importance of identity, culture, and cultural humility.

All children have certain core needs in common when they come to your home.

They need to feel safe and valued, and to feel a sense of belonging.

- Even when their basic needs are met, children may continue to feel a lack of belonging. Children need to feel supported in staying connected with people, places, and things that they care about, while also helping them to adjust to what is currently happening in their lives. They may need our help in talking about and making sense of it all.
- Children may feel overwhelmed in their new environments even when they are safe. They will need the support of caring adults to sort out confusing emotions connected with loss, divided loyalties, and guilt. Parents need to talk openly with children about these confusing feelings, and parents may need to strengthen skills in knowing how to help a child who feels they do not belong, begin to feel like they do belong.
- The children you parent may come from a different background or culture than yours. This will require parents who foster or adopt to be extra mindful of when the child needs support. For example, their peers may see them as different, exclude, or bully them because of things like appearance, race/ethnicity, “foster child” status, sexual orientation, or because they had a first language other than English.

## CHARACTERISTICS OF SUCCESSFUL FOSTER AND ADOPTIVE PARENTS



78

### FACILITATOR'S NOTE

This slide is shown at the start of each theme. Although the graphic will remain the same, the bricks that are colored in red will change based on the characteristics that will be touched upon in this theme. The characteristics were obtained from a review of literature, stakeholder interviews, and review of existing curricula. We want families to become very acquainted with these characteristics throughout the training. It is important to note that in addition to the characteristics that are highlighted in red, there may be additional characteristics that are touched upon during the theme. Facilitators should try to connect these characteristics to the content they are sharing throughout the training. Remind participants that their **Participant Resource Manual** contains the definitions for these characteristics.

### SAY

Before we get into the content let's look at the 14 characteristics of successful foster and adoptive parents. When you took your self-assessment, you were asked about these characteristics.



## CHARACTERISTICS FOR CULTURAL HUMILITY



### **Self-Awareness/Self-Reflection:**

- Parents can identify why they have responded to a child in a certain way.
- Parents can identify what was good, bad, and different about the way they were raised, while adjusting their own parenting to meet a child's needs.
- Parents can identify and forgive themselves for having negative feelings towards a child, moving from disappointment to acceptance.
- Parents know their own history of experiencing loss and being hurt, and can identify how they might bring that into their parenting in negative ways if they are not careful.



### **FACILITATOR'S NOTE**

Move to the next slide after reviewing this one, then ask the question after reading all 3 Characteristics.

### **SAY**

The Cultural Humility theme will cover the following characteristics:

- Self-Awareness/Self-Reflection
- Appreciation for Diversity/Other World Views
- Adaptability/Flexibility

Take a moment to think back to how you assessed yourself with these characteristics. It is important as you start this journey to assess your characteristics as they are qualities that can strengthen your ability to successfully parent a child who is in foster care or has been adopted.



## CHARACTERISTICS FOR CULTURAL HUMILITY



### **Appreciation for Diversity/Other World Views:**

- Parents understand and have a sense of respect for a child who brings a different set of values with them.
- Parents can reconcile that the child's behaviors and values may not align with their personal values and that this will feel uncomfortable and at times, feel wrong. Parents know that if not resolved/accepted, this can be a real source of discontent, tension, and conflict in the parenting of the child.

### **Adaptability / Flexibility:**

- Parents are willing and able to make changes in their parenting style/responses in order to be accommodating, encouraging, and supportive to the physical, emotional, and cognitive needs of the child.
- Parents share the responsibility of caring for the child and are not restricted by stereotypical or societal roles/expectations.
- Parents can acknowledge when something is not working and are able to try a different approach or modify their expectations for the child.



## **SAY**

Now that we have reviewed the definitions, why do you think these specific characteristics are important to understanding a child that you may foster or adopt?

Reinforce:

- Self-Awareness/Self-Reflection:
  - How we talk and think about culture is impacted by our life experiences. It will be important for us to step outside our own experiences and expectations to focus on the child's needs and values.
  - It's not unusual for topics about culture to evoke strong opinions. It's important to have an open mind and support the child with what is important to them, even if it doesn't feel familiar and comfortable at first.
- Appreciation for Diversity/Other World Views:
  - Children who have experienced loss and trauma have a critical need to develop healthy identities. When we value the views and experiences of the child and their family, we show the child that we value who they are.
  - When we appreciate diversity rather than believing our way is the "best" way, we show children that we care for all parts of them. This helps them feel pride in who they are and what they bring to the world.
- Adaptability/Flexibility
  - It will be important to get to know children and their culture(s) so that families can blend the child's culture with their own.
  - It's important to move beyond our own comfort zone in conversations with children so we can support the child in exploring all parts of their identity.





### **SAY**

We'll start with a discussion about culture and identity.

### **PARAPHRASE**

- A person's identity evolves throughout their life, though much of a person's identity develops during childhood and adolescence.
- A child's race, ethnicity, and culture, as well as the people they have connected with in their past and present, shape their identity.
- Part of your job as a parent will be to reinforce their identity and self-worth by supporting the child and their cultural identity.



## WHAT IS IDENTITY?



### ASK

Let's pick this apart. First, what is identity?

### DO

- Encourage participants to share their thoughts about identity.
- Facilitate a discussion around participants' thoughts and ideas.
- Write the ideas on a flipchart or whiteboard.
- Reinforce the points in the list below, highlighting any that participants bring up. If any points are not covered by participants, bring them up yourself.

***Adaptation for Remote Platform:*** Ask participants to write their ideas into the chat or create a new slide and write their ideas on the slide.

### Key Points to Reinforce:

- In some cultures, 'I' is a capital letter because of the importance placed on the sense of an individual self. In other cultures, identity may be perceived more collectively, such as being a member of a family or group.
- Identity shapes the definition of who we are as a person.
- Identity begins to form very early in life. (As an example: children learn gender and skin color differences by preschool.)
- Identity continues to evolve and broaden over time, with a peak time for identity exploration and development occurring in adolescence.





## WHAT FORMS OUR IDENTITY?



Handout #1: Page 211



### SAY

A big part of our identity comes from the people we are connected to, both biologically and emotionally, and from our life experiences.

Now, let's think about and share some things that play a role in our sense of identity?

### DO

- Continue to facilitate the discussion.
- Write participants' ideas on the flipchart or whiteboard.
- Allow about 1 minute of discussion, then continue the discussion on the next slide.
- If participants don't mention, be sure to include:
  - A person's name
  - Family stories/history
  - Family values
  - Immigration stories
  - Sexual orientation, gender identity and expression (SOGIE)

***Adaptation for Remote Platform:*** Ask participants to write their ideas into the chat or create a new slide and write their ideas on the slide.

### SAY

Let's talk about a few of these.



Let's start with names. Our names and where they come from can be a very important part of our identity.

### **ASK**

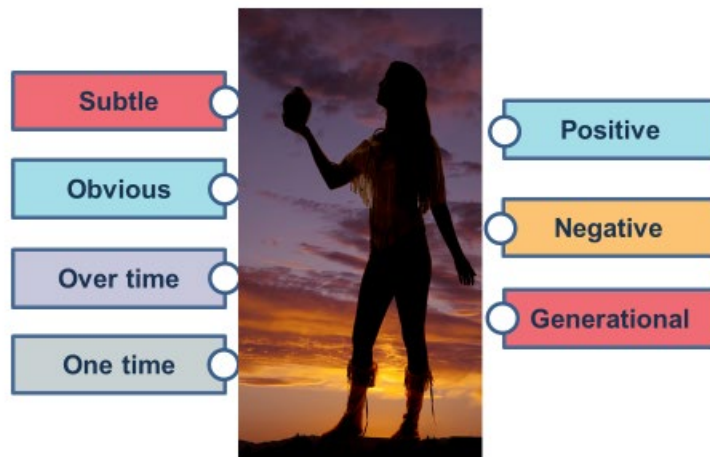
Maybe some of you were given the name of a relative, or your name came from a place, song, or experience that was special to your parents. Does anybody have a quick story to share about the significance of a name in your family? For example, how your parents chose your name or how a child's name in your family was chosen?

### **PARAPHRASE**

There are so many things that make up our identity. Another part of our identity is our sexual identity. Yes, we all do have sexual identities! These days, there's a lot of talk amongst young people about their sexual identities and it can feel complicated to many of us! Check out [Handout #1: A Glossary of Terms on Sexual Orientation and Gender Identity Expression \(SOGIE\)](#) in your **Participant Resource Manual** on page 211. Like all areas of identity, it's important that we are able to talk about this because all children and teens have sexual identities, so we need to develop some comfort and understanding in this area, too.



## IMPACT OF EXPERIENCES AND MESSAGES ON IDENTITY



### FACILITATOR'S NOTE

Use this slide to reinforce key points.

### PARAPHRASE

Good job identifying some of the things that help form our identity. Of course, our families, our friends, and our culture are all key ingredients in shaping our identity.

Additionally, a big part of our Identity is developed through experiences or messages we receive:

- Subtle or obvious messages that we get from others or society.
- One time or over a long time.
- More positive (like I am a successful student) or negative (like I am a terrible singer).
- Unfortunately, children who have experienced trauma, separation, or loss have often received more negative than positive messages about who they are.

Sometimes, a person doesn't even have to experience the negativity directly. Their identity is impacted by hearing stories or feeling the strong emotions from their family's experiences. Some family experiences can be extremely painful, and they are passed on in families to children who are born later through stories and emotions. This is known as intergenerational trauma. This kind of trauma can affect how children see or feel about themselves, even though the trauma happened to their family and not them directly. Another experience that can impact a child or teen's identity is when there has been a community or collective trauma to the people that the child or teenager identifies with. When people have experienced an atrocity as a group, this is known as historical trauma.

**DO**

Use an example of a historical trauma that may have occurred in your state, tribe, or community. Some examples may be:

- Slavery
- Land being taken from American Indian Alaska Native people, or their children being sent off in masses to boarding schools
- War
- The Holocaust
- Genocide in countries around the world

**SAY**

The effects of these past traumas and losses can become part of a person's identity, sometimes without the person even being conscious of it. Many of the children you will parent will have identities impacted by individual, intergenerational, and historical traumas.



# CULTURE

The values, beliefs, systems of language, communication and practices that people share in common that can be used to define them as a collective.

(Thought Co.)



## FACILITATOR'S NOTE

This theme is meant to focus on overall cultures. While it touches on race, it does not focus on race, racism, and related issues. If the conversation becomes focused on race and related issues, validate it, but redirect participants to the Parenting in Racially and Culturally Diverse Families theme because you will not have enough time to focus on race in this short theme.

## PARAPHRASE

As we've been discussing, what's happening in the world around children is a strong influence on how their identity will develop. Culture is one of the most profound influences, because it surrounds us all the time. In this theme, we're putting our focus on supporting children with their cultural backgrounds and developing identities.

Let's look at a definition of culture so we're all on the same page for our discussion. There are many ways to define culture. One definition of culture is on the slide. Let's use this as a springboard to come up with our own thoughts about what makes up culture and how we express it.

## DO

Write or have a volunteer write responses on a white board/flip chart.



### **Adaptation for Remote Platform**

Have the co-facilitator or a volunteer write responses in the chat.

#### **ASK**

What do you think makes up culture/what are some examples of how we express culture?

Reinforce:

- Customs
- Traditions
- Family
- Food
- Language
- Music
- Arts
- Literature
- Music
- Dance
- Theater

Let's keep our definition broad. We can refer to ethnic and racial cultures and also to a range of cultures in children and family's lives, such as the economic circumstances that surround them, like wealth or poverty. We can also refer to culture related to one's gender identity and/or sexual orientation. All of these cultural components impact our identity, sometimes without us even realizing it.



## SHARED CULTURAL EXPERIENCES



96

### PARAPHRASE

In addition to individual experiences, shared cultural experiences impact the identity of a developing person. For example, most cultures have rites of passage as teens move from childhood to adulthood.

### ASK

What examples can you think of for teenagers going through rites of passage?

### FACILITATOR'S NOTE

Validate examples of "U.S.-centric" rites of passage like school graduations, getting a first job, getting a driver's license, etc. Be sure to also include rites of passage from a broad diversity of cultures, such as Quinceañeras from Central/South American cultures, Bar & Bat mitzvahs in Judaism, or coming-of-age ceremonies that are done in tribal nations.

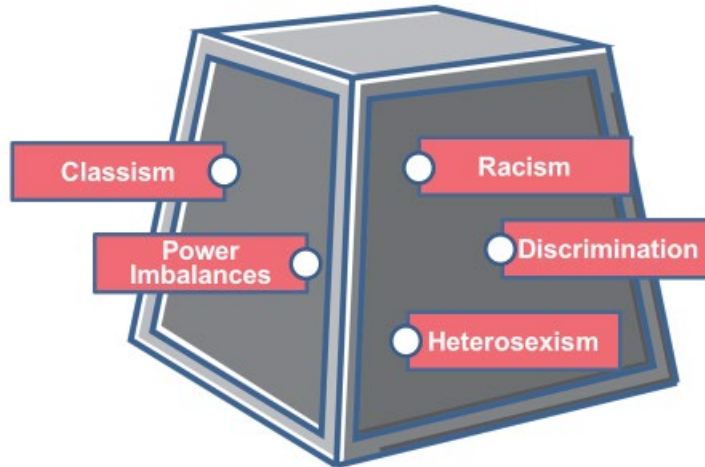
### PARAPHRASE

Because of what they represent, these rites of passage help teenagers feel more mature, capable, and ready to take on the next step in their lives.

How a child or teen perceives their family and immediate community's culture is critical to developing their identity. It's also important to realize that how others view the culture, in all the ways that we've defined, is also taken in by the child or teen. That outside view also becomes part of their identity. When positive, this combination can allow for a positive sense of belonging and pride.



## THE “ISMS”



### PARAPHRASE

The views and actions of others can also have a negative impact. It is important to be aware of the ways the children you will be caring for, and their families, might have experienced forces that have negatively impacted their identity. Things like classism, racism, heterosexism, discrimination, power and privilege differences may have affected their lives in negative ways. Often, children who are in foster care have experienced many of these ISM's given the stigma and powerlessness that happens along this painful journey.

As we think about supporting children who have spent time in foster care or with multiple caregivers, it's important for us to recognize that they have been bombarded by a slew of ISM's. We need to understand the collective weight of this and how these ISM's multiply risks for children who have already experienced loss and trauma.

A particular ISM for some children and teens that we need to be aware of stems from their sexual orientation and/or the way they express their gender. In foster care, 20% of children identify as LGBTQ+.\* What we have learned is that these children are at high risk for being bullied, running away, homelessness, and drug use due to feelings of rejection and lack of support. For example, males who report being rejected by their families are 8 times more likely to attempt suicide.\*\* One of the best ways to protect LGBTQ+ youth from these risks is for their families to actively show acceptance and support for all parts who they are.

It will be important for you to be able to see, acknowledge, address, and help buffer the effects of any or all “isms” the child or teen you are fostering or adopting might be facing.





We understand it can get tricky, so we'll do an activity in a few minutes to practice talking with a child about when they are feeling like they don't belong or are not feeling good about themselves and who they are.

### **FACILITATOR' NOTE**

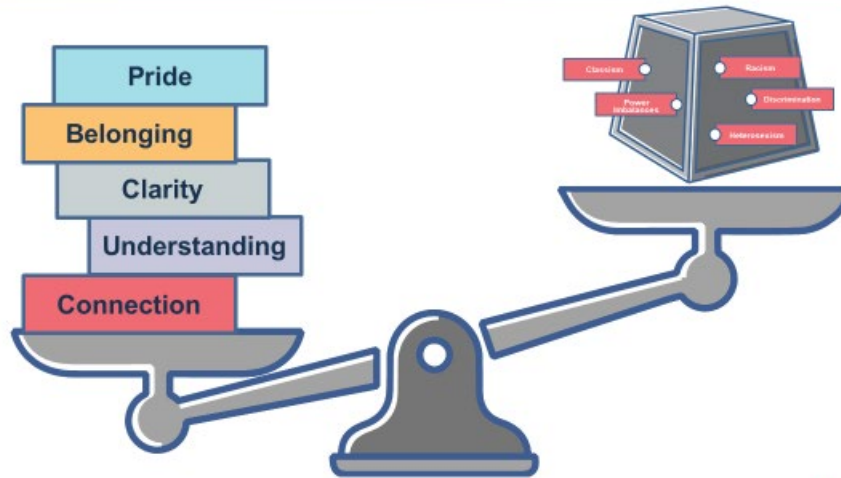
You may need to slow down in particular for the reference to heterosexism or to spell out the definition of LGBTQ+. For this theme, the focus is on the weight of both individual and collective ISM's and the impact of not being accepted.

\*Human Rights Campaign. (n.d.). *LGBTQ youth in the foster care system*. Retrieved from <http://hrc-assets.s3-website-us-east-1.amazonaws.com/files/assets/resources/HRC-YouthFosterCare-IssueBrief-FINAL.pdf>

\*\* Ryan, C., Huebner, D., Diaz, R., & Sanchez, J. Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123(1).MODULE



## CULTURAL CONNECTIONS TIP THE SCALE



### PARAPHRASE

First, let's reflect on self-worth:

- A person's culture and identity will impact not only how a person views themselves, but also how they *feel* about themselves, or their "self-worth."
- As you now know, children who have experienced separations, loss, and trauma have already had many hits to their feelings of worth.
- To improve self-worth and the behaviors that result, it is valuable to help children and teenagers feel a sense of pride and belonging. One powerful way to do this is to connect them to their culture of origin and those cultures they feel they belong to.
- When we do or say nothing about the child or teen's culture, the result is *not* neutral. We unknowingly run the risk of sending the message that their culture is not okay with us, and therefore, that they (as a person) are not okay with us.

Getting to know and understand more about the child's culture(s) and that of their family is a meaningful task for parents who will be fostering or adopting, and you'll likely need some extra tools to do that.

## TOOLS



### ➤ **Cultural Responsiveness:**

Learning from another and acting respectfully

### ➤ **Cultural Competence:**

Effectively Interacting with people from other cultures

### ➤ **Cultural Humility:**

A humble and respectful attitude toward individuals of other cultures that pushes one to challenge their own cultural biases, realize they cannot possibly know everything about other cultures and approach learning about other cultures as a lifelong process.\*

\*Adapted: [Cultural humility: Essential foundation for clinical researchers](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3834043) www.ncbi.nlm.nih.gov/pmc/articles/PMC3834043



89

## **FACILITATOR'S NOTE**

While this area of content is not intended to provoke discussion, be sure you are familiar with these concepts so that you have a fuller understanding and can address any questions regarding the definitions slide.

It may be useful to know, according to Georgetown University's National Center on Cultural Competence, there is no one definition of cultural competence, as definitions of cultural competence have evolved from diverse perspectives, interests, and needs.

## **PARAPHRASE**

Let's talk about tools you will need to sharpen in your toolbox to support children. The first is Cultural Responsiveness. For this class, we're going to describe this as "learning from another and acting respectfully." An example might be showing interest about holiday traditions a child and family have by asking them about their traditions and then incorporating the child's traditions into your family traditions. Often, these traditions are influenced by their cultural heritage, so this is a good way to keep that connection.

Cultural Competence is the next tool. The definition we're going to use in this class is "effectively interacting with people from other cultures." In the holiday example we were just using, if you learn that a child and family have particular traditions, cultural competence would be understanding and respecting the traditions the child has when they're with you. This might include having a visit at certain times so the family can honor a particular tradition together.



The third tool is Cultural Humility. We're going to define this as "a humble and respectful attitude toward individuals of other cultures that pushes one to challenge their own cultural biases, realize they cannot possibly know everything about other cultures, and approach learning about other cultures as a lifelong goal and process." Being thoughtful to start conversations about each child and family's traditions and being open to understanding and valuing them even if they're different from your own, is an example of cultural humility.

Cultural Responsiveness, Cultural Competence, and Cultural Humility are a powerful combination of tools for parents who will be fostering and adopting as you use them to help a child feel comfortable with you and in their new environment.





**PARAPHRASE**

Let's reflect for a few minutes on how our experiences affect our expectations.

## CULTURAL CLASHES



91

### PARAPHRASE

When a new family comes together, it is not unusual for there to be cultural misunderstandings if they come from different cultural backgrounds and experiences. Misunderstandings can happen because our cultural understanding of the way things should be is a byproduct of our experiences. Whether we realize it or not, the culture(s) that surrounded us shaped and continues to shape our views and expectations about so many things.

As we all know, human beings have a natural bias toward things we are familiar with because it simply feels more comfortable and most of us prefer our comfort zones. This can create a cultural clash because our first instinct may be to distance or judge when there is discomfort over a difference. But a cultural clash can also be an opportunity to bring people closer together as they work to understand one another. It is important that parents who are fostering or adopting have **self-awareness** and **self-reflection** to do this, as well as **adaptability and flexibility** (characteristics) to make any changes.

It will be critical for families who are fostering or adopting to have humility in handling any cultural clashes so they can be used to build connections rather than break them down.



WHAT DOES  
THIS IMAGE  
BRING UP  
FOR YOU?



92

### ASK

Let's use an example. Quickly, without thinking, throw out one word to describe your first thoughts about what this image brings up for you?

Responses may include:

- Holidays/Christmas
- Joy/cheer
- Drama
- Family
- Traditions
- Fights
- Presents
- Stress
- Memories of childhood
- Religion
- Consumerism/commercialism
- Warmth

### DO

Quickly verbally reinforce the words in responses or write them on a flip chart if you have time. A volunteer could also be asked to scribe.

### *Adaptation for Remote Platform*

Have the co-facilitator or a volunteer write responses in the chat.



## PARAPHRASE

For those of you who responded positively to this image, it likely means you had positive experiences with trees with presents under them. Do you think all children who will come into your home will have had the same experiences of trees with presents that you have had? Maybe they celebrated a holiday with an outing to a fast-food restaurant or they did not celebrate that holiday at all. Perhaps poverty may have affected how the family celebrated or maybe they were of a religion that did not celebrate the same holidays. In any of these cases, what might it feel like for a child or teen if their experience with a family who is fostering or adopting is a tree with lots of presents? For example, what if a Jewish child came into a Christian home?

Reinforce any range of responses, including:

- Uncomfortable because it is different from what they are used to
- Good because they have lots of new toys to play with
- Rejecting of the presents
- Confused
- Guilty (they are getting more than their family members are or for practicing a different tradition)
- Missing family
- Insisting/wanting to do what they're used to
- Sad
- Wanting to share the nice things with their family
- All of the above

## ASK

Using your cultural humility skills, what might the parent who is fostering or adopting be able to do with this possible culture clash?

- Don't approach the situation from a "right or wrong" stance but see it as an opportunity to practice cultural humility and to learn something from and about the child.
- If children don't seem happy with the gifts, rather than being upset, adults can start a discussion to learn more about the child's background and to validate their feelings.
- Parents can keep the tradition of having a tree and presents and also use it as an opportunity for connection with a child to ask what traditions they would like to bring into the family.

## PARAPHRASE

Using "Both/And" rather than "Either/Or" thinking shows everyone's experiences and expectations have value and will eventually allow people to feel that all are included and welcome in this home.







### **PARAPHRASE**

As children get older, you will be able to talk more in depth about their culture(s) and developing identities. These conversations may not always be easy, and you may not know how to support them, especially if they are expressing things that are uncomfortable for you. Yet, it will be critical to support them, and they will likely be hoping for more than just words.

While the topics may get complicated, your role can be simplified into what they need from you. The main things they need from you in these talks is for you to listen, learn and understand.

## CONVERSATION TIPS FROM TEENS

1. Stay engaged in conversations by simply listening.
2. Stay open to explorations, rather than trying to guide.
3. Listen for understanding, rather than to support your own conclusions.
4. Look at what the child is doing right in the situation, not what's wrong with them or it.
5. Engage and affirm, rather than trying to fix or change.
6. Tolerate some degree of discomfort when you're deeply listening.
7. Accept not having closure after a conversation.

\*Adapted from Freechild.org (Listening to Young People)



94

### FACILITATOR'S NOTE

This slide sets up the role-play activity that follows.

#### SAY

We're going to be practicing how to have conversations with children about their culture(s) and developing identities in a few minutes. To get us thinking, here are a few tips that teens have shared that help them feel that adults are not only hearing them but also giving support or encouragement about who they are or who they are becoming. This kind of affirmation is incredibly important to teenager's developing identity and to strengthen their self-worth, especially for those who have experienced trauma and loss.

#### DO

Ask a volunteer to read the seven points on the slide aloud. (Alternatively, you can have seven participants each read one point.)





## ALLYING

1. Listen carefully and, keep your:

- Attitude open
- Language affirming
- Child the priority

2. Acknowledge their feelings and experiences

3. Brainstorm possible action plans



### PARAPHRASE

These tips teach us that helping older children and teens feel like you truly have their back is a thoughtful, active process. It will require many conversations, not just one. The stage beyond just giving verbal support to children and teens is called being an ally. Being an ally is more powerful than general support because it is a more active process that goes beyond making it okay for a child to explore an identity or culture on their own. When an adult allies, they stand beside the child in each step of their journey. Allying includes:

- Listening carefully while keeping your attitude open, language affirming, and the child as the priority in each of these conversations
- Acknowledging their feelings and experiences
- Brainstorming possible action plans that they can take themselves or those that they need your help with

It's important for action plans to come last or an action step may or may not be needed. The first two steps are always important so that children and teens feel validated in their daily experiences. In some cases, that will be enough, in others, they will need your help to brainstorm their own action plan. Some plans may be better with your involvement, and this is something for you and the child or teen to talk about and decide on together.

Now let's see what allying looks like. We're going to need some volunteers who don't mind reading.



## **FACILITATOR'S NOTE**

The following role-play activity is designed to reinforce the skill of allying. Be sure you read Handout #2: Enhancing Your Toolbox: Conversations that Ally (page 213 in the Participant Manual) in advance to choose which scenario(s) you will have the group practice. Allow about 12 minutes for the entire activity.

### **Adaptation for Remote Platform**

Ask for volunteers to do a role play while the large group stays together. The volunteers will need to have their copy of Handout #2, so they can read the script. Processing with the large group can happen during the activity or at the end through the chat function.

**DO** Choose the role plays for the class to practice, one at a time (You can choose to do between 1 and 3, depending on your time)

- Have two volunteers come to the front of the room with Handout #2: Enhancing Your Toolbox: Conversations that Ally to read each script (remind them it is on page 214 in their Manual)
- Point out which scenario they are to read from the handout
- Have the volunteers choose who will be the parent and who will play the child in their scenario
- For those playing the child, instruct them to act like a real child.
- For those playing the parent, remind them their body language and tone of voice is also sending messages
- Leave the slide up so the class can refer to the allying steps during the role plays
- Ask the volunteers to read their script aloud
- Thank the volunteers for reading and send them back to their seat
- Process the role play in the large group
- Call up the next set of volunteers and repeat the process with another scenario as time permits

### **Scripts For Enhancing Your Toolbox Activity:**

#### **Scenario #1: Mariana, age 12**

Child: School sucks

Parent: Sometimes it does. Sounds like you didn't have a great day.

Child: Obviously not! After you dropped me off at school, the kids made fun of me 'cause you're a different color than me!

Parent: Oh, that's awful, I'm so sorry! People can be so mean.

Child: They kept teasing me about it and told me that I would never really be part of the family because I look so different from you.

Parent: That must be so painful to hear even if they are totally wrong. How terrible! Child: It does feel terrible. Sometimes I wonder if it could be true.

Parent: I see why you would wonder that, it's natural, but I want you to know how proud I am of who you are and your being in the family makes our family's life better.

Child: Are you sure? Maybe a kid who looks like you wouldn't have all these problems.



Parent: I can't imagine our life without you and everything you have added including making us a family that has more than one race. You are our child, beautiful exactly as you are, I wouldn't want one percent of your looks changed for anything in the world.

Child: I'm sick of those kids.

Parent: You're right, let's spend some more time with the kids from your dance classes. Some of those families don't look like each other either. (Laughing) We need more families that look like us around! I am really glad that you brought this up.

### **Scenario #2: Jessica, age 14**

Child: (crying) Everybody on Instagram is making fun of me and saying mean things.

Parent: Oh no, honey, that's awful. What's it about?

Child: It's because my girlfriend and I held hands today at lunch.

Parent: Oh Jessica, how cruel! You have a right to hold hands like everybody else at school.

Child: I don't know what to say to them, am I weird because I like girls, not boys?"

Parent: Absolutely not! Some girls have liked girls instead of boys from the beginning of time. You're great just the way you are. Do you want me to talk to someone at the school or this kid's parents?

Child: No, I got this Mom. I know you've got my back. I'm gonna try talking to the kid who started it first. Or maybe I'll send a message to everyone. If I need your help, I'll let you know.

Parent: Ok, well think about it and let's talk after dinner about the pros and cons of sending a message to everyone if you decide to do that.

Child: Ok, maybe that's a bit much. I'll start with the kid first.

Parent: I'll check in with you tomorrow after school to see how you're feeling about how it went. I wish this didn't happen and sorry to say this may not be the last time. The world is not educated enough. I'm here whenever you need me, and we'll keep figuring it out together.

### **Scenario #3: Paul, age 16**

Child: I feel so different than the other kids at school and on my team.

Parent: Oh, that's hard. Glad we're talking about it though. What's making you feel different right now?

Child: The food here doesn't look like what I'm used to. I like rice for breakfast, not cereal.

Parent: Oh no, I'm sorry I didn't realize that sooner. That would be very uncomfortable for anyone! You've probably been hungry every day, this is my mistake.

Child: Anyway, I can't eat much food like this, and I don't even care that the kids call me skinny.

Parent: This is definitely something we can fix. I want you to join me in making the shopping list and I'd better learn some new recipes! I was just used to what I'm used to, but maybe I'll like your food even better.

Child: That's nice of you but that's not the only thing. When I get lonely like this, I wish I had someone to talk to in the language my family uses at home. But I never hear that around here, and my teacher keeps saying how perfect my English is. So, I'm thinking I should just forget it all and work harder to fit in. What do you think?

Parent: No, no, no. It's not your job to fit in. It's your job to be you. I'm so thankful we're



talking about it so I can find more people and places where you can speak your language. It makes me sad to realize you haven't been able to do that. How hard on you. You deserve so much more and the more we keep talking about it, the more we can get there!

### **DO**

Take a moment at the end of each role play to process the activity with the volunteers or class with questions like:

- How do you think this helped the child feel?
- Do you think this was easy or hard for the parent and why?
- Did you notice any a particular tone of voice or body language that showed the parents feelings?

Reinforce the three steps of allying when you hear them in participant responses.

### **PARAPHRASE**

Whether it be growing up in a racially or culturally diverse family or talking about their sexual identity, these are challenging situations for children to navigate on their own. It will take practice, but it is critical that you learn to be an ally for children like Jessica, Mariana, and Paul, so that you show you are truly supportive of their developing identity and can help them to sort it out with their peers and the world around them.





## ALLYING



96

### **FACILITATOR'S NOTE**

This slide is intended to wrap-up the role-play activity.

### **PARAPHRASE**

It is not important to say exactly the perfect thing in these conversations or that you have all the answers. The important thing here is to affirm the child's feelings and to provide support to the child in dealing with the challenges before them.

When we ally with children and teens on their developing identity over time, this active adult participation can result in an improved sense of belonging, freedom, and pride for the child, which can positively impact the child's overall well-being. We want them to feel proud and strong in who they uniquely are! Allying with children and teens also builds the relationship with the adult who is willing to go there with them, which is a huge plus.



## REFLECTION/ RELEVANCE



Reflection & Relevance:  
Page 217



### FACILITATOR'S NOTE

Participants should do this activity at home.

### SAY

Having cultural humility means that we will always be growing. Take a moment to reflect at home this week about what would help you to be more prepared to parent children from cultures and backgrounds that are different from yours.

To help guide your thoughts, there are sample statements in your **Participant Resource Manual** you can use on page 217.

### FACILITATOR'S NOTE

For your reference, the statements in the **Participant Resource Manual** are:

How I would like to become more prepared to take children from cultures and backgrounds that are different from mine:

- Educate myself about \_\_\_\_\_.
- Educate family members about \_\_\_\_\_.
- I will stay open by \_\_\_\_\_.
- Expand my social network by \_\_\_\_\_.







## PARAPHRASE

Now, it's time to wrap up. Before we do, I want to briefly highlight the key points from this theme:

- Children come from various backgrounds, beliefs, values, cultures, and perspectives that will be meaningful to them, if not now, in the future. A parent who is fostering or adopting should be working to include these things into the family to help the child feel welcome and valued.
- We all benefit by learning and listening more. For more tips, check out [Handout #3: NTDC Parent Tip Sheet: Cultural Humility](#) in your **Participant Resource Manual** on page 216.
- Our personal expectations and experiences will impact our view on many of the things that will come up in parenting conversations. To have effective and meaningful conversations with the child, we will need to move beyond our own experiences to see the world through the child's eyes so we can acknowledge their perspective.
- You will need to be self-aware, appreciate diversity and other world views, and be adaptable in order to successfully promote a child's positive identity when their culture and/or race is different than our own.



### FACILITATOR'S NOTE

The closing quote above and the paraphrase section below will be done only once per day, after the last theme presented for the day. If you are moving on to another theme invite them to take a break, stretch, or breathe, before moving on to the next theme.

If closing for the day:

- Thank everyone for attending and for their thoughtful participation and attention. Remind the participants that although this training may seem long, it is critical for them to gather the knowledge, attitude, and skills that are needed as they embark on this journey because they ultimately will play a huge role in the lives of children and families.
- If in person, collect the name tents or have them tuck them into their **Participant Resource Manual** to bring back to the next class.

### PARAPHRASE

Close out the day by covering the below topics:

- Remind participants of the date/time for the next class and let participants know if there are any changes to the location.
- Encourage participants to contact the office if they have any questions or concerns.
- Review the themes that will be covered during the next class.
- If in person, remind participants to take their **Participant Resource Manual** with them and to bring them to the next session. If using a remote platform, remind participants to have the **Participant Resource Manual** available for the next class.



For more information, visit:  
[ntdcportal.org](http://ntdcportal.org)

100



This curriculum was funded by the Children's Bureau, Administration on Children, Youth, and Families, Administration for Children and Families, US Department of Health and Human Services, under grant #90CO1134. The contents of this curriculum are solely the responsibility of the authors and do not necessarily represent the official views of the Children's Bureau.





# National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS



## Session 7: Creating a Stable, Nurturing, & Safe Home Environment





# National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS



# CREATING A STABLE, NURTURING, AND SAFE HOME ENVIRONMENT

FACILITATOR CLASSROOM GUIDE

Modified January 2022

# PREPARATION

## To prepare for this class, you should:

- Review the facilitator preparation information included in this **Guide** along with the handouts.
- Review the Resources for this theme.
- Ensure that participants have a copy of the **Participant Resource Manual** and that it is accessible to them. This **Manual** will be used during all themes and will have handouts needed by participants. Facilitators should have copies of the handouts for the theme available in case participants do not bring their **Manual** to class. If the theme is being taught on a remote platform, facilitators should have the handouts available so that they can share in the chat and/or email to participants who do not have their **Manual**.
- Bring any materials you need for the activities.
- Review any videos or other electronic media used in this theme, if any, and plan the mechanics of how you will present them. Media for this theme are listed in the Materials and Handouts slide. Review the instructions for each media clip (e.g., to pause or stop at a particular time stamp).
- Practice playing the media for the theme. Ensure that you have the files and apps you need, that your links and connections work, and that you know when to pause or stop the media clip if appropriate.
- If training on a remote platform, make sure all participants have the link available to access the class and that you have all videos, PPT's and handouts ready for use.
- If training in person, ensure that a room is available and set up, with the following:
  - Enough tables and chairs for all participants
  - Projector and screen (check that it works with the computer you will be using)
- Classroom activities have been adapted so that they can be done on a remote platform. Adaptations will be marked as follows so that they can be easily spotted throughout the Facilitator Classroom Guide: **[Adaptation for Remote Platform](#)**





# MATERIALS AND HANDOUTS

## FACILITATOR'S NOTE

- Participants are expected to have the **Participant Resource Manual** available for every session. This session begins on page 220 of the **Participant Manual**.

## MATERIALS NEEDED

You will need the following if conducting the session in the classroom:

- A screen and projector. (test before the session with the computer and cables you will use)
- A flipchart or whiteboard and markers for several of the activities. A flipchart with a sticky backing on each sheet may be useful and will allow you to post completed flipchart sheets on the wall for reference.
- Name tent cards (use the name tent cards made during the Introduction and Welcome theme)

You will need the following if conducting the session via a remote platform:

- Access to a strong internet connection
- A back-up plan in the event your internet and/or computer do not work
- A computer that has the ability to connect to a remote platform- Zoom is recommended

## HANDOUTS

Have the following handouts accessible. Participants will have all handouts listed below in their

### **Participant Resource Manual:**

- Handout #1: Reasonable and Prudent Parenting: Promoting Normalcy (page 225)
- Handout #2: Beginning to Know You (page 228)
- Handout #3: Blank Safety and Support Plan (page 229)
- Handout #4: Sample Safety and Support Plan (page 231)
- Handout #5: Parent Guide to Talk About and Fill Out the Safety and Support Plan (page 233)
- Handout #6: Parent Tip Sheet: DOs and DON'Ts to Manage Escalated Behaviors (page 235)
- Handout #7: Parent Tip Sheet: FAQs on Self-Harming Behaviors (page 236)
- Handout #8: Managing Challenging Behaviors Case Study Examples Activity (page 237)

## VIDEOS AND PODCASTS

Before the day you facilitate this class, decide how you will show/play the media items, review any specific instructions for the theme, and do a test drive. You may wish to set up the media to the start point.

### **The following media will be used in this theme:**

- *FOSTER* Clip #1- children being woken up and getting ready for school (about 4 minutes): Slide 14
- *FOSTER* Clip #2- child not able to get on school bus (approximately 2 minutes): Slide 17
- *Creating a Stable, Nurturing, Safe Home Environment Kitchen Scene 1* (1.38 minutes): Slide 32
- *Creating a Stable, Nurturing, Safe Home Environment Kitchen Scene 2* (1.43 minutes): Slide 33
- *Instant Family* video clip (about 1 minute): Slide 40
  - Instant Family clips can also be accessed at the [WVFACT site](#).



# THEME AND COMPETENCIES

## FACILITATOR'S NOTE

Before beginning, review the theme and competencies. You will not read these aloud to participants. Participants can access all competencies in their **Participant Resource Manual**.

### Theme: Creating A Stable, Nurturing, and Safe Home Environment

Aware of strategies to make children impacted by trauma and loss feel psychologically and physically safe; understand how to set up a home to be safe for all household members; understand how the sense of safety ties to behaviors; aware of how to set boundaries, show consistency and predictability, and adapt routines and rituals; know how to be attuned to children; understand safety from children's perspective.

### Competencies

#### Knowledge

- Understand how to develop and maintain daily routines to provide a sense of security for children.
- Understand how to balance setting consistent and predictable limits with the unique needs of children who have experienced separations, loss, and trauma.
- Learn strategies to help children impacted by trauma and loss feel psychologically and physically safe in the home.
- Can identify strategies to communicate in a manner that is reflective of children's ability to process knowledge.
- Understand how the sense of safety ties to behaviors.

#### Attitudes

- Willing to change family routines and rituals to meet the needs of children instead of making the children change to meet the family routines and rituals.
- Willing to set boundaries while flexibly adjusting to the child's emotional and developmental needs.

#### Skill

- Practice using "STEPS" to manage escalated behaviors.



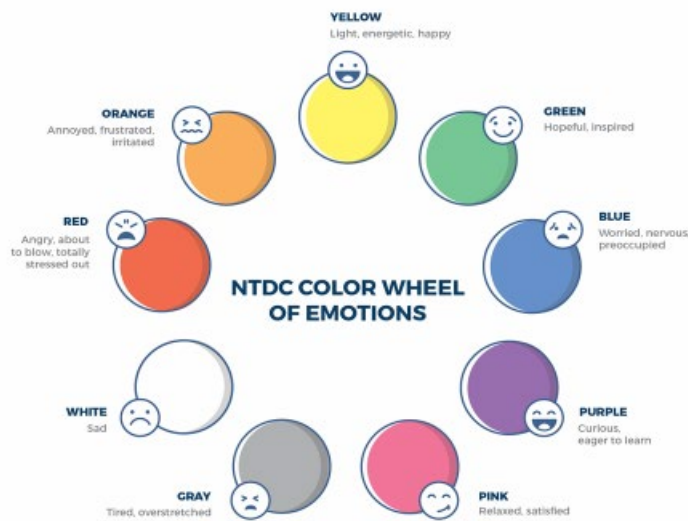
## BEFORE YOU BEGIN THE CLASS

Before discussing the Color Wheel of Emotions and covering the content of this theme, you should do the following:

- Make any announcements that are needed regarding the training, timing of training, or process to become a foster or adoptive parent.
- Take out the **Participant Resource Manual** and direct participants to this theme in their **Manual**. Remind participants that the Competencies for today's theme are in their **Manual**.
- Encourage participants to be engaged and active learners.
- Encourage participants to contact you in between classes with any questions and/or concerns. (Prior to class, list the name(s) of the facilitators on the board with contact information.)
- Remind participants to put out their name tents (these can either be made by the participants during the first class or the agency can print out name tents and provide them to the participants at the first class). If conducting the class on a remote platform, remind participants to type their first and last names in their screen box.



## WELCOME TO THE NATIONAL TRAINING AND DEVELOPMENT CURRICULUM FOR FOSTER AND ADOPTIVE PARENTS



### FACILITATOR'S NOTE

Have this slide showing onscreen as participants assemble for the first class of the day. As participants come in, welcome them back and ask them to take a few minutes to do a self-check using the Color Wheel. **NOTE:** The Color Wheel should only be done one time per day; before the first theme of the day. If combining several themes together on one day, facilitate the Color Wheel at the beginning of the first class of the day as participants are coming into the room.

### SAY

Welcome back. We are so glad that you have taken time out of your day to join us for another exciting learning opportunity. As you recall, tuning in to how you're doing on a daily basis may not be something everyone here is used to, but this type of regular self-check is critical for parents who are adopting or fostering children who may have experienced trauma, separation, or loss, as it will be helpful to become and stay aware of your own state of mind. It may seem like a simple exercise but be assured that knowing how we're doing on any given day strengthens our ability to know when and how we need to get support and/or need a different balance. Doing this type of check in will also help us to teach and/or model this skill for children! Please take a moment to look at the color wheel and jot down on paper the color(s) that you are currently feeling.

### DO

Wait a little while to give participants time to complete the Color Wheel.



**SAY**

Now that everybody has had the opportunity to do a quick check in, would someone like to share what color(s) they landed on today for the Color Wheel?

**DO**

Call on someone who volunteers to share their color(s). If a challenging emotion or feeling is shared, thank the person and acknowledge their courage in sharing, pause for a moment, encourage everyone to take a deep breath, and transition to beginning the theme.





## CREATING A STABLE, NURTURING, AND SAFE HOME ENVIRONMENT

Modified January 2022

6

### **FACILITATOR'S NOTE**

Show this slide briefly just before you start the class.

### **SAY**

Let's get started! Welcome to the Creating A Stable, Nurturing, and Safe Home Environment theme. This theme begins on page 222 of your Participant Manual.



#### **FACILITATOR'S NOTE**

The opening quote slide should only be used for the first theme of the day. If combining several themes together on one day, the opening quote slide would only be shown after the Color Wheel at the beginning of the first theme. It is important to always emphasize with this slide that this type of parenting involves lifelong learning and that it will be critical for families to be invested in their own learning before and after a child is placed in their home.

#### **PARAPHRASE**

We are excited to share this lesson with all of you today. We are going to start with the Creating a Stable, Nurturing and Safe Home theme. As the slide states, this information will help to develop your capacity to support children and families. This type of parenting will require continuous learning. So, let's dive in and see what important information we have to share with you today.



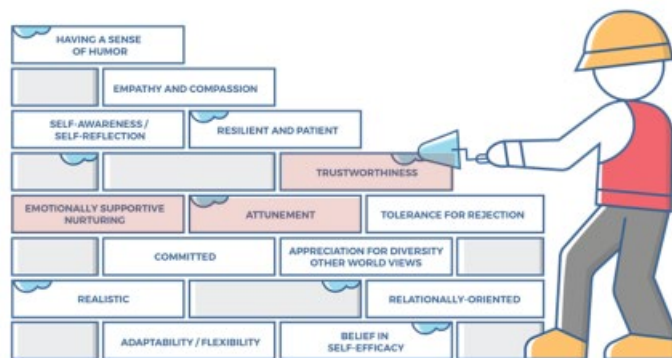


### **PARAPHRASE**

- Children need a stable, nurturing, safe home environment and this is especially true for children who have experienced separation, trauma, and loss.
- This will require nurturing parenting that includes routines, rituals, and structure, balanced with flexibility to address the child's changing needs.
- As a parent, you will need to be proactive in providing the structure and consistency needed.
- Even when you succeed in creating a stable, nurturing, safe environment, you will likely encounter challenging behaviors. The STEPS model, along with skills presented in other themes, can help you manage these situations.
- We'll talk about each of these things in more depth as we go through this theme.



## CHARACTERISTICS OF SUCCESSFUL FOSTER AND ADOPTIVE PARENTS



### FACILITATOR'S NOTE

This slide is shown at the start of each theme. Although the graphic will remain the same, the bricks that are colored in red will change based on the characteristics that will be touched upon in this theme. The characteristics were obtained from review of literature, stakeholder interviews, and review of existing curricula. We want families to become very acquainted with these characteristics throughout the training. It is important to note that in addition to the characteristics that are highlighted in red, there may be additional characteristics that are touched upon during the theme. Facilitators should try to connect these characteristics to the information they are sharing throughout the training. Remind participants that their **Participant Resource Manual** contains the definitions for these characteristics.

### SAY

Before we get into the content let's look at the 14 characteristics of successful foster and adoptive parents. When you took your self-assessment, you were asked about these characteristics.



## CHARACTERISTICS FOR CREATING A STABLE, NURTURING AND SAFE HOME ENVIRONMENT



### **Trustworthiness:**

- Parents know that creating an environment of trust is the role of the parent.
- Parents know that trust is based on understanding the importance of honesty, consistency, routines, and rituals, and they can implement these qualities and strategies in the home.
- Parents are careful in what is promised to a child so that the parents can keep their word and meet the expectations they have set

### **Emotionally Supportive and Nurturing:**

- Parents can create an emotionally supportive environment that gives the child a safe space to verbalize and process their emotions, including the positive ones.
- Parents know that the child needs a supportive space to share, and a calming guide who will listen and empathize which can include listening more than speaking so that the child finds a solution for their problems.



### **SAY**

This theme will cover the following characteristics:

- Trustworthiness
- Emotionally Supportive and Nurturing
- Attunement

Take a moment to think back to how you assessed yourself with these characteristics. It is important as you start this journey to assess your characteristics as they are qualities that can strengthen your ability to successfully parent a child who is in foster care or has been adopted.



## CHARACTERISTICS FOR CREATING A STABLE, NURTURING AND SAFE HOME ENVIRONMENT



### Attunement:

- Parents are aware of, understand, and are sensitive to the specific responses and needs of a child at any given time (despite the degree to which the child expresses or does not express these needs directly).
- Parents are in tune with the child's moods, levels of exhaustion, hunger, rhythms, responses, need for physical contact, affection, security, and stimulation, and are able to use this understanding to build a trusting environment with the child.
- Parents understand that they need to stay calm and regulated so that they can successfully help the child regulate their emotions.



### ASK

Now that we have reviewed the definitions, why do you think these specific characteristics are important to the Creating a Stable, Nurturing and Safe Home Environment theme?

### Reinforce for Participants:

- Trustworthiness
  - Children who have experienced loss and trauma oftentimes experience the world and people as unpredictable and unreliable. Building trust with a child will require honesty, consistency, predictable routines, and rituals and time.
- Emotionally Supportive and Nurturing
  - What is often misunderstood about struggling children is that it's not that they *won't* do certain things that are expected of them, but that they *can't*...yet. Because of their separations, losses, traumas, prenatal and/or early life stressors, they are more likely to have delays in their development. They will need time, patience, emotional support, and nurturing to learn new skills.
  - For children who have experienced separations, loss, and trauma, behaviors are often tied to a lack of emotional safety. Parents will need to create a sense of safety for the child, which will come gradually through safe, stable, and nurturing parenting.
- Attunement.
  - Children's behaviors often communicate a story of their unmet emotional needs. Attuned parents learn to pay attention to the behaviors of a child, intervene when necessary to meet the child's needs, and avoid escalations in the behavior.
  - Being attuned to the child's emotional needs (i.e., moods, anxiety level) and physical needs (i.e., hunger, level of exhaustion) help a parent respond positively to those needs and build trust.



## STABLE, NURTURING AND SAFE HOMES



### PARAPHRASE

It is not unusual for a child who has experienced separations, loss, and trauma to express these experiences in their behaviors. It is important that parents who foster or adopt learn and use parenting strategies that help children feel safer and more secure, and this often results in fewer concerning behaviors for the parent to manage. To do this, let's spend some time talking about what we think of as the pyramid of prevention.

Notice the foundation of the pyramid. The majority of your time and focus with the child will be spent building and prioritizing relationships - within your family, at school and in their activities, and with their families.

Children who have experienced instability in their past need structure and consistency because it can help create a sense of increased safety for the child. So, it's important to be proactive by maximizing routines and rituals with the child. By focusing on prioritizing relationships and proactively providing structure and consistency for a child, you will often be able to lessen or prevent the chances of a situation escalating.

Today, we will be talking about creating stable, nurturing, and safe home environments to prevent challenging behaviors from escalating. And, if you need to manage escalated behaviors, we'll also be practicing with tips and techniques that are useful in those situations.





### **PARAPHRASE**

Let's think about the critical importance of nurturing environments. Children who have experienced separations, loss, and trauma will not feel safe and loved just because parents who are fostering or adopting tell them that they are safe and loved. This feeling will develop slowly over time as children experience nurturing and safety through daily interactions with caring adults. Let's watch a video clip of a parent with years of fostering experience who has figured out how to use the morning routine to create a sense of calm and security for the children in her home to start their day.

## CLIP FROM *FOSTER*



This video includes a clip of the documentary *FOSTER*.  
Foster footage courtesy of Participant Media, LLC. © 2018 Sabine  
Films, Inc. All rights reserved.



### DO

- Play the clip from *FOSTER* that shows the children being awakened and getting ready for school (approximately 4 minutes).
- After showing the video clip, facilitate a discussion to process the video. Use the questions below and reinforce the key concepts listed.

### ASK

What kinds of things did you see this parent do that created safety through routines?

Reinforce responses like:

- Waking the children up in a calm manner, each the same way
- Calling them by name or a term of endearment, in a kind tone of voice
- Validating their feelings while moving forward with the day- “I know you’re tired, but it’s time to get up”
- Children making their beds
- Gathering the children all together before leaving
- Children getting ready on their own, and if they need help, such as the child with brushing teeth, the parent is ready to help with no blame or argument, it’s just part of the routine

### ASK

Do you think they do this routine the same way each day or most days?

Reinforce: Yes.



**ASK**

Based on what you saw and heard, how does it seem the children are responding to this routine and her parenting?

Reinforce: They seem to be feeling loved, nurtured, and valued. There seems to be calm in this home.

**PARAPHRASE**

Now, let's take a look at examples of routines and rituals.



## EXAMPLES OF ROUTINES AND RITUALS



Rituals	Routines
<ul style="list-style-type: none"><li>▪ Weekly meal with friends and family</li><li>▪ Movie night</li><li>▪ Holiday gatherings</li><li>▪ Spiritual practices</li><li>▪ Volunteering</li><li>▪ Cultural community functions &amp; activities</li></ul>	<ul style="list-style-type: none"><li>▪ Awakening</li><li>▪ Getting ready for school</li><li>▪ Homework</li><li>▪ Chores</li><li>▪ Screen time</li><li>▪ Meal Prep, set-up/ clean up</li><li>▪ Curfew</li><li>▪ Bath time</li><li>▪ Bedtime</li></ul>



15

### PARAPHRASE

Routines and Rituals will be unique to each family. The importance is not so much about the details of the routine you choose, but rather, that there is a consistency and predictability with routines and rituals that allow children to feel there is a structure and order in their world with you. Part of being a **trustworthy** parent (characteristic) is having routines and rituals that help the child feel safe.

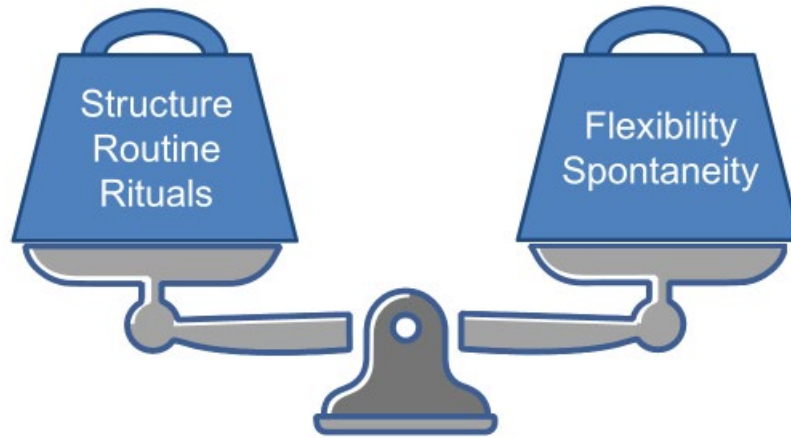
For example, this parent chose to use a morning prayer with the children in her home. A different parent may choose sitting down to eat meals together, while another may pause at night to discuss the children's day before bedtime.

Before children come to live with you, start to think about what you can do in your home to create daily routines and/or rituals with children. And, once a child moves into your home, it will be meaningful to include them in creating or revising the rituals and routines in your home. Is there a bedtime routine that is already comforting to them? This process will help them feel a sense of control and belonging.





## BALANCING STRUCTURE AND FLEXIBILITY



### PARAPHRASE

While parents who foster or adopt need to establish consistency with routines, there will also be times when you will need to be flexible and adapt to the needs of a child. It's a balance you will need to monitor - and at any point, you may need to readjust the balance. Let's watch another clip from *FOSTER* showing when a child's needs take priority over the routine.



## CLIP FROM *FOSTER*



This video includes a clip of the documentary *FOSTER*.  
Foster footage courtesy of Participant Media, LLC. © 2018 Sabine  
Films, Inc. All rights reserved.



### **DO**

- Play the clip from *FOSTER* that shows the child getting on the school bus (approximately 2 minutes.)
- After showing the video clip, facilitate a discussion to process the video. Use the questions below and reinforce the key concepts listed.

### **ASK**

What did you notice about the parent's reaction when the child doesn't want to take the bus to school? Did you see her getting upset with the child or blaming the child? What can you tell from the parent's body language and tone of voice?

Reinforce:

- She seems concerned but stays calm.
- She uses an even and encouraging tone of voice.
- Her body language is calm and encouraging.

### **ASK**

Do you think the parent has thought this through in advance and/or experienced this before?

Reinforce: Probably, she seems prepared for anything, like she expects this or anything else on some days and is ready to do what the child needs.



## ASK

Why might the child not want to take the bus?

Reinforce a range of responses and the unknowns like:

- She could be experiencing trauma triggers.
- She could get scared when she leaves the safety of her home.
- She may be anxious for her school day.
- There could be something about the bus, the driver, or peers that makes her worried.
- Things unknown, like it's an anniversary or time of day/week/year when things are harder or scarier for her.

## ASK

What shifts for her when Ms. Beavers says she doesn't have to take the bus?

Reinforce:

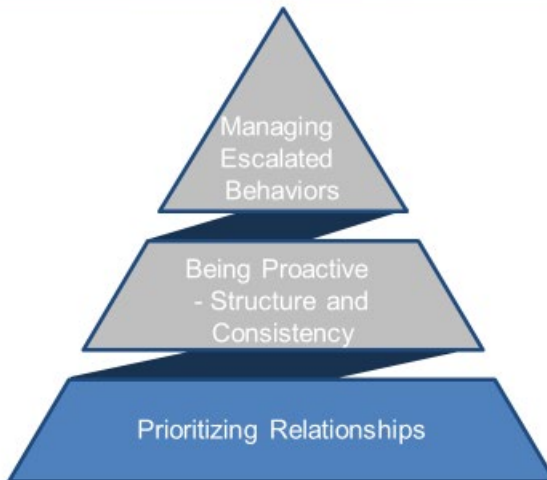
- She relaxes.
- She feels safe.
- She feels taken care of.
- She feels her needs are understood.

## PARAPHRASE

Routines, rituals, and structure create safety and help to minimize stress for children. Yet, it is flexibility in understanding children's emotional needs that allows us to consciously pivot when necessary. This clip shows a parent who is **attuned** to the child she is caring for and able to be flexible at a time that was stressful for the child (characteristic). The combination of consistency and flexibility is powerful, and as you saw in the video clip, it can lead to increased cooperation from the child.



## BEFORE THINGS ESCALATE



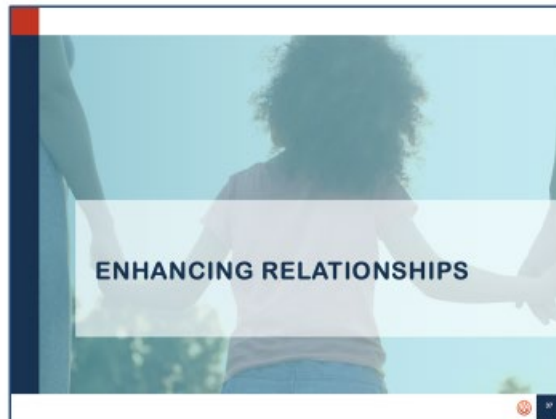
### PARAPHRASE

Today, we'll be continuing to build tools for your parenting toolbox.

As you see in the Pyramid of Prevention, we always want to prioritize and protect our relationship with the child, and most of your time will be spent doing this. Be present with the child and be actively involved with them. Ensure that there is time spent every day with the child in some type of pleasurable activity. This helps build your relationship with the child and can minimize escalations!



## ATTUNEMENT TO ENHANCE RELATIONSHIPS

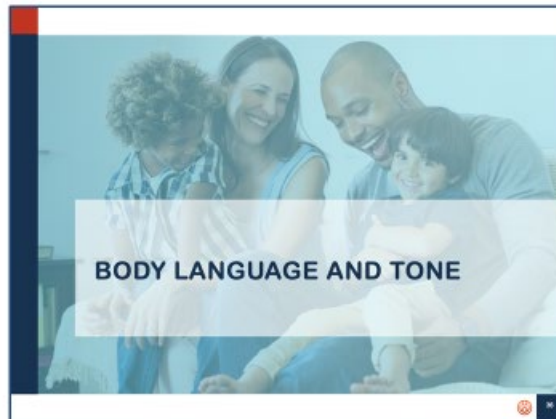


### PARAPHRASE

Attunement means being able to tune in to the child's needs, often in subtle ways. This is extremely helpful in minimizing challenging behaviors and escalations. This is an important **characteristic** for this theme.

In our Attachment theme, we discussed the importance of building and protecting relationships every day, all day long. This includes keeping up joyful interactions, playful activities, and maintaining a sense of humor--even when things are not going very smoothly. The more we take away pleasurable things and experiences from children whose core issue is loss, the more it reinforces all their other losses. This can remind them of past negative experiences of not having their needs met, and it may cause them to lose their motivation as well.

## BE PRESENT PHYSICALLY AND EMOTIONALLY



### PARAPHRASE

Be present for the child by showing up physically and being **emotionally supportive and nurturing** (characteristic). Be sure to find quiet times each day to give the child your full attention.

It is important to be aware of your nonverbal communication, such as your tone of voice and body language. And a reminder that while it may be comforting to use touch or eye contact with some children, it could be uncomfortable for others, as in some families or cultures, direct eye contact may have been seen as a sign of disrespect. You will need to be sensitive to this with each individual child.

It is also especially important to consider the timing for when the child may need your attention. Although it may be tempting to ignore a minor behavior in hopes that it will pass, this is usually the time when escalations can be quieted best. Take the time to notice and pause when things are just simmering with the child, before it becomes bigger and takes a lot more of your time and energy! Concentrate on being practical and proactive. The chores will wait for you, dirty dishes will surely still be there, and if concerns tend to happen when you're cooking, have frozen meals on hand or sign up for a food delivery service in case you never get to finish making that meal. Remind yourself that it is ok because you have chosen to do something even more important.



## TOOLS: NOTICE AND CELEBRATE SMALL SUCCESSES



21

### **PARAPHRASE**

While everyone is developing their skills, a powerful tool will be to notice and celebrate small successes on the journey, for yourself, for the child, and for your family. The skills are built gradually, day by day, interaction by interaction; they are almost unnoticeable unless we pay close attention rather than focusing on what goes wrong each day.



## TOOLS: STAY CURIOUS



### PARAPHRASE

Another tool is to stay curious. Children are always growing, and people continue to evolve. Even if times get tough, continue to pause and ask yourself questions like:

- What is this child's behavior communicating?
- What emotions is the child experiencing?
- What skills is this child still trying to build?

Staying curious may help you notice patterns in behavior. For example, "Hmmm, I have seen a meltdown four times this week before bedtime. I wonder what I can do to make bedtime easier for Sammie?"





## BE PRACTICAL AND REASONABLE



23

### PARAPHRASE

Raising children who have experienced separation, loss, and trauma can be one of the most gratifying experiences of your lifetime, and one of the most challenging. No matter how wonderful a person or parent you are, children's behaviors will get the best of you at times. So, let's talk practically for a few minutes by reviewing the suggestions on our slide.



## PRIORITIZING RELATIONSHIPS: GRADUAL SKILL BUILDING



24

### PARAPHRASE

When it comes to guiding behavior for children who have experienced loss and trauma, it's often less about immediately getting their behavior to where we would like it to be, and more about gradually building skills for you and the child. It may be helpful to think about this more like training for marathon, rather than a sprint.

### ASK

How long and how much work do you think it would take you to train for a marathon?

Reinforce: months and maybe years, daily practice, sacrifices, and help from professionals!



## BE PRACTICAL AND REASONABLE



### PARAPHRASE

There is no point in taking things personally - how the child acts or reacts is often not about you; it is more likely because of what they learned and experienced before you entered their life.

## BE PRACTICAL AND REASONABLE



### PARAPHRASE

Be reasonable with your expectations. The child is not going to fit into your home or community overnight, nor will the behaviors they learned long before they met you disappear in a matter of days. It will be much more gradual and usually involves taking steps back while taking baby steps forward. While that can be frustrating, it is also a sign that we are on a healing journey. Change is not easy for us either, nor does it happen without mistakes and set-backs.



## NORMALCY AND PRUDENT PARENTING: FOR PARENTS WHO ARE FOSTERING A CHILD

### States are required to implement:

A Reasonable and Prudent Parent standard allows a foster parent to make parental decisions about maintaining the health, safety, and best interest of the child, as well as decisions about the child's participation in extracurricular, enrichment, cultural, and social activities.

States do this in different ways.

(Handout #1: Page 225)



27

### FACILITATOR'S NOTE

For this slide, facilitators should be prepared to discuss how Prudent Parenting is implemented in their state, county and/or tribal nation.

If there are kinship caregivers in the class, please point out that it is natural for kinship caregivers to feel entitled to make parenting decisions as they are family to the child. They may question or resent the need to follow the rules and regulations of foster care. However, remind kinship caregivers that while the child is in foster care, it will be important to know and understand the prudent parent rules for foster parents.

### PARAPHRASE

Before we move on to another skill, it is important that we talk about an important concept related to reasonable expectations, and that is the concept of Prudent Parenting. In the past, oftentimes in the child welfare system there was not enough balance between the efforts to ensure safety and allowing a child or teen to have many of the typical childhood or teen experiences. This lack of balance was frequently frustrating for children and teens, as well as for the parents who were fostering. For example, always needing to get the caseworker's permission to attend social occasions or participate in activities and sports often meant that children did not get permission in time to participate.

Because of the advocacy of fostering parents and individuals who had experienced foster care, laws have been changed. To address these concerns and create an environment that



allowed more normalcy for children in care, Prudent Parenting policies have now been created. Parents who are fostering can now use a “Reasonable and Prudent Parent” standard when determining whether to allow a child in foster care to participate in extracurricular, enrichment, cultural, and social activities.

Parents who are fostering should talk with the child’s caseworker about how this law is applied in their state. [Handout #1: Reasonable and Prudent Parenting: Promoting Normalcy](#) is located in your **Participant Resource Manual** on page 225 and provides more information on this topic.

Prudent Parenting does not follow the same standards throughout all states or tribal nations so now we can discuss how Prudent parenting is interpreted in our state and/or tribal nation.

### **DO**

Highlight policies, procedures, and other key information related to Prudent Parenting that are specific to your state, county, and/or tribal nation. <https://code.wvlegislature.gov/49-2-128/>



## BE PRACTICAL AND REASONABLE



Don't take it personally.

Have reasonable expectations.

Expect mistakes.

**Pace yourself**

Build a practical home and environment.

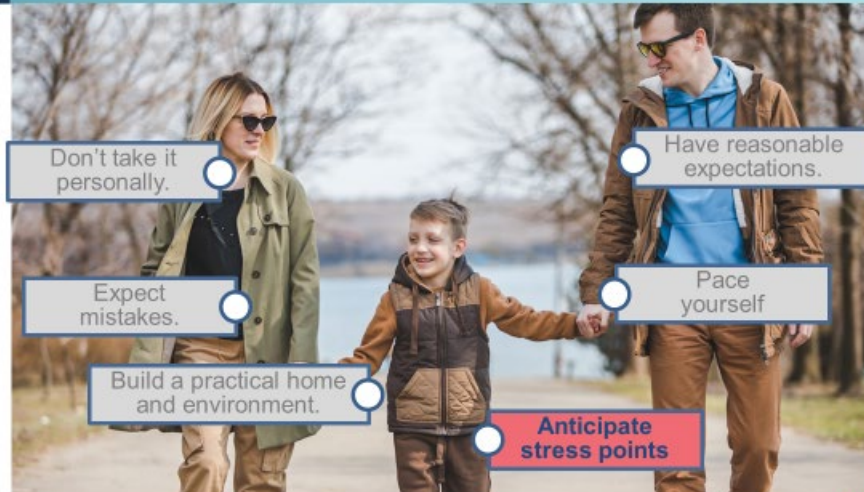
Anticipate stress points

### PARAPHRASE

The next important skill is the need to pace yourself. Be sure to take breaks to do what you like. Self-care is essential and can help sustain you during challenging times.



## BE PRACTICAL AND REASONABLE



### PARAPHRASE

Anticipate high stress points, such as visits with their family and holidays. Put buffers in place, lower expectations, and be ready to give your full attention to the child at any point. Talk with your extended family in advance and explain why this is a stressful time for the child. Ask for their help in stepping in for you when your attention needs to be focused on the child.





## BE PRACTICAL AND REASONABLE



30

### PARAPHRASE

Be willing to set up your home environment in practical ways. For example, it's always a good idea to put breakable and sharp items out of reach. You may want to exchange glass for plastic. It might include taking locks off doors and leaving children's doors open unless someone is dressing or changing their clothes. And, if you have a child that leaves home when they shouldn't, consider investing in a simple and readily available window and door alarm.



## BE PRACTICAL AND REASONABLE



### PARAPHRASE

Recognize there will be mistakes and meltdowns for you both. Practice the art of saying you are sorry. We all need to forgive children and ourselves when we make mistakes. Ritualize those moments and make them acceptable for both of you.

Now, we're going to watch two videos and discuss how to impact a relationship with a child by focusing on practicalities.





## KITCHEN SCENE 1

### **DO**

Play both clips of *Creating a Stable, Nurturing, Safe Home Environment Kitchen Scene 1* (1.38 minutes) and *Scene 2* (1.43 minutes). After the viewing the clips, facilitate a discussion using the questions below and reinforcing the key concepts listed.

### **SAY**

Now we are going to watch 2 video clips. In each, the parent is welcoming a new child into the home. See which one seems better at taking the child's needs and feelings into account.

### **DO**

Show both clips.



## KITCHEN SCENE 2

[Music]



### ASK

While both conversations focused on kitchen routines, which interaction seemed to take the child's needs and feelings into account more?

Reinforce: The second one was focused on the child's needs, requests, and feelings. It was not just about rules or about how the family did things before the child came.

### ASK

The parent was very enthusiastic in the first clip. How do you think the child felt about that?

Reinforce: The child did not feel like this was home, she seemed overwhelmed, and she just wanted to leave. She was not connecting to the parent at all - because the parent is not really connecting with the child's feelings or her needs.

### ASK

In the first video, did you notice things the parent said that may have distanced her from the child?

Reinforce: Verbal comments like "you can call me mom" or assuming she knew what the child would like to eat?"

### ASK

What did you notice about the difference in the parent's body language in the two different scenarios?

Reinforce: She was turned away, not focusing on the child in the first one. She looked more comfortable and relaxed in the second, with good eye contact and a calmer tone of voice.



### **ASK**

In the second video, how did the parent use structure in the home to establish safety for the child? Why do you think the second interaction would help the child feel safer than the first one?

Reinforce: in the second one, the mom showed the child a list of food she generally prepares and asks the child to let her know any of the foods she did not like. She also asked the child to let her know the food likes. The parent was showing the child that she cared about the child's likes and dislikes and would take them into consideration. She offered the child a tour of the kitchen.

### **ASK**

How did the parent set up the home in practical ways that could help a child feel more comfortable?

Reinforce responses such as: she leaves out healthy snacks so children can eat anytime; she offered to get a list of the child's food preferences so those can be available; she told that child that it was her kitchen too.

### **PARAPHRASE**

The parent in the second video did a good job of establishing structure while balancing the child's need and preferences. Establishing safety through structure, while honoring the child's preferences can happen in many other ordinary ways around home, like bedtimes, hygiene, screen time, and especially around setting boundaries for privacy and space. Check out [Handout #2: Beginning to Know You](#) on page 228 in your **Manual** for sample questions you can use in the child's early days of placement and tips for helping a child feel comfortable in your home.

In the next section, we'll talk more about ways to create a safe and stable home.

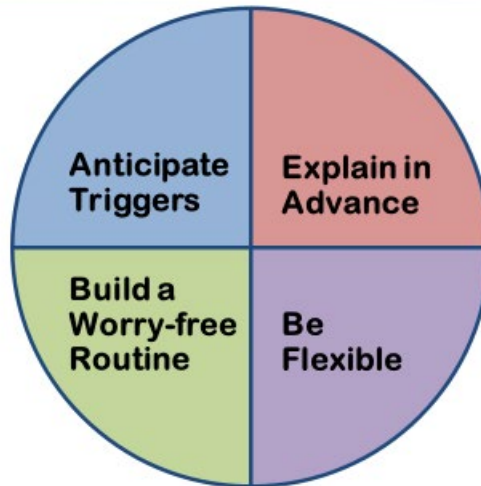




### **PARAPHRASE**

Some of what you noticed in the second kitchen scene clip we watched was that the parent acknowledged that the child was a new member of the family. The parent also remembered that the child was like any other child-- with preferences and feelings. Let's talk now about additional ways that we can create a safe and stable home.

## BE PROACTIVE



### PARAPHRASE

As we've been discussing, being proactive is essential. You will need to think ahead, anticipate triggers and problems, and make plans and preparations to handle at least most of the unexpected issues that will come up. Let's take a closer look at some specific tips.



## BE PROACTIVE



### PARAPHRASE

Anticipate triggers and overstimulation before you do things/go places/involve others. You may not know the child's triggers, so this is where your curiosity will be helpful to figure them out.





## BE PROACTIVE



### PARAPHRASE

Explain to your friends and family in advance that the child will need to be your priority. At times, it can be hard for family and friends to understand the behaviors and needs of the child. Explaining to friends and family in advance regarding your current priority of being attuned to the child's needs can go a long way in helping friends and family understand what you are doing and what you need to do to help the child adjust and feel supported.



## BE PROACTIVE



### PARAPHRASE

Be flexible in the face of unpredictable triggers. Flexibility may mean having to change plans or leaving when you are at a party, or you are in a store with a full shopping cart.

We will have an activity in a moment where we will discuss this situation more fully.



## BE PROACTIVE



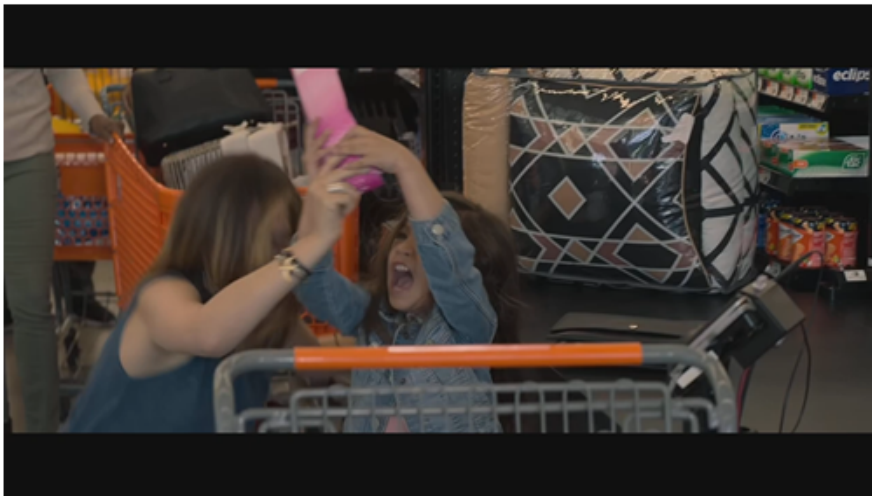
### PARAPHRASE

Set up the routine and physical environment so you don't have to worry about them and can focus on the child at any point necessary. This is similar to what parents do for young children. Remember that children you foster or adopt may still need to learn skills even though they are chronologically at an age where most kids have the skills.

Now, let's watch a scene from *Instant Family*, where all of these things come into play.



## INSTANT FAMILY CLIP



40

### FACILITATOR'S NOTE

**Option 1:** We recommend that you play a scene from the *Instant Family* video. Clips can be accessed by forwarding directly to the timestamp listed or by clicking on the movie menu and forwarding to the scene which will get you closer to the timestamp. It is suggested that the facilitator cue the clip in advance to save time getting to precise timestamps during the training. This clip can be found at Scene 6: 42:10 -43:24. This clip shows the family in a store when the youngest child does not get the Barbie doll she wants.

- After the viewing the clip, ask the question below and reinforce the key concepts listed.

**Option 2:** If you are not showing the *Instant Family* Clip, go to the next slide for a case scenario.

### ASK

Given all that we've just discussed, how do you think this escalation could have been avoided or minimized?

Reinforce some possible ways to have avoided or minimized the escalation are:

- Talking to the child in advance about how many items she could choose for herself, and/or role playing how she would feel/what she could do when she wants more.
- Not bringing this child to a crowded, stimulating store at all.
- Seeing if any help could be enlisted from a store employee earlier to cut the line or hold onto items to go back later to buy.
- Talking with the husband/another adult in advance to troubleshoot options, like one waiting in line to buy the items and one taking kids to the car for a snack.



## PARAPHRASE

In the end, we will hope for the best, but it's good to be prepared for anything. So, it's essential to have a safety plan and support system in place. Let's turn to the safety plan handouts in your **Participant Resource Manual**, resources to help you develop your plan and support system.

## DO

Review the following handouts to be completed at home:

- Handout #3: Blank Safety and Support Plan (page 229)
- Handout #4: Sample Safety and Support Plan (page 231)
- Handout #5: Parent Guide to Talking About and Filling Out the Safety and Support Plan (page 233)

## PARAPHRASE

Be sure to discuss and fill out a Safety and Support Plan with each child soon after they've been placed in your home. Use the Parent Guide to guide the discussion.

We also encourage you to fill out a Plan for yourself. Take a minute to start thinking of a Safety and Support Plan for yourself before a child even comes to live with you. After class, don't forget to ask people who you would like to be a support to make sure that they are on board. Having a system of support will be critical for you as you go through this journey.

Even the best plans can't cover every possibility, and sooner or later something will happen that's not in the plan - so you will need to manage a situation where the child escalates. The next section will help build some skills you can use when this happens.





### **PARAPHRASE**

In all likelihood, there will be times that become more challenging than we anticipated, and you may find yourself in what feels like a crisis with the child. In those circumstances, it's likely the child will not be able to stop themselves from escalating. You will need to have some tools to effectively handle this situation and to help the child to become regulated and calm down.

## USE THE THREE R's (REGULATE, RELATE, REASON)



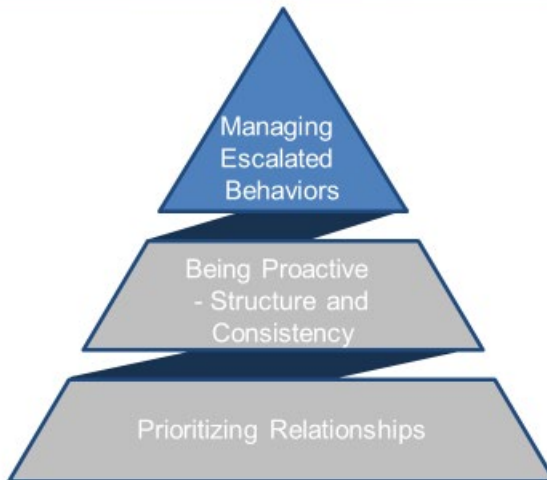
### PARAPHRASE

Use the Three R's regularly: Regulate, Relate, and Reason. Do you remember when we covered and practiced the Three R's in the Trauma-Informed Parenting theme? Too often, we want to move quickly to reasoning with a child. We must remember that when a child is having a meltdown, they are not able to reason.

Regulating or calming and then connecting or relating are important steps before we can get to reasoning with children. Remember that the key ingredient is that parents need to calm or regulate themselves before they can regulate, relate, and reason effectively with children! If we lose our cool, we can't help the child feel calm or connected with us.



## MANAGING ESCALATED BEHAVIORS



### PARAPHRASE

You will need to be the one who can manage escalating behaviors and help the child come back to being calm and feeling safe.

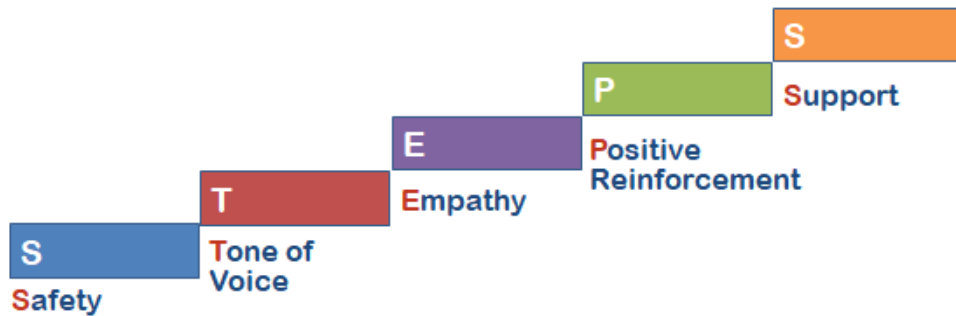
Some additional ideas for helping a child whose behavior is escalating can be remembered by thinking about **STEPS** to help manage these situations. Let's talk about these now.





# STEPS

Handout #6: Page 235



## DO

Ask participants to turn to Handout #6: Parent Tip Sheet: DOs and DON'Ts to Manage Escalated Behaviors on page 235.

## PARAPHRASE

The handout contains some DOs and DON'Ts for managing escalated behaviors. Remembering STEPS for what to do when a child begins to escalate can be useful in helping you respond to the child in a way that helps them calm and feel safe again. Let's walk through each of the STEPS.



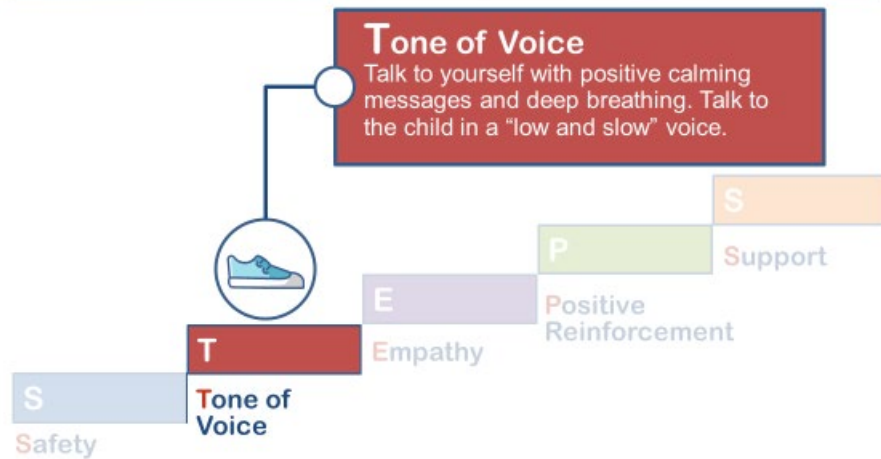
# STEPS



## PARAPHRASE

Start with Safety. Prioritize the safety of people, pets, and property. This could mean getting other children and/or pets in the room to move to another room or ensuring that there is no property around that could be dangerous to the child who is escalating.

## STEPS

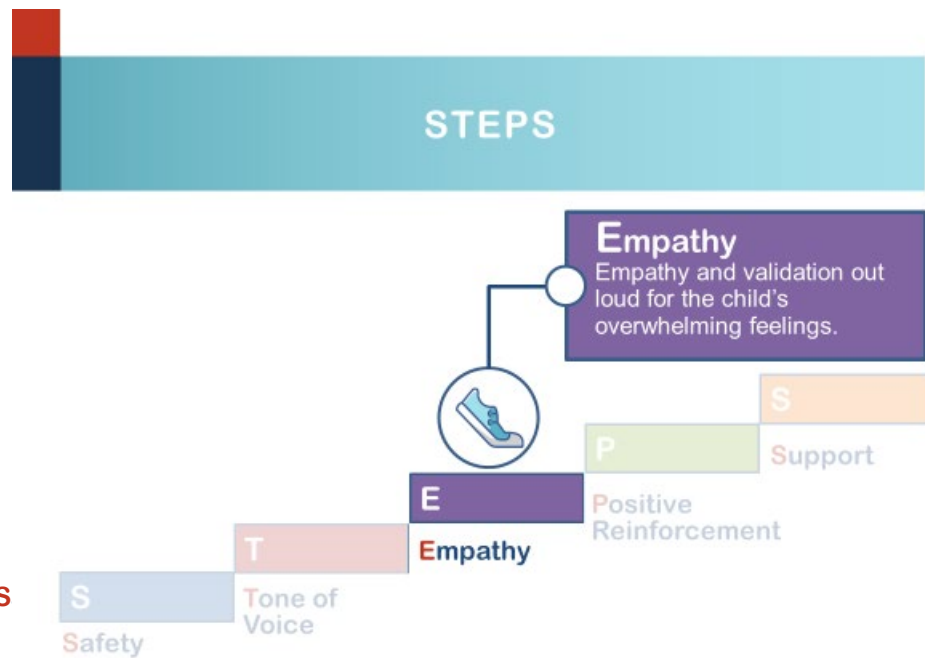


### PARAPHRASE

Next, focus on the Tone of Voice you use with yourself and with the child in these moments. Practice by using a supportive tone with yourself, positive self-talk and/or deep breathing so that you will stay regulated and not escalate along with the child. Use messages like “We’ve hit a rough patch, but it will pass,” or “We’ve both been through hard things before, and we made it through.”

When talking to the child, use a voice that is “low and slow.” Calm voices will help you both feel steadier.





## PARAPHRASE

Give empathy and validation - out loud - for the child's overwhelming feelings. This is not the time to do a lot of lecturing or to begin discussing the punishments that the child will receive. At this point, the child is likely not hearing you as their brain is not regulated. Instead, in a sincere voice provide some validation regarding the child's overwhelming feelings such as:

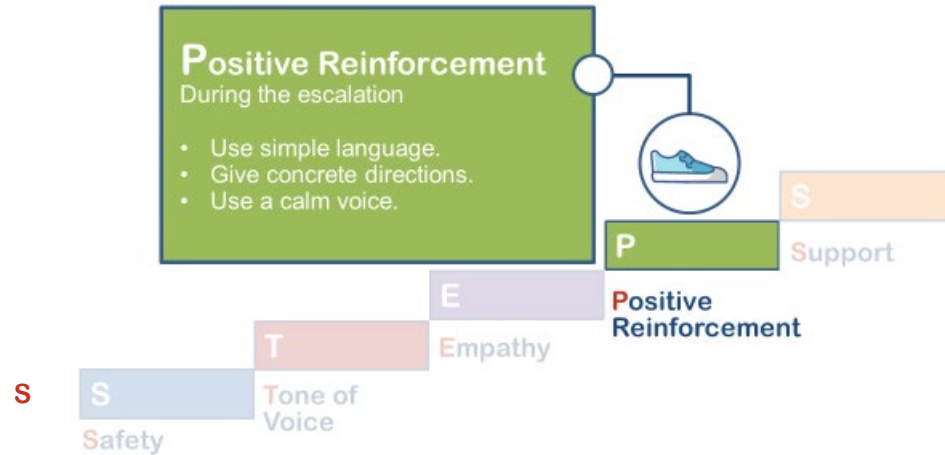
"Johnny, I see that you really want me to buy the toy, and it must be hard to want something so bad that it makes you this upset."

"Darius, I can see that doing this homework assignment was really hard for you and has made you super angry. I know school assignments can be so tough."

"Evelyn, that's awful your friend hurt your feelings like that, I can see why you would want to just scream."



## STEPS



### PARAPHRASE

Give positive reinforcement to the child. Think of how a coach encourages players in the middle of a game or match- using simple, clear language and giving concrete directions on what to do at key moments. But use a calmer voice than a coach!

Examples might be:

“We are going to stay in this room right now.”

“Here, squeeze these stress balls as hard as you can.”

“Let’s go to the garage and you can scream as loud as you want to.”

# STEPS



## PARAPHRASE

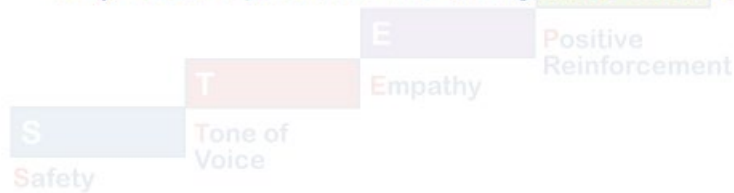
For Support, ask yourself, “How can you use your Safety and Support plan?”

Be thoughtful about whether you are the best person to keep handling this situation, whether you need space for yourself, and/or whether another person can offer more support and be more calming at this moment. If you are the only parent in the home, this is not always a choice, but if there are other caretakers in the home and you are feeling escalated yourself or just don’t have the ability to walk through the STEPS this time, it is ok to ask another adult who is aware of the STEPS to take your place.



## WHAT NOT TO DO

- ⊘ Don't yell or mimic the child's behaviors.
- ⊘ Don't escalate the child, yourself, or the situation.
- ⊘ Don't blame or shame yourself or the child.
- ⊘ Avoid power struggles with the child, such as insisting they follow a particular rule during these moments.



### PARAPHRASE

There are also some things you should NOT do when a child is escalating.

- ⊘ Don't yell or mimic the child's behaviors.
- ⊘ Don't escalate the child, yourself, or the situation. This includes trying to give consequences in these moments. The child can't learn from cause and effect when their brains are in this state. Remember the Three R's.
- ⊘ Don't blame or shame yourself or the child.
- ⊘ Avoid power struggles with the child, like insisting they follow a particular rule during these moments.



## MANAGING SELF-HARMING BEHAVIORS



51

### **PARAPHRASE**

Beyond escalations, let's talk for a few more minutes about other kinds of behaviors that might bring up significant safety concerns or that you might feel most challenged by. It's not unusual to have worries about certain behaviors such as sexualized behaviors for a child who has a history of sexual trauma or self-harming behaviors that some children engage in. You may not have dealt with these behaviors before, and it is important to understand them and how to support a child who exhibits them.

### **PARAPHRASE**

Now let's focus on one behavior that may be seen as especially challenging. Self-harming behaviors are one way that some children express the intensity of what they're feeling inside. Self-harming behaviors include cutting, burning, or biting one's body parts, or picking or poking at skin to the point of injury. The marks may be subtle or are often covered up, and this behavior tends to flare around stressful periods. You may be surprised that a child who has a history of being hurt would want to hurt themselves more. It's not





unusual for these behaviors to be seen as signs of suicidality and they can be very scary for those close to them, though often, these behaviors are not linked to suicidal thoughts. For some children, these behaviors are linked to an attempt by the child to achieve the following:

- Relieve unbearable stress
- Reduce overwhelming emotions
- Express hard-to-describe emotions
- “Feel” something instead of emotional numbness, and/or to distract from traumatic memories.

The most meaningful thing adults can do is maintain open conversations about the connection of feelings to these behaviors, rather than being overly focused on controlling the behavior itself. Seek strategies from the caseworker and a mental health professional about what type of treatment may be most appropriate and the best ways for you to respond. To further understand this behavior, check out our [Handout #7: Parent Tip Sheet: FAQ's on Self-Harming Behaviors](#) on page 236 in your Manuals.



# MANAGING CHALLENGING BEHAVIORS ACTIVITY

Handout #8: Page 237



52

## FACILITATOR'S NOTE

This is a small group activity. Assign each group one of the case studies, example #1, #2 or #3. The third case scenario involves a kinship family, so if training kinship families, this could be a good option. Allow the groups 5 minutes to practice the “E” of steps: expressing *Empathy & validation* by coming up with 3 empathetic and validating response for the child that could be used during the crisis.

## PARAPHRASE

Like CPR training, it's good to be prepared for any urgent situations, even though we hope to rarely, if ever, need to use it. So, let's take a few minutes for an activity that will allow us to practice one part of STEPS. I will break the class into small groups and assign each group one of 3 case studies from Handout #8: Managing Challenging Behaviors Case Study Examples Activity. Turn to page 237 in your **Manuals**.

Your group will read the case study and then use it to practice the “E” of STEPS by providing: *Empathy & validation out loud for the child's overwhelming feelings*. Each group should come up with 3 empathetic and validating response for the child that could be used during the crisis.



## DO

- Have participants turn to Handout #8: Managing Challenging Behaviors Case Study Examples Activity in their **Participant Resource Manual** (page 237).
- Assign each group one case study (#1, #2 or #3).
- Allow participants 5 minutes to read their case study example and come up with empathetic responses.
- After 5 minutes, invite the groups to come back and share their responses that could be used with the child in crisis.

## PARAPHRASE

Let's take a few minutes to report out on your responses.

But first, did you have any reactions after you read the case scenario and thought about managing this type of crisis:

- Acknowledge participants' feelings - frustrated, unsure, scared, worried, etc.
- It's good to think about things like using a calm positive tone of voice and being able to come up with empathetic statements *before* we are in such a parenting situation. Practice does help.

Now let's have each group share some of their empathetic responses.

## PARAPHRASE

Great job with coming up with empathetic and validating responses. There is a strong likelihood that these children have loss, grief and trauma that have not yet been acknowledged or explored. Validating and empathizing with the child during the crisis, may offer opportunities for the child to see you as a safe person to talk with about the feelings underneath the behaviors, perhaps at a later time when the child is not in crisis.





- Jot down the behaviors that *really trouble you*.
- Why do they trouble you so much?



#### **FACILITATOR'S NOTE**

- For this Reflection exercise, participants will list challenging behaviors that children could exhibit that they worry about dealing with. Then, participants will answer questions that will help them plan and prepare to manage challenging behaviors.
- Allow 10 minutes for the Reflection/Relevance exercise if time allows, otherwise have participants complete at home.

#### **PARAPHRASE**

For this Reflection exercise, please open your **Participant Resource Manual** to page 240. Start by jotting down the behaviors that are likely to really get under your skin. Think about the behaviors we've been talking about - and any others that trouble you.

#### **DO**

- Circulate as participants write to provide encouragement and advice and answer questions.
- Allow 2 - 3 minutes for participants to answer these questions.
- Go to the next slide for continued reflection.



## REFLECTION/RELEVANCE



- What is your greatest fear about managing one of these challenging behaviors?
- What proactive things do you think you can do to cut off escalations before they occur?
- List one or two skills that you've learned in this lesson.
- How do you honestly think you would react in the face of escalating behaviors if you did not think it through and how would you want to react differently?



54

### **PARAPHRASE**

Here are some questions for you to think about. Please write your answers in your **Participant Resource Manual**.

### **DO**

Circulate as participants write to provide encouragement and advice and answer questions.

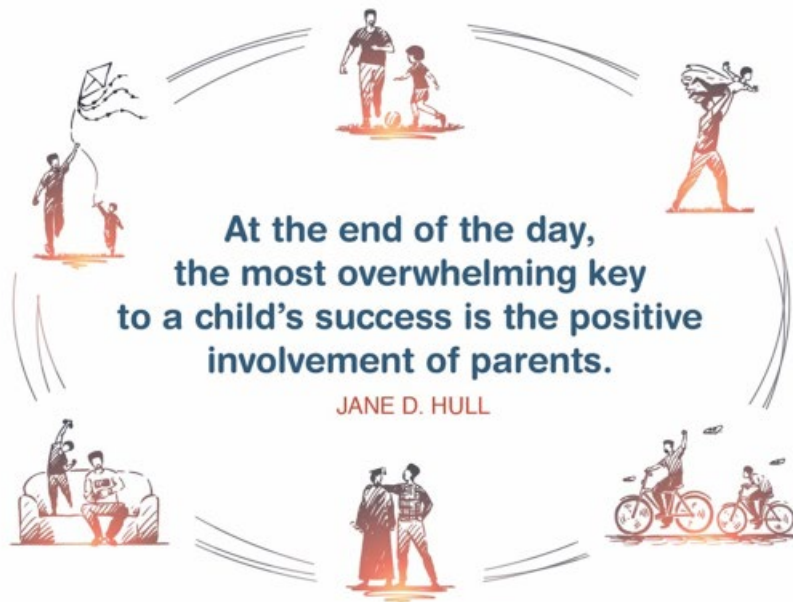




## PARAPHRASE

Now, it's time to wrap up. Before we do, I want to briefly highlight the key points from this theme:

- Children need the support of nurturing, stable, and safe environments.
- Change will not happen overnight; it will take time, attention, and hard work from parents who are fostering or adopting.
- Structure and consistency are key to creating a sense of “felt safety”, yet balancing flexibility and compassion to adapt to a child’s needs will be necessary every step of the way.
- Children may have behaviors that are challenging to manage.
- Parents can use their understanding of the Three R’s and STEPS to de-escalate children during the moment.
- Some children will have behaviors that will require professional support.



#### **FACILITATOR'S NOTE**

The closing quote above and the paraphrase section below will be done only once per day, after the last theme presented for the day.

Thank everyone for attending and for their thoughtful participation and attention. Remind the participants that although this training may seem long, it is critical for them to gather the knowledge, attitude, and skills that are needed as they embark on this journey because they ultimately will play a huge role in the lives of children and families.

For more information, visit:  
[ntdcportal.org](http://ntdcportal.org)

57





This curriculum was funded by the Children's Bureau, Administration on Children, Youth, and Families, Administration for Children and Families, US Department of Health & Human Services, under grant #90CO1134. The contents of this curriculum are solely the responsibility of the authors and do not necessarily represent the official views of the Children's Bureau.

