KTFC Master Facilitator Guide

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We 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

Therapeutic Kinship Parenting

Understanding the Impact of Trauma

Child Development and Attachment

THERAPEUTIC KINSHIP PARENTING

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 8 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.

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 Podcast Transcripts on page 12 should participants wish to use them while listening to the podcast. Other handouts include the EcoMap Community of Support (page 43) and the Who's Got Your Back Handout (page 44). Please refer to your Facilitator Guide and PPT notes as well as the Participant Manual for additional handout information.

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 11

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: Therapeutic Kinship Parenting

- Understand roles of a Therapeutic Kinship Parent and the influences of the Kinship Triad
- Understand the Treatment Plan and Treatment Team
- 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

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

- 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."

PARAPHRASE

Welcome, everyone, and thank you for being here today. We're so glad you've taken the time to join us for this Kinship Therapeutic Foster Care Training. Whether you're new to kinship caregiving or have been walking this path for a while, your role is incredibly important—and deeply valued.

This training is designed specifically for kinship caregivers like you—relatives or close family friends who step in to provide safety, stability, and love to children who cannot remain with their parents. Throughout this training, we will explore what therapeutic foster care means in a kinship context, how trauma impacts children in care, and the supports and strategies available to help you navigate challenges and promote healing.

Our goal is to equip you with practical tools, insights, and resources—while also creating a space where your experience and voice matter. You bring unique strengths to this role, and this training is here to honor that while helping you feel more confident and supported.
So let's get started—because the work you do changes lives.

1. Introduce yourself!
2. Do you already have a connection to fostering, adopting or kinship care?
3. What is something you are hoping to take away from this training?

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.

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
Facilitate a brief discussion using the slide questions and get to know the class. This is intended to be brief, but take the time to connect with participants and help them connect with one another as well.

SAY
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

- Zoom rules/classroom etiquette
  - Please keep your cameras on and face in frame to receive credit
  - Participate in class activities and discussion
  - Keep yourself muted unless participating or asking questions
  - Make sure your name is accurately reflected on your Zoom name tag or send your name in the chat
- Missing sessions/making up sessions
  - If you miss a session, please contact the WVFACT Office
- Who to contact in between classes if there are questions
  - ***WVFACT Office:*** 304-384-5189 or wvfact@concord.edu

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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.

CLASS-SCHEDULE

Session 1:
Therapeutic Kinship Parenting
Understanding the Impact of Trauma
Child Development and Attachment

Session 2:
Trauma Related Behavior
Parenting a Child with a History of Sexual Trauma
The Impact of Substance Use

Session 3:
Separation, Grief, & Loss
Mental Health Considerations
Accessing Services & Supports

Session 4:
Responding to Children in Crisis
Effective Communication

4

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

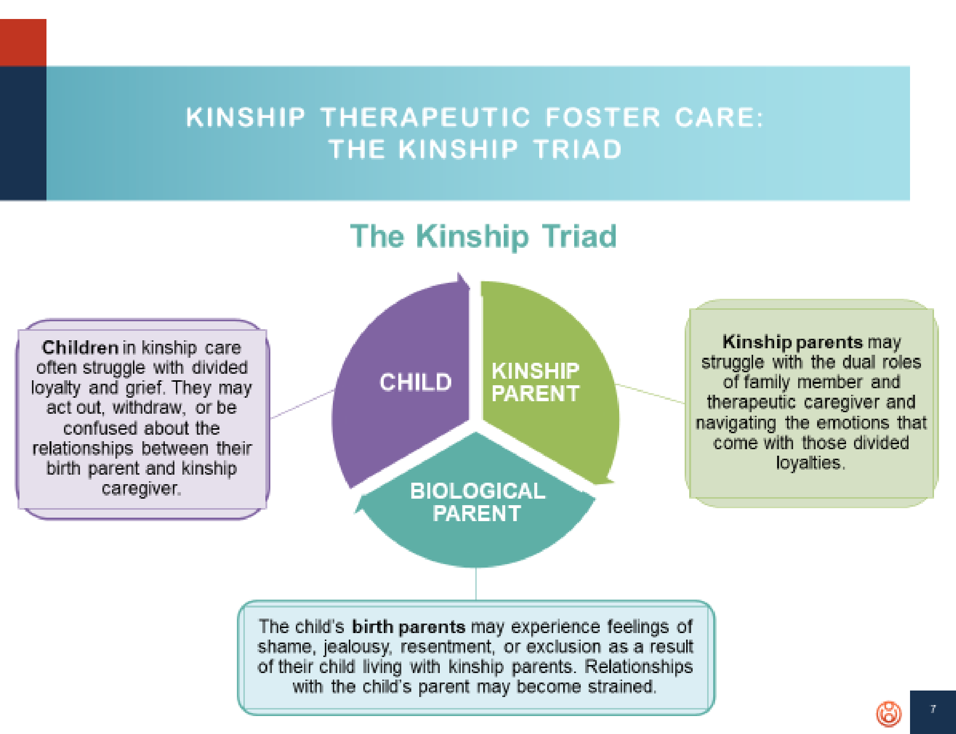
- Give the class schedule for your site. Go over any logistics that families need to remember (change in time, dates, etc.).
- Review the specific themes that will be covered during the next class and any administrative paperwork they will need to complete.

FACILITATOR'S NOTE
Show this slide briefly just before you start the theme.

SAY
Let's get started! Welcome to KTFC Training – Kinship Therapeutic Foster Care. Today, we will explore KTFC in more detail and talk about ways to build your parental resilience as a therapeutic kinship parent. This theme begins on page 8 in your Participant Manuals.

PARAPHRASE
This training focuses specifically on **Kinship Therapeutic Foster Care**—a unique and essential model of care that blends the deep emotional connection of kinship with the structure, support, and healing-centered approach of therapeutic foster care.

As a kinship caregiver, you are not only providing a stable home for a child who has experienced trauma, but you're also often doing so within a network of long-standing family dynamics, relationships, and emotional histories. This combination can be both powerful and challenging, and our goal is to equip you with tools and insights to help you support the child in your care while also taking care of yourself.



PARAPHRASE

We want to begin by acknowledging that kinship care is different from traditional foster care since there are pre-existing relationships between the child's biological parents and kinship parents. More specifically, Kinship Therapeutic Foster Care (KTFC) involves the Kinship Triad – the dynamics between child, the biological parent, and the kinship relative stepping into the caregiver role.

<u>Navigating the Impacts of the Kinship Triad</u>

These three central relationships can make Kinship Foster Care even more complex since **therapeutic kinship parents** are not only a family member, but also a therapeutic caregiver trained to support a child with emotional and behavioral challenges resulting from trauma. This dual role can be difficult to navigate – you may feel emotionally torn between trying to protect the child while staying loyal to your adult child, sibling, or other relative. Oftentimes, kinship parents become the emotional anchor for both the child and the parent, which is emotionally demanding.

For the **birth parent**, feelings of shame, jealousy, resentment, or exclusion are common; watching you successfully care for their child can bring up a lot of confusing feelings. Relationships with the child's parent(s) may become strained and that can also affect the child's sense of stability and identity. At times, this may lead you as the kinship parent to feel pressured to avoid conflict rather than hold therapeutic boundaries.

Children in kinship care may struggle more with loyalty conflicts or grief, especially if you are caring for them because of their own parents' difficulties. Children may act out, withdraw, or be confused by how you relate to their parent (your relative), and how they relate to you. The child's personal trauma and attachment history also impacts how they trust and behave – especially toward people they know.

Understanding the Kinship Triad helps caregivers respond to conflict with compassion and stay focused on the child's therapeutic needs – not just family loyalties.

ROLES OF THE THERAPEUTIC KINSHIP CAREGIVER

- Provide a stable and safe home environment
- Provide Emotional and Behavioral Support
- Understand Trauma-Informed Parenting:
  - Recognize how trauma affects a child's emotions, behavior, and relationships
  - Help caregivers respond with empathy, structure and consistency
  - Supports healing through safe, connected relationship
- Work as part of the Treatment Team
  - **The Treatment Plan:** Intervention plan outlined by the child's Treatment Team based on their emotional, behavioral, and developmental needs/goals
- Serve as an advocate for the child

PARAPHRASE

Kinship parents play a vital role in providing a safe, stable, and nurturing environment for children with a history of separation, loss, and trauma. This can include providing behavioral and emotional support to children in their care, inside and outside of the home.

Another important piece of Therapeutic Kinship Parenting is parenting with a trauma-focused approach. Trauma-informed care is a way of caring for children that recognizes the impact of trauma and focuses on healing, not just behavior. This includes looking for the why/reason behind behaviors and offering more therapeutic responses rather than harsh or punitive consequences.

Trauma informed parenting:

- Recognizes how trauma affects a child's emotions, behaviors, and relationships
- Helps caregivers respond with empathy, structure, and consistency
- Builds trust, safety, and emotional security
- Avoids re-traumatizing the child
- Supports healing through safe, connected relationships
- We will explore more specific trauma-informed parenting strategies later in the curriculum.

In addition, kinship caregivers serve as an important part of the child's treatment plan and work within the treatment team to support the child's needs.
Kinship parents often advocate for the best interests and needs of the children in their care

and collaborate with therapists, social workers, and other professionals to implement the child's therapeutic plan.

The Treatment Plan is an intervention plan outlined by the child's Treatment Team based on their emotional, behavioral, and developmental needs/goals.

In other words, kinship parents in therapeutic foster care are not just caregivers – they are active partners in the therapeutic process, working alongside professionals to help children heal and thrive. We will explore what this looks like in more detail today.

THE TREATMENT PLAN AND TREATMENT TEAM

What is a Treatment Plan?

✓ A personalized roadmap designed to support the child's emotional, behavioral, and mental health needs.

✓ Outlines specific goals, interventions, and progress markers.

✓ Created collaboratively with input from professionals, caregivers, and sometimes the child (when appropriate).

Who is on the Treatment Team?

- Therapists/Counselors
- Case Manager or Social Worker
- Psychiatrist or Pediatrician
- School Personnel
- Kinship Caregivers/Parents
- The Child (when appropriate)

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PARAPHRASE

What is a Treatment Plan?

- Let's start with the treatment plan. This is more than just a document—it's a personalized roadmap that outlines how we, as a team, can best support the child's emotional, behavioral, and mental health needs. It includes clear, specific goals that are tailored to the child, along with steps and strategies to reach those goals. It also tracks progress over time, so we can see what's working and adjust what isn't. And importantly, this plan is created with the input of everyone involved—therapists, case workers, caregivers like you, and in some cases, the child themselves—if they're old enough to participate meaningfully.

Who is on the Treatment Team?

- Now, let's talk about the treatment team. This is the circle of support working together to help the child thrive. It usually includes therapists or counselors who focus on the child's emotional healing, and a case manager or social worker who coordinates services and ensures the plan is being followed. A psychiatrist or pediatrician may be involved if the child needs medical or psychiatric support, like medication management. School personnel, like teachers or guidance counselors, often play a big role too, especially if the child has learning or behavioral challenges in school. And then—critically—it includes you. As kinship caregivers, you are part of this team. You provide daily insight and care, and your voice matters. When appropriate, the child is included too—especially in setting goals and giving feedback.

The importance of the treatment plan and team to you as a kinship caregiver:

- Provides clarity on your role in supporting the child's healing and development.
- Helps you communicate effectively with professionals and advocate for the child's needs.
- Ensures you are aligned with therapeutic strategies at home.
- Encourages consistency in care across all environments (home, school, therapy).
- Builds a support network so you are not navigating challenges alone.

You are a vital member of the treatment team. Your insight and daily care help bring the treatment plan to life!

PARAPHRASE
In this next section, we will discuss the unique challenges that come with kinship parenting, and how to navigate this new role.

PODCAST: KINSHIP PARENTING

(Transcripts on page 12)

KINSHIP PARENTING

Kathleen Assaad Interview

FACILITATOR'S NOTE

- The podcast is approximately 10 minutes.
- Listen to NTDC Podcast on Kinship Parenting.
- Podcast Transcripts are on page 12 in the 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.

Feelings since becoming a kinship caregiver

POSITIVE	NEGATIVE

12

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.

<u>Adaptation for Remote Platform</u>

- 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.

Child's reactions: emotions and behaviors

Emotions	Behaviors

13

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.

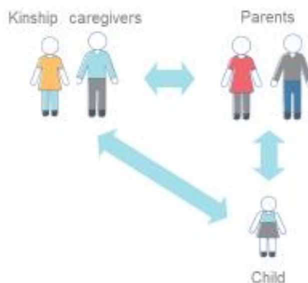
ASK
As we look at the feelings on this flipchart whiteboard, what are some of the behaviors that you see associated with some of the feelings we have listed?

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.

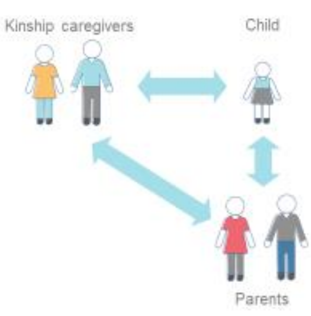
SUPPORTING A CHILD'S RELATIONSHIP WITH PARENTS AND OTHER FAMILY

The child's needs come first!

Before Adoption/Fostering



After Adoption/Fostering



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.

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.

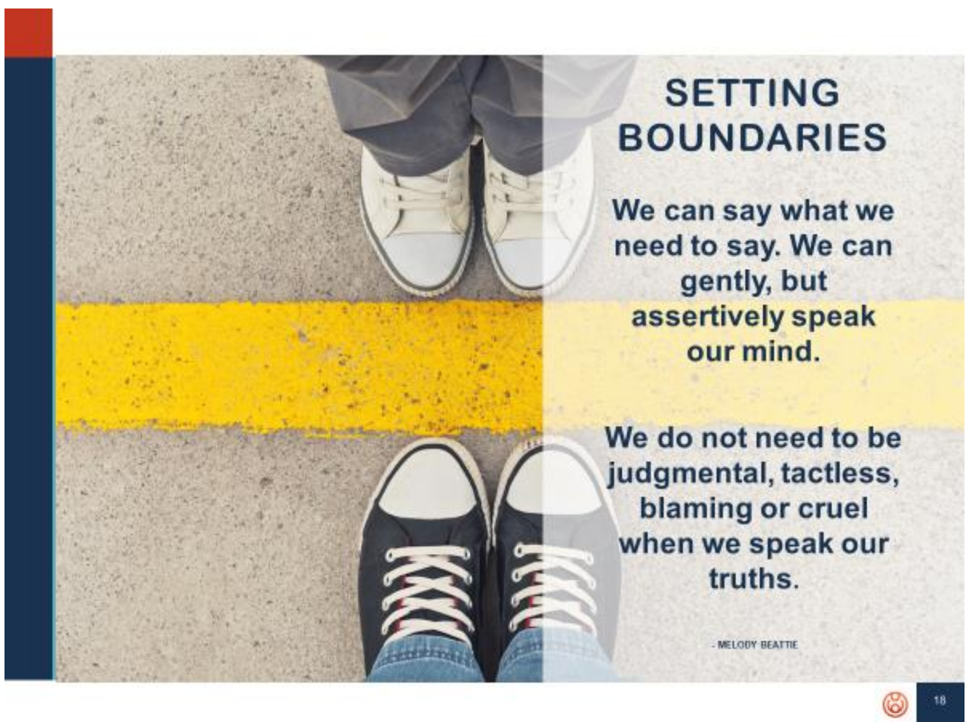
PARAPHRASE
We all know it is not uncommon for families to have some conflict within their family or between members of the child's other side of the family. For example, if you are the maternal grandma, where is the dad in the child's life, and/or his family members and what is your relationship like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

PARAPHRASE

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.



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."

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 boundaries and ensuring 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.

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**

20

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**

21

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**

22

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**

23

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**

24

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**

25

SAY

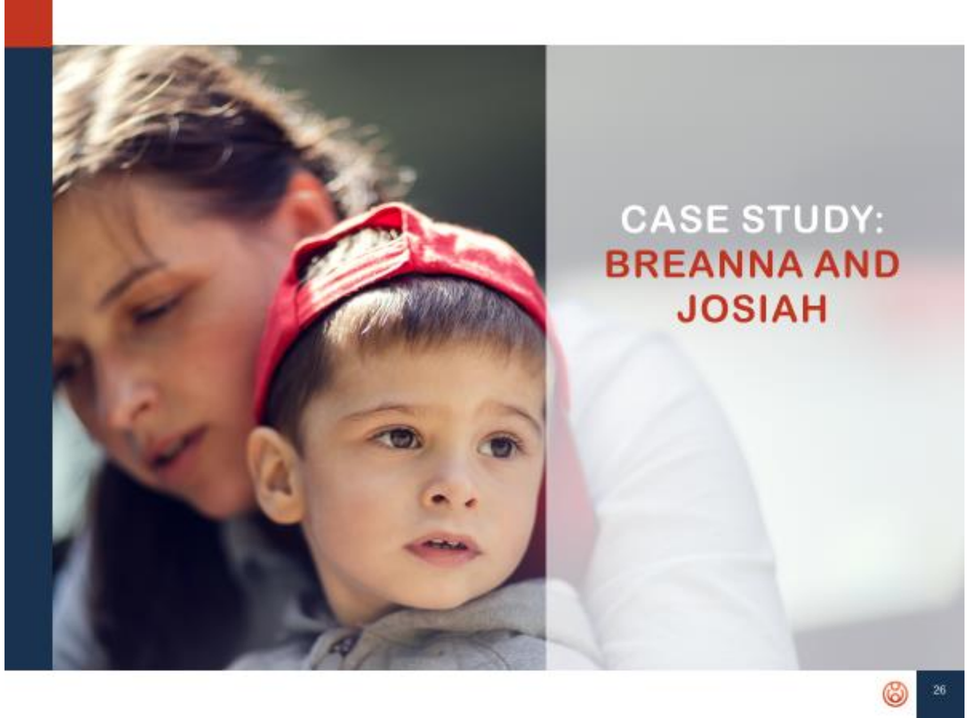
Y = You are the parenting parent. Take charge of the situation!

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.



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

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.

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

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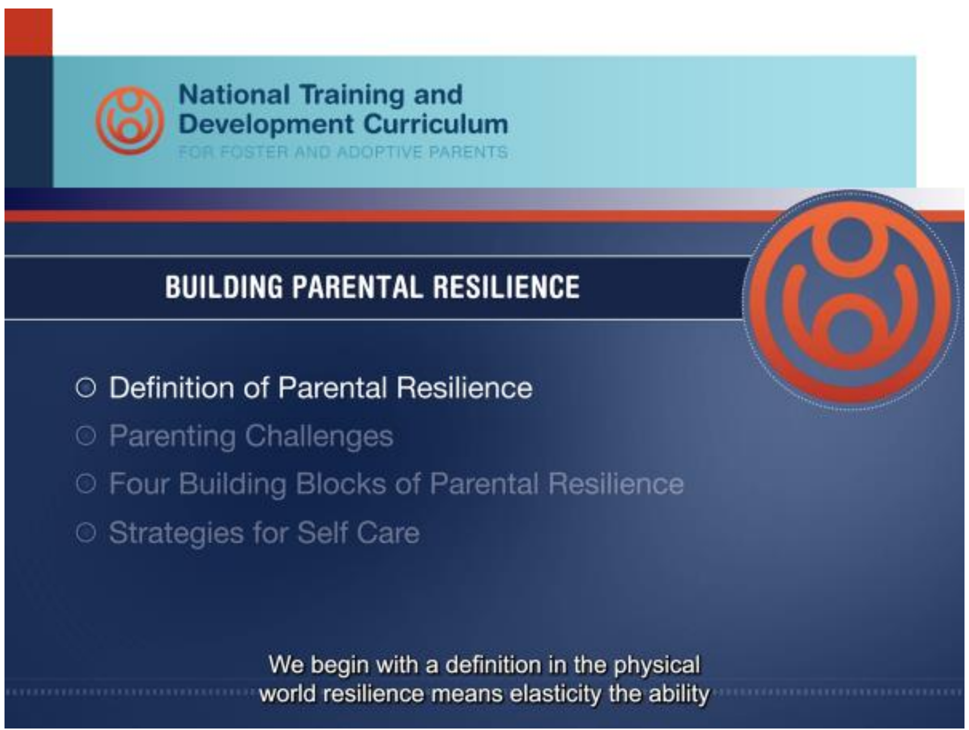
SAY

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.



SAY

We will now watch a short video that discusses the importance of parental resilience for parents who are fostering, adopting, or providing kinship care. The video will provide tips on how parents can build their own resiliency while staying committed to meeting the needs of the child who has experienced trauma, separation, and loss.

I'm sure you have all experienced stress from many different sources. In addition to the challenges in the video, what are some challenges you anticipate having as a kinship caregiver?

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.

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.

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.

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.

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

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.

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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.

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.

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FACILITATOR'S NOTE

The bulleted list below is a verbatim copy of the text on the slide.

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.

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.

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.

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.

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.

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.

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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.

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.

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.

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.

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

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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.

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

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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 theĚmain bullets.
- As part of your preparation for this them, make sure you are informed of whatĚconcrete supports are available in the community so that you can offer specificĚexamples.

SAY

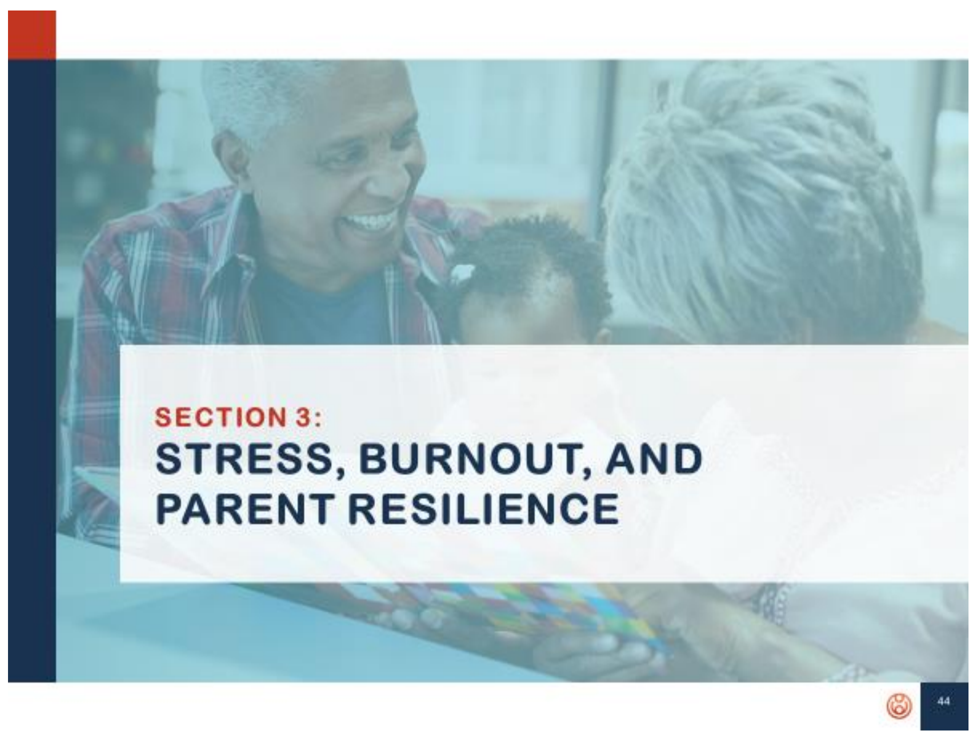
Here are some additional suggestions on ways to find concrete support. Let's read them and see how they align to the list you created. I'll read the list, and we'll see if we came up with all of the items on it.

- Acknowledge that becoming a parent at this stage in your life will require you toĚshift 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 orĚembarrassed accepting financial help.
- Learn where help is available.
- Be willing to talk openly with your partner about the stress and to take stepsĚtogether 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 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.

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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?

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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

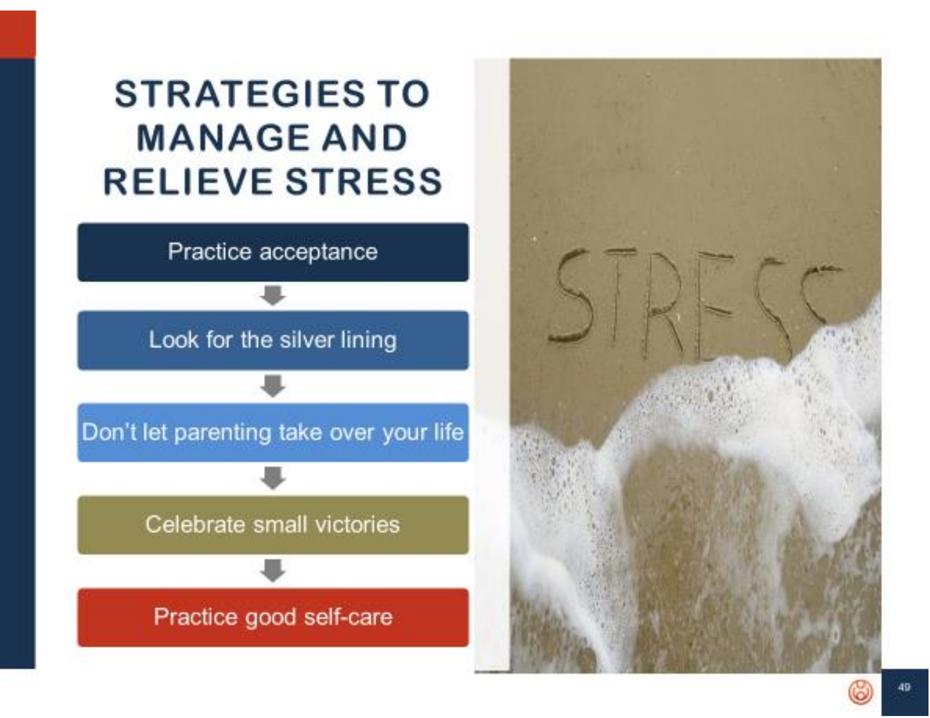
SAY
Let’s review some of the warning signs of burnout.

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.

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!

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.

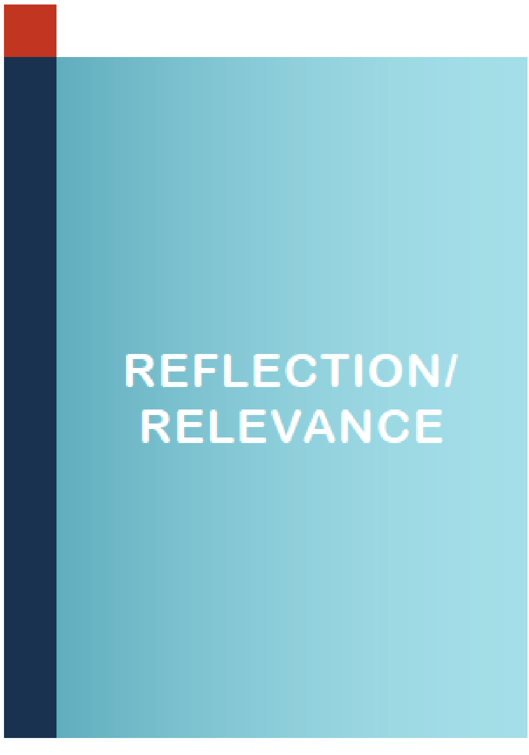
HANDOUTS TO MENTION
Having a strong support network is vital to getting through challenges. Complete the EcoMap Community of Support (page 43) in your handouts as a way to reflect on the people,

programs, and services that you and/or your family rely on for support. As you complete this document, consider if there are additional resources that could help you be better equipped as a parent.

The Who's Got Your Back handout (page 44) is another great resource that offers practical tips and tricks to managing all your parenting challenges that may come with this new role you've stepped into.

SAY
To wrap everything up, we will watch one more video with insight from foster/adoptive caregivers surrounding self-care.

It is not unusual for parents to set aside their own needs when caring for a child with high needs but it is critical for caregivers to prioritize their own self-care. By taking care of your physical, emotional and spiritual well-being, you will be a more resilient parent who is equipped to take care of the children who need you.



Page 54 in your Participant Manual

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? Also consider some ideas that you will include in your self-care routine. Feel free to share your ideas, and write them down in your Participant Manual on page 54.

SAY

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

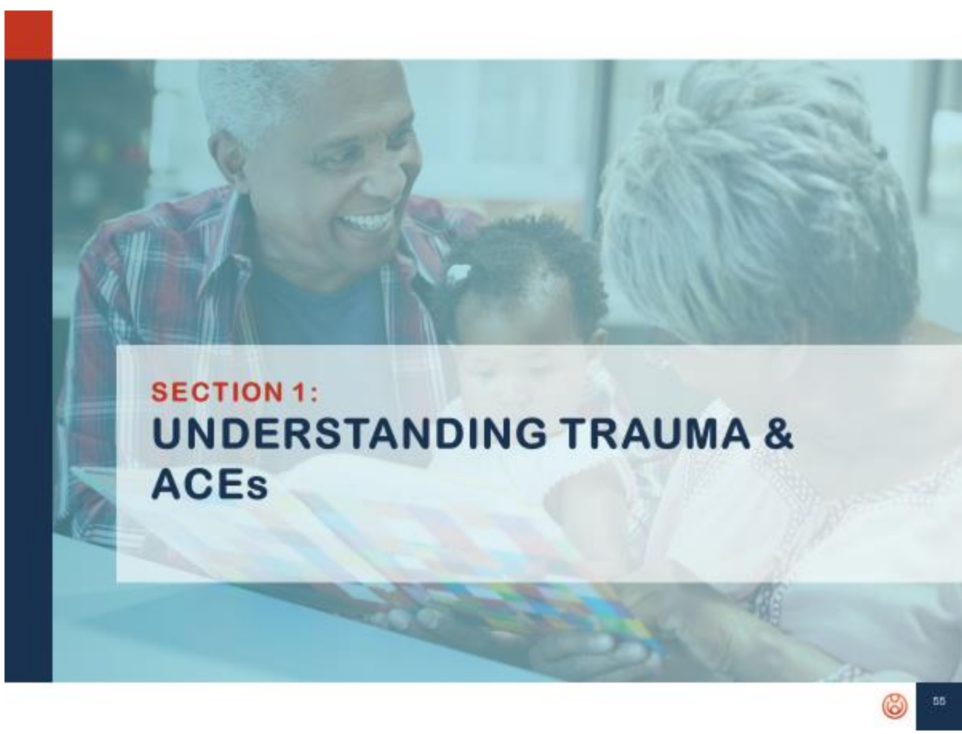
- Managing family relationships can be messy and difficult; you must be ok for the child to be ok.
- Caregivers and children both experience a range of normal emotions in kinship care, including loss and divided loyalties, as everyone adapts to their new roles.
- It’s important that the caregiver manage 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.
  - ➢ 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.

PARAPHRASE

This section of the training focuses on how trauma affects children's development and attachment, and how you as kinship caregivers can respond with compassion. This is vital knowledge when caring for children in therapeutic foster care.

Learning Objectives:

- Define trauma and adverse childhood experiences (ACEs)
- Understand how trauma impacts child development across different domains
- Recognize how trauma affects attachment formation in children
- Identify signs of trauma in children at different developmental stages



PARAPHRASE

In this next section, we will review the impacts of trauma on the brain and body and relate this to the experiences of children in foster/kinship care. This is important knowledge for you as kinship parents to know, as it will give you insight into the experiences and behaviors of children under your care.

DEFINING TRAUMA

Trauma is an event that is frightening, dangerous, or violent that poses a threat to the life or sense of safety of a child or someone/something important to the child (parent/parental figure/sibling, grandparent, pet).

- **Types of Trauma:**
  - Acute Trauma - A single traumatic event (e.g., a car accident, natural disaster, sudden loss).
  - Chronic Trauma - Repeated and prolonged exposure to distress (e.g., ongoing abuse, neglect, domestic violence).
  - Complex Trauma - Exposure to multiple, often interpersonal traumas—usually starting in early childhood

Paraphrase

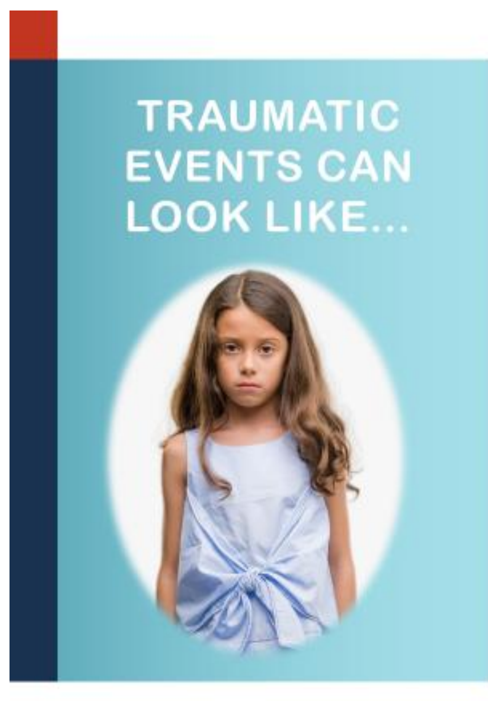
Trauma is a response to a deeply distressing or disturbing event that overwhelms a person's ability to cope. It affects brain development, emotional regulation, and behavior—especially in children. Trauma can be any event that is frightening, dangerous, or violent that poses a threat to the life or sense of safety of a child or someone or something important to them – this could include a parent, parental figure, a sibling, grandparent, or even a pet.

Trauma does not have to be just one big event—it can be repeated stress or neglect. Complex trauma especially impacts kids who've experienced long-term instability. Many of the children in your care may have lived through trauma that shaped how they see the world.

- Examples include: neglect, abuse, witnessing violence, or loss.

Trauma can be acute, chronic, or something we call complex trauma.

- Acute Trauma: A single traumatic event (e.g., a car accident, natural disaster, sudden loss). Children may seem jumpy, anxious, or have nightmares soon after the event.
- Chronic Trauma: Repeated and prolonged exposure to distress (e.g., ongoing abuse, neglect, domestic violence). Children may develop trust issues, struggle with emotions, or appear numb in response to this type of trauma.
- Complex Trauma: Exposure to multiple, often interpersonal traumas—usually starting in early childhood. Impacts a child's attachment, sense of safety, identity, and development.



- Physical, sexual, or psychological abuse and neglect
- Natural disasters
  - Storms, floods, tornados, hurricanes, wildfires
- Sudden or violent loss of a loved one
- Substance use disorder
  - personal or familial
- Serious Accidents
  - Fire, Motor Vehicle
- Life-threatening illness
- Intrusive medical interventions
- Military family-related stressors
  - deployment, parental loss or injury

Remember – removal or separation from one's family is also a trauma for children in foster/kinship care.

PARAPHRASE:
Traumatic events can differ from person to person – everyone's story and responses to events in their lives are different. This means that there are a range of traumatic events that can impact a child and their future.

Abuse / Neglect – (physical abuse, sexual abuse, psychological/emotional abuse, neglect)
Natural disasters (even without loss of life – disasters can still be traumatic to children. There can be loss of possessions, living environment)
Sudden or violent loss of a loved one (through an act of violence, in an accident or by suicide or unintentional overdose),
Substance use disorder (seeing family member incapacitated or unresponsive),
Serious accidents (Motor vehicle accidents, fire),
Life-threatening illness (Cancers),
Intrusive medical interventions (Needles, Feeding Tubes),
Military family-related stressors (e.g., deployment, parental loss or injury-parent may come home with visible injuries or psychological – PTSD. Seeing a parent have difficulties in functioning or having symptoms such as nightmares and flashbacks can be frightening for a child to see)

Oftentimes, children in foster/kinship care have experienced many different traumas, but remember that another key trauma also stems from the moment they were separated from their families. This in itself exists as a traumatic event in the child's life, and every child has a different response to this as well.

UNDERSTANDING ACES:
ADVERSE CHILDHOOD EXPERIENCES

- The Division of Violence Prevention at the Centers for Disease Control and Prevention (CDC), in partnership with Kaiser Permanente, conducted a landmark ACE study from 1995 to 1997 with more than 17,000 participants.

The study found:

- **ACEs are common.** For example, 28% of study participants reported physical abuse and 21% reported sexual abuse. Many also reported experiencing a divorce or parental separation, or having a parent with a mental and/or substance use disorder.
- **ACEs cluster.** Almost 40% of the Kaiser sample reported two or more ACEs and 12.5% experienced four or more. Because ACEs cluster, many subsequent studies now look at the cumulative effects of ACEs rather than the individual effects of each.
- **ACEs have long-term effects.** ACEs impact physical, social, emotional wellbeing into adulthood. People with higher ACE scores were more likely to experience anxiety, depression, substance use, and chronic illnesses later in life.

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PARAPHRASE

Let's take a moment to talk about ACEs – Adverse Childhood Experiences – which helps us understand the lasting impact of trauma.

The original ACE study was published in 1988 and was a groundbreaking collaboration between the Centers for Disease Control (CDC) and Kaiser Permanente. It was one of the first large-scale studies to examine how chronic stress and trauma in childhood affect health across a person's lifetime. Researchers surveyed over 17,000 adults between 1955 and 1997. Those Kaiser members who were surveyed were asked about their childhood experiences and current health conditions and behaviors.

The study revealed a strong connection between early adversity and adult outcomes relating to physical, emotional and social wellbeing. People with higher ACE scores were more likely to experience anxiety, depression, substance use, and chronic illnesses like heart disease or diabetes later in life.

High ACEs don't determine someone's future, but they do raise the risk. The key takeaway is that trauma does not just live in behavior, but It lives in the brain and body. This understanding helps us see children's behaviors as communication relating to their needs, which was shaped by their past experiences.

Today, many states are collecting their own ACE data through a CDC program called the Behavioral Risk Factor Surveillance System, or BRFSS. It's a phone survey used to track health trends in adults across the country.

In your **Participant Manuals**, there are resources about ACEs and resilience included on pages 60-68.

OVERVIEW OF THE 10 ORIGINAL ACES

ABUSE
- Physical Abuse
- Emotional
- Sexual Abuse

NEGLECT
- Physical
- Emotional

HOUSEHOLD CHALLENGES
- Domestic Violence
- Parental Substance Use
- Mental Illness
- Incarceration
- Parental Divorce/Separation

PARAPHRASE

The original study identified 10 types of adversity grouped into three categories: abuse, neglect, and household challenges.

As we go over the 10 ACEs included in the questionnaire, please know that this content can bring up a range of emotions—and that's completely normal. We encourage you to check in with yourself as we move through this section. If you need to take a moment, step away, or turn your camera off briefly, please do whatever feels supportive for you.

1. ABUSE

- **Physical Abuse:** A parent, stepparent, or adult living in your home pushed, grabbed, slapped, threw something at you, or hit you so hard that you had marks or were injured.
- **Emotional:** A parent, stepparent, or adult living in your home swore at you, insulted you, put you down, or acted in a way that made you afraid that you might be physically hurt.
- **Sexual Abuse:** An adult, relative, family friend, or stranger who was at least 5 years older than you ever touched or fondled your body in a sexual way, made you touch his/her body in a sexual way, attempted to have any type of sexual intercourse with you.

2. NEGLECT

- **Physical:** There was someone to take care of you, protect you, and take you to the

doctor if you needed it2, you didn't have enough to eat, your parents were too drunk or too high to take care of you, and you had to wear dirty clothes

- **Emotional:** Someone in your family helped you feel important or special, you felt loved, people in your family looked out for each other and felt close to each other, and your family was a source of strength and support.

3. HOUSEHOLD CHALLENGES

- **Domestic Violence:** Your mother or stepmother was pushed, grabbed, slapped, had something thrown at her, kicked, bitten, hit with a fist, hit with something hard, repeatedly hit for over at least a few minutes, or ever threatened or hurt by a knife or gun by your father (or stepfather) or mother's boyfriend.
- **Parental Substance Use:** A household member was a problem drinker or alcoholic or a household member used street drugs.
- **Mental Illness:** A household member was depressed or mentally ill or a household member attempted suicide.
- **Incarceration:** A household member went to prison
- **Parental Divorce/Separation:** Your parents were ever separated or divorced.

Many children in kinship care have experienced one or more of these ACEs. Understanding this can help us approach them with more empathy—and recognize the incredible role you play in helping them heal.

ACES & RESILIENCE

- ACEs are not destiny. They are a risk factor, not a life sentence.
- High ACEs don't mean a child is broken. It means they've been hurt—and healing is possible with stable, supportive relationships.
- Research shows that loving, consistent caregivers are one of the most powerful tools in helping children build resilience and recover from early trauma.
- Resilience is built over time when kids feel seen, heard, and safe.

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PARAPHRASE
Now that we've talked about ACEs, it's important to pause and shift the focus to something just as real and powerful: hope and resilience.

Whether you're thinking about a child in your care—or even reflecting on your own ACE score—this can bring up a lot of feelings. It's normal to feel concerned, overwhelmed, or even discouraged. But here's what we want you to hold onto: ACEs are not destiny. They are a risk factor, not a life sentence.

High ACEs don't mean a child is broken. It means they've been hurt—and healing is possible with stable, supportive relationships like the ones you as therapeutic kinship parents can provide. The most powerful counterbalance to ACEs is safe, stable, and nurturing relationships. Research shows that loving, consistent caregivers are one of the most powerful tools in helping children build resilience and recover from early trauma.

Resilience is built when kids feel seen, heard, and safe. It's built over time, through connection, routine, and unconditional support. Even just one consistent, caring adult in a child's life can be the difference-maker. Your presence, your patience, and your love help rewire a child's stress response system and create new patterns in the brain that support healing.

If you have a high ACE score yourself, you are not alone. Many caregivers do. Your story matters—and your ability to show up for a child, even with your own history, is a powerful sign of your own resilience.

Remember to refer to the resources in your Manuals on pages 60-68 for more information about ACEs and resilience.

We talk about ACEs not to label children (or you as caregivers)—but to understand what they've been through, and to highlight the power of healing. There is always hope. And healing happens in relationships—starting with you.

BUILDING CHILDREN'S RESILIENCE

BUILDING CHILDREN'S RESILIENCE

- Definition of Resilience
- Protective Factors that Support Resilience
- The Building Blocks of Resilience

[Narrator] To create an environment that supports resilience parents who are fostering or adopting need to integrate protective factors into that environment.

PARAPHRASE

The roots of resilience that a person has as a teenager, young adult and throughout life are nurtured during childhood through experiences provided by loving caregivers.

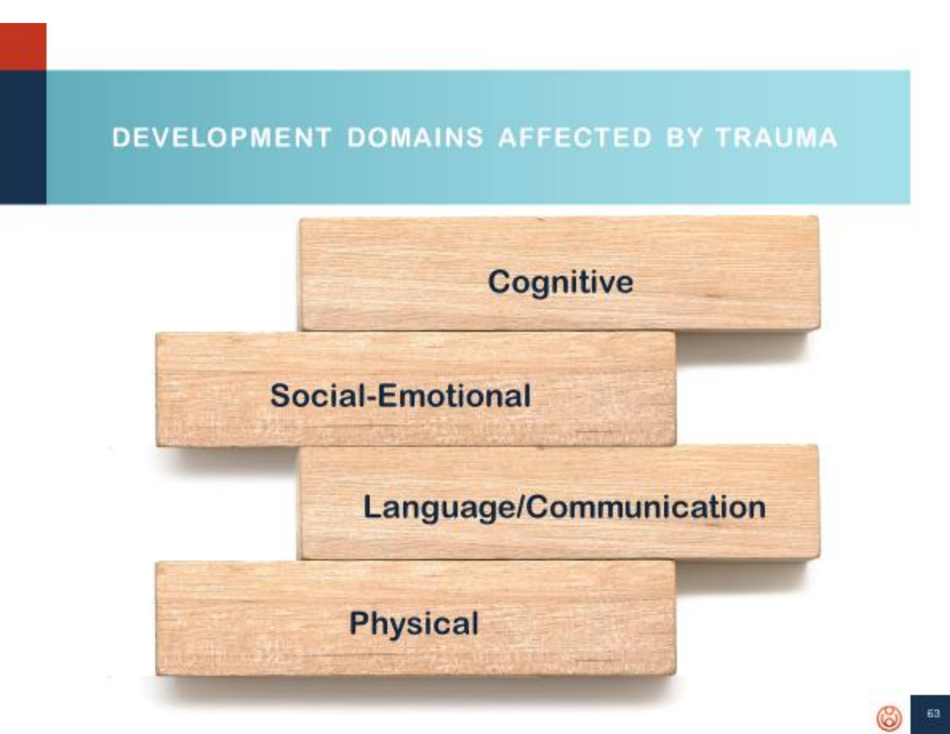
In this next video clip, you will hear about protective factors that you can utilize to support a child's growing resilience.

FACILITATOR'S NOTE:

Remind participants that there is a summary of this video's key points in their Manuals on page 69-72. This summary includes key tips and takeaways to help them stengthen children's resilience in their homes.

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.



SAY

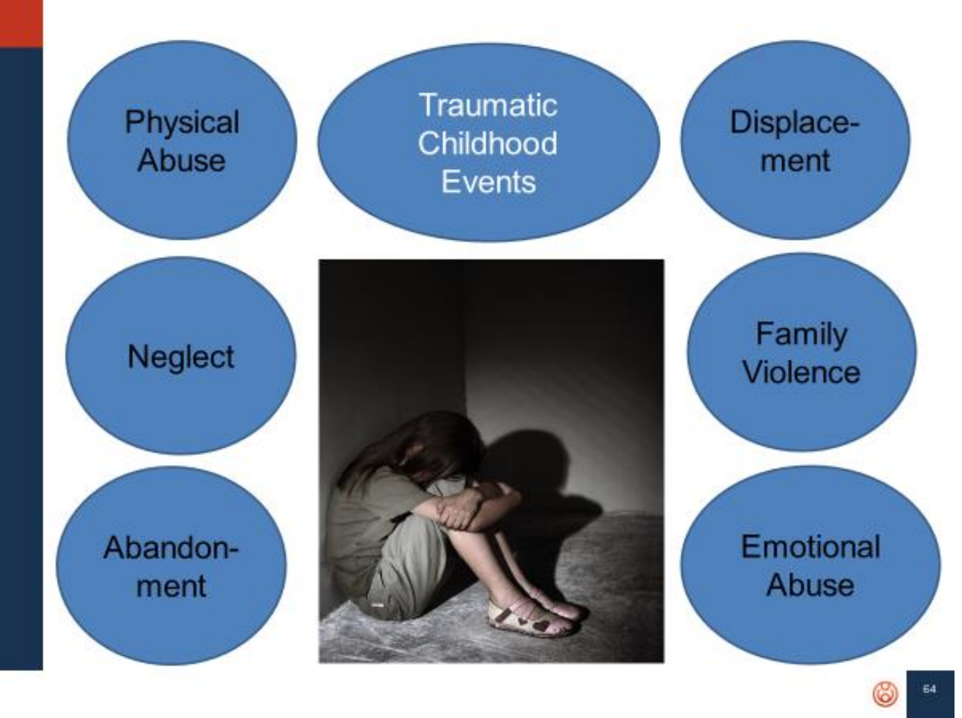
There are many domains of development, including physical, language/communication, social-emotional, relationship, cognitive, problem solving, gross motor, fine motor, spiritual, moral, and sexual. It is important to note that development is sequential, and as with building blocks, each skill is built 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.

Think of development as a building process. Trauma can disrupt the foundation. Children who have histories of separation, loss, and trauma are often “behind” emotionally or socially because they are not able to grow and develop normally — their brains had to focus on survival.

There is a handout in your manuals that breaks down these domains of development by age-range so you can see which milestones should be met at certain points in a child’s development. This is Handout #2 on page 85-86.



PARAPHRASE
While it is typical for there to be differences in the achievement of developmental milestones, trauma can result in the complete 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 or substance use, 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)				
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)				

Trauma

Possible developmental delay

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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.

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.

PODCAST: SPLINTERED CHILD DEVELOPMENT

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

SAY

As we have been discussing, many children who are in kinship/foster care have had life experiences that may have impacted their development. This may cause them to be at different stages within different domains. Chronologically, a child may be a certain age, but depending on the gaps in their development, they may be functioning at a lower level in certain areas.

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.

FACILITATOR'S NOTE

- Listen to NTDC Podcast on Child Development. (Approximately 6 minutes)
- Refer participants to Handout #1: Glossary: Child Development Podcast (page 77) and Podcast Transcripts (page 79).

Optional: STOP & Give an Example to keep participants engaged.

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

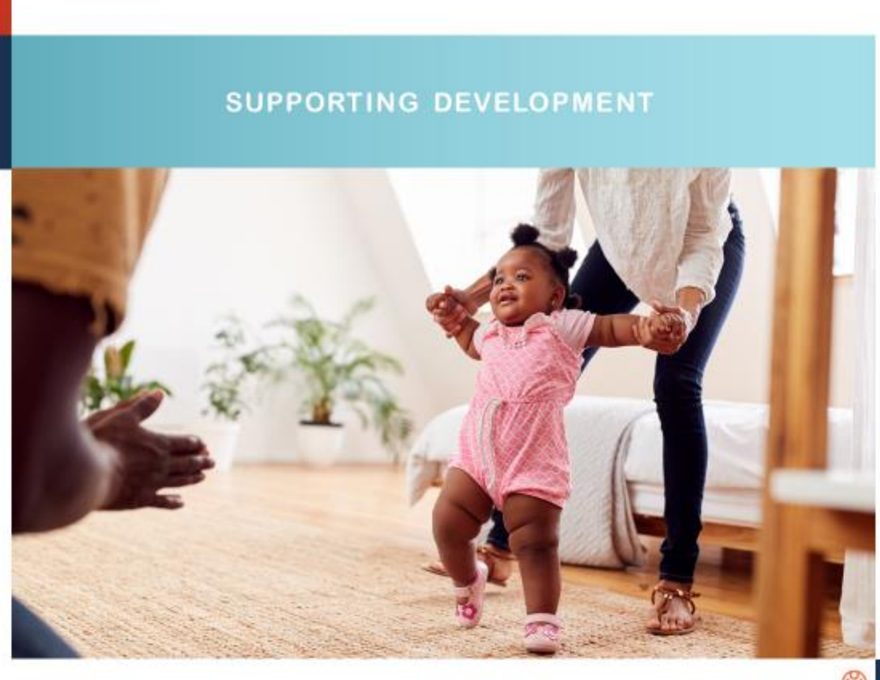
ASK

- 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?

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.
- 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.



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.

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

PARENTING TIP SHEETS
(PAGES 89-104)

Infants (0-1)
Toddlers (1-2)
Toddlers (2-3)
Preschoolers (3-5)
Middle Childhood (6-8)
Middle Childhood (9-11)
Young Teens (12-14)
Teenager (15-17)

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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 89-104) 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)

RECOGNIZING BEHAVIORAL AND DEVELOPMENTAL IMPACTS OF TRAUMA

Common Trauma Reactions at Different Ages
Infants & Toddlers (0–3)
Sleep problems, excessive crying, clinging behavior, developmental delays
Preschoolers (3–5)
Regression (e.g., bedwetting), tantrums, fearfulness, separation anxiety
School-Age (6–12)
Poor concentration, aggressive behavior, withdrawal, somatic complaints
Teens (13–18)
Risk-taking, defiance, substance use, depression, identity confusion

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PARAPHRASE

Understanding typical developmental milestones is key to recognizing when a child may be experiencing delays. Trauma often affects development, and its impact can look different depending on the child's age and stage. What may seem like misbehavior is often a sign of unmet needs or emotional distress. When we recognize these signs for what they are, we can respond with support and healing instead of punishment.

Let' consider some of those possible signs that indicate a child's traumatic history is affecting their behavior.

Infants & Toddlers (0–3)

- Sleep problems, excessive crying, clinging behavior, developmental delays
- Trauma at this age is often pre-verbal, so the signs show up physically and emotionally. A baby may not feel safe enough to sleep soundly or eat well. Development may stall or regress—this isn't because of inability but because the child's brain is in survival mode, not growth mode. You may notice delayed milestones like walking, talking, or playing. Even very young children sense instability. Their stress systems (like cortisol levels) respond to a lack of consistent, loving care.
- Adults may say, "They were just a baby, they won't remember." But the body remembers. Early trauma wires the nervous system for hypervigilance and fear.

Preschoolers (3–5)

- Regression (e.g., bedwetting), tantrums, fearfulness, separation anxiety

- Preschool-aged children are developing a sense of autonomy, but trauma can make them anxious, fearful, or overly dependent. You might see a child who had been toilet-trained suddenly regress, or who clings tightly to you or refuses to separate. Aggression and tantrums are often misread as defiance, but they are really expressions of overwhelming stress and unmet needs. Transitions (like leaving the house or moving to a new room) can be triggering—they symbolize abandonment or loss to a child with trauma history.
- These kids don't yet have words for what they're feeling, so they show it with their bodies and behavior.

School-Age (6–12)

- Poor concentration, aggressive behavior, withdrawal, somatic complaints
- At this stage, kids may begin to internalize trauma—believing things are their fault or feeling unworthy of love. They may act out in class because their brain is still scanning for danger instead of focusing on learning. You may notice "big reactions to small problems"—this is a result of an overactive stress response system (amygdala).Many develop somatic symptoms like headaches, stomach pain, or constant tiredness—this is the body storing emotional pain. Some kids seem aggressive, while others go quiet and numb. Both are trauma responses.
- This age group often gets labeled "bad" or "lazy." But what they really need is someone who can see past the behavior to the pain underneath.

Teens (13–18)

- Risk-taking, defiance, substance use, depression, identity confusion
- Adolescents are in a complex stage—struggling with identity, autonomy, and peer pressure—while also managing trauma. Many are trying to cope with unmanageable emotions using the only tools they have: avoidance, numbing, control. Risk-taking (sex, drugs, running away) may be attempts to feel in control or alive, especially if they've felt powerless. Teens may struggle with authority figures due to past betrayal by adults. Even "cold" or "shut down" teens are often trying to protect themselves emotionally.
- Teen trauma responses can be mistaken for rebellion. Remember, they're testing if you will give up on them like everyone else.

In the next section, we will discuss how important the parent-child relationships are to achieving healing and giving children the safe space they need to grow.

PARAPHRASE
Let's now talk about how attachment is developed and spend some time talking about attachment styles and how they affect behaviors. The Attachment section begins on page 109 in your Manuals.

Healthy Cycle of Attachment

Baby has a need (hungry, tired, wet, cold... etc.)

Baby expresses this need by crying, other sounds, movements, facial expressions, etc.

Caregiver responds to meet the baby's need

Baby's need is met and baby feels safe, protected, understood and secure

Baby's brain and stress response systems develop with the expectation that needs will be met by responsive caregivers

Refer to Handout #1 on Page 111

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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 111 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.

Disrupted Cycle of Attachment

Baby has a need (hungry, tired, wet, cold... etc.)

Baby expresses this need by crying, other sounds, movements, facial expressions, etc.

Caregiver rarely (sometimes never) responds to meet the baby's need, or caregiver's response is harsh or abusive

Baby's need is not met and baby feels unsafe, unprotected, misunderstood & insecure

Baby's brain and stress response systems develop with the expectation that needs are rarely or never met by caregivers, or that calls for help may result in harsh care or physical abuse

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.

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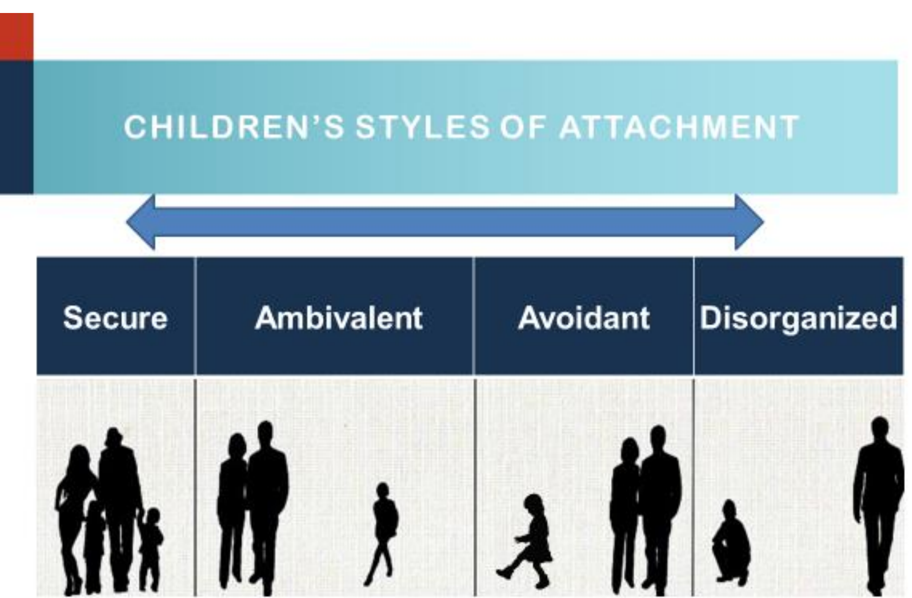
PARAPHRASE

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.

SECURE ATTACHMENTS

My needs were met.

People are predictable + the world is safe.

I am free to trust others and the world.

I can thrive in this safe world and have healthy relationships.

75

PARAPHRASE
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 predicable 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.

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.

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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.

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

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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.

DO

Facilitate a discussion around what type of parenting would be most helpful to children with a disorganized attachment style. 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.

STABILITY BUILDS TRUST

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

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.

ATTACHMENT STYLES IN ADULTS

Autonomous	Preoccupied
▪ Comfortable in a warm, loving, and emotionally close relationship.	▪ Insecure in intimate relationships ▪ Constantly worried about rejection and abandonment; preoccupied with relationship
Dismissive	**Unresolved**
▪ Emotionally distant and rejecting in an intimate relationship ▪ Keeps partner/loved one at arm's length	▪ Unresolved mindset and emotions ▪ Cannot tolerate emotional closeness in a relationship

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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.

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 113 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.

ROLE OF KINSHIP CAREGIVERS

- Provide a safe, supportive space where healing can begin
- Meet children where they are — emotionally and developmentally
- Recognize the impact of trauma, separation, and loss
- Understand how trauma may delay milestones and affect relationships
- Use your insight to advocate for the child's needs and services
- Document and share behaviors and concerns with caseworkers and support teams

PARAPHRASE

Remember, your role as a kinship therapeutic foster parent is to help children heal and grow by providing a safe space where you can meet them where they are. This means being able to recognize the impacts of a child's history of separation, loss, and other trauma on their ability to reach developmental milestones and connect with others. Understanding these key concepts can give you the perspective you need to understand children's needs and in turn, advocate for the supports they will benefit from. Remember to take note of the behaviors and challenges you observe and communicate them to your child's caseworkers and other professionals who can help provide the full circle of support your child needs to thrive.

FACILITATOR NOTE:
Summarize the key takeaways from the training and ask families if they want to share any major takeaways for themselves from this session.

Discussion Prompt: "What is one thing you're taking away from this session?"

- Resources for further learning (books, websites, local support groups)
- Encourage questions and ongoing 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. 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 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.

National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS

SESSION 2

TRAUMA-RELATED BEHAVIOR

PARENTING A CHILD WITH A HISTORY OF SEXUAL TRAUMA

THE IMPACT OF SUBSTANCE USE

National Training and Development Curriculum
FOR FOSTER AND ADOPTIVE PARENTS

TRAUMA-RELATED BEHAVIOR

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 112 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 122)
- Handout #2: Predictable Escalating and De-escalating Behaviors Chart (123)

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 4
- State Dependent Functioning (6:11 minutes): Slide 8
- Instant Family Video Clip (around 3 minutes): Slide 17
    - 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**.

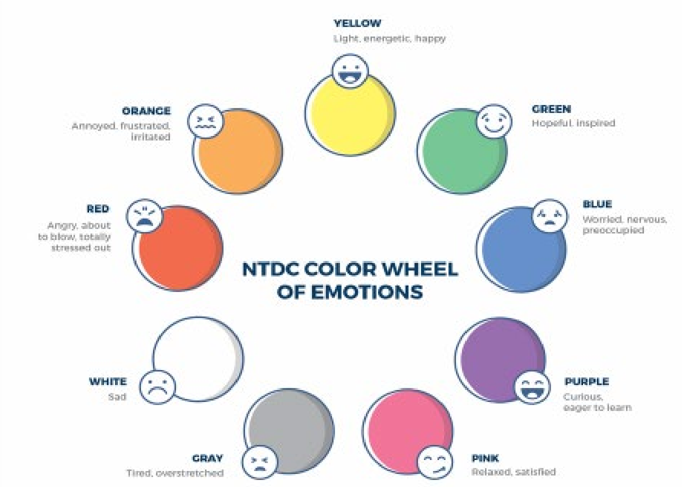
Theme: Trauma-Related Behaviors
Learn how chaos, threat, neglect, and other adversity during development can alter the developing brain and that, in turn, can change the ways children think, feel and act. Understand the major stress-responses we use to cope with perceived and actual threat. Recognize 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.

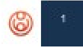
BEFORE YOU BEGIN THE CLASS

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

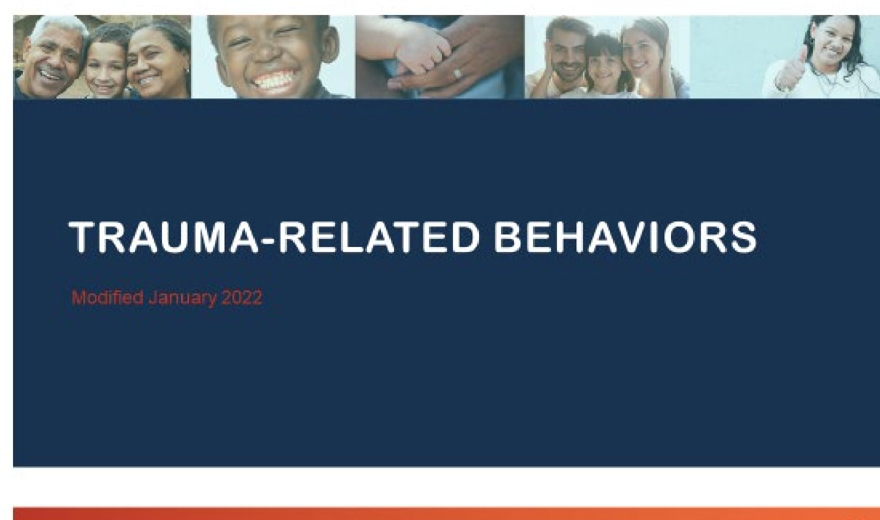
Wait a little while to give participants time to complete the Color Wheel.

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.



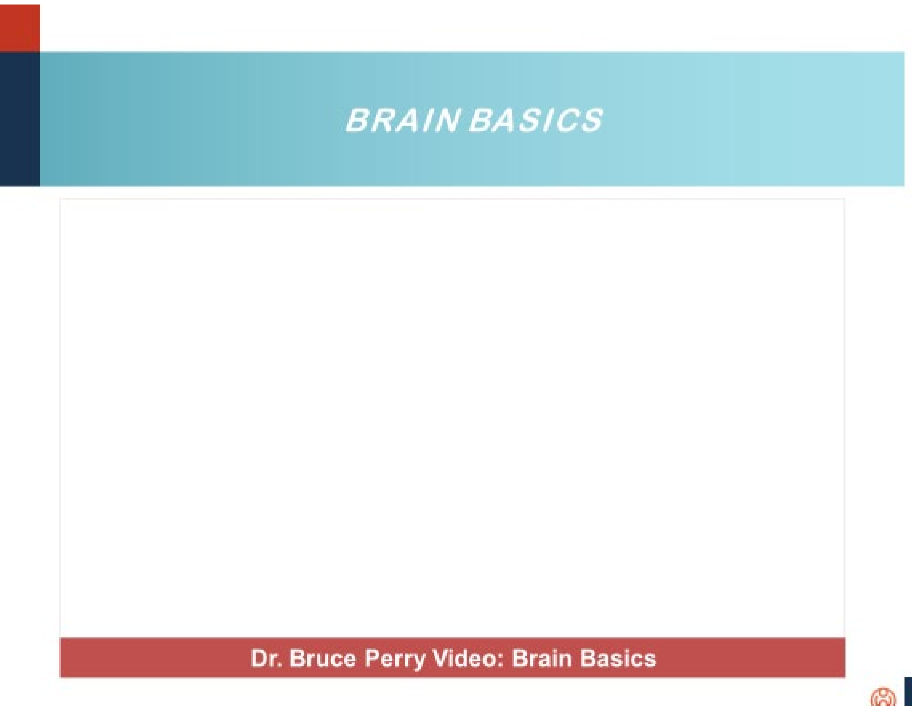
FACILITATOR'S NOTE
Show this slide briefly just before you start the class.

SAY
Let's get started! Welcome to the Trauma-Related Behaviors theme. This theme begins on page 118 in your Participant Manual.

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.



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.
Let's watch this short video about the basics of how the brain works.

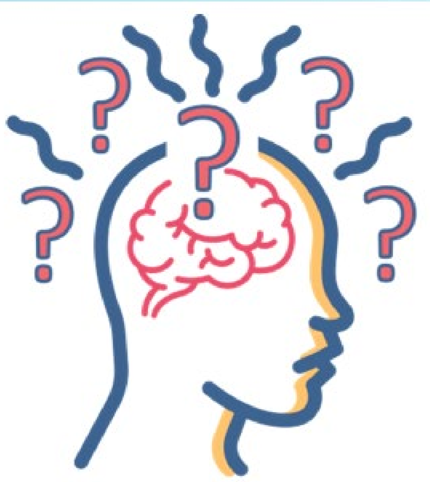
DO
Play the video *Brain Basics* (runtime: 2:34 minutes.)

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 to 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).

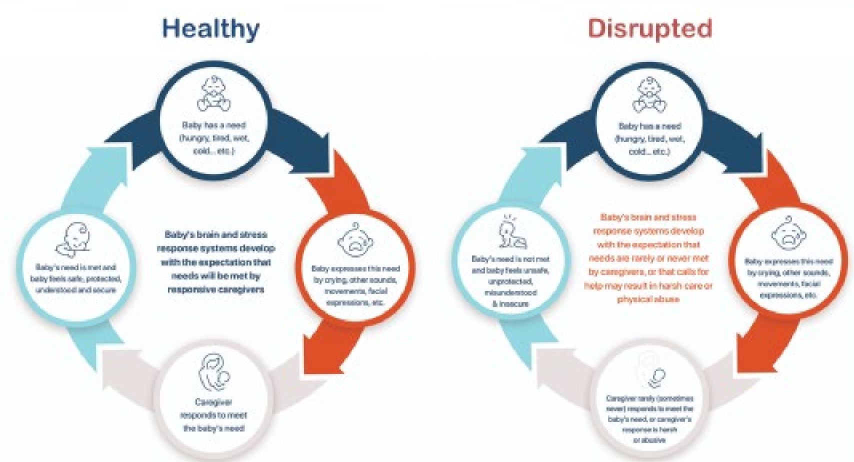
PARAPHRASE
Let's talk for a moment about the concept of "states." Understanding 'state-dependent' functioning is the key to understanding many trauma-related behaviors.

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.



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

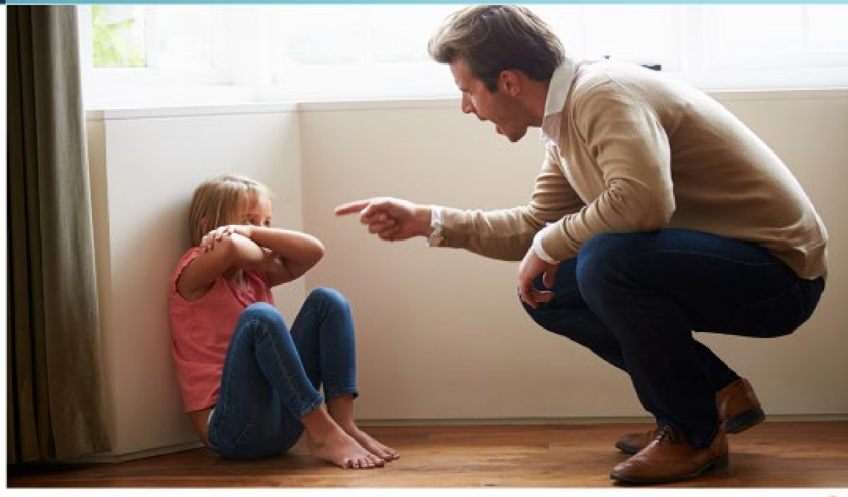
8

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!



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.

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.

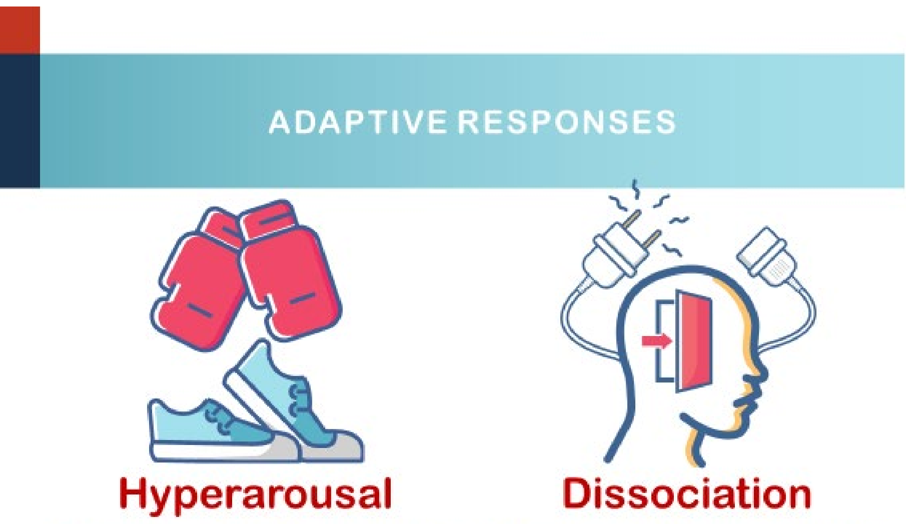
DO

- 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.



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.

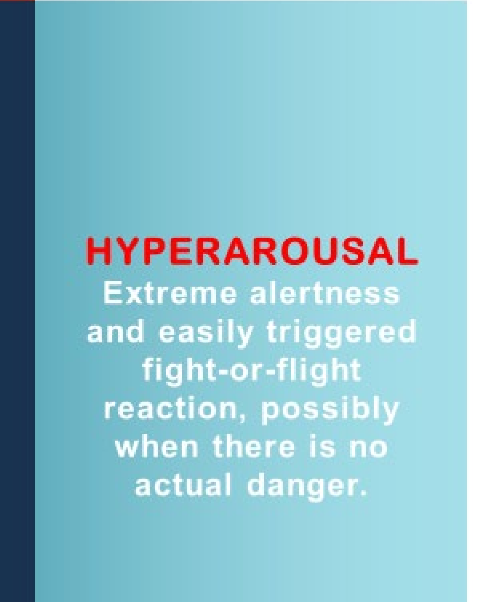
Adaptation for Remote Platform: Create a slide with 2 columns. Write the word Hyperarousal on the top of one column and Dissociation on the top the second column**.** Use this to record participant's examples during the activity on the next slide.

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.



FACILTATOR'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.

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.

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.

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 122

16

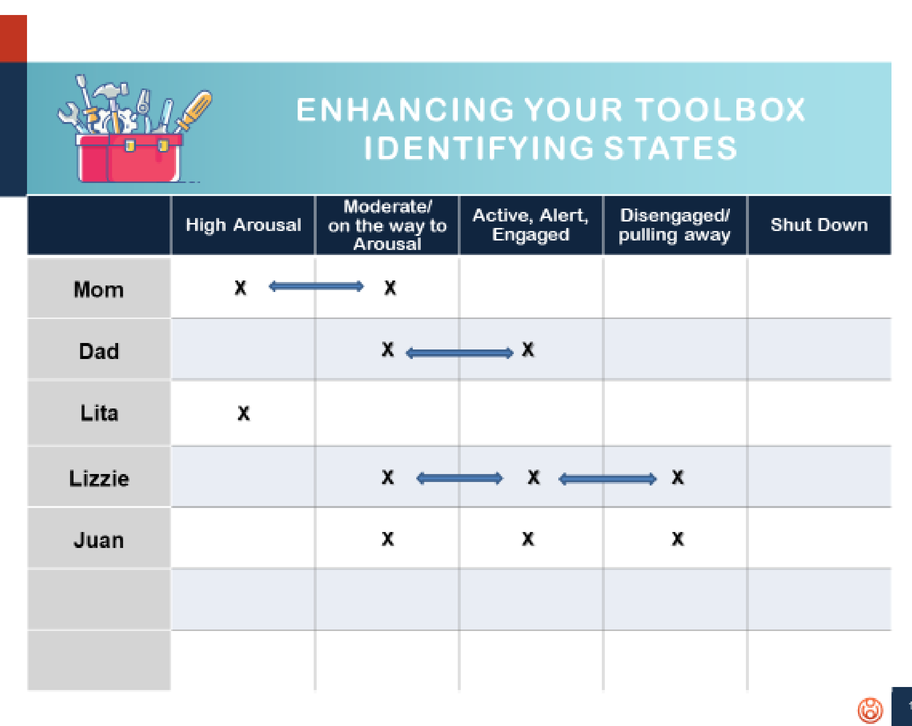
FACILITATOR'S NOTE
In this activity, you will show a clip from the *Instant Family* video. Participants will fill in the Identifying States handout, identifying the state of different characters during the clip. Allow some time for discussion, stressing points that help participants understand where 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 122 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.

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	

18

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

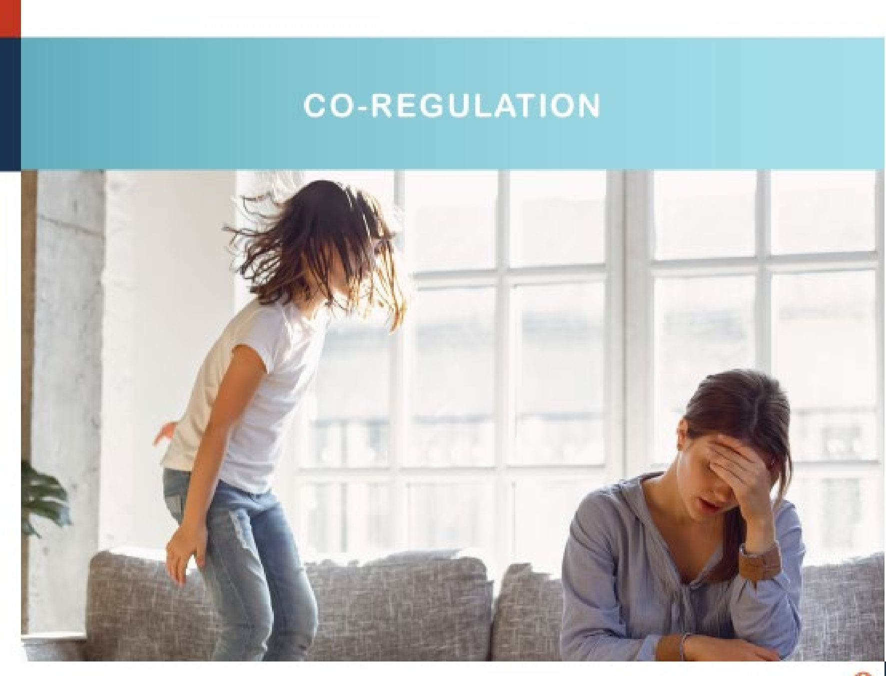
- Wait for a minute or so for participants to review the table and compare their results.
- Facilitate a brief discussion to process the video and expand on nuances that help participants understand what states look like in behavior, such as pointing out body language and tone of voice for any given 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.

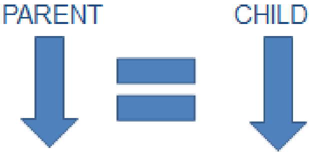


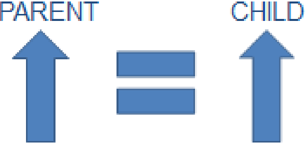
PARAPHRASE

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	
PARENT	CHILD	PARENT	CHILD





Calm, predictable, clear, listening, empathetic, reassuring, reflective

Loud, showing frustration, yelling, too close, using threats, giving ultimatums

Handout #2: Page 123

21

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 123 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.

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.

- 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?

PARAPHRASE

Use page 124 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 al 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

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 120 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 128)
- Handout #2: Abuse Reports and False Allegations: How to Protect Yourself and Respond (page 132)
- Handout #3: House Rules for Sexual Safety (page 136)
- Handout #4: Interrupted Sexual Development (page 138)

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 30

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 126 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.

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.

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.

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?

"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)

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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 128

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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 128 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.

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PARAPHRASE

We know some of the risk factors that are associated with a child experiencing sexual trauma:

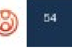
- Neglect
- Parental substance abuse
- Parental mental illness
- Chaotic households
- Inconsistent living arrangements
- Unrelated household members with caregiving responsibility

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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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

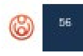
Indicators of sexual trauma may look different in older youth, as listed on this slide. Some of these indicators might be present alongside those behaviors that were on the previous slide. While some of these behaviors might be indicators of something other than sexual trauma, it is wise to pay attention 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.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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

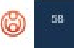
This theme does not cover what is needed to parent a child or teen with a history of being sexually trafficked. If parents ask questions, let them know that keeping a child with a history of being trafficked safe, will need to involve a professional who has experience in working with these youth.

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



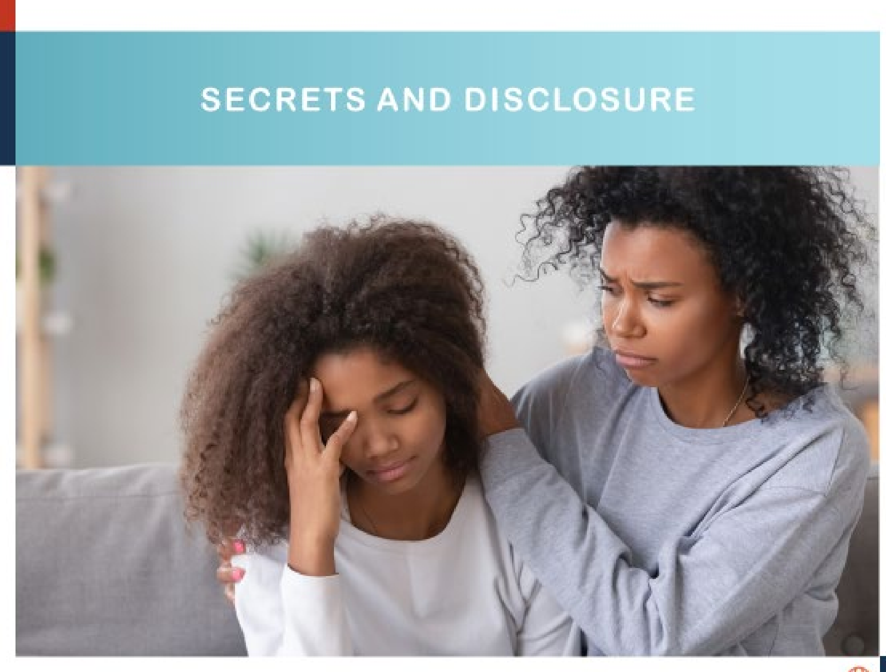
PARAPHRASE

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.



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 132

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 132 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 136

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 136 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.

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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 <u>or</u> 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	
Not allowing children to stay up after parents go to bed	Talking to other children in the home about sexual safety

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 138

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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. This handout is on page 132 of your Participant Manual. 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

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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?

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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 142 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

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 146 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 148)
- Handout #2: Developmental Quadrant (page 155)

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.

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 146 in the Participant Manual.

PARAPHRASE

The following topics will be covered in today's theme:

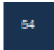
- Neither drugs nor alcohol are safe for a developing fetus.
- Prenatal exposure to drugs and alcohol can impact various areas of fetal development, but the brain is where we see the most impact.
- Some children who are in the child welfare system or have been adopted were exposed to drugs and alcohol 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.

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 148



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FACILITATOR'S NOTE

The points on the slide come from Handout #1: Understanding Complicated Children: The Impact of Prenatal Exposure on page 148 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 148, 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 pre-natal 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

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
▪ Low birth weight ▪ Sensitivity to light, noise, and touch ▪ Irritability ▪ Unable to suck effectively ▪ Slow to develop ▪ Ear infections ▪ Trouble sleeping	▪ Poor memory ▪ Hyperactivity ▪ Seems to have no fear ▪ Speech and language delays	▪ Poor social skills ▪ Easily distracted, short attention span ▪ Poor coordination ▪ Trouble with large and fine motor skills ▪ Difficulty in school	▪ Low self-esteem ▪ Poor impulse control ▪ Must be reminded of concepts on a daily basis

*FASD = fetal alcohol spectrum disorders

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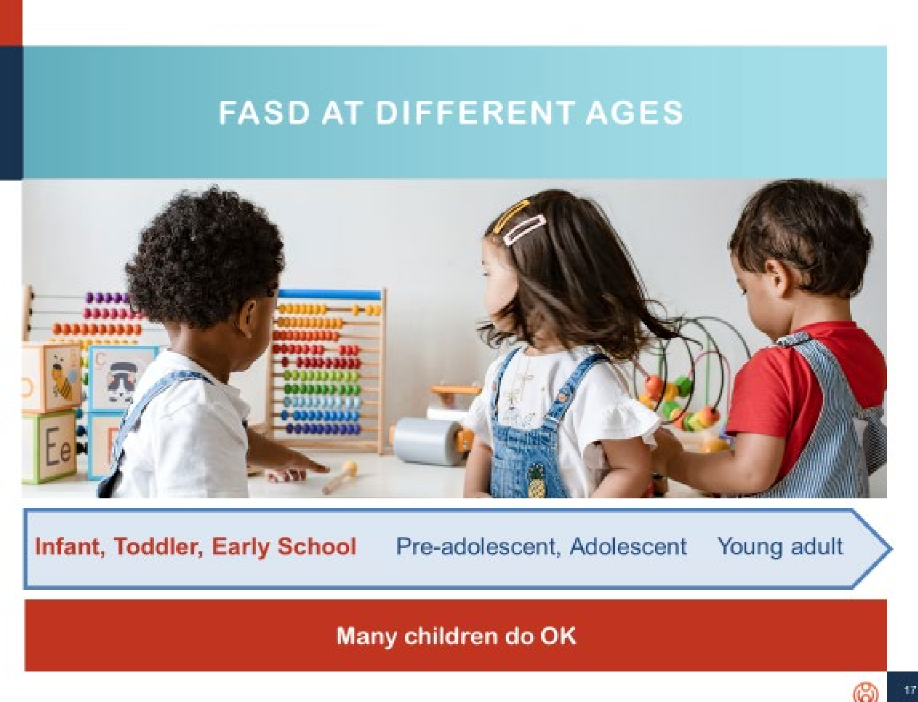
PARAPHRASE

As discussed in the Child Development theme, children’s chronological and developmental ages can be different.

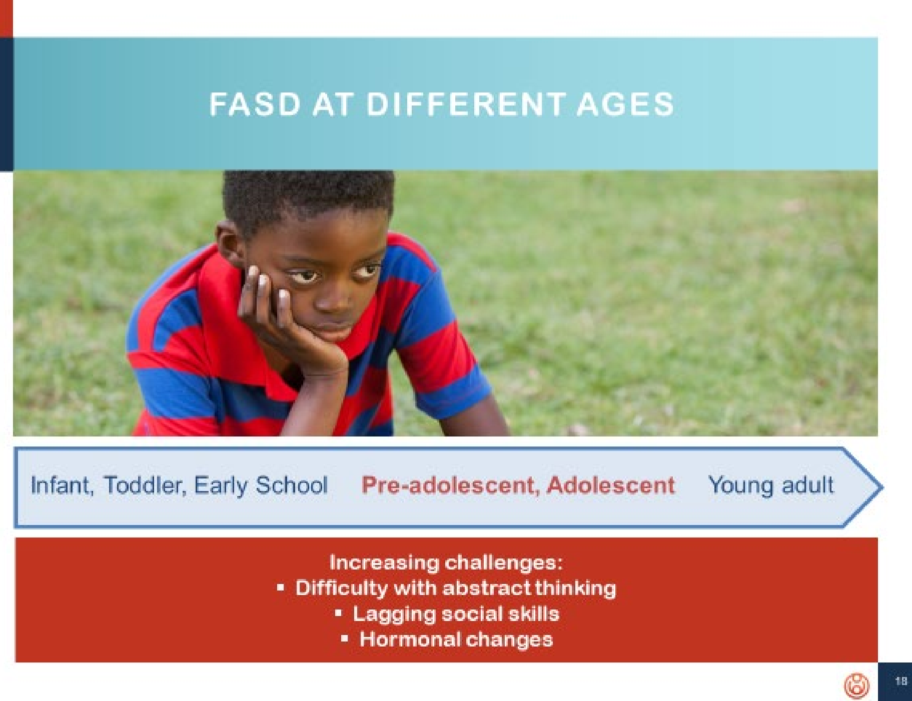
DO

Facilitate a quick review of slide and then let participant know that you will be talking more about each stage in upcoming slides.



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.



PARAPHRASE

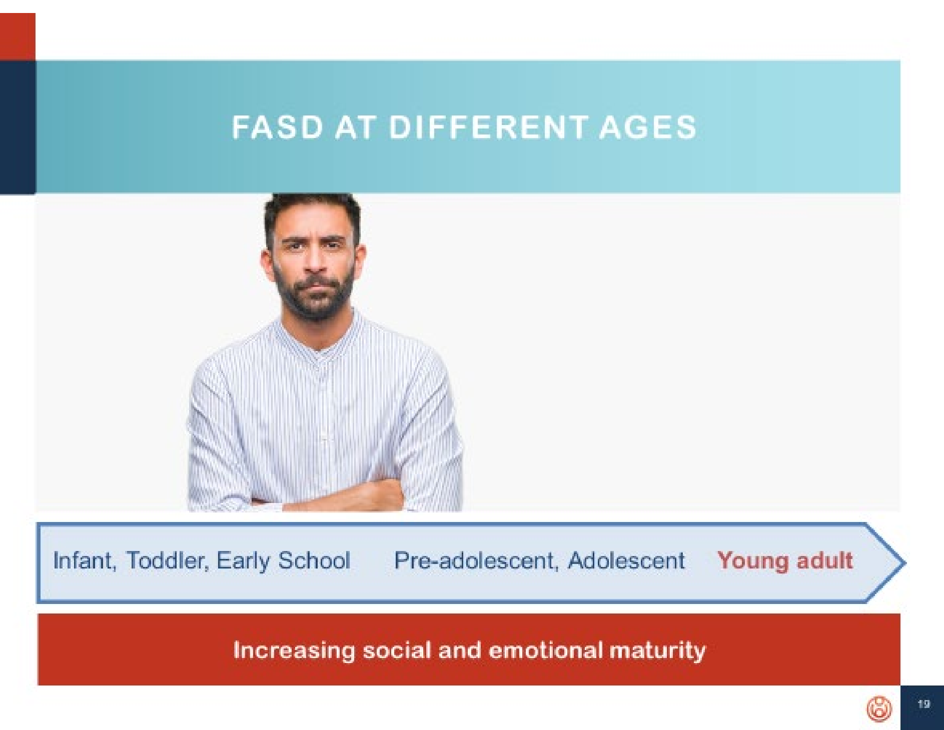
When they are entering into upper elementary and middle school, we start to see many children struggle in school and at home. There are several reasons for this:

- 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).



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**:**

- **R**eview the case study of Amira
- **D**escribe the Developmental Quadrants diagram
- **F**acilitate the group in estimating Amira's developmental age in each quadrant
- **D**iscuss 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

Physical/Chronological	Emotional
Social	Cognitive

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 155 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 ____________

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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

Physical/Chronological ________	Emotional ________
Social ________	Cognitive ________

23

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 ____________

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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

Physical/Chronological	Parent/teach to this age Emotional
Provide support and guidance with and about peers and safety measures Social	Advocate at school regarding this age Cognitive

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.

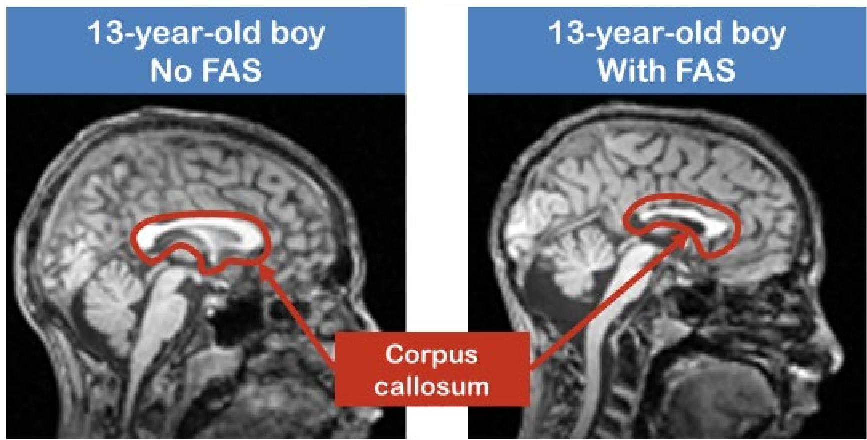
- Remember: Children with a FASD often look like they are being willfully disobedient or naughty, when in fact, they are exhibiting symptoms of a brain injury that play out in a very behavioral way.

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.



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

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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.

Suddenly a ditty strezzle boofed into Fingledobe's tresk. Pribin glaped and glaped.

"Oh Fingledobe!" He Chifed, "That ditty strezzle is tunning in your grep!"

29

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.

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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:
Page 156

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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 156.

- 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.

Session 3

Separation, Grief, & Loss

Mental Health Considerations

Accessing Services & Supports

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 160 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 170)
- Handout #2: Theories of the Stages of Grief in Foster Care and Adoption: Common Grief Responses for Children (page 175)
- Handout #3: Ambiguous Loss Haunts Foster and Adopted Children (page 181)
- Handout #4: Case Study: Addressing Darren's Grief - for Kinship Caregivers (page 184)

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:

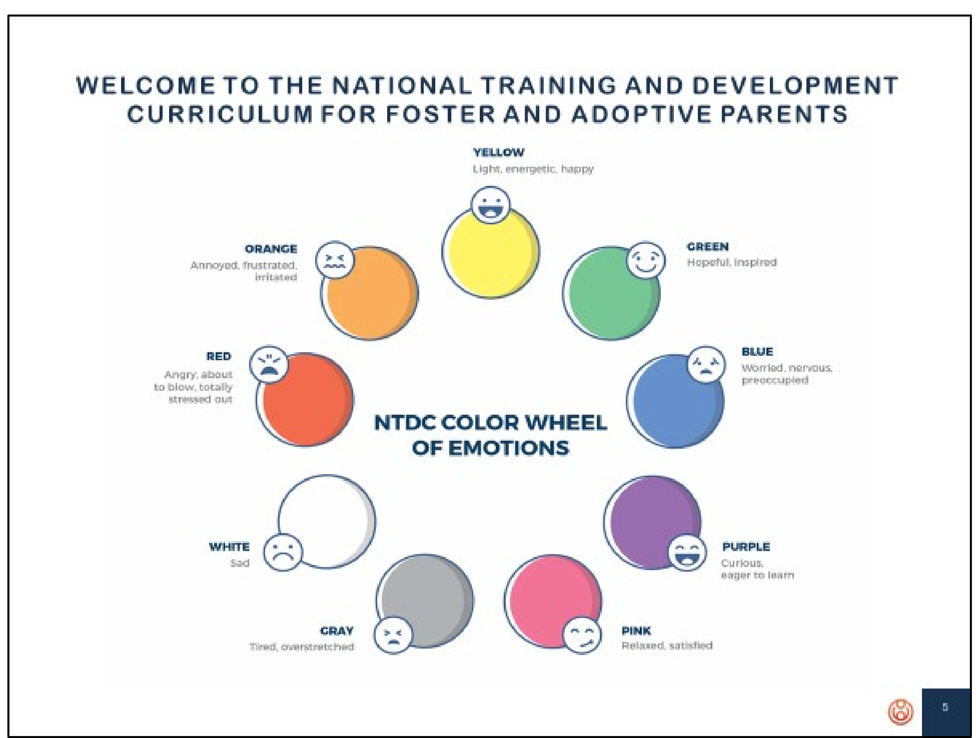
- Podcast: *Understanding Grief and Loss in Foster and Adoptive Children* with Gregory Manning (10:18 minutes): Slide 4
    - Podcast Transcripts are on page 164 in the Participant Manual.
- *Separation, Grief and Loss in Children and Adolescents* with Debbie Riley (7 minutes): Slide 24
- *FOSTER* Clip- featuring Sydney (1:19 minutes): Slide 19

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.

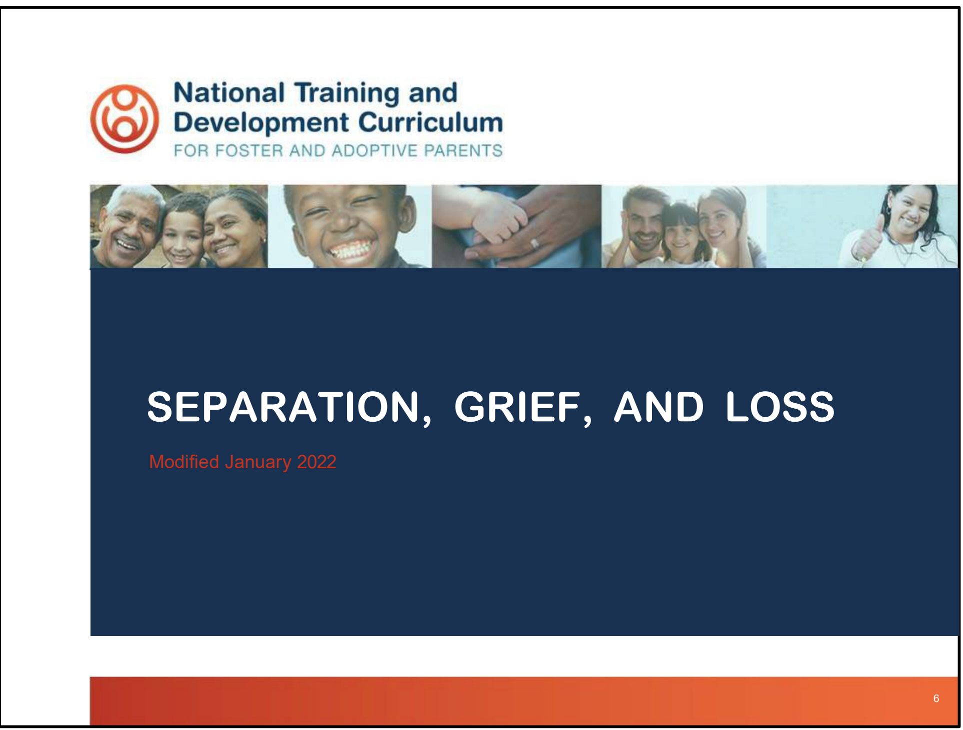
DO
Wait a little while to give participants time to complete the Color Wheel.

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.



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 162 in your Participant Manuals.

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.

THEME: SEPARATION GRIEF AND LOSS

Podcast Transcripts: Page 164

SEPARATION, GRIEF AND LOSS
Gregory Manning Interview
Part One

4

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 164 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.

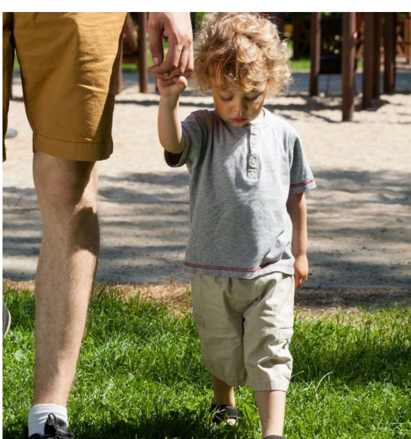
ASK
What did you hear from Dr. Manning about the experience of loss and grief for children in foster care or for those who have been adopted?

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.

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.



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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.

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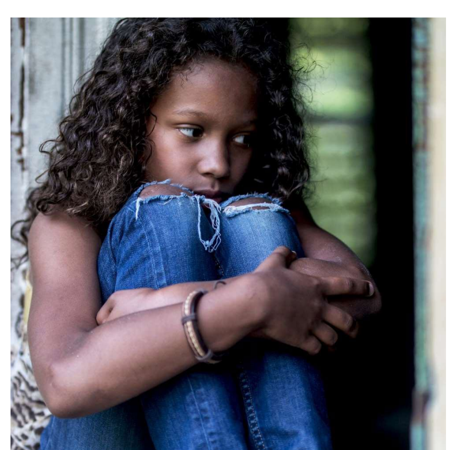
PARAPHRASE

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



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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

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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

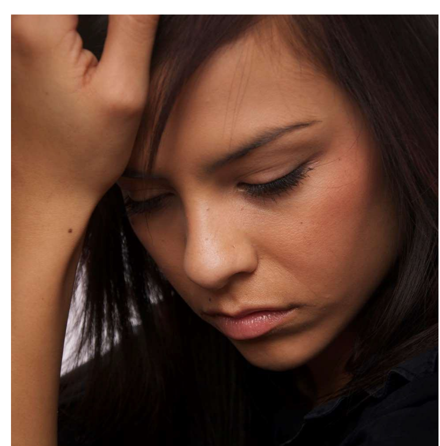
TRAUMA AND ATTACHMENT ISSUES

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.



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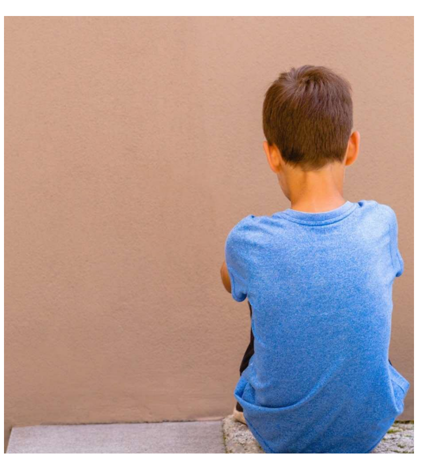
PARAPHRASE

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.



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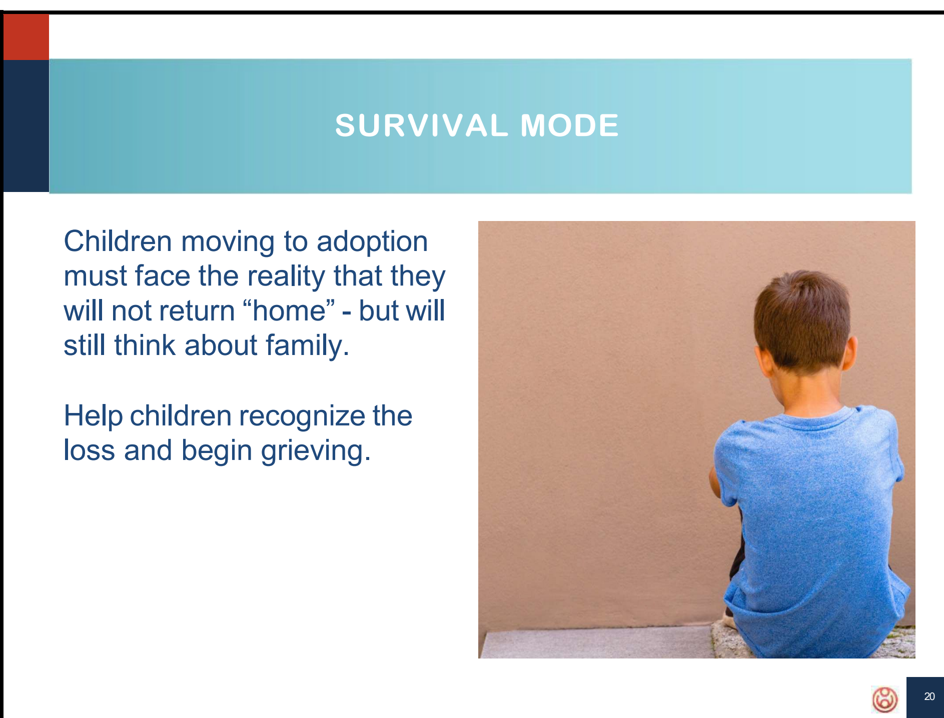
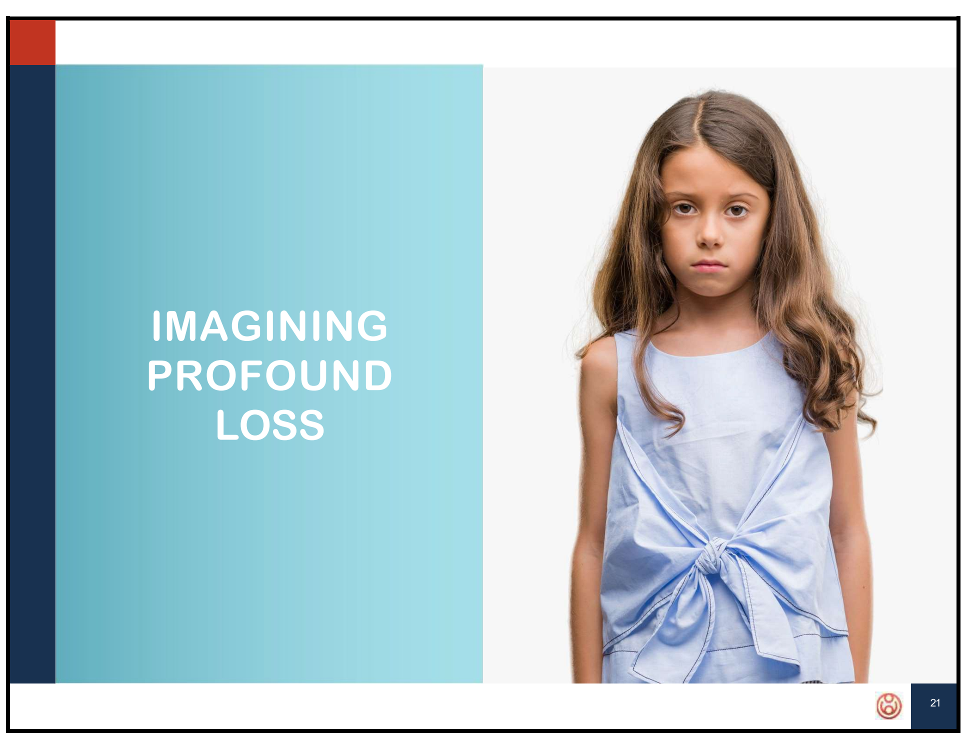
PARAPHRASE

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".



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.

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.

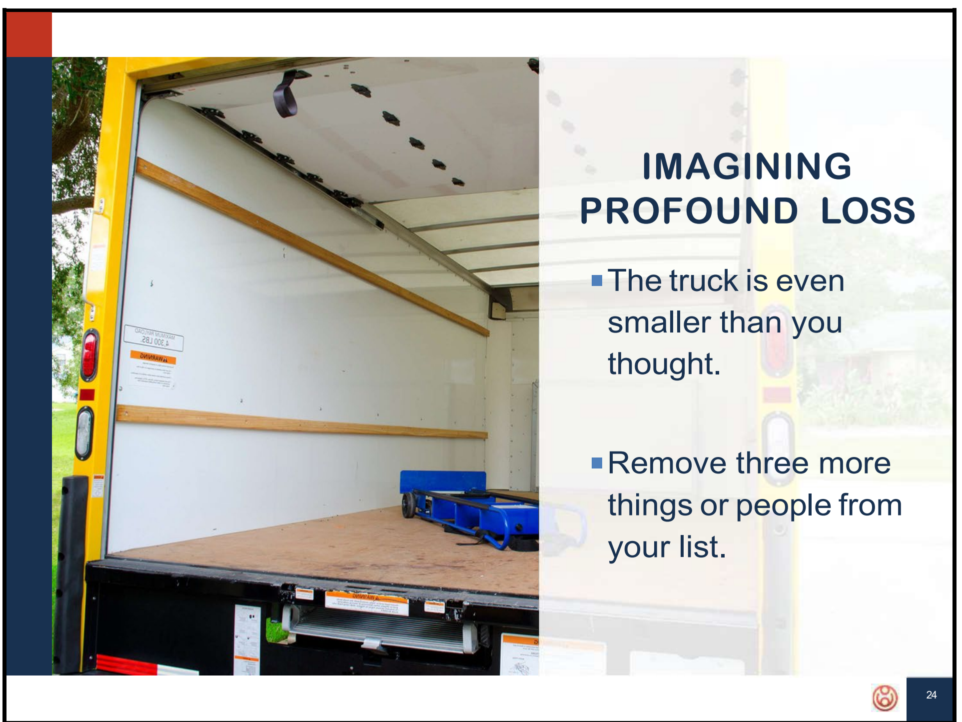
DO
- At 2 minutes, go to the next slide.

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.



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

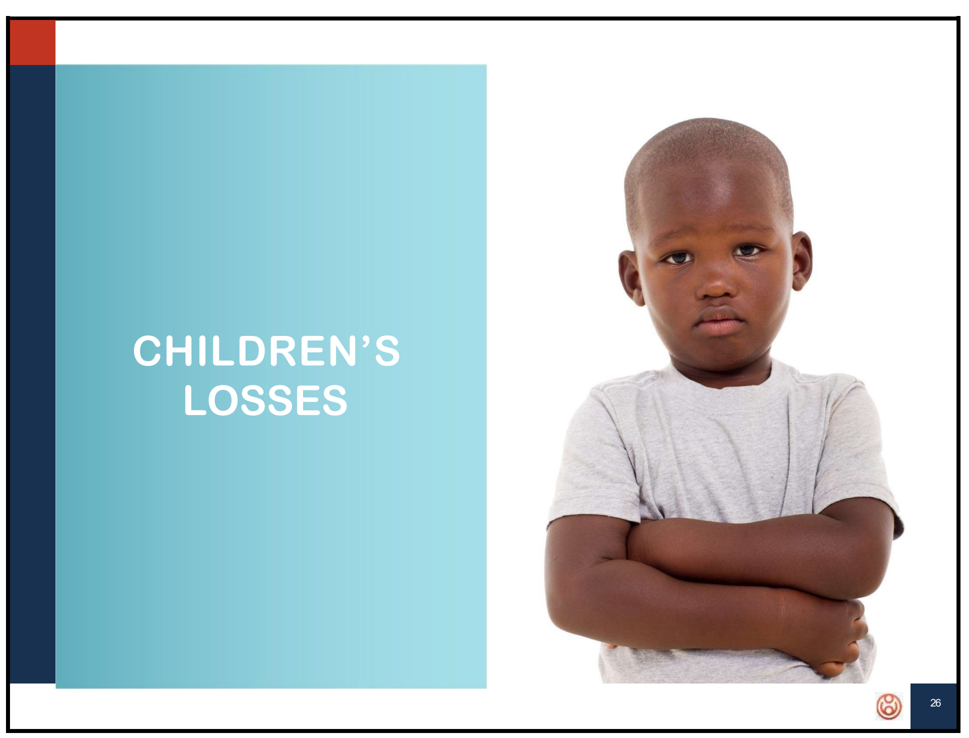
- At 1 minute, go to the next slide.

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.

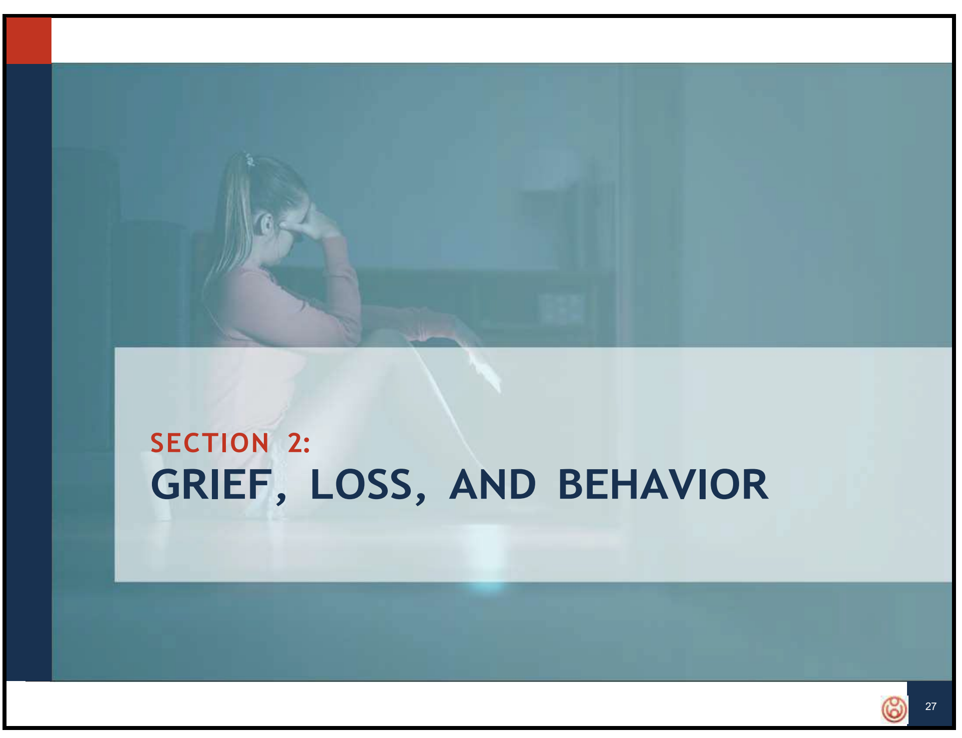
SAY
Now let's think about the losses for the child who has been adopted or who is in foster or kinship care that may impact the child's sense of security, belonging, and emotions.

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

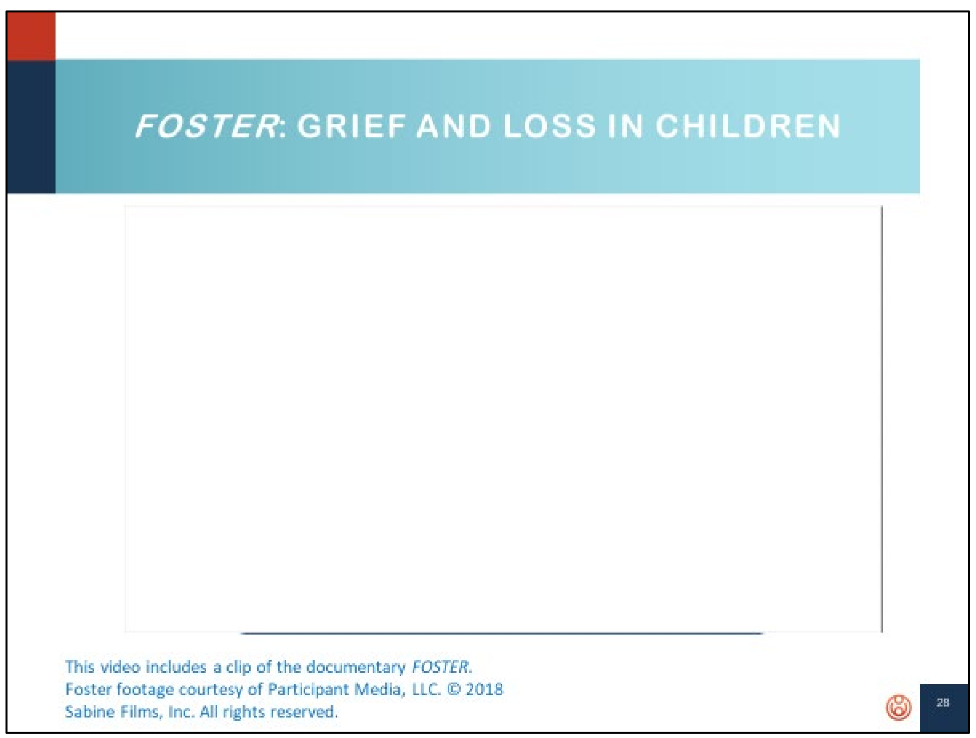
- Belongings, familiar environments, foods, way of life
- Favorite items, toys, clothing
- Celebrations and cultural events
- Former caregivers and supports, especially if they have to change schools and neighborhoods
- Status within their family, school, friends
- Connection to racial, cultural, ethnic 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

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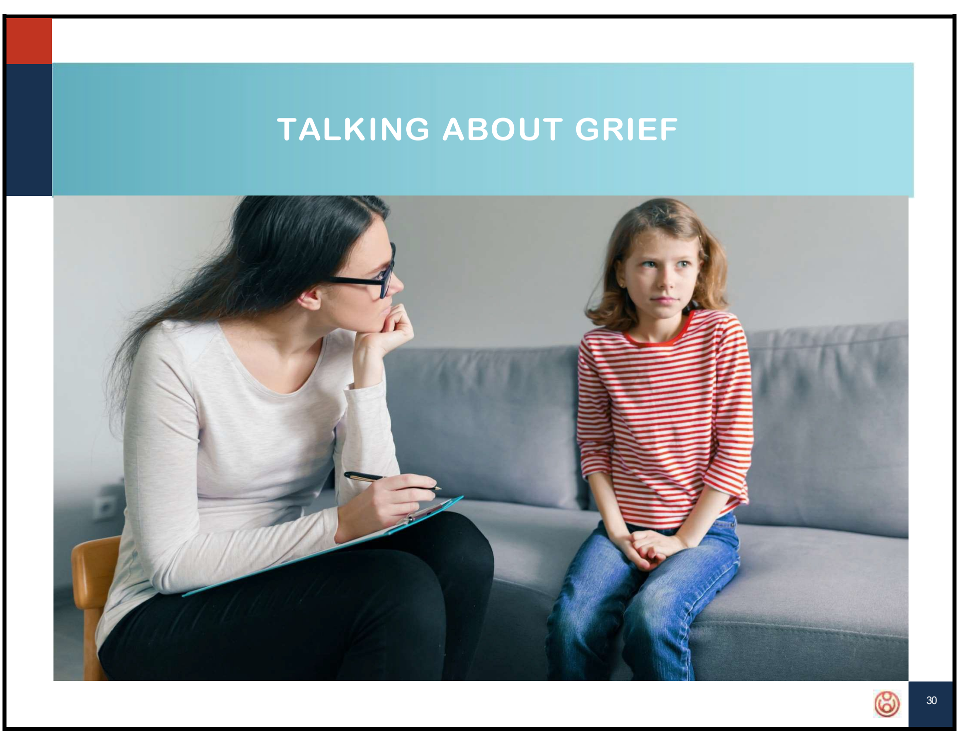
SAY

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.



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

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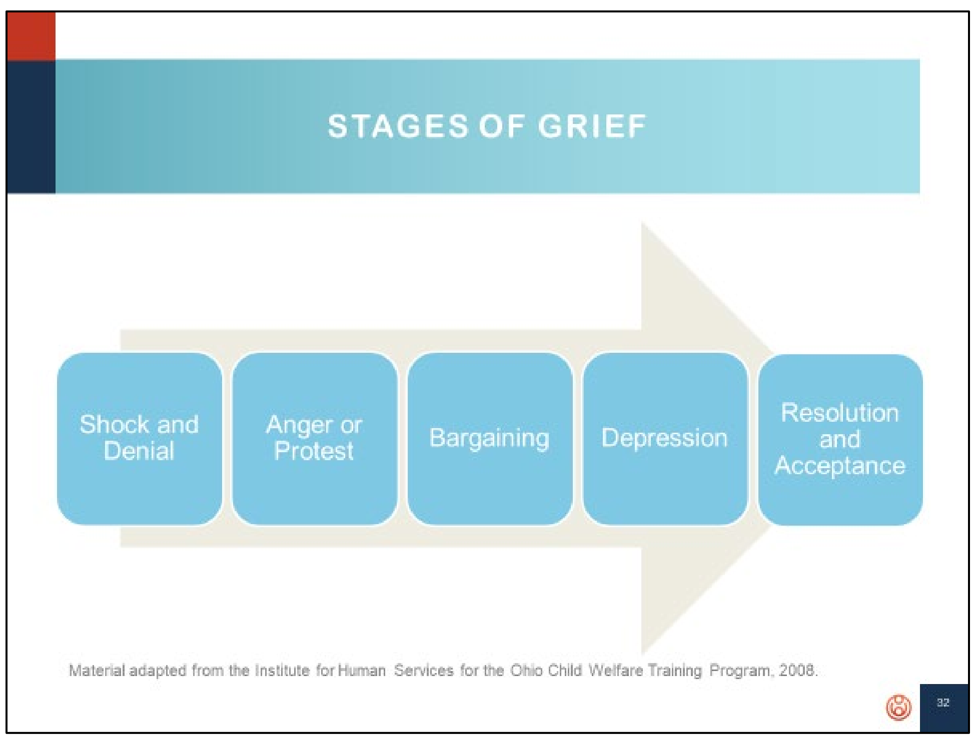
PARAPHRASE

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

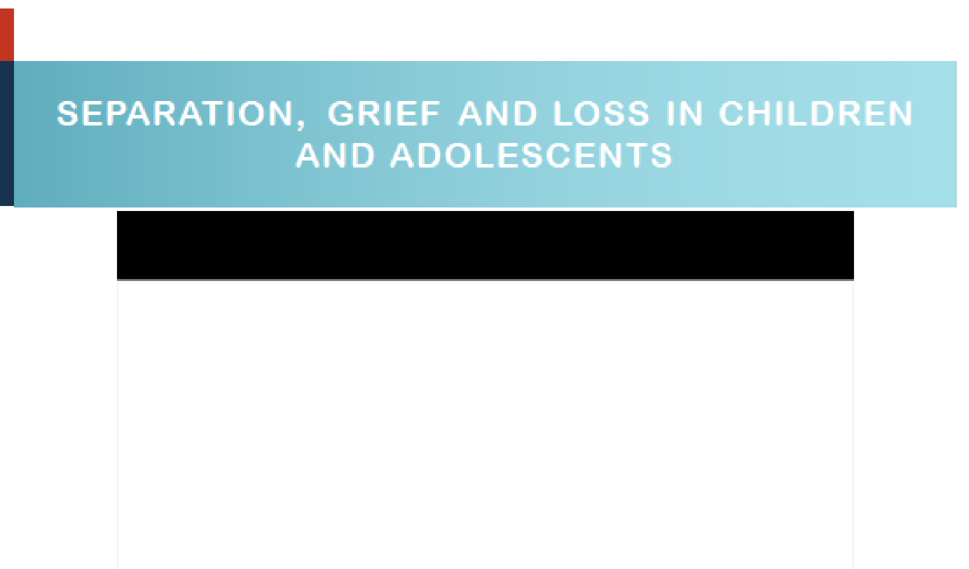


PARAPHRASE
In addition to understanding how children view loss and deal with grief at different developmental stages, we should review the stages of grief that can be expected, not necessarily in order. Children can feel lots of different ways such as sad, angry, confused, and guilty all at the same 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 170) – 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 175) - 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 170 and 175.



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.

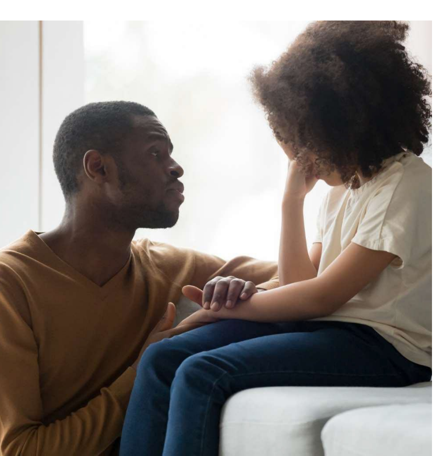
DO
- Show the video. (Approximately 7 and a half minutes.)
- Facilitate a discussion of key points from the video. Bring up the following points if not mentioned:
  - The loss of a parent, even if the child was never raised by them, is a real and profound loss.
  - Separation from siblings is a profound 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.



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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

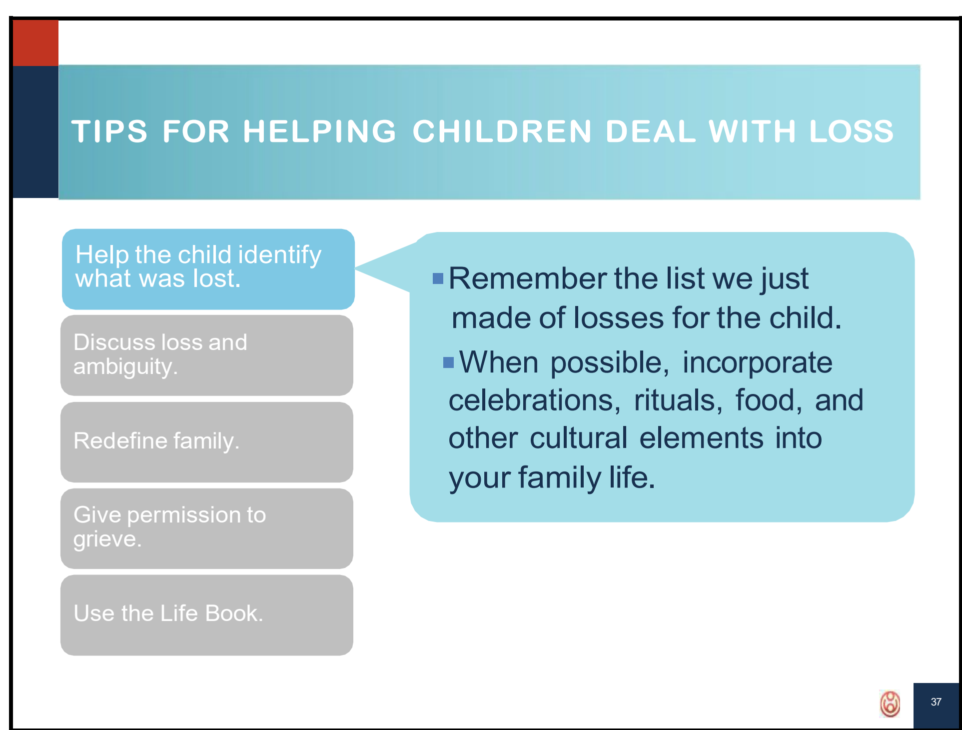
Page 181

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.

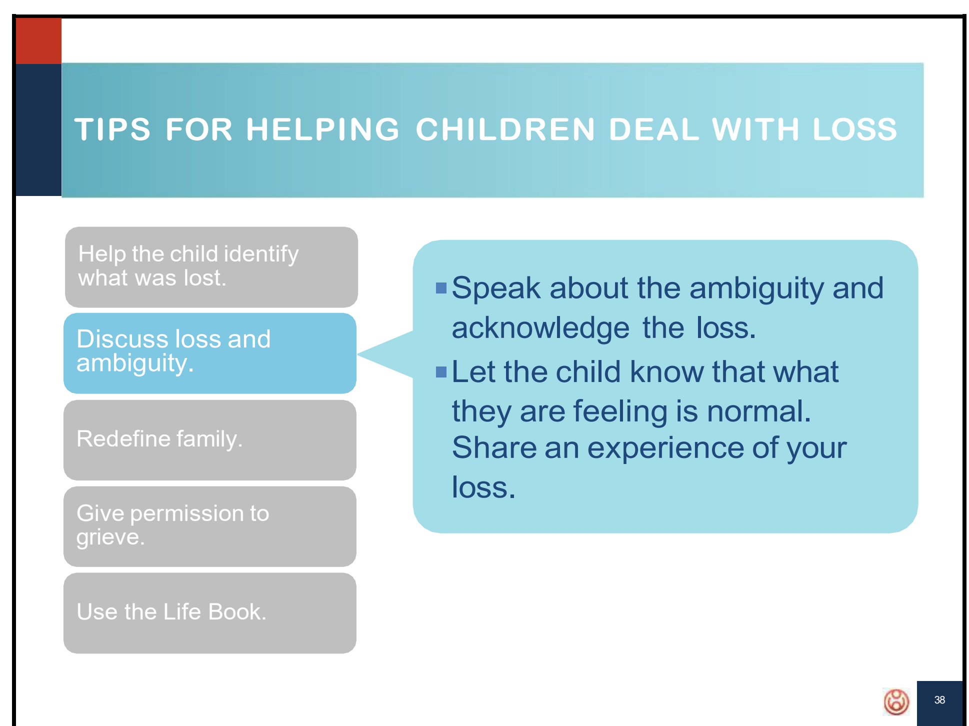
SAY

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 181 in your Manual.



DO

Read or paraphrase the tips on the screen.



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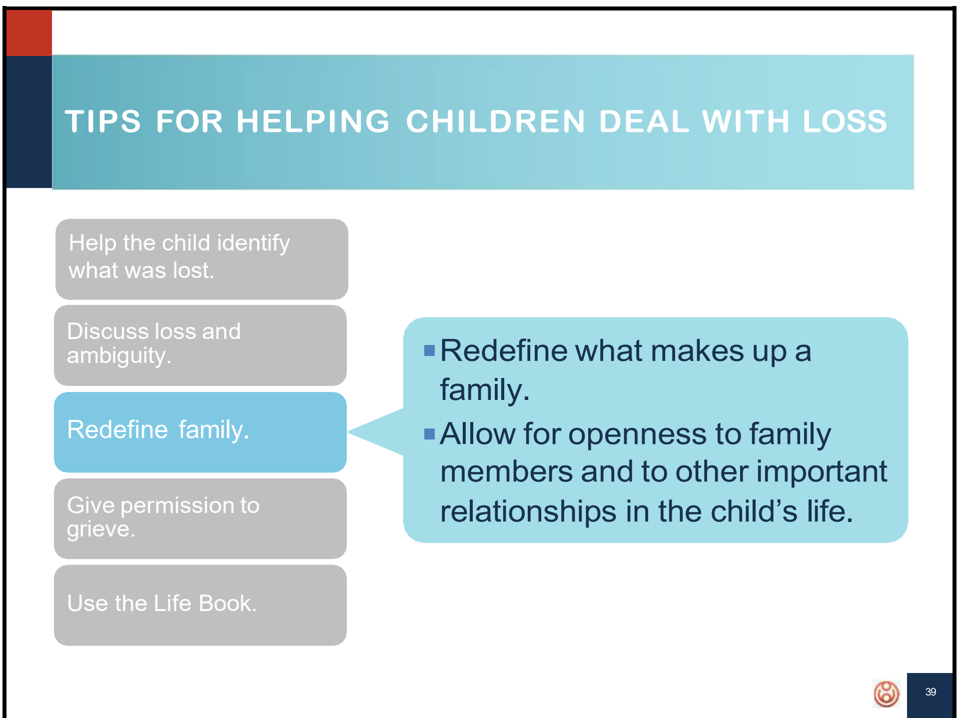
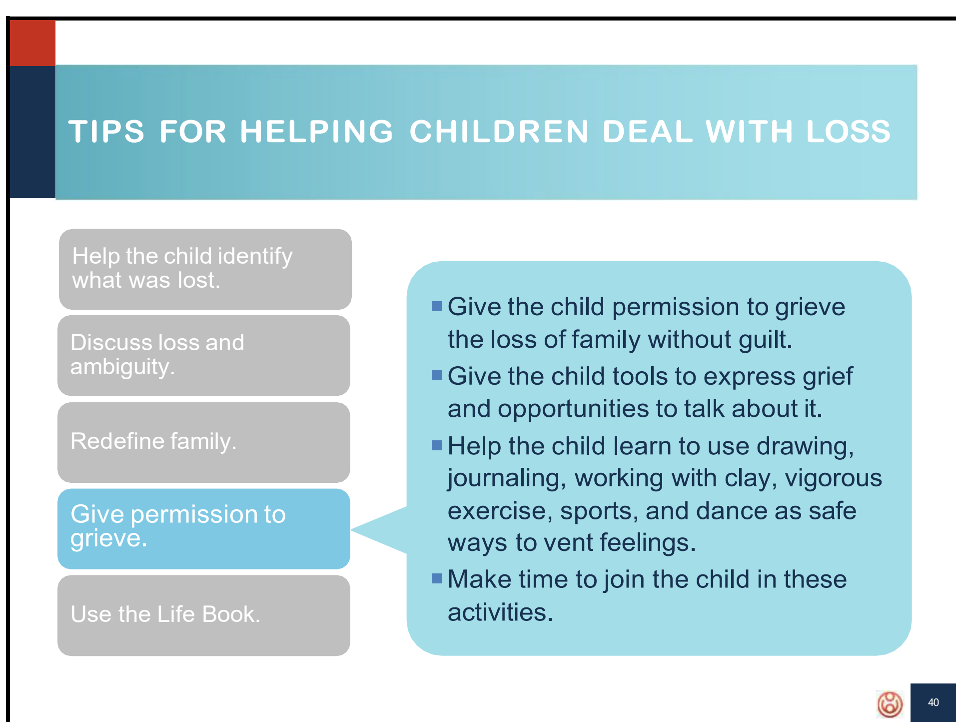


DO
Read or paraphrase the tips on the screen.

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.



DO

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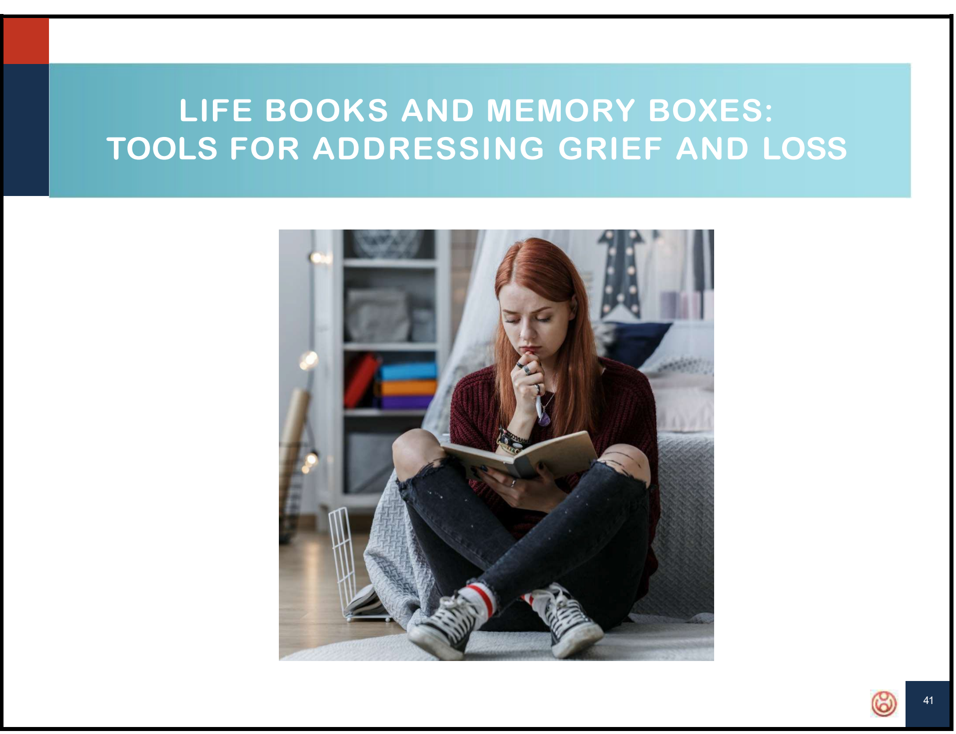

PARAPHRASE

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.

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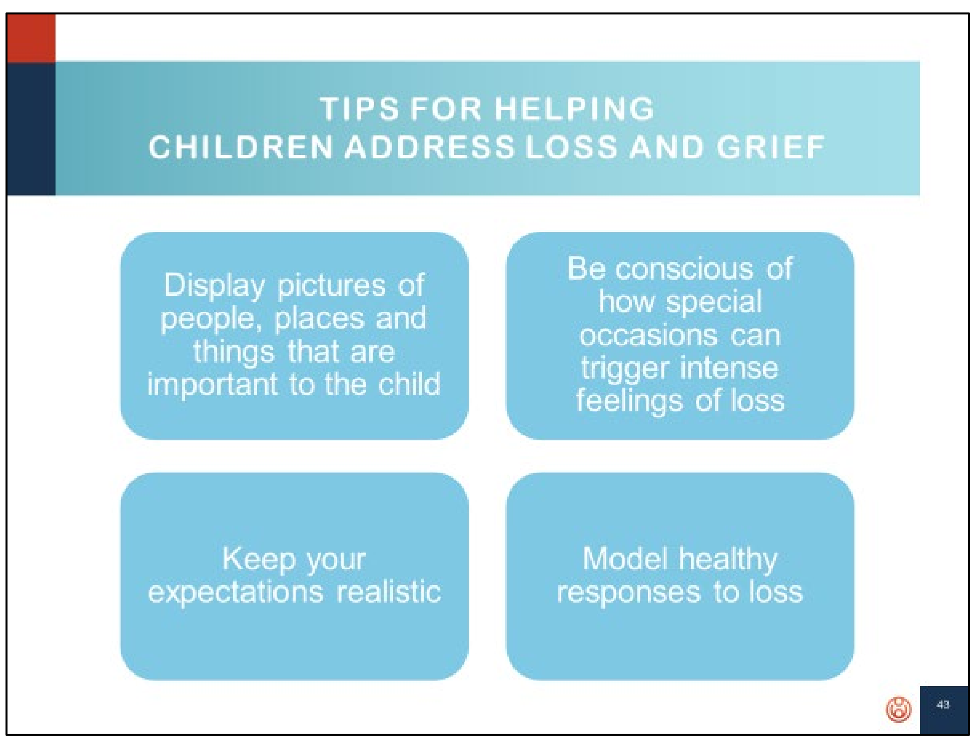
PARAPHRASE

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.



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

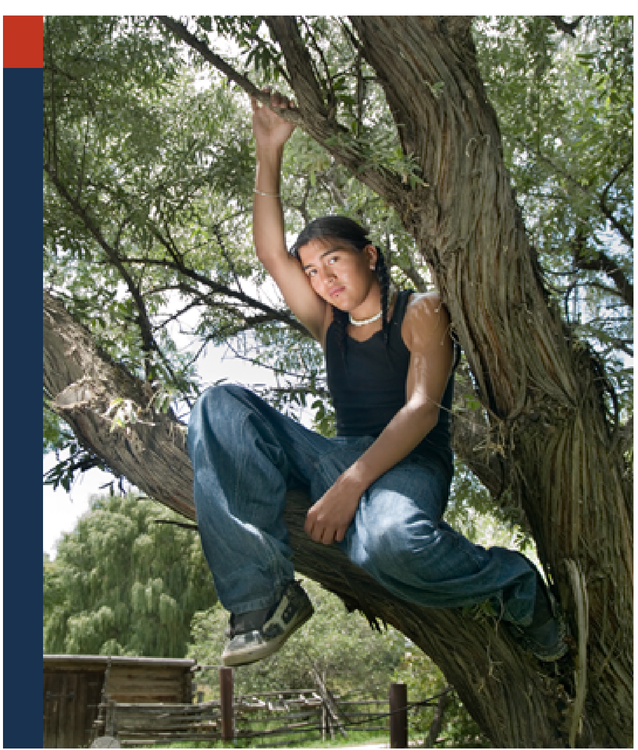
in a healthy way. It is especially helpful for boys to see grown men express their grief openly, giving them permission to openly express their feelings, too.

- 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 184

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 184.

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 184.
- 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.

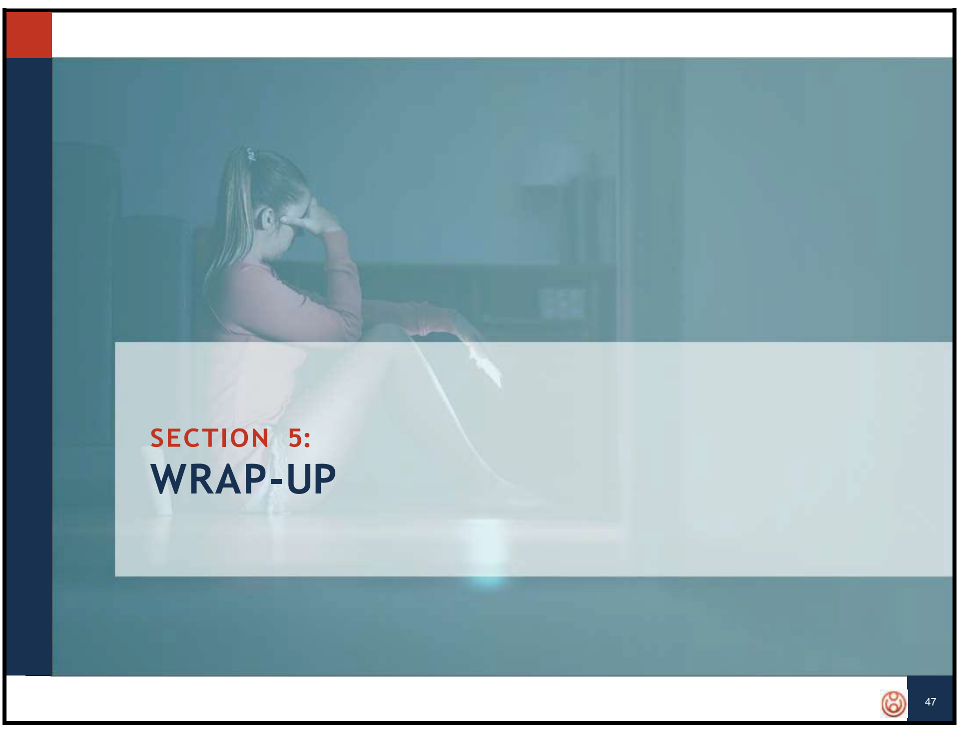
FACILITATOR'S NOTE
If time permits do this reflection in class. If time is short, ask participants to do on their own at home.

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 186. 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

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 188.

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 190)
- Handout #2: Role of Parents Who are Fostering when Psychotropic Medication Has Been Prescribed (page 191)
- 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 49
- Video: *Jessica's Success* from *FOSTER* (approx. 2 minutes*): Slide 55*

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.

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 188 in your Participant Manuals.

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

Anxiety
Disruptive Mood Dysregulation Disorder (DMDD)
Attention Deficit Hyperactivity Disorder (ADHD)
Depression
Conduct Disorders (CD)
Oppositional Defiant Disorder (ODD)
Bipolar Disorder
Attachment Disorders (RAD)

Photo 139135587 / Soup Bowl © Sukanya Phanphoka | Dreamstime.com

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PARAPHRASE

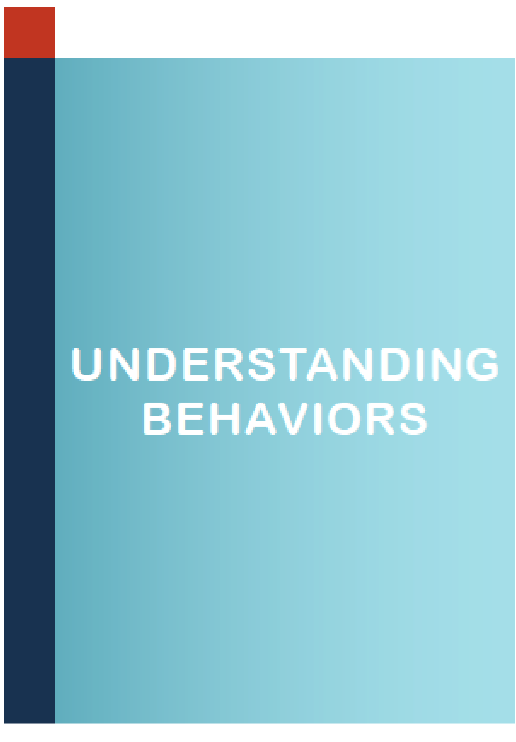
These are examples of diagnoses a child in your care may be given. It can start to feel like the names of diagnoses are like an alphabet soup because the words can become a jumble of initials or all blend together. Sometimes, professionals will even use different diagnoses to describe the same child's 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

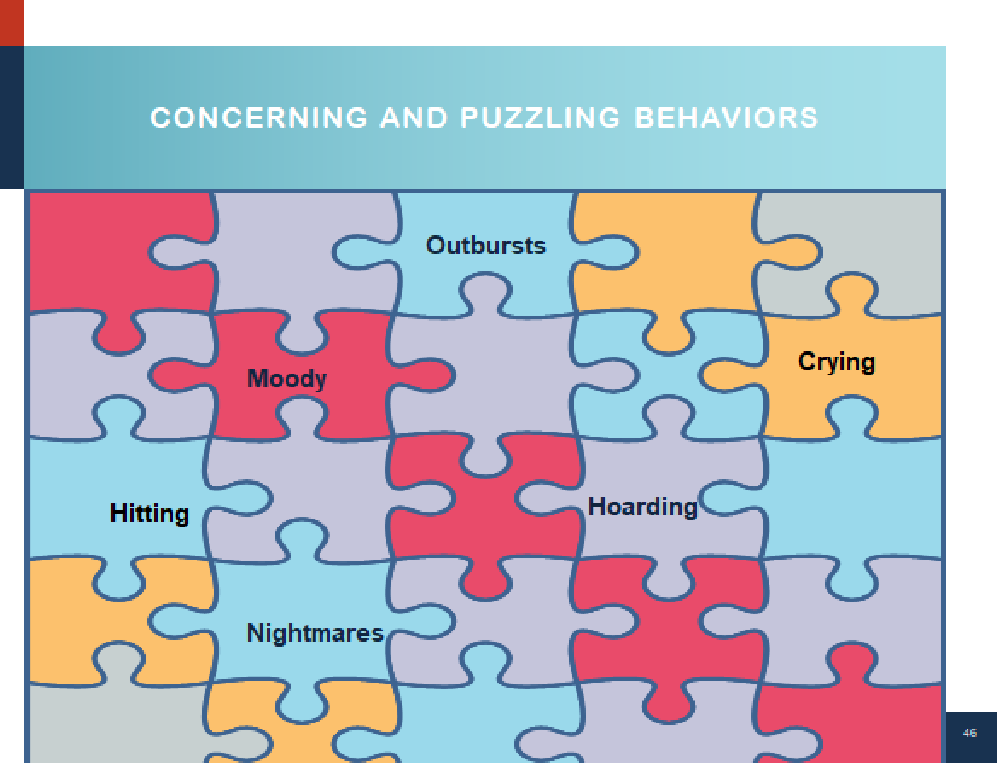
Covering this slide should not take more than a few minutes. Participants may have questions and/or wish to express personal stories at this time, so it may be helpful for you to ask them to hold their thoughts and questions until the end of this section and/or to refer them to Resources.



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.



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

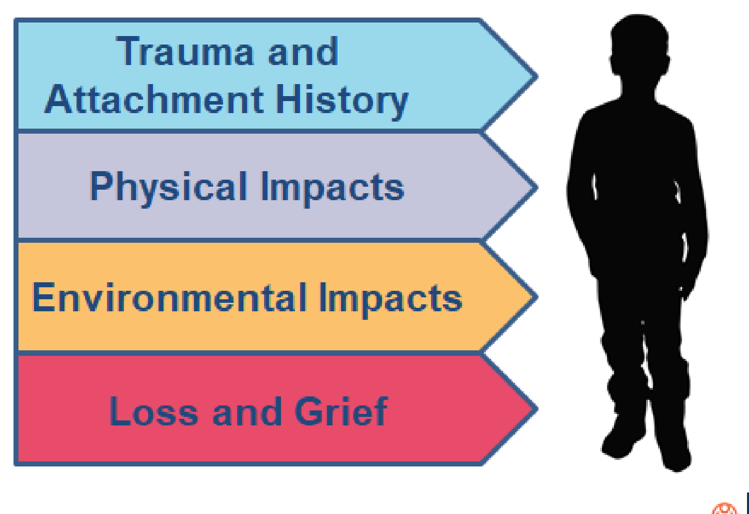
What do you think parents can do to support children when they are experiencing concerns around their mental health?

DO

- Refer to Handout #1: Parent Tip Sheet: Children's Mental Health in the **Participant Resource Manual** on page 190.
- 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.



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 the 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

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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

Diagnosis	Symptoms	
Anxiety Disorders	Avoidance of what's feared, hyperarousal when exposed to what's feared, sleep problems, hypervigilance, and increased startle reactions	Trauma
Attention Deficit Disorder (ADD)/ Attention Deficit Child Hyperactivity Disorder (ADHD)	Restless, hyperactive, disorganized, and/or agitated activity; difficulty sleeping, poor concentration, and high physical activity	
Bipolar Disorder	Hyperarousal and other anxiety symptoms; traumatic reenactments, mimicking aggressive or hypersexual behavior, making manic-sounding statements	
Major Depressive Disorder	Self-injury, avoiding trauma reminders, social withdrawal, emotional numbing, and/or sleep difficulties	
Oppositional Defiant Disorder	Angry outbursts and irritability	
Psychotic Disorders	Severely agitated, hypervigilance, flashbacks, sleep disturbance, numbing, and/or social withdrawal, unusual perceptions	
Substance Abuse Disorder	Drugs and/or alcohol used to numb or avoid trauma reminders	

Adapted from: Addressing the Impact of Trauma Before Diagnosing Mental Illness in Child Welfare by Gene Griffin, et al.

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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.

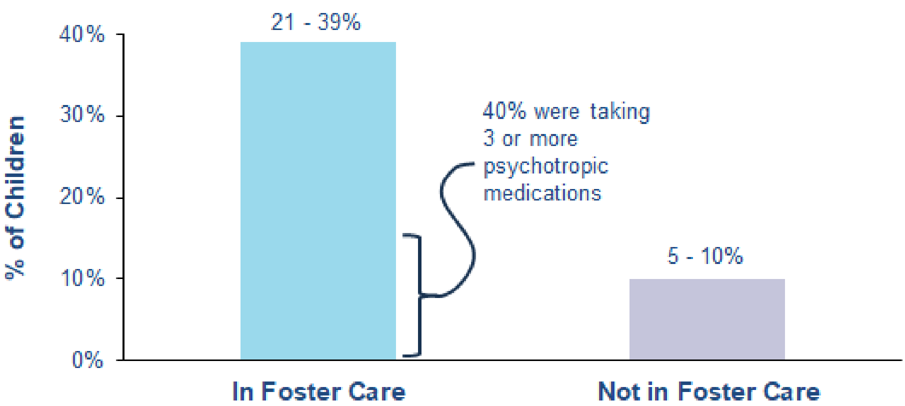
Or you may notice signs of trauma that may not be as obvious or fully match a PTSD diagnosis, such as:

- 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

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



Information was obtained from: http://www.ncsl.org/research/human-services/mental-health-and-foster-care.aspx

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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*

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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

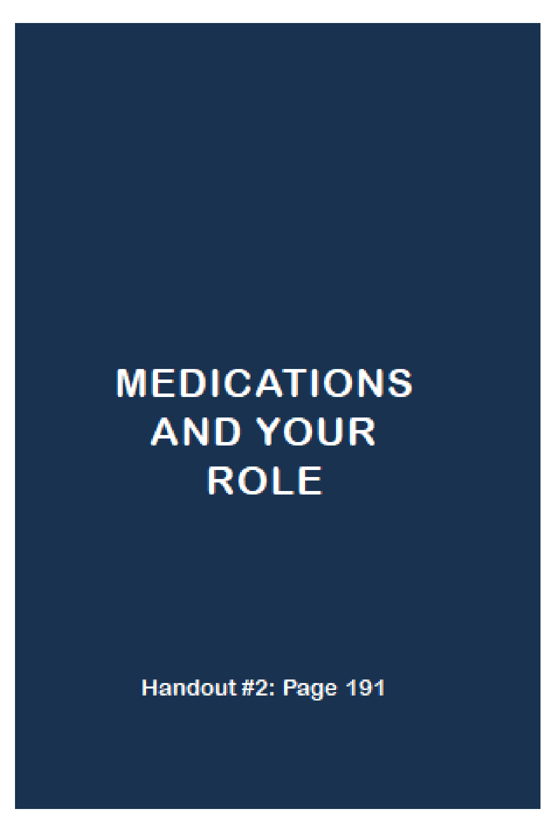
Show the video.

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).



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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 191 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.

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

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

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

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.

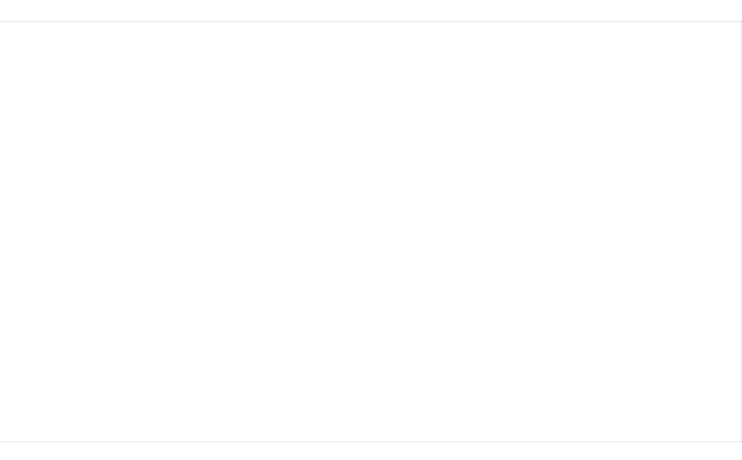
FACILITATOR'S NOTE

Sample Strength-based descriptions

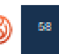
Card 3: Crazy

- 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.



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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.

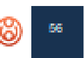
SAY

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 192)

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 192.

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.

National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS

ACCESSING SERVIES & SUPPORTS

MATERIALS AND HANDOUTS

FACILITATOR'S NOTE

- Participants are expected to have the **Participant Resource Manual** available for every session. The Accessing Services & Supports Theme starts on page 196 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.

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

- Accessing Services & Supports Video Key Points: Page 198
- NTDC FAQs & Answers: Page 202

- Raising Your kin: Page 210

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:

- Accessing Services & Supports Video: Slide 61, 67, 69

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.

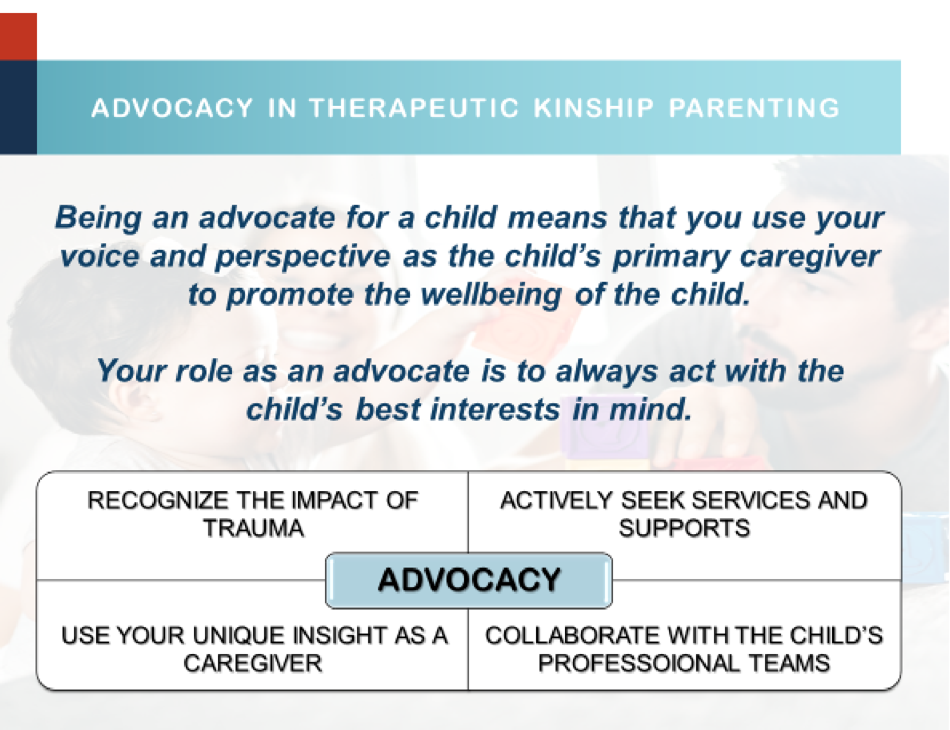
Theme: Accessing Services and Supports
Normalize the need to ask for services and the importance of being a life-long learner, recognize the need to become an advocate for children to ensure they get the services they need; recognize the importance of developing a support network (school, community supports, friends, medical), understand the types of services available including counseling for trauma and loss; understand the importance of medical/developmental screening and counseling; understand the value of support groups and peer-to-peer programs
Competencies
Knowledge
• Know key strategies to become an effective advocate for children. • Understand the benefits of a support network and strategies to develop this type of network. • Aware of the various types of services and supports available to children and the parents who are fostering and/or adopting them.
Attitudes
• Believe seeking services and supports for both the child and parent who is fostering and/or adopting is a sign of strength. • Believe it is helpful for the children and for the parent to have access to a therapeutic network. • Believe in advocating for the needs of children. • Willing to seek out resources and assistance for any member of the family, including myself.

FACILITATOR'S NOTE
Show this slide briefly just before you start the theme.

SAY
In this next section, we will discuss one of the most critical roles you will take on as a therapeutic kinship parent – acting as an advocate. Serving as an advocate for the children in your care who have experienced separation, trauma, and loss means you will need to speak out in the best interests of the child to help gain access to the services and supports they need to thrive.

This theme begins on page 196 in your Participant Manual.

PARAPHRASE
To begin, we will break down what advocacy truly is and explore how you can serve as an effective advocate for the children in your homes.



PARAPHRASE

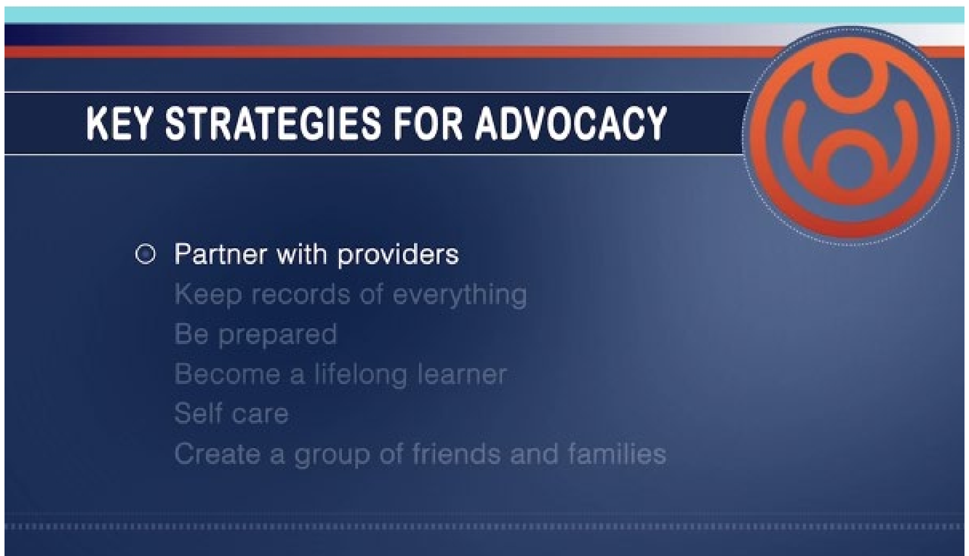
All children in foster care have experienced some level of separation, loss, and grief. Even if the placement is positive and the relationship is strong, these experiences can affect a child's development in many ways. Children's social skills, emotional development, cognitive abilities, and physical development can be negatively impacted.

As a result, it is important for foster/kinship parents to remain engaged and continue to seek out services and supports by serving as an advocate for the children in their care.

Being an advocate for a child means that you speak out in the best interests of the child.

Advocacy can mean that you push for something, speak in favor of or against certain services, or even plead for something that the child needs. Advocacy can occur in numerous places, including in the child's school, on the child welfare team, and with local service providers. A caregiver who is fostering or adopting has unique knowledge that comes from living with the child and understanding the child's needs and how those needs are changing over time.

Be sure to work in partnership with the child welfare team and case manager before you begin any type of advocacy.



PARAPHRASE

It is important to normalize the need to ask for services. Being a foster, adoptive, or kinship parent does not mean that you need to have all of the answers. Parents should think of themselves as life-long learners, ready to seek out help and information to meet the unique and individual challenges of every child placed in their home.

Let’s watch a video to gain more insight into these key strategies for advocating for the child in your care.

EFFECTIVE STRATEGIES FOR ADVOCACY

- ✓ Attend meetings and events, and stay informed about the child's progress in school and other areas
- ✓ Keep record of services that the child has been offered and those that have been requested
- ✓ Use child-first language to identify the issue or need in a way that refers to the child first and the issue/need second
- ✓ Assume that everyone has the child's best interests at heart
- ✓ Express the issues of concern clearly and state the outcomes you want
- ✓ Understand and address the issue not only from your viewpoint but also from the opposing point of view
- ✓ Talk less and listen more
- ✓ Bring a backup if needed – someone who can be neutral, take notes, and keep you focused on the goal

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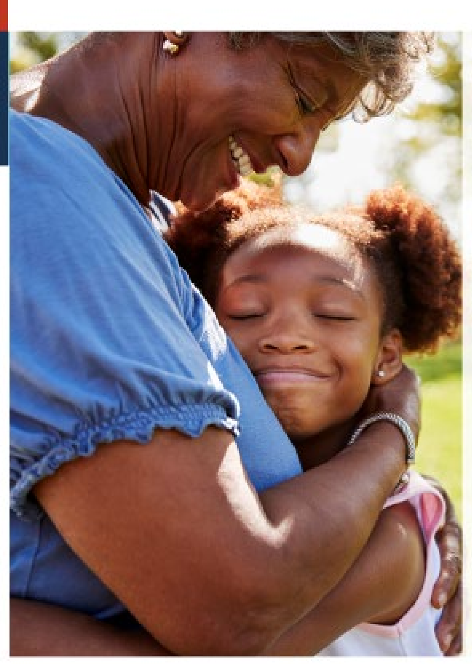
PARAPHRASE

Let's add to the insight shared from the video previously and discuss some additional steps to take when advocating for your child's needs.

Opportunities and strategies for advocacy might include:

- Attend meetings and events, and stay informed about the child's progress in school and other areas.
- Keep a record of services that the child has been offered and those that have been requested.
- Use child-first language to identify the issue or need in a way that refers to the child first and the issue or need second. For example, instead of saying "an autistic child," say "a child with autism." Instead of saying "Jayme is developmentally delayed," say "Jayme has difficulty being focused and completing tasks."
- Assume that everyone has the child's best interests at heart.
- Express the issues of concern clearly, and state the outcomes that you want.
- Understand and address the issue not only from your own viewpoint but also from the opposing point of view. This will help you to anticipate questions and to reduce the potential for a "No" response.
- Do your research; know what is available and what is required.
- Talk less, and listen more. Often, the other party eventually will get to the answer you need if you let that person talk.
- Bring a backup. Having someone with you will help you to stay focused on your goal. Your backup can take notes and offer suggestions. Choose someone who is emotionally neutral, professional and able to act as a notetaker.



PARAPHRASE

As kinship caregivers in a therapeutic foster care setting, you know your child better than anyone else on the team. But sometimes, in meetings or systems—like school, therapy, or child welfare—it can feel like your voice isn't heard. This activity will help you practice speaking up clearly and confidently for what your kids need.

READ CASE STUDY:

Maria is caring for her 9-year-old niece, Jayda, through a KTFC placement. Jayda has experienced physical abuse and multiple removals before being placed with Maria. She's been having daily outbursts at school and has recently refused to go. The school has called multiple times about her "defiance." Jayda has a therapist, but Maria feels the therapy isn't helping because Jayda shuts down during sessions. She's worried her needs aren't being understood—and she's being labeled instead of supported.

CASE STUDY REFLECTIONS

What key points should Maria bring up with the school, caseworker, and therapist to advocate for Jayda?

KEY POINTS

- "Jayda has been through a lot of trauma, and her behavior is a reflection of that—not just bad choices."
- "She needs trauma-informed support, not just consequences."
- "She shuts down in therapy—I think the approach isn't helping her feel safe enough to open up."
- "I see a different child at home—she's funny, caring, and smart. But she needs help regulating her emotions."
- "We need to work as a team. I can share what works at home and help bridge the gap."
- "Labeling her as 'defiant' is unfair—she's communicating the only way she knows how."

ASK:
If YOU were Maria, and you were preparing to speak in a meeting with the school, the caseworker, and the therapist, what key points would you want to bring up to advocate for Jayda?

Potential Answers:

- "Jayda has been through a lot of trauma, and her behavior is a reflection of that—not just bad choices."
- "She needs trauma-informed support, not just consequences."
- "She shuts down in therapy—I think the approach isn't helping her feel safe enough to open up."
- "I see a different child at home—she's funny, caring, and smart. But she needs help regulating her emotions."
- "We need to work as a team. I can share what works at home and help bridge the gap."
- "Labeling her as 'defiant' is unfair—she's communicating the only way she knows how."

CASE STUDY
REFLECTIONS

What support would you ask for to help Jayda?

KEY POINTS

- “More trauma-informed training for school staff so they can respond to Jayda with understanding.”
- “A therapist who uses play therapy or other approaches that don’t rely on verbal sharing.”
- “Help from a behavior specialist who can observe her at school and suggest strategies.”
- “Regular communication between me, the school, and the therapist to stay on the same page.”
- “A calm-down space or sensory support at school instead of suspension or being sent home.”

ASK:
If YOU were Maria, and you were preparing to speak in a meeting with the school, the caseworker, and the therapist, what supports would you ask for to help Jayda?

Potential Answers:

- “More trauma-informed training for school staff so they can respond to Jayda with understanding.”
- “A therapist who uses play therapy or other approaches that don’t rely on verbal sharing.”
- “Help from a behavior specialist who can observe her at school and suggest strategies.”
- “Regular communication between me, the school, and the therapist to stay on the same page.”
- “A calm-down space or sensory support at school instead of suspension or being sent home.”

THE THERAPEUTIC NETWORK OF SUPPORT

Therapeutic kinship parents take on a lot of roles – it's okay to feel overwhelmed!

But you are not alone – being proactive means recognizing the need for support.

The Therapeutic Network of Support:

- Includes professionals, providers, and program leaders working together to meet a child's complex needs.
- Ensures that no single person carries the full responsibility
- The child's case manager usually leads the formation of this network
- Your role as part of the therapeutic network is vital – you offer daily insight into the child's emotional behavior
- Effective advocacy means sharing what you observe so the team can respond effectively

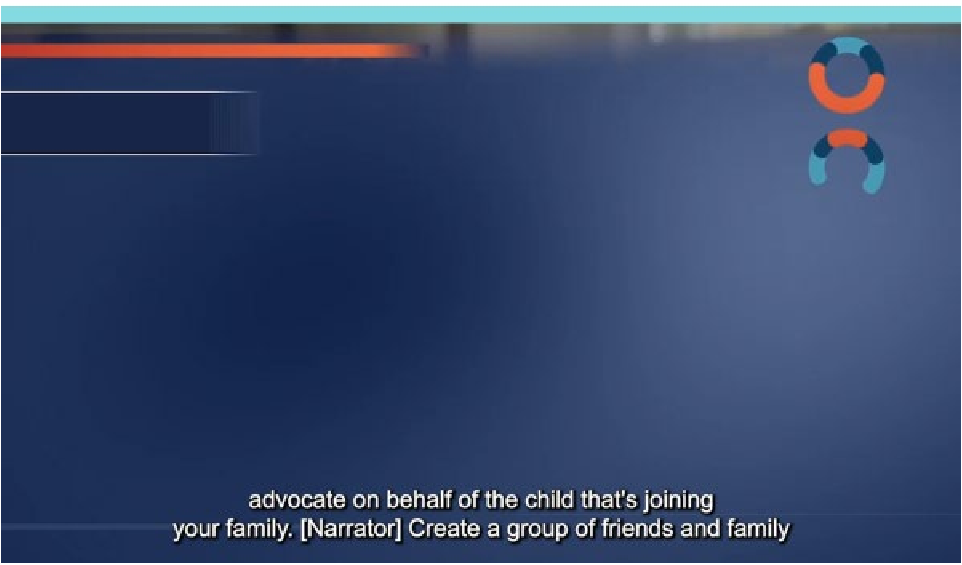
PARAPHRASE

As we have been discussing all the components within kinship therapeutic foster care, you may be feeling overwhelmed by the many roles and responsibilities that kinship parents juggle. Being proactive – and recognizing that you can't do it all alone – is essential! That's where your therapeutic network of support comes into play.

A therapeutic network is made up of professionals, providers, and program leaders who are working together to meet all of a child's needs. In other words, the purpose of a therapeutic network is to make sure that there is a group of professionals surrounding the child and family who understand the child's needs and are actively working together to meet those needs.

If the child is in foster care, the child's case manager will be primarily responsible for developing the therapeutic network. Remember that you are a crucial part of this network as the advocate for the child. The insights you have about the child's behavior and emotional patterns on a daily basis is vital information for the network in determining how best to meet the child's needs.

BUILDING YOUR THERAPEUTIC NETWORK



PARAPHRASE

Let's watch a video and gain some ideas about accessing services and building a network of support. Building a network of support for yourself and the child is essential as you navigate your role as a therapeutic kinship parent.

DO

Play the video clip. Afterward, ask if anyone has any insights they would like to share. Then review the information included in your notes and the participant handouts regarding local resources that may benefit families in training.

PARAPHRASE

Building a therapeutic network is an important element of meeting the needs of the child placed in your home. We want to take the time to briefly discuss some of the resources available to you in WV. Please refer to your handouts and make sure that you remember to ask your workers about the services and supports that may be beneficial to you and your children.

CONSIDER YOUR OWN CIRCLE OF SUPPORT

FORMAL SUPPORT

1) Who provides guidance or services?
2) Who can help you access resources?
3) Who supports the child's mental/physical health?

- Caseworkers or agency staff
- Therapists or counselors
- School staff (teachers, IEP)
- Doctors, specialists, or in-home services
- Respite care or crisis support hotlines
- Emergency dispatch services (911)

INFORMAL SUPPORT

1) Who can you call in a crisis?
2) Who listens without judgment?
3) Who can encourage you emotionally?
4) Who can help with errands or childcare?

- Family members
- Friends or neighbors
- Faith/community contacts
- Other kinship or foster parents

PARAPHRASE
Caring for children with therapeutic needs is rewarding — but also challenging. You don't have to do it alone. Let's take a few minutes to think through your **support circle.**

As we heard in the video, there are lots of different ways to build your supportive network. It is important to think about your support systems *before* you need them so you know exactly what to do and who to turn to when things get difficult.
Remember, there are two aspects to support – formal and informal supports – and you should have ideas for both of them! We will take a few minutes to brainstorm who to turn to when you need help.

ASK
When you think about FORMAL SUPPORT, think about the questions listed on the slide:

- Who can provide guidance or services to you?
- Who can help you access resources for yourself and/or the child?
- Who supports the child's mental and/or physical health?

What formal supports come to mind when you ask yourself those questions?

DO
Wait for participants to come up with ideas – ask them to come off mute or enter their thoughts into the chat. If in person, ask for participants to share a few ideas. Then reveal and review the additional answers on the slide.

SAY
Great job everyone. Now let's think about the possibilities for those who would fit into your informal network of support.

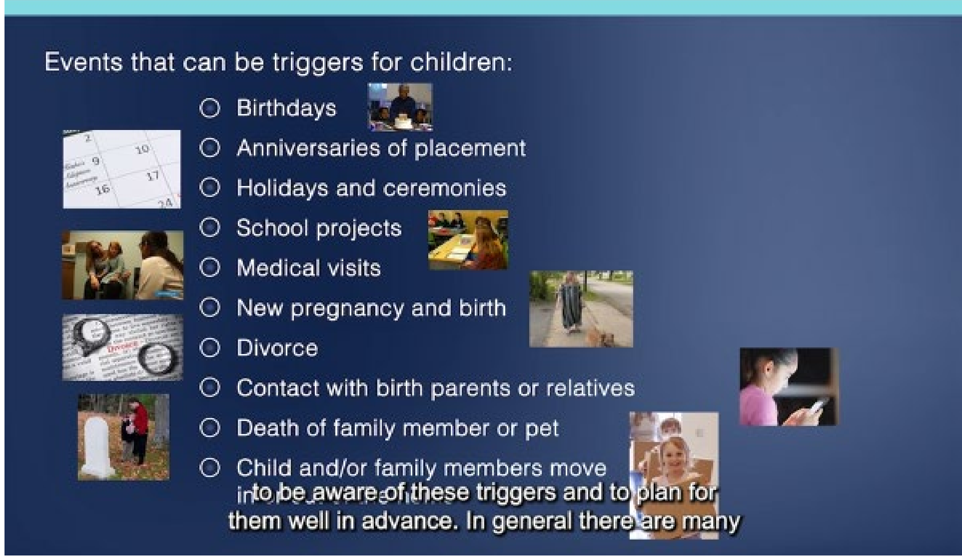
- Who can you call in a crisis?
- Who listens without judgment?

- Who can encourage you emotionally?
- Who can help with errands or childcare?

DO
Allow participants to share ideas again – then reveal the remaining examples on the slide before moving on.

SAY
Thank you all for sharing your ideas. Taking the time to consider who to call on during stress points is critical to taking care of yourself and meeting the child's needs. By thinking of these informal and formal supports before you need them, you are being proactive in effectively responding to potential difficulties that may occur throughout your role as a therapeutic kinship caregiver. Remember to check in with your caseworkers for additional resources.

TYPES OF SERVICES AVAILABLE



PARAPHRASE

As we heard from our experts, a therapeutic network - all of the people who can help you care for the child you are fostering - is extremely important.

Let's listen to some discussion about the types of services available, and how to continue building your therapeutic network.

FACILITATOR'S NOTE:

Remind participants that the key points to the videos for this theme are included in their manuals on pages 198-201.

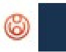
FREQUENTLY ASKED QUESTIONS

What are some strategies that caregivers who are fostering, adopting or providing kinship care can use to find local services?

- Connect with other kinship/foster parents!
- Consult your child's caseworkers and other professionals.
- Contact your local Department of Human Services (DoHS).

WV RESOURCES

- Mission WV
  - Kinship Navigator
- Birth to Three
- CSED
- Women, Infants, & Children (WIC)
- WV Foster, Adoptive, & Kinship Parents Network (Facebook)



PARAPHRASE

One of the most effective ways to find local services and supports is to ask other parents who have experience fostering, adopting or providing kinship care. They can tell you which professionals or services they have used that truly understand the unique needs of children who have experienced trauma, separation, and loss.

If you are fostering a child, the child's case manager should be able to connect you with services and supports. Likewise, if you have adopted a child, you can contact the local child welfare agency for help finding local services and supports. These will vary greatly from one community to the next, but almost all communities will offer training opportunities at various times during the year.

FACILITATOR'S NOTE:

Remind participants that they have a summary of these FAQ's in their Manuals with more questions and answers to refer back to on page 202.

FREQUENTLY ASKED QUESTIONS

When should foster/kinship caregivers begin to look for supports and services?

- The best time to locate services is ***BEFORE*** you need them.
- Be proactive when possible!
- Be prepared to address issues that a child is currently facing but also those that may come up as the child ages and develops.
- The more supports that can be put in place early on, the better prepared you will be to handle the future!

PARAPHRASE

The best time to locate the services and supports available in your community is **before** you need them. Finding providers who are available and have expertise in the areas needed may take time. Families need to be proactive not only in identifying these services but also in contacting the service providers before a specific service is needed.

Seeking services is a normal part of preparing to foster or to adopt because a family needs to be prepared to address issues that a child is currently facing as well as the challenges that might arise as the child ages and develops. The more supports and services that can be put in place early on, the better prepared a family will be to handle whatever situations arise.

FREQUENTLY ASKED QUESTIONS

How can a kinship caregiver become an active partner with the child welfare team to ensure that the child's needs are being met?

- Keep open communication with the child's team
- Work with the professional team to fill gaps in the child's history
- Offer your day-to-day insight about the child's behaviors and needs
- Effective documentation:
  - Challenging behaviors
  - Strategies that do and do not work
  - Record milestones and successes
  - Attend meetings and share with the child's professional team

PARAPHRASE

Open communication with the child welfare team is essential to making sure that the child's needs are met. The team can help complete the child's history along with your knowledge, but you have the day-to-day information about the child. Together these produce a full picture of the child's needs.

Keep track (preferably in a logbook or notebook) of all the issues and strategies you have used successfully to address the child's needs. Document milestones and important events as well to keep a record of the child's successes, interests and talents. Keep the case manager informed of the child's progress, and alert the case manager about any issues that arise. Attend meetings held by the child welfare team; bring along documentation related to the child's school, medical care, dental care and mental health providers.

FACILITATOR'S NOTE:

Remind participants that they have a summary of these FAQ's in their Manuals with more questions and answers to refer back to on page 202.

REMEMBER TO ACCEPT HELP AND TAKE CARE OF YOURSELF

GET HELP WHEN YOU NEED IT

Asking for and accepting help is not selfish or a sign of weakness - it is selfless and a sign of strength!

TAKE CARE OF YOURSELF

You must recognize that you must take care of yourself before you can care for the children in your home who have histories of separation, loss, and trauma.

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PARAPHRASE

Remember: All parents need help. Children and youth in foster/kinship care often have additional challenges that require extensive support. It is important to advocate on behalf of the child placed in your home and ask for the support you need.

Asking for help is not selfish, it is selfless - you are recognizing that other people have strengths and abilities that may benefit the child in your care.

Likewise, when you are at the end of your rope, you will not be able to effectively advocate for the child or youth in your care.

Give yourself opportunities for self-care, including sleep, exercise, healthy food, and time to focus on your primary family relationships.

FACILITATOR'S NOTE:

Remind participants of a resource in the back of their Manuals in this section on page 210. This resource is called Raising Your Kin, and it provides additional tips for advocacy and accessing services relevant to kinship caregivers.

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.

National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS

Session 4

Responding to Children in Crisis

Effective Communication

National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS

Responding to Children in Crisis

MATERIALS AND HANDOUTS

FACILITATOR'S NOTE

- Participants are expected to have the **Participant Resource Manual** available for every session. The Responding to Children in Crisis Theme starts on page 214 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.

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

Handout 1: Managing A Crisis - Pages 217-220

- This handout has the key points from this theme for families to look back on including the phases of a crisis, de-escalation and intervention techniques, etc.

Anger Meter: Page 221

Handout 3: Safety & Support Plan - Pages 222-223

Handout 4: Sample Safety & Support Plan - Pages 224-22

Handout 5: Parent Guide to Talk About & Fill Out The Safety & Support Plan: Pages 226-227

The Three R's Handout: Page 228

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:

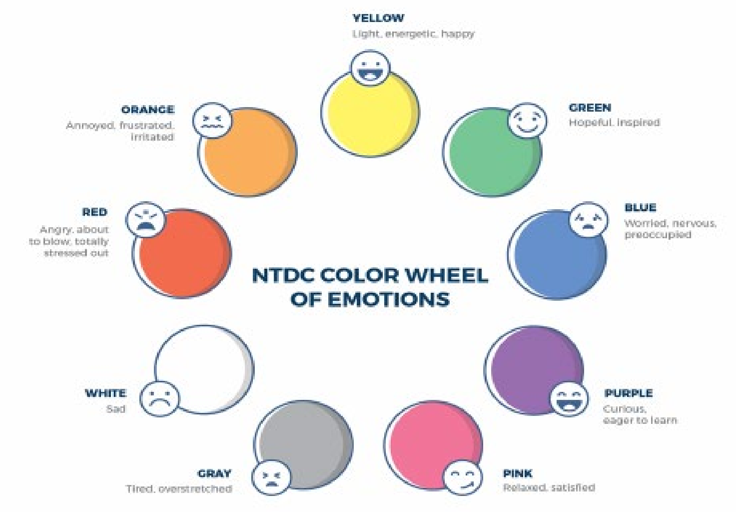
- Responding to Children in Crisis Video Clips: Slides 4, 9, 25, 39
- Clip from *FOSTER*: Slide 45
- *Instant Family Clip:* Slide 59

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: Responding to Children in Crisis
Aware of strategies to help children become regulated while de-escalating crises; aware of strategies to help children return to a calm state and keep children who are dysregulated safe while also keeping family members safe; aware of strategies to help children and families feel physically and psychologically safe; understand the importance of partnering with other professionals and entities around a crisis.
Competencies
Knowledge
• Define strategies that can be used to calm children who are escalated. • Explain ways to make children feel physically and psychologically safe. • Understand how dysregulated children are reacting from a place of fear with a fight, flight, and/or freeze response. • Understand how one's own psychological and physiological reactions impact one's ability to intervene effectively in a crisis. • Recognize signs of a child who is moving toward dysregulation and know strategies to employ to prevent further escalation. • Know strategies and attitudes to keep in place when intervening during a crisis.
Attitudes
• Committed to parent children who may have episodes of extreme dysregulation and/or crisis. • Willing to lean techniques to keep oneself regulated even during a crisis.



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.

Learning Objectives:

- Recognize signs of a child who is moving toward dysregulation
- Define strategies that can be used to calm children who are escalated
- Explain ways to make children feel physically and psychologically safe

2

PARAPHRASE

Being a foster, adoptive or kinship caregiver has many joys, but it is not always easy. At some point, parents may experience challenges and even crises. Crises can be a real opportunity for children, parents, and families to grow.

In this course, we will explore practical information you can use to understand different phases of crises and identify steps to proactively manage triggers. You will also find suggestions for setting up an environment to ensure the children you care for feel physically and psychologically safe.

Learning objectives for this course will help you:

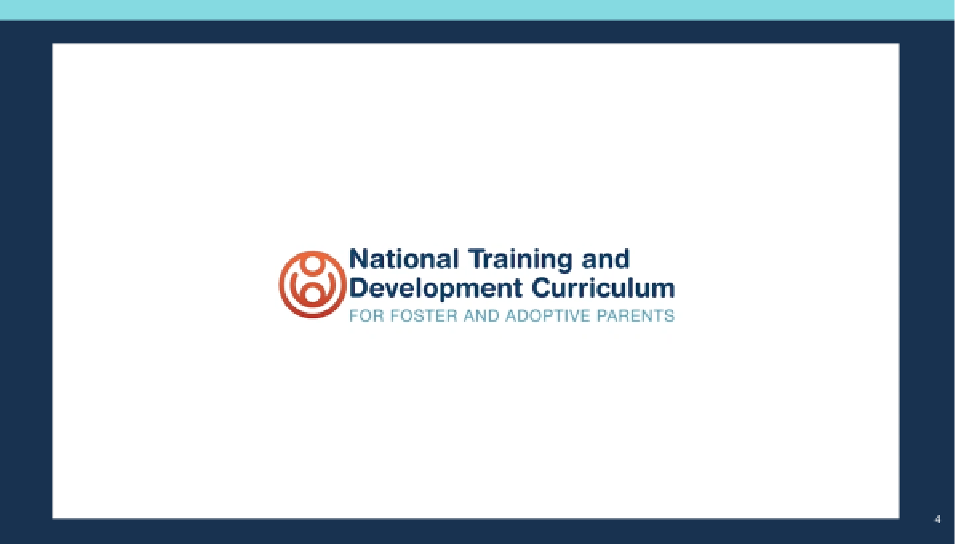
Recognize signs of a child who is moving toward dysregulation.
Define strategies that can be used to calm children who are escalated.
Explain ways to make children feel physically and psychologically safe.

FACILITATOR'S NOTE:

This theme begins on page 208 in your Participant Manuals.

PARAPHRASE

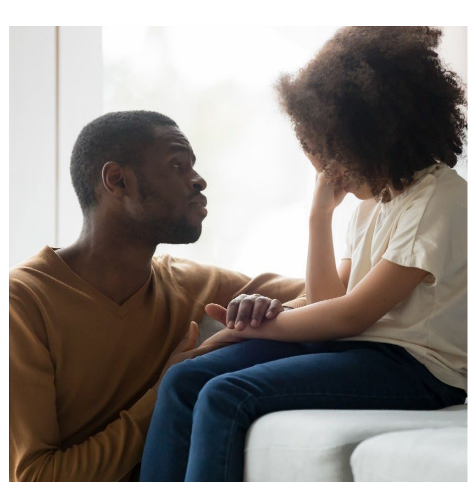
We will begin by watching a short video clip that explains how a child's body and brain respond to a perceived threat or danger. Recognizing these reactions is an essential part of managing a crisis.



FACILITATOR'S NOTE:
Play video and reflect.

PSYCHOLOGICAL & EMOTIONAL SAFETY

- Children who have experienced separation, grief, and loss often struggle to feel safe.
- As a result of their trauma, they are often "on alert," and in a state of fight/flight.



PARAPHRASE

Emotional and psychological safety
We usually think of safety as being free from abuse and neglect. However, we need to expand our definition to include the feelings of psychological or emotional safety. Most of us usually feel safe without really thinking about it but a child's ability to feel safe in the world changes when the child has experienced trauma, separation or loss. Children who have had these painful experiences are often "on alert," watching for any sign of danger so that they can avoid emotional or physical pain.

PARAPHRASE
When children do not feel safe, their arousal levels go up, and those survival responses may kick in (overused fight, flight or freeze responses, hypervigilance). Children need to know and feel that they are safe.

FACILITATOR'S NOTE:
Use the information below and the questions on the slide to briefly brainstorm some signs that children may be feeling either safe or unsafe. This is important for caregivers to consider when parenting children who have a history of separation and trauma.

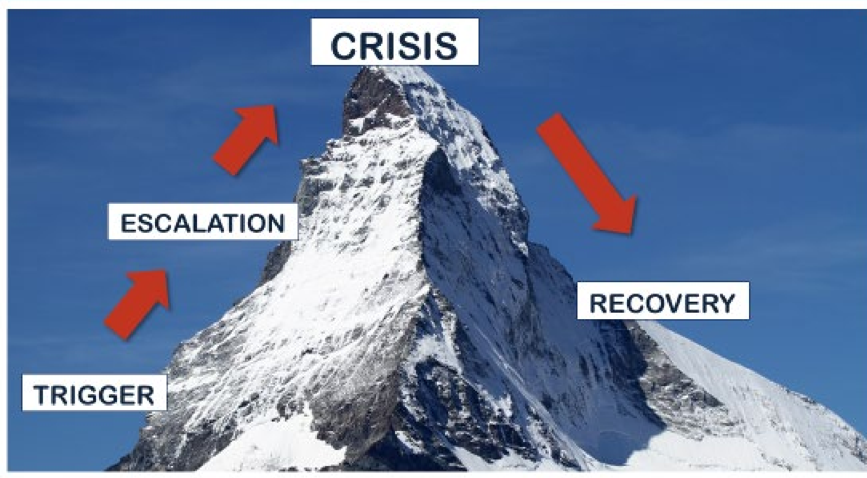
ACTIVITY
Signs that children may be feeling safe or unsafe brain storming activity:

Feels unsafe: mind is on verge of panic, heart beats fast, tense or hypervigilant behavior, body frozen in place), they are isolated or withdrawn (all of those fight or flight behaviors), maybe they complain of stomach aches which can be a sign of anxiety, etc.

Feels safe: makes friends easily, is calm and relaxed, believes others have their best interests in mind, present and creative

PARAPHRASE
As we heard in the previous video clip, when we sense a threat, our bodies react with the "fight, flight or freeze" response. Without strategic interventions, these reactions can create explosive behaviors that can lead to crisis.

In this section, we will outline the 4 phases of a crisis and watch the next video clip, where you will hear more about these phases with insights from parents and professionals on how to prevent children from escalating.



PARAPHRASE
Understanding the 4 phases of a crisis can help you identify triggers and prevent a crisis from escalating.

Trigger:

- Triggering happens when a child has a negative experience or when something happens that embarrasses, shames, frustrates, or scares the child. Usually the initial feelings of the trigger phase are followed quickly by agitation and anger which can lead to acceleration and escalation.

Escalation:

- In the escalation phase, the child is very upset and starts to lose control of their behavior. The child might begin yelling, swearing, demanding, making verbal threats or using threatening gestures.

Crisis:

- In the crisis phase, the child is not able to understand clearly what is happening around them. At this peak of emotion, the child cannot solve problems, cannot express the feelings they are experiencing, and cannot control their behavior. The child might start to become verbally or physically aggressive towards others (for example, screaming or throwing objects or hitting) or might exhibit self harming behaviors (head banging or hair pulling).

Recovery:

- After going through the peak crisis phase, the child will start to de-escalate and will enter the recovery phase. In this phase, the child begins to calm down and starts to get their behavior under control again. You might notice the child's voice lowering. During recovery, the child will start to relate to you more clearly an normally and will begin to relax.

During the recovery phase, children often are physically tired; many children need to sleep or need time to recover emotionally in the aftermath of a crisis.

FACILITATOR'S NOTE:
Remind participants that they have a copy of these phases in detail in their Manuals on pages 217-220.

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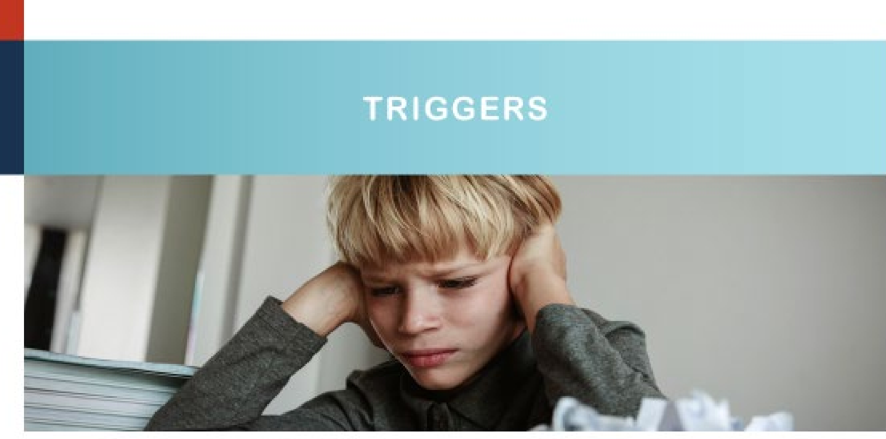
FACILITATOR'S NOTE/DO
Play video.

Pause to reflect after the video briefly. Consider highlighting what it means to take these challenging moments/crises and using them as an opportunity to grow.

Then move on to cover triggers in more depth.



TRIGGERS

Reaction in the present to something that happened in the past

- Sudden memories (flashbacks)
- Reminders of past trauma
- Inability to manage "big" feelings

PARAPHRASE
Next we will explore the trigger phase in more detail.

Recognizing your child's triggers is very important because it is easier to prevent a situation that triggers a child than to manage a child who has already become triggered.

Identifying Triggers

A trigger is a reaction in the present to something traumatic that happened in the past. A traumatic event can be physically or psychologically painful. Triggers can be sudden memories (flashbacks), reminders of past trauma or the inability to manage “big” feelings.
Many different things might be a trigger for your child.

IDENTIFYING TRIGGERS

SHAME
- Shame is a negative reflection of how a person feels about oneself.
- Disappointment from adults might be a trigger for the child
- Children might fear embarrassment in front of others or act out the frustration they feel if they do not understand expectations.

TRANSITIONS & CHANGE
- Transitioning from school to home or transitioning to bedtime are common times for triggers.
- Changes in the child's environment, routine, or even hosting company may be a trigger for some children.

NOT FEELING WELL
- Children are more likely to become triggered when feeling unwell because it lowers their ability to manage stress.

SENSORY EXPERIENCES
- Sights, sounds, smells, a type of food, or a time of the year can bring up reminders of past trauma.

11

PARAPHRASE
Here, we will review some common triggers for children who have experienced separation, grief and loss.

Shame: Shame is a negative reflection of how a person feels about oneself. An adult showing or expressing disappointment in a child might be a trigger for the child to feel immense shame. Children might fear losing face in front of others or might act out the frustration they feel because they do not understand what is expected of them.

Not feeling well: When children are not feeling well physically, they are more likely to become triggered because being unwell lowers their ability to manage stress. Feeling unwell can be related to lack of sleep, lack of good nutrition, headaches from eyestrain if the child needs glasses, not drinking enough water or other health issues.

Transitions and change: Transitioning from school to home or transitioning to bedtime are common times for triggers to come up for a child. Changes in the child's environment such as altering a routine or even hosting company may be a trigger for some children.

Sensory experiences: Sights, sounds, smells, a type of food, or a time of the year can bring up reminders of past trauma so powerful that the child feels as though they are reliving the original trauma.

LEARNING YOUR CHILD'S SPECIFIC TRIGGERS

Children are not always aware of their own triggers – caregivers must be able to identify a child's triggers.

This can take some investigating!

1) Know your child's history and developmental needs.
- Consider the child's history and learn more if possible
- Consider where the child is developmentally

2) Watch for changes in behavior.
- Learn what sets off the child's problematic behaviors
- Aim for early detection!

3) Look for patterns.
- Be attentive and note when the child is irritable – what is going on around them?
- Consider keeping a journal to track behaviors when looking for connections

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PARAPHRASE

Children usually are not aware of their own triggers. This means that parents who are fostering, adopting or providing kinship care need to become good detectives to help identify the child's triggers and learn what will help the child feel safe.

We'll cover a few ways to begin…

1. Know your child's history and developmental needs

Start by understanding the specific history and needs of your child. Research and learn more about specific trauma triggers for the child.

Consider what is developmentally appropriate for your child and recognize the impact trauma is having on their behaviors.

2. **Watch for changes in behaviors**

Learn to recognize the triggers that "set off" the child's problem behaviors.
You sometimes can observe changes in a child's behavior that tell you your child is being triggered. If you notice these changes early enough, you may be able to prevent the child's behavior from getting worse.

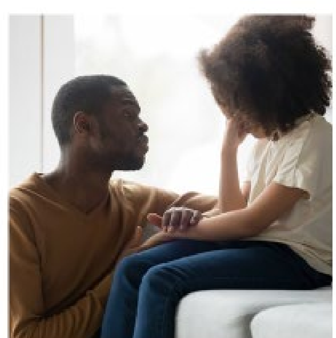
3. **Look for patterns**

You can identify what acts as a trigger for your child by paying attention and looking for patterns. For example, if you notice that your child is more irritable than usual, your child might be getting triggered by something.

You might want to keep a journal or a calendar in which you make notes about what was happening just before the child's behaviors started to worsen. This record will help you to find patterns and to look for connections.

REDUCING/PREVENTING TRIGGERS

After you identify your child's triggers, you can work to prevent them and reduce their impact on your child's behavior.



Plan ahead

- Work together with the child to create a plan of action when triggers do occur

Offer support

- Let your child know you want to be there to support them when they are triggered
- Talk openly about triggers – even sharing your own and how you respond to them

PARAPHRASE
After you have a better idea of your child's triggers, you can devise ways to reduce triggers in the child's environment (as much as possible) and to reduce the intensity of the triggers' impacts on your child.

You and the child can work together to create a plan of action to avoid triggers and to decide what to do to restore calm if the child becomes triggered.

Give support:
Talk openly with your child; let your child know you want to be there to give them support when they are triggered.

If your child is used to knowing that you are available for support and knows what this support is like, then your child might be more likely to accept your support when they are triggered.

Letting the child know of your own triggers and how you respond to them is another way of showing that you understand their feelings and that your child is not alone.

PRACTICING CALMING TECHNIQUES

Practice calming techniques – especially *before* you need them!

- Deep breathing
- Counting to 10
- 5-4-3-2-1 Exercise/other grounding exercises
- Decreasing sensory stimulation
- Distractions
- Physical movement
- Leaving the situation
- Code words or signals for help, etc.

Practicing when the child is calm will make it easier to implement your plan of action and calming techniques when you need them the most!

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PARAPHRASE

Practice calming techniques with your child by doing deep breathing together or coming up with code words or signal words that will give your child a way to ask for your help when triggered without alerting others.

To make sure the plan of action will be ready when problems occur, it's important to practice calming plans and techniques outside of a stressful event, when the child is calm and regulated. This will also help you prevent the child from entering that escalation phase and a crisis from happening.

EXAMPLE:

5 senses grounding exercise/5-4-3-2-1

- 5 things you can see
- 4 things you can touch
- 3 things you can hear
- 2 things you can smell
- 1 thing you can taste

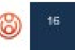
PARAPHRASE

Not all crises can be prevented once there has been a trigger and escalation begins. This next section will provide practical information on how you can ensure that both children and parents remain safe during the crisis phase.

PEAK CRISIS BEHAVIORS

Peak crisis behaviors include:

- Screaming/shouting, swearing
- Confrontational/threatening language
- Hitting, punching, slapping, scratching
- Throwing, breaking, or damage to property



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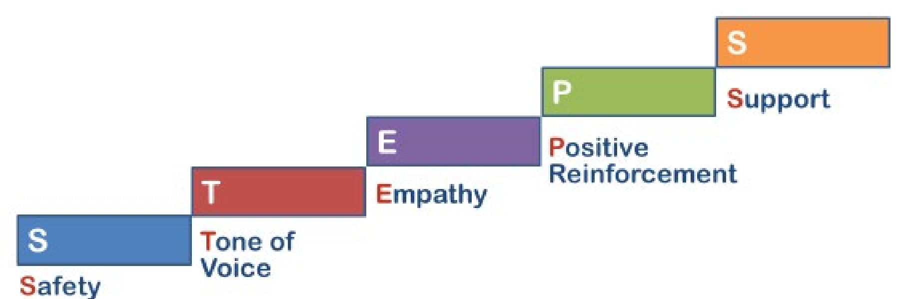
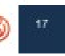
PARAPHRASE
When a child has escalated to a full crisis state, you probably will see the child express anger. The child likely will show more confrontational and aggressive behavior such as screaming, shouting, swearing or threatening you or others.

The child might make verbal threats or use abusive language and might assume a threatening posture such as raising fists.

The child might hit, punch or slap peers or adults.
Some children in a full crisis state damage property by punching walls or throwing things.





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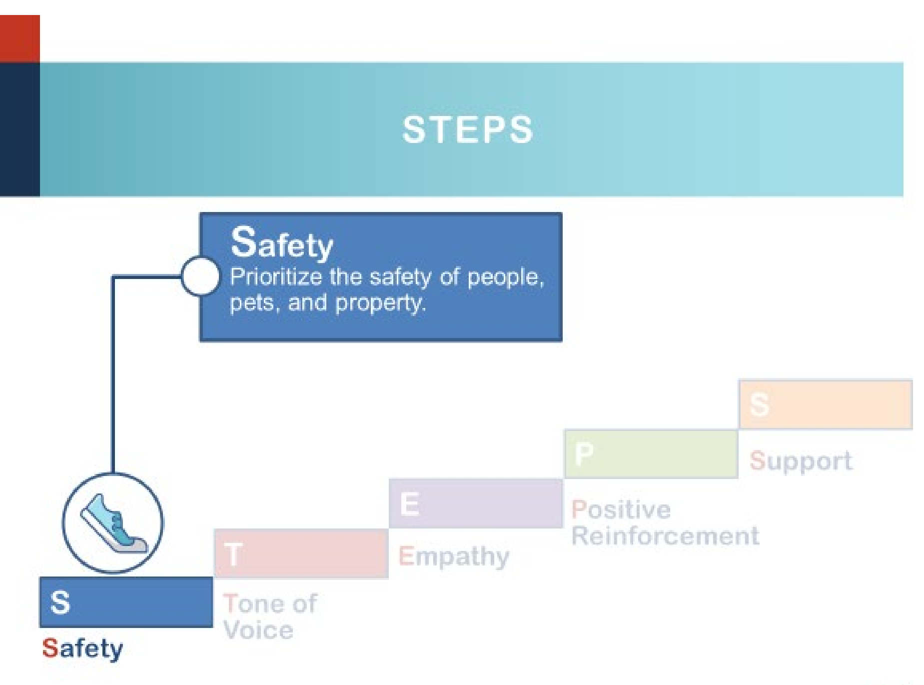
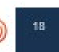
DO

Ask participants to turn to Handout: Parent Tip Sheet: DOs and DON'Ts to Manage Escalated Behaviors on page 220.

PARAPHRASE

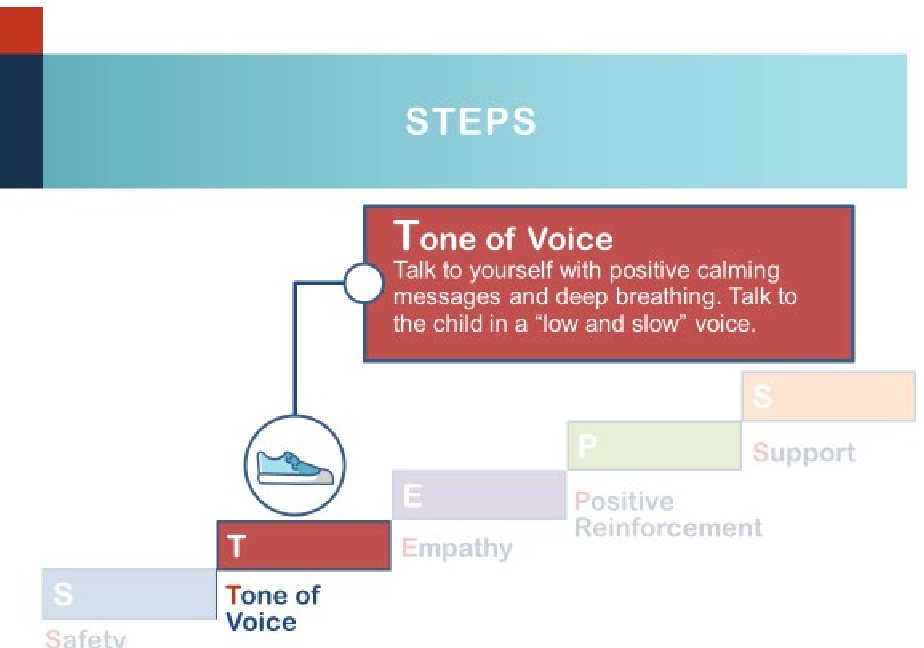
The handout contains some **DOs and DON'Ts for managing escalated behaviors**. Remembering STEPS for what to do when a child begins to escalate can be useful in helping you respond to the child in a way that keeps them safe during this time and helps de-escalate the situation. Let's walk through each of the STEPS.





PARAPHRASE

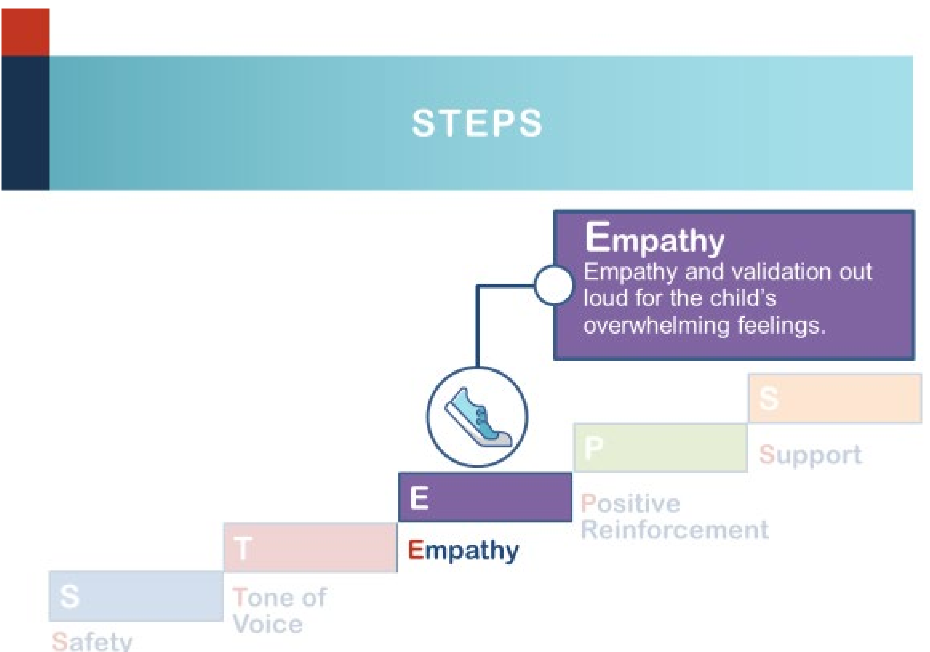
Start with Safety. Prioritize the safety of people, pets, and property. This could mean getting other children and/or pets in the room to move to another room or ensuring that there is no property around that could be dangerous to the child who is escalating.



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.

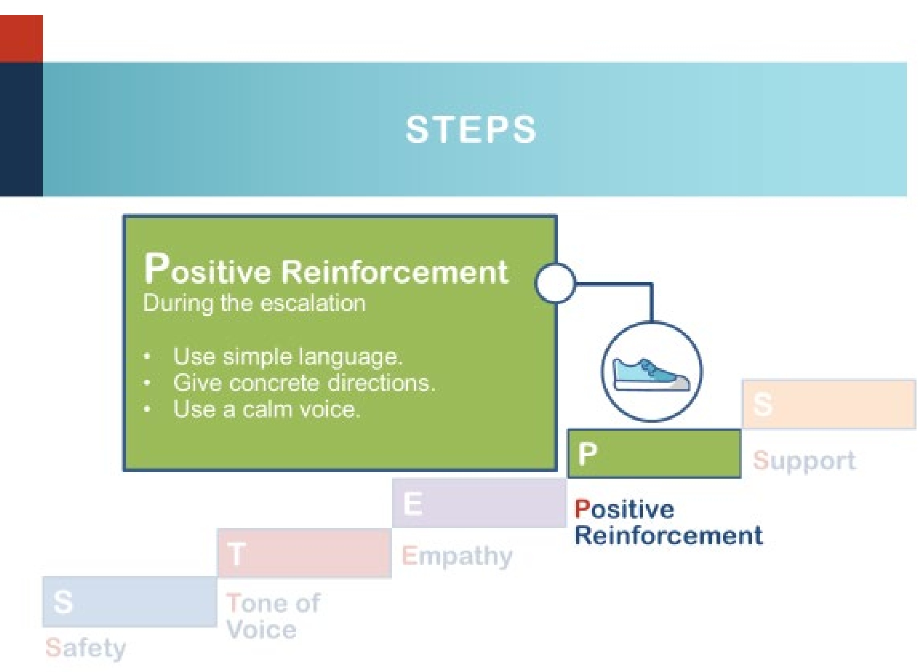


PARAPHRASE
Give empathy and validation - out loud - for the child's overwhelming feelings. This is not the time to do a lot of lecturing or to begin discussing the punishments that the child will receive. At this point, the child is likely not hearing you as their brain is not regulated. Instead, in 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."



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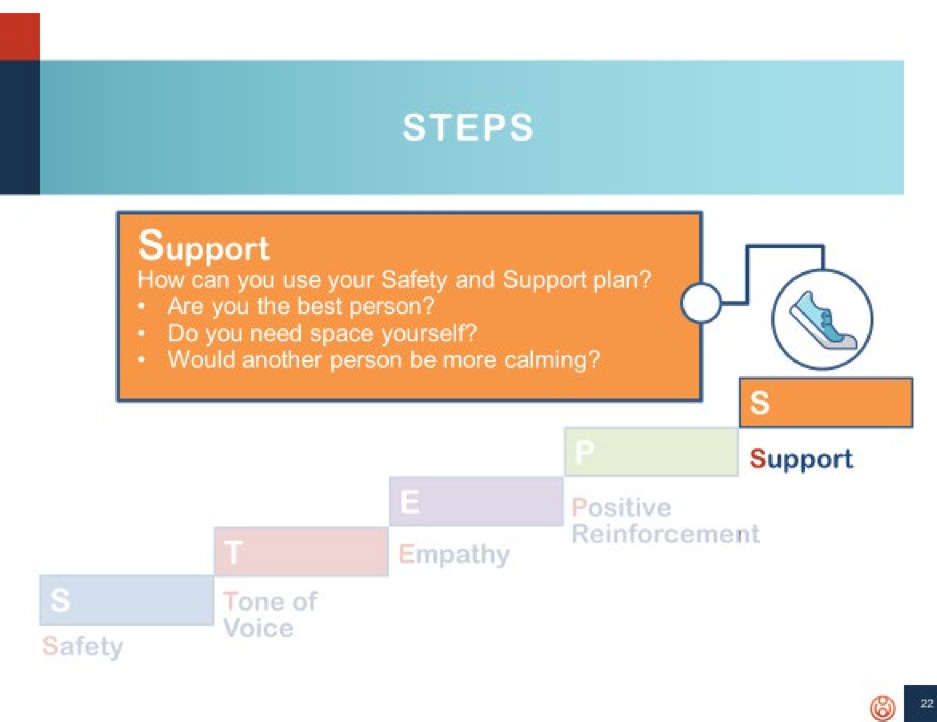
PARAPHRASE
Give positive reinforcement to the child. Think of how a coach encourages players in the middle of a game or match- using simple, clear language and giving concrete directions on what to do at key moments. But use a calmer voice than a coach!

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."

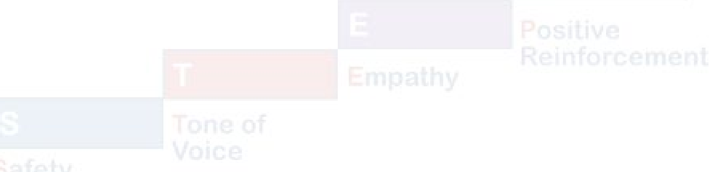


PARAPHRASE
For Support, ask yourself, "How can you use your Safety and Support plan?"

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.



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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.
- ⃠ 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.

RESPONDING WHEN A CHILD IS IN CRISIS

BRAINSTORM TOGETHER:
What steps should you take during a crisis? What should you avoid?

WHAT *TO DO* DURING A CRISIS	WHAT *NOT* TO DO DURING A CRISIS
✓ Stay present but quiet ✓ Give brief answers to child's questions ✓ Stay calm ✓ Keep body language in mind ✓ Keep physical distance between you and the child ✓ Validate feelings but not actions ✓ Stay silent if needed ✓ Prioritize safety	X Avoid talking to the child about consequences for their behavior X Avoid reasoning with the child X Do not engage in confrontation X Yelling over the child – this can exacerbate escalated behavior X Avoid power struggles X Do not blame or shame yourself or the child

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FACILITATOR NOTE: Brainstorming activity -Responding when a child is in a full crisis state

PARAPHRASE
In this phase, a child is no longer able to understand clearly what is happening around them. At this peak of emotion, the child cannot solve problems, cannot express the feelings that the child is experiencing and cannot control behavior.

Let's discuss behaviors and identify actions that you think a parent should and should not do when responding to a child in a full crisis state. We will ***BRAINSTORM TOGETHER*** *then* review the chart that will appear afterward and discuss any similarities/differences.

1. First, what are some of the things you all think we should do during a crisis?

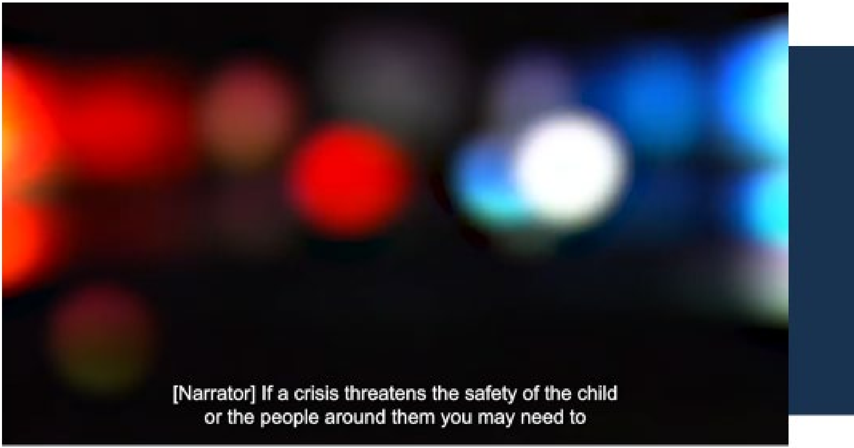
2. What are some things we should not do during a crisis?

REVEAL CHART AFTER DISCUSSION:

Things to do: stay present, but mostly quiet; give brief answers to the child's questions; stay calm; keep physical distance between you and the child;

Things NOT to do: talk to the child about the consequences of their behavior; reason with the child; engage in confrontation;

The child might need additional help from professionals to learn how to control emotions and prevent escalating into a full crisis. If the child is receiving counseling or has a case manager, notify these professionals when the child goes into a full crisis state.



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FACILITATOR'S NOTE
Play video covering additional crisis strategies.

PARAPHRASE
Remember, it is okay and sometimes necessary to seek and accept additional help/services if behavior is severe. Talk with your workers and other professionals about this, and consider setting up therapy for children in your home as well.

PARAPHRASE

The recovery phase is when the child starts to gain more control over their behaviors again and is coming down from that peak crisis.

THE RECOVERY PHASE

- Children begin to leave the crisis state and start to regain control of their behaviors again.
- The Recovery Phase can take time – be patient as your child calms down.
- Children may feel guilt, shame, exhaustion during this phase.

PARAPHRASE

The recovery phase is when the child starts to gain more control over their behaviors again. During this phase, be patient and watch for signs your child is calming down.

You might notice the child’s voice lowering. During recovery, the child will start to relate to you more clearly and normally and will begin to relax.

After becoming calm again, some children might feel sorry for their behavioral outbursts and might try to apologize for what they said or did while they were upset. However, other children might feel upset or embarrassed by their behavior and simply might want to be left alone.

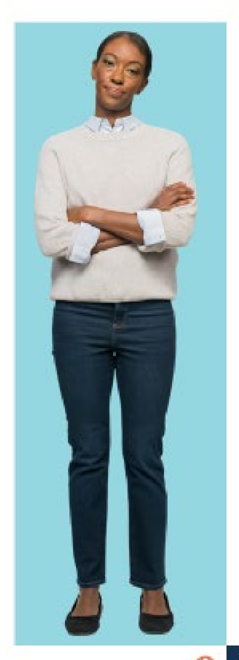
During the recovery phase, children often are physically tired; many children need to sleep or need time to recover emotionally in the aftermath of a crisis.

Let’s do a case study together where we can practice giving some advice to a parent responding to a child in the recovery phase.

CASE STUDY:
Advising Aliyah's Foster Mother

A 12-year-old girl named Aliyah is moving into the **crisis recovery phase.**

Aliyah's foster mother is looking for recommendations about what she can say and do to be supportive during this phase.



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CASE STUDY:

A 12-year-old, named Aliyah, is moving into a crisis recovery phase

Aliyah's foster mother is looking for recommendations about what she can say and do to be supportive during this phase.

CASE STUDY:
Advising Aliyah's Foster Mother

1) **How can Aliyah's foster mother tell if she is truly calming down? What would you suggest?**

A. Watch for physical signs and changes that she is more relaxed (slower breathing and relaxed posture, etc.)

B. If she is still yelling, try yelling over her and ask if she is ready to calm down.

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CASE STUDY:

1. How can Aliyah's foster mother tell if Aliyah is truly calming down? What would you suggest? (discuss)

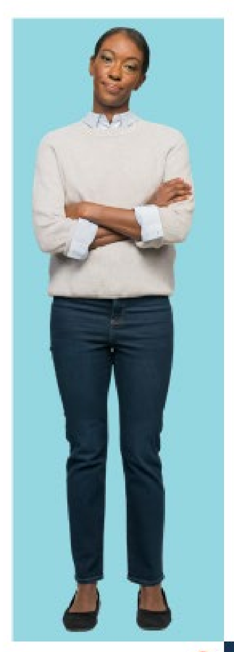
a. Watch for physical signs and changes that she is more relaxed; this includes slower breathing and relaxed posture, etc.
b. (What not to do:) if she is still yelling, yelling over her and asking if she is ready to calm down is not the answer.

CASE STUDY:
Advising Aliyah's Foster Mother

2) **The foster mother says she can tell Aliyah is more in control of her behaviors now. What should she do now?**

A. Leave and don't say anything to her.

B. Say things that assure Aliyah that she cares about her.



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CASE STUDY:

2. What should the foster mother do when she notices that Aliyah is more in control of her behaviors again?

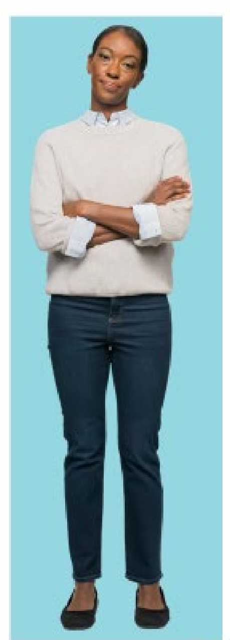
a. Leave and don't say anything to her
b. Say things that assure Aliyah that she cares about her

CASE STUDY:
Advising Aliyah's Foster Mother

3) **The foster mother tried telling Aliyah that she cares about her and that she was glad she looked less upset. Aliyah looked at her and said, "Get away from me! Leave me alone!" What should she do now?**

A. Respond by saying things like: *"I know this is hard and that your feelings can be scary. I want you to know that I'm here for you."*

B. Telling Aliyah she can't have her cell phone for a month.



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CASE STUDY:

3. The foster mother tried telling Aliyah that she cares about her and that she was glad she looked less upset and she looked at her and said "Get away from me! Leave me alone!" Now, what should she do?

a. Respond by saying things like: "I know this is hard and that your feelings can be scary. I want you to know that I'm here for you."

b. Telling Aliyah she can't have her cell phone for a month.

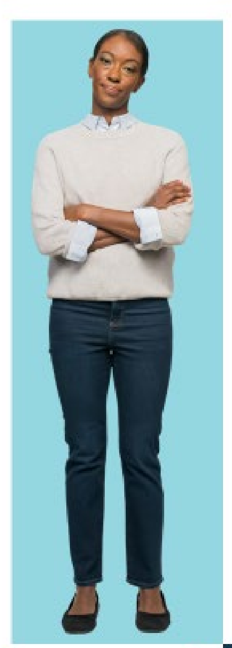
(QTIP: Quit Taking It Personally)

CASE STUDY:
Advising Aliyah's Foster Mother

4) The foster mother is wanting to know if she should talk to Aliyah about ways to handle similar situations differently in the future. What would you say?

A. Yes. When Aliyah is calm, you can help her learn things like what her triggers are and how to control her responses to these triggers.

B. No. These types of behaviors won't change.



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CASE STUDY:

4. The foster mother is wanting to know if she should talk to Aliyah about ways to handle similar situations differently in the future. What would you say?

a. Yes. When she is calm, you can help her learn things like what her triggers are and how to control her responses to these triggers.
b. No. these types of behaviors won't change.

Great job, you helped her navigate ways to support her child in the future!

IMPROVING FUTURE RESPONSES

- Talk about it!
- Introduce an anger meter.
- Use consequences rather than punishment.
- Create a safety plan.

Once your child is in a calm, regulated state, you can help them figure out ways to improve reactions to similar situations that arise in the future.

PARAPHRASE

Once your child has calmed down and has regained control of their behavior in this recovery phase, you can help them come up with ideas for reacting in a better way when a similar situation arises in the future.

We will talk about some ways to do this. (next slide)

IMPROVING FUTURE RESPONSES

- Talk about it!
- Introduce an anger meter.
- Use consequences rather than punishment.
- Create a safety plan.

- Discuss what happened with the child and try to figure out what triggered the behavior.

PARAPHRASE

Talk about their triggers: Discuss what happened with your child, and try together to figure out what triggered the behavior.

IMPROVING FUTURE RESPONSES

- Talk about it!
- Introduce an anger meter.
- Use consequences rather than punishment.
- Create a safety plan.

▪ Using this tool can help the child recognize the escalation of their own emotions.

PARAPHRASE

Introduce an anger meter: If your child has a hard time recognizing anger building up inside, you might introduce the child to an “anger meter.” Using this tool can help your child notice when they are becoming angry and then getting even angrier and angrier. Have a conversation about what this looks like (triggers) and what it feels like (emotions, physical sensations) for them.

There is an anger meter in your handouts on page 221.

IMPROVING FUTURE RESPONSES

- Talk about it!
- Introduce an anger meter.
- Use consequences rather than punishment.
- Create a safety plan.

- Rather than punishing behaviors, focus on helping the child learn how to change the behavior/reaction for next time.
- This does not mean there should be no consequences! Use them as teaching moments rather than punitive actions.

PARAPHRASE

Use consequences rather than punishment: Rather than punishing current behaviors, focus on helping the child to learn how to change the course of behavior the next time that the child's emotions are triggered.

This does not mean that there should be no consequences for the child's negative behavior. For example, instead of letting the child watch a movie the same night as the crisis, you might instruct the child to clean up the room that the child destroyed during the crisis outburst. Alternatively, you might direct the child to perform extra chores around the house to pay for something broken during the crisis.

IMPROVING FUTURE RESPONSES

- Talk about it!
- Introduce an anger meter.
- Use consequences rather than punishment.
- Create a safety plan.
  - Teach your child ways to calm down and even self-regulate.
  - Involve your child in the safety planning process.

PARAPHRASE

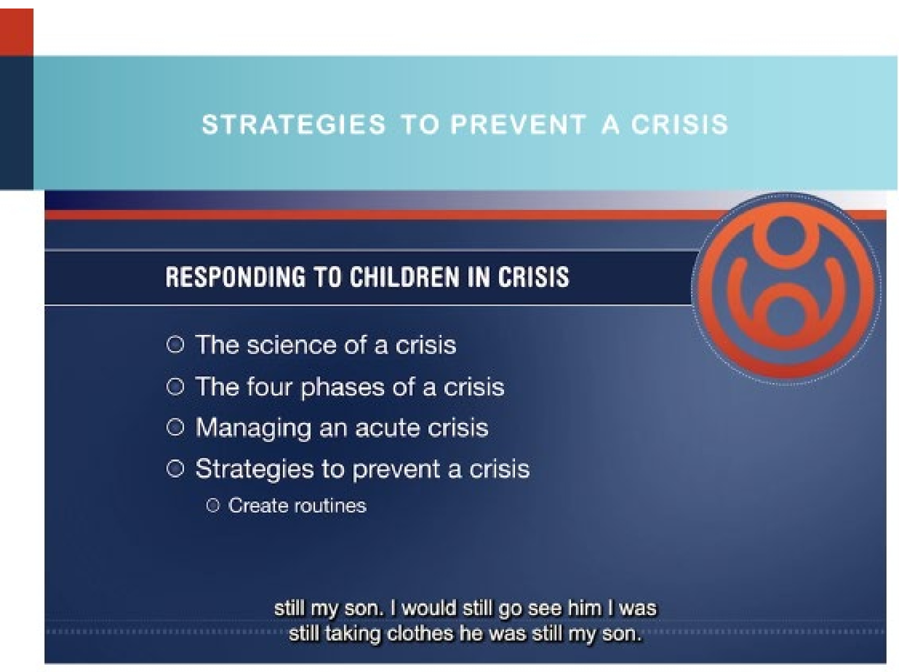
Creating a safety plan: Teach your child ways to calm down, such as taking a walk or using deep breathing.

Depending on your child's developmental age, you can help your child write a plan for how to respond to a trigger in a different way in the future.

You can include some of those grounding exercises we discussed earlier in your safety plans as well. We will look at those safety plans soon, but please know that you have copies of these in your handouts.

PARAPHRASE

In this last section of the training, we will discuss strategies to managing crises and the escalation of children’s behavior. The video segment in this section will also offer suggestions that can be used to help prevent a crisis from starting in the first place.

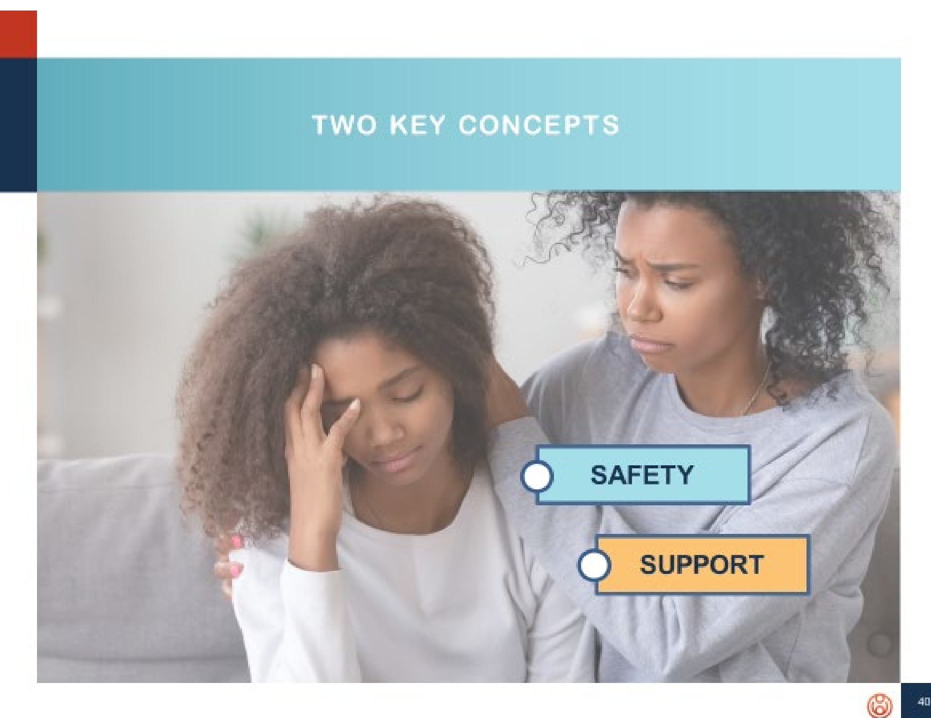


FACILITATOR'S NOTE

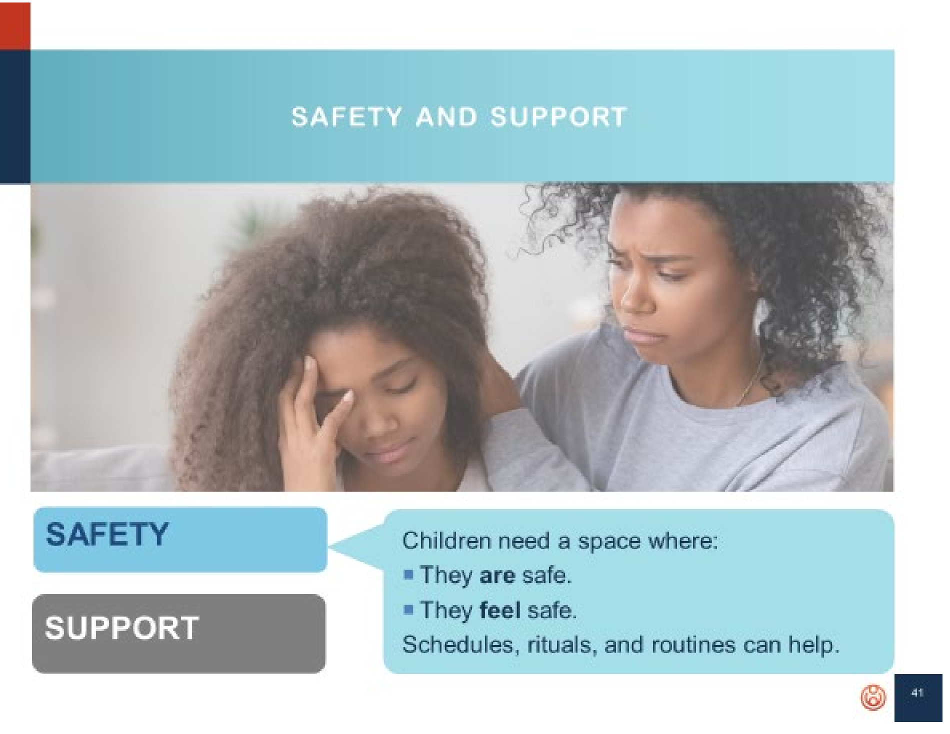
Play 3-minute video and reflect on additional strategies to prevent a crisis to get the conversation started for the rest of the slides.

- Routines
- Basic needs
- Be creative and include children in the process of figuring out what works
- Provide distractions
- Model self-regulation

As difficult as it may be, these situations can be opportunities to learn more about yourself as a parent but also your child!



PARAPHRASE
There are some things you can do as a parent to help minimize these big, escalated reactions. Two key concepts are safety and support. We will talk about these concepts and some possible responses today.



PARAPHRASE

A key strategy to help prevent a child's behavior from escalating to a crisis is to ensure they have a sense of safety.

Children who have experienced trauma, separation or loss might get a sense of safety from things we might not think to consider. Children who have experienced neglect or extreme poverty might gain a sense of safety from knowing that now food is available at all times. The temperature in a room might help a child to feel safe. Sometimes what we think will help a child to feel safe will have the opposite effect. For a child who has experienced physical abuse, a hug or a hot bath might cause that child to feel unsafe.

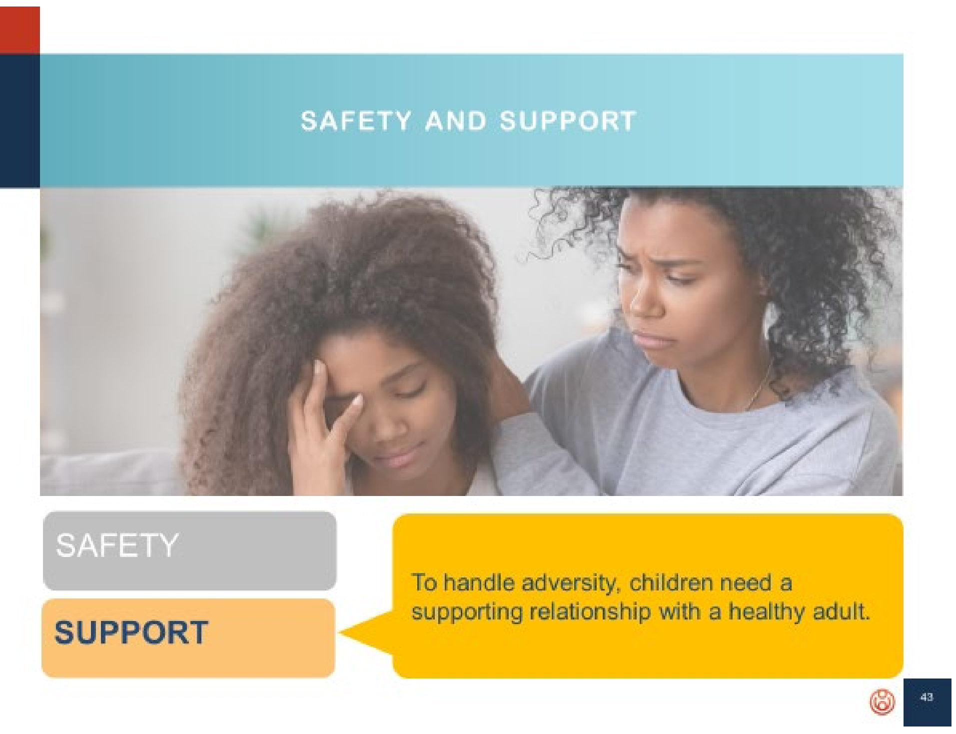
It is so important for parents to understand that there can be a difference between physical safety and felt safety for a child. A child who has experienced trauma may have trouble feeling safe in most places. Even when we can't see any apparent danger, children who have experienced the world as a dangerous 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 caregivers modify the child's environment and 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. This will entail doing what you say, keeping your promises, and being predictable.

Schedules, consistency, and predictability can help a child feel safe. Schedules can be shared with the child and if age appropriate, written out and placed where it is accessible to everyone in the home.

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. . 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.

It will also be meaningful to include children 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.

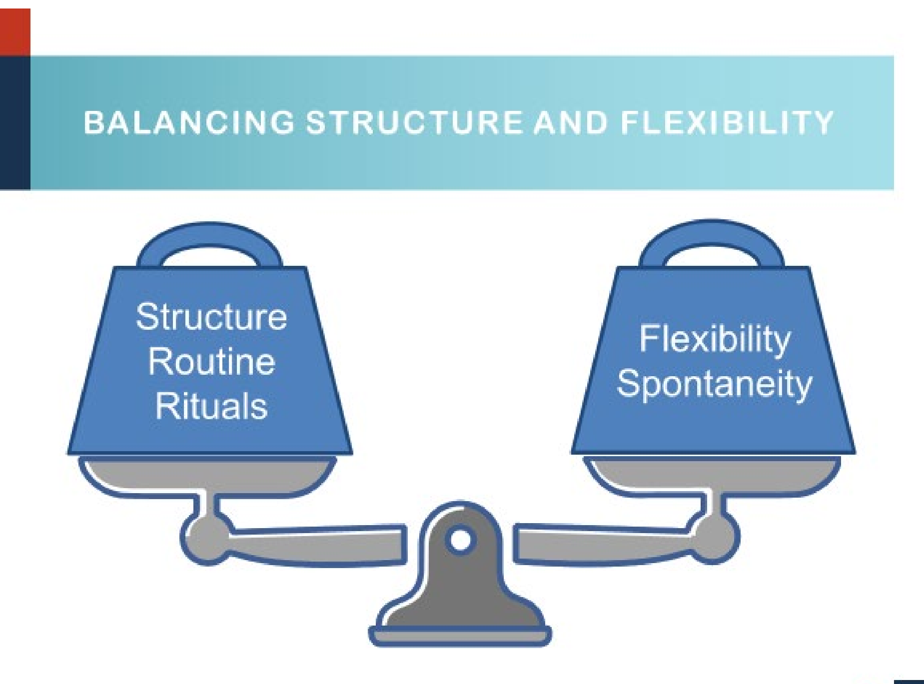


PARAPHRASE

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 a 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

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 when things do escalate. It's a balance you will need to monitor - and at any point, you may need to readjust the balance. Let's watch a clip from a documentary called *FOSTER* showing when a child's needs take priority over the routine.

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:

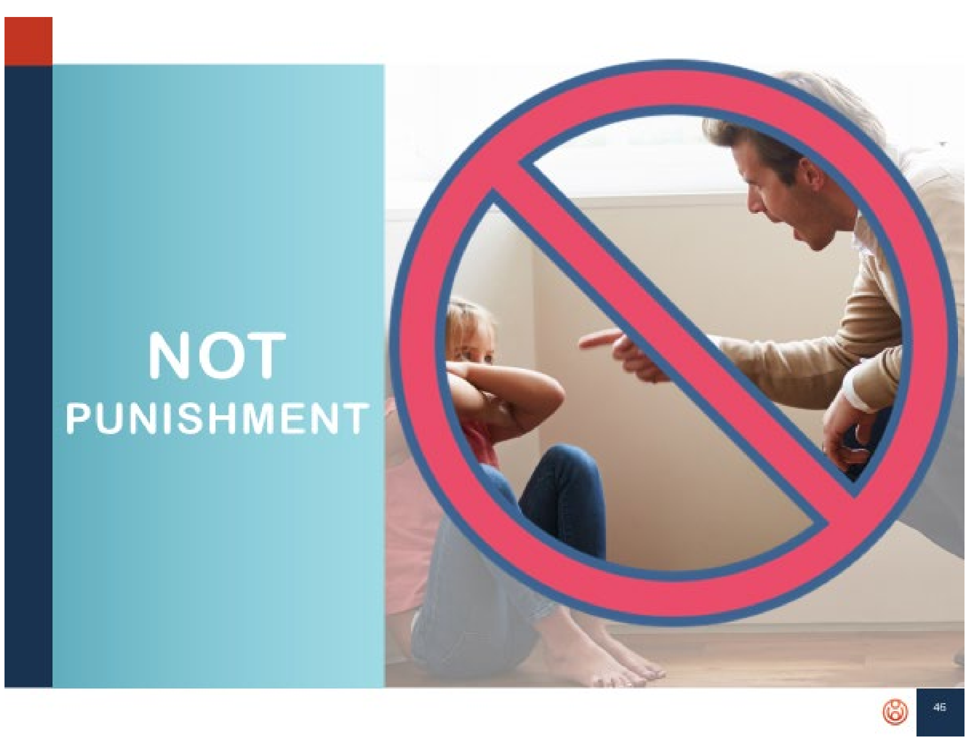
- She could be experiencing trauma triggers.

- 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.



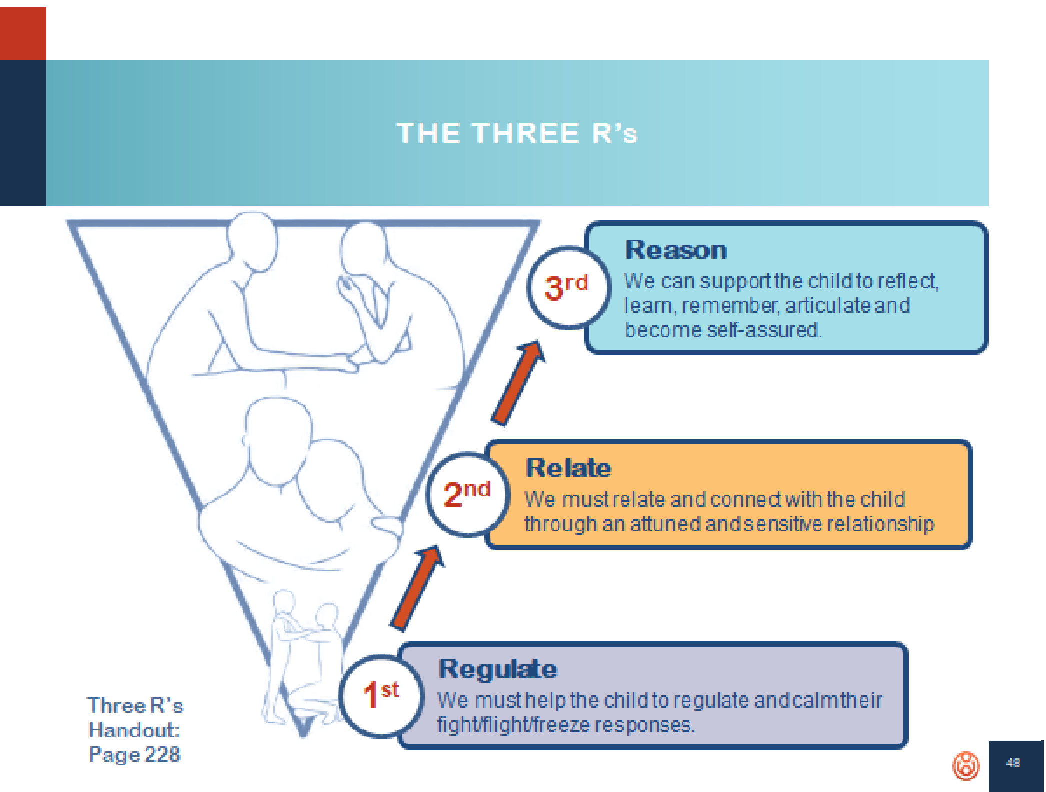
PARAPHRASE
When a traumatic response is triggered, the child may become overwhelmed and not able to think clearly. The child may engage in overdeveloped fight/flight/freeze behaviors. An adult who responds to this traumatic reaction by yelling at the child or immediately punishing the child will not 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 (much like the clip shown previously).

EXAMPLE

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.



DO

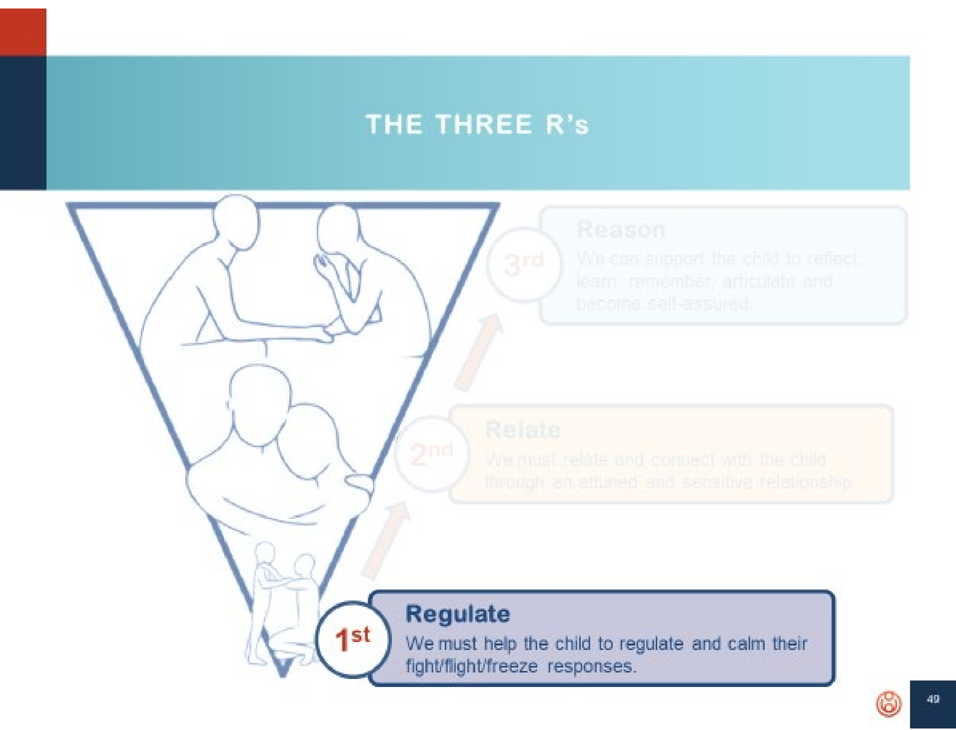
Have participants look at the Three R's Handout for this theme in their Participant Resource Manual on page 228.

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 The Three R's Handout - Reaching the Learning Brain, by Beacon House, that can be found in your **Participant Resource Manual** on page 228.

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.



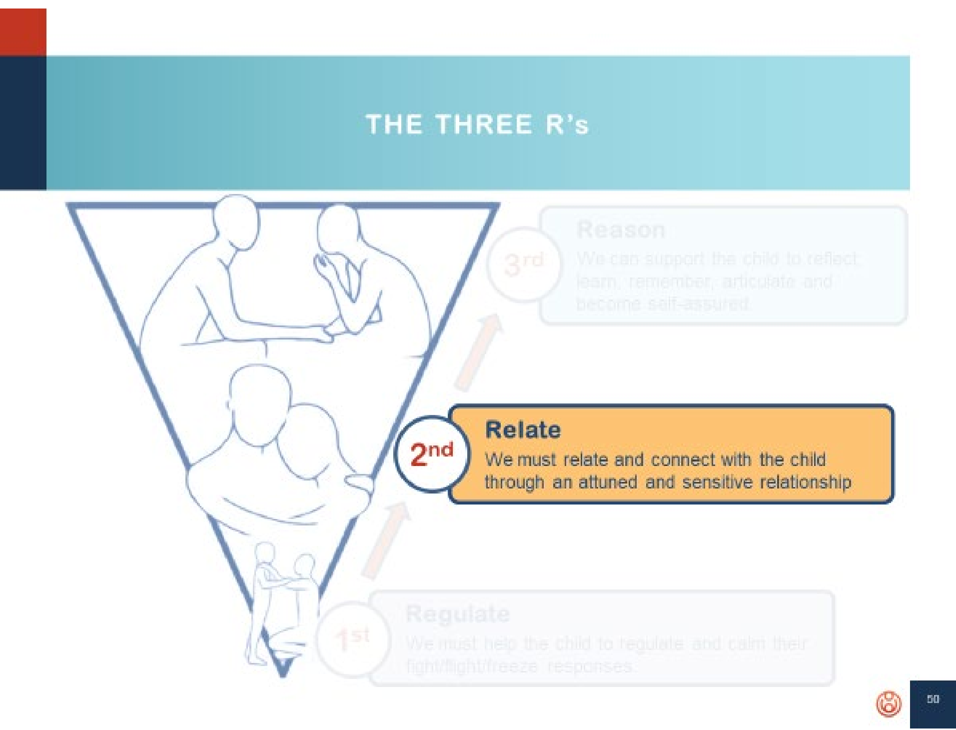
PARAPHRASE

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.

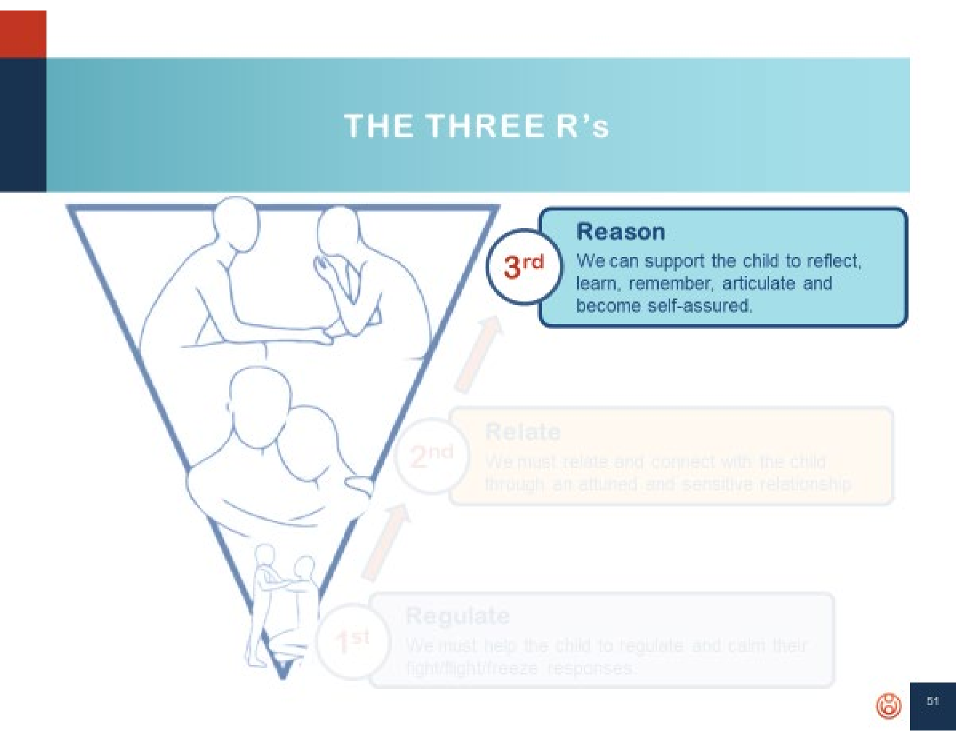
Once the child has calmed, we then want to Relate**.**



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.



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.

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.

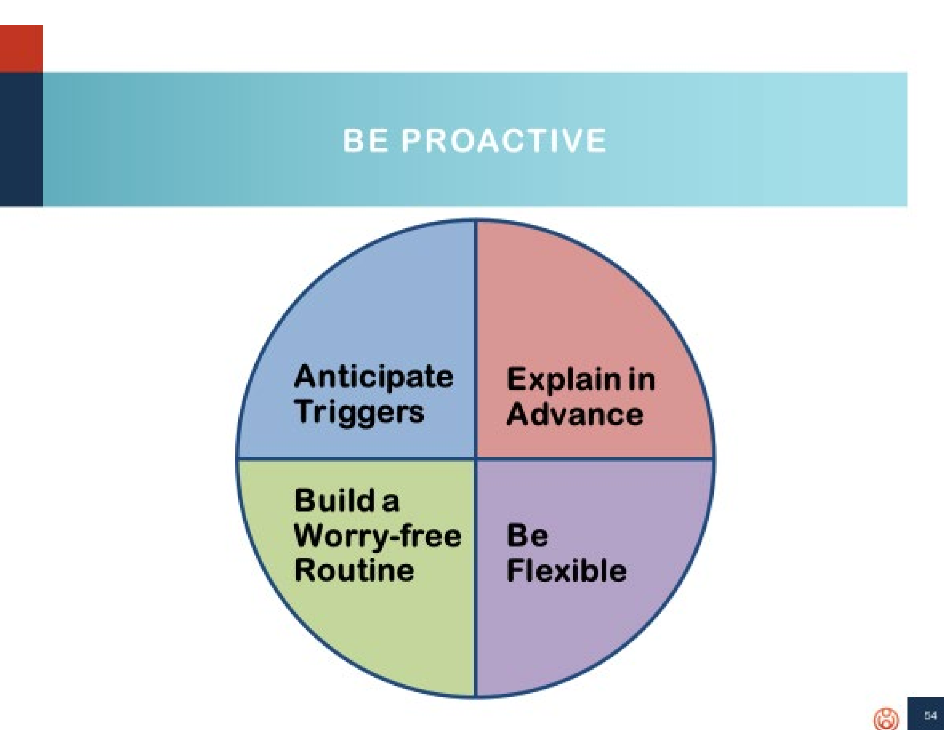
ASK

Can I have a few volunteers to share their ideas with the full group?

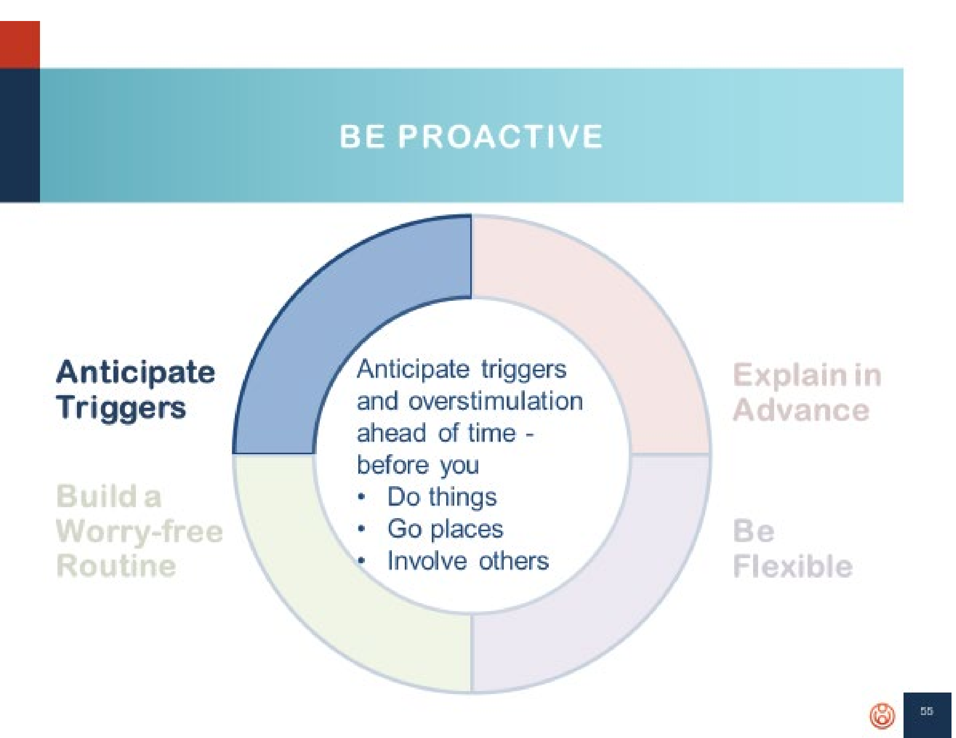
PARAPHRASE

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.

PARAPHRASE
In this section, we’ll talk more about specific skills to practice when preventing a crisis.

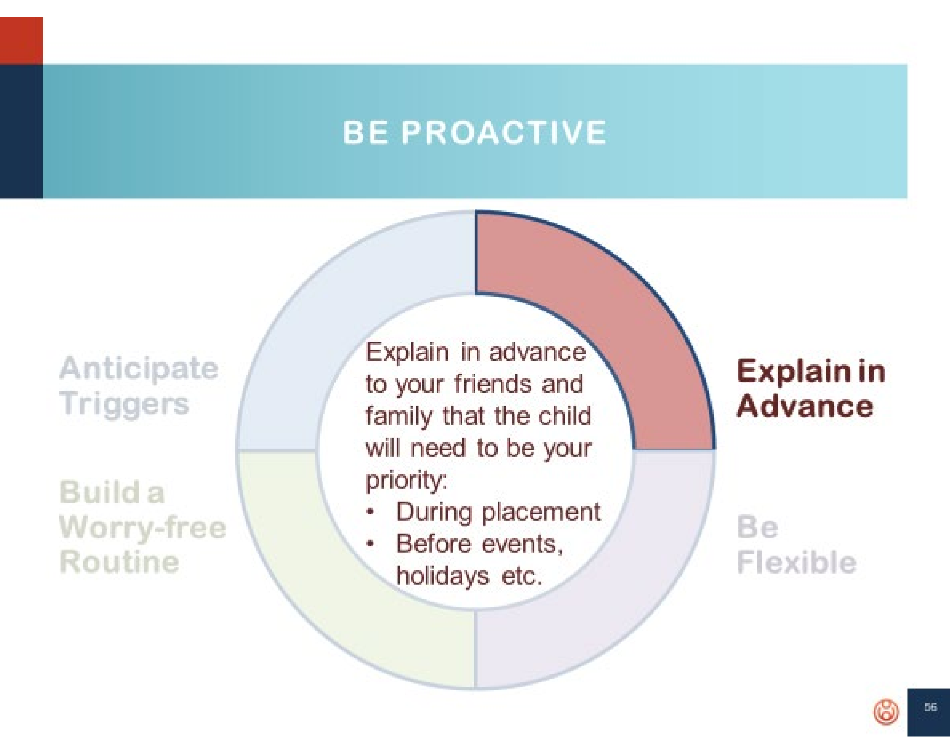


PARAPHRASE
As we've been discussing, being **proactive** is also essential. You will need to think ahead, anticipate triggers and problems, and make plans and preparations to handle at least most of the unexpected issues that will come up. Let's take a closer look at some specific tips.



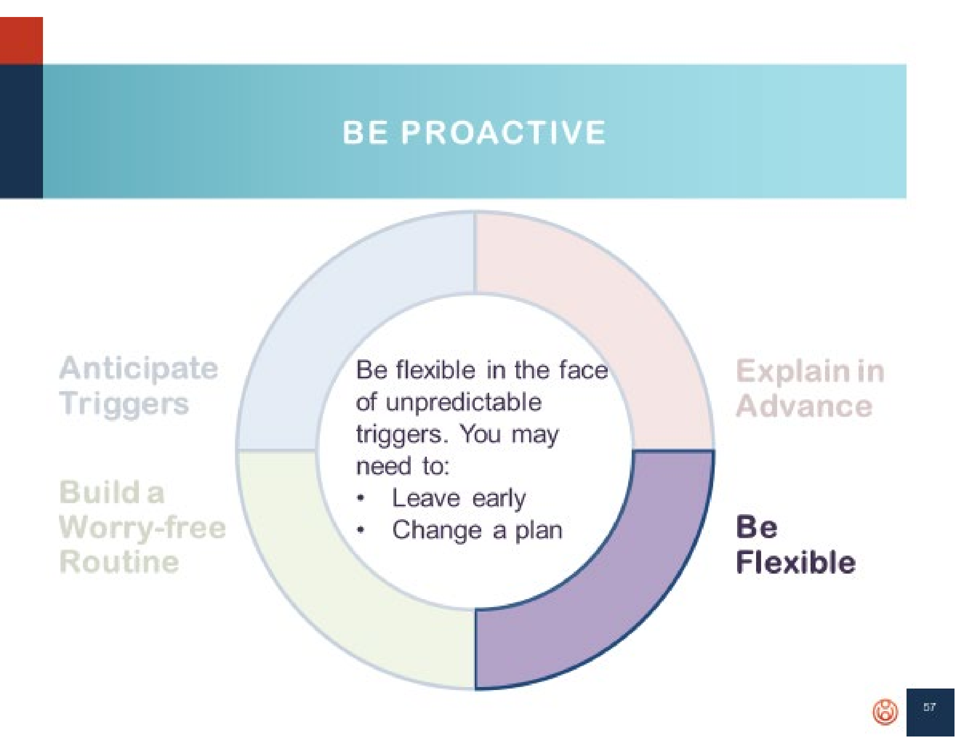
PARAPHRASE

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.



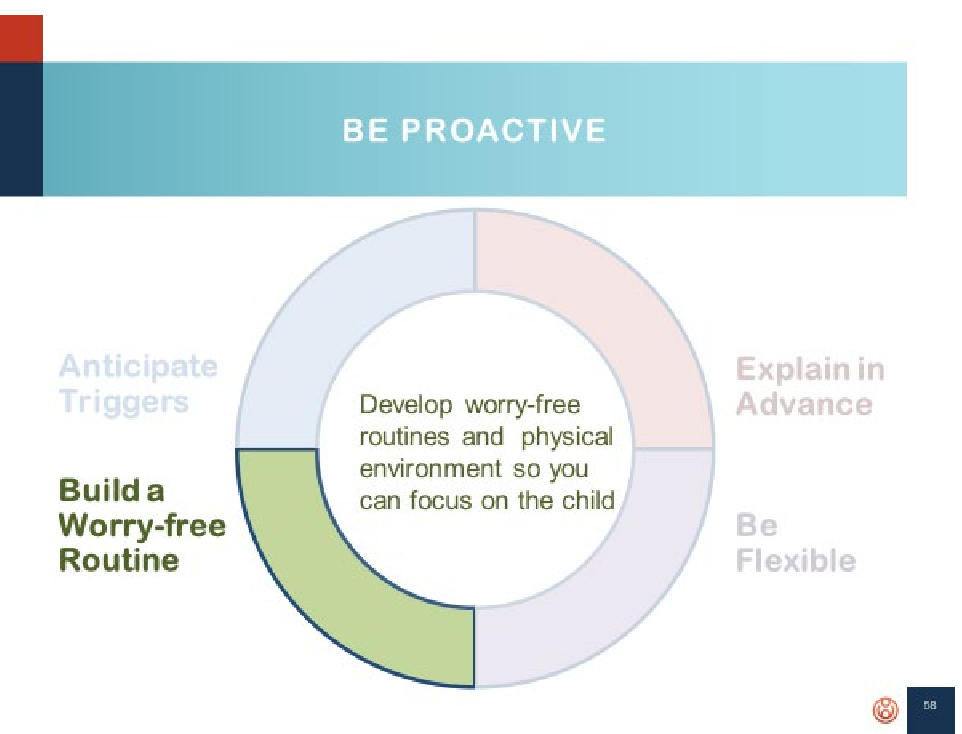
PARAPHRASE

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.



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.

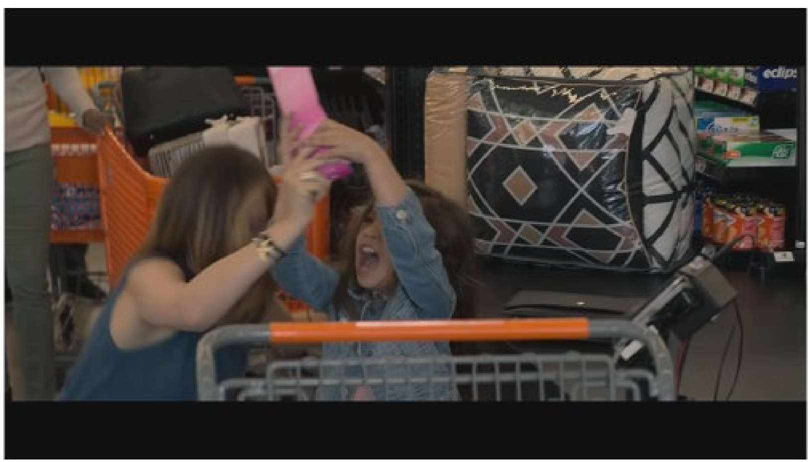
We will have an activity in a moment where we will discuss this situation more fully.



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



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FACILITATOR'S NOTE
Play video and facilitate a discussion afterward. Be sure to discuss the importance of safety planning here and reference the Safety Planning Handouts in the Participant Manuals available to families.

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 222)
- Handout #4: Sample Safety and Support Plan (page 224)

- Handout #5: Parent Guide to Talking About and Filling Out the Safety and Support Plan (page 226)

PARAPHRASE
Be sure to discuss and fill out a Safety and Support Plan with each child. 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 things escalate. 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.

ADULTS CAN ALSO BE TRIGGERED

HOW YOU RESPOND MATTERS!

A dysregulated parent cannot help a child become regulated.

Tips for parents responding to crises:

- Pause before you react
- Briefly step away
- Identify your own triggers
- Practice good self-care

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PARAPHRASE

As we've touched on, 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.

How you respond matters!

Tips:

1. **Pause before you react:** Pause and think before you react to a child's behavior. When the child's behaviors worsen or start to escalate, step back, take a deep breath and get yourself calm before responding to the child. Otherwise, your reaction to the child and the situation could cause further escalation.

2. Briefly step away

If you need to, step away for a minute to regulate yourself. This will help you to feel calmer and more in control of your own emotions. If you find yourself starting to lose control, you might say to the child, "I'm going to step out of the room for a minute because I don't want to do or to say something I don't mean. I'll be back as soon as I am calm again."

When you take a step back and pause for a moment before reacting, you will be able to focus better on what is causing the child's behaviors rather than just to react to the negative behaviors. This "breathing room" will give you time to respond in a calm way that will be more helpful for you and the child.

3. Identify your own triggers

Identify your own triggers that cause you to become agitated, irritated or upset. It is important that you

know your own triggers (such as the way you were parented, your culture, your beliefs) and how your life's experiences might influence the way that you respond to the child. For example, some of the most common triggers for parents involve the child not being respectful, not following directions, or being loud and disruptive in public.

A parent also can become triggered when the parent feels misunderstood or is trying to deal with too many new challenges. You don't want to further escalate a situation by digging in your heels with an "I am right" or "I'm in charge" attitude.

4. Practice good self-care

Remember that if you are hungry, tired, stressed, or overworked, you won't be able to calm yourself down as easily. Therefore, you need to get enough sleep, eat well, and take time for doing activities that you enjoy. All of these are examples of self-care. Self-care is extremely important for you as a parent who is fostering, adopting, or providing kinship care so that you will have the energy, ability, and internal resources to respond to challenging situations in a calm, relaxed manner.

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.

Don't take it personally: 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.

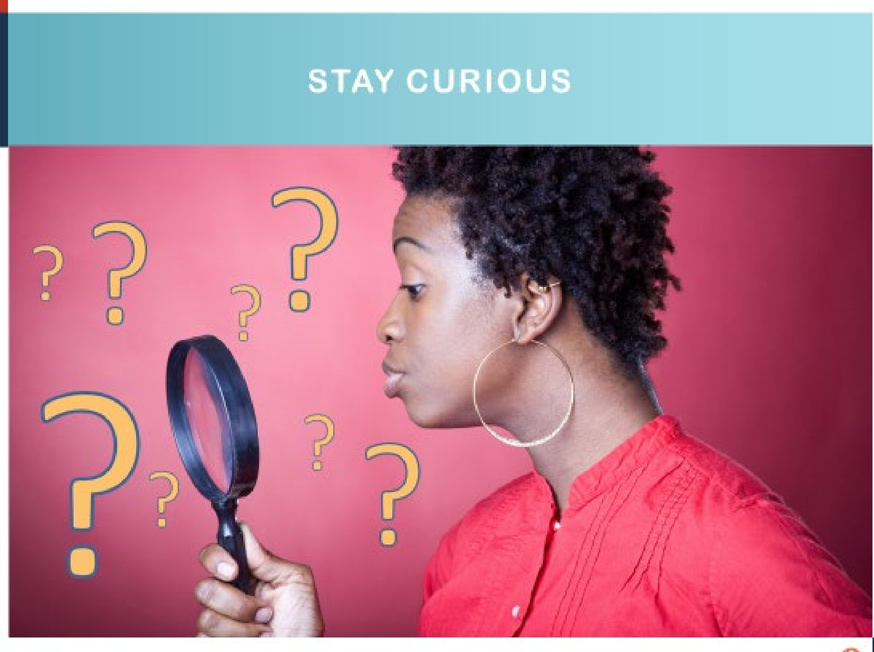
Expect mistakes: Recognize there will be mistakes and meltdowns for you both. Practice the art of saying you are sorry. We all need to forgive children and ourselves when we make mistakes. Ritualize those moments and make them acceptable for both of you.

Build a practical home environment: 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.

Anticipate stress points: 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.

Pace yourself: 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 reasonable with your expectations. Progress is not linear! 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.



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?"

PARAPHRASE
While practicing navigating escalated behaviors in your home, 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.

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.

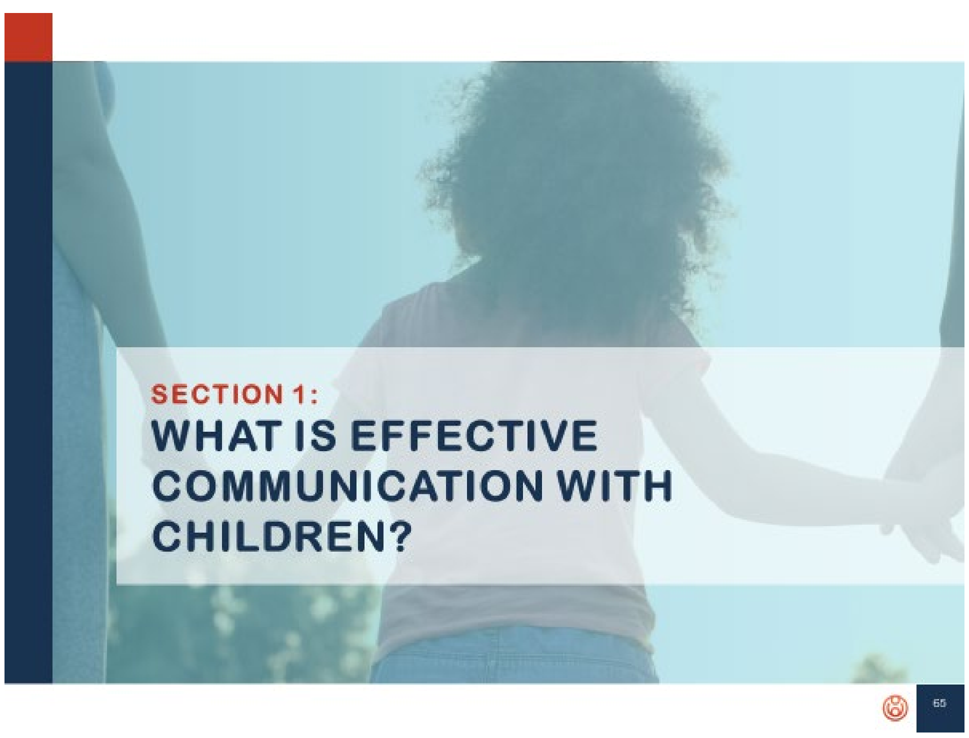
Celebrate the small wins! This is a marathon, not a sprint!

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.

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 244 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!

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.

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.

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

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.

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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.

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).

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!

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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.

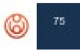
Although these interactions may feel intense, it is also important to maintain a sense of humor and use humor to lighten the mood when it is appropriate. Just be careful not to minimize the seriousness of the communication.

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.



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:

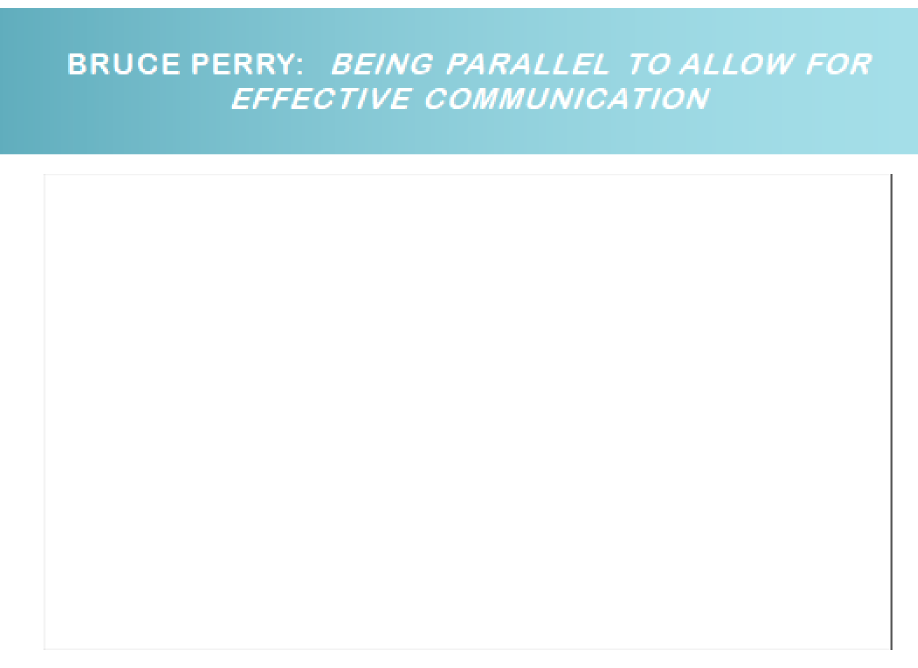
Write directly onto this slide, use a Zoom white board.

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 (specific to kinship)



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 246 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.

SAY
Let's start with a case study to illustrate how communication changes at different ages.

DO
Using Handout #2 on page 247, 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?

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?

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DO

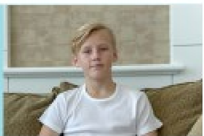
- Give participants a moment to circle the response on their handout that best represents what they may say to a child at this age.
- Facilitate a brief discussion of the answers participants choose.
- Call on a few participants to share which answer they chose and to briefly share why.
- Engage all 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.

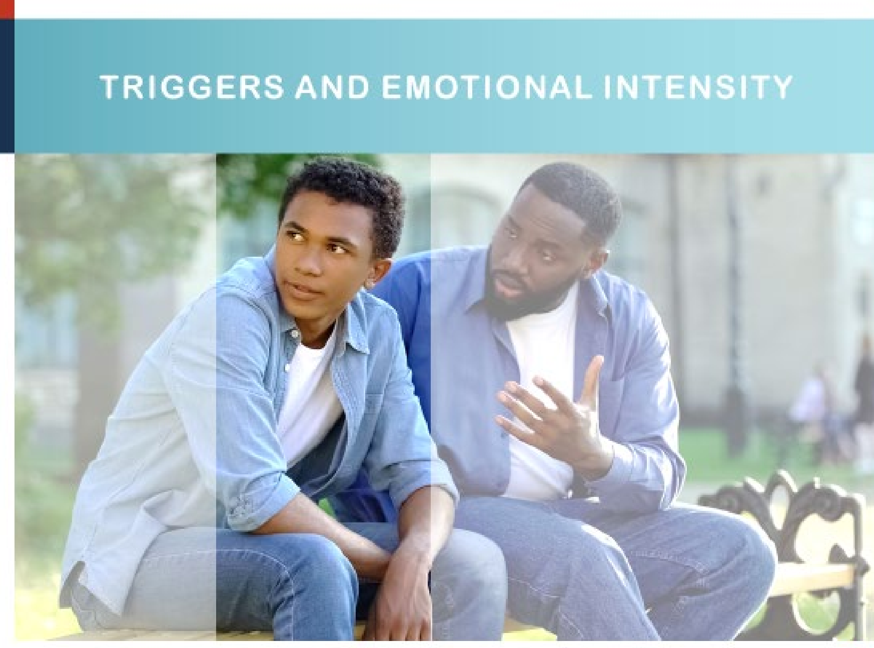
- The information we have been given does not tell us about Darius' father. It could have been someone his mother was close to, or because she had experienced sex trafficking, it is possible that his father is not known. This is something the child will eventually ask or need to know, so it will be up 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.

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.



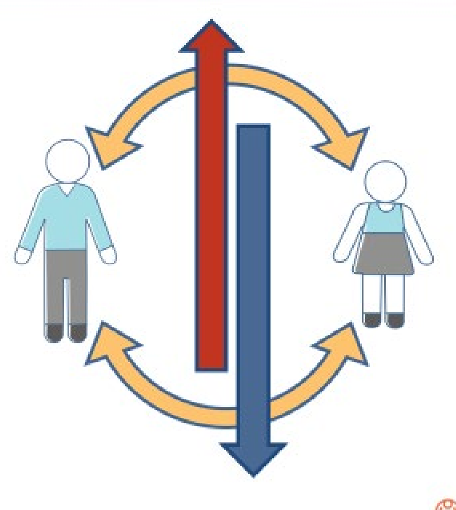
PARAPHRASE
As we discussed earlier, we know that a supportive relationship with a healthy adult is essential for a traumatized child. But we also know that it can be very hard for the child to feel close and connected, especially to somebody in a parent role.

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 co-regulation. 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 250

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 31 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 250.

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:
Page 252

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 and how it connects to real-life parenting. Please open your **Participant Resource Manual to page 252**.

First, think about the story of Diane Lanni and her son. Then, picture a child in your care having a meltdown—yelling, calling you names, maybe totally dysregulated.

Now, also take a moment to think of a time when **you had an interaction with a child or teen that didn't go well**. Try to recall how it unfolded and how you responded.

In your Participant Manual, take a few minutes to write down your thoughts on these questions:

- How do you think it would feel to be in that moment?
- What might be your first, gut reaction?
- How would you get yourself ready to co-regulate with the child?
- What support might you need in that moment—or afterward?
- Looking back, is there anything you would do differently now, using the skills and insights you've gained from this training?

This is a chance to reflect, without judgment, and begin thinking about how you can apply what you've learned in real-life situations.

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.

PARAPHRASE
Thank you for attending training with us! We have enjoyed getting to know you all and spending time with you at this point in your foster/kinship care journey.

Please let us know if you have any questions and have a great night!