

# Caring for Children Who Have Experienced Trauma:

## A Workshop for Resource Parents

### Participant Handbook

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February 2010

#### **From the National Child Traumatic Stress Network**

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Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.



## Acknowledgments

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# Welcome

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

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

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

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





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

Welcome!

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### The Basics



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

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



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

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## Why a Trauma Workshop?



- Many children in foster care have lived through traumatic experiences.
- Children bring their traumas with them into our homes.
- Trauma affects a child's behavior, feelings, relationships, and view of the world in profound ways.

(Continued)

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## Why a Trauma Workshop?

(Continued)



- Children's trauma affects us, too:
  - Compassion fatigue
  - Painful memories
  - Secondary traumatization
- Trauma's effects—on children and on us—can disrupt a placement.

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## A Foster Dad Speaks



*No one really explained to me about the impact of trauma on a child's life. I wish I'd known more about trauma sooner.*

—Sam, foster dad

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## What We'll Be Learning



- Module 1: Introductions
- Module 2: Trauma 101
- Module 3: Understanding Trauma's Effects
- Module 4: Building a Safe Place

(Continued)

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## What We'll Be Learning

(Continued)



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

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## Some Ground Rules



- One person speaks at a time.
- It's okay to disagree.
- Respect everyone's contributions and experiences.
- If a topic or activity makes you uncomfortable, feel free to take a time out.

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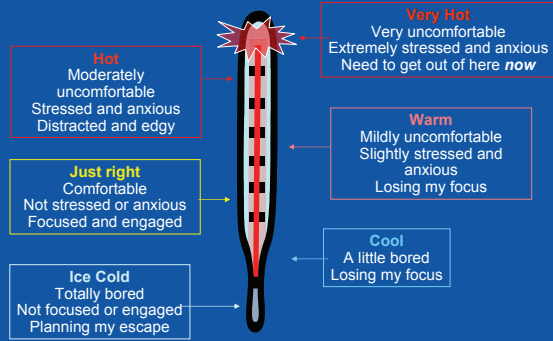
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# Feelings Thermometer



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## **Introduction**

### ***Supplemental Handouts***





# Feelings Thermometer

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

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



## VERY HOT

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

## HOT

- Moderately uncomfortable
- Stressed and anxious
- Distracted and edgy

## WARM

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

## JUST RIGHT

- Comfortable
- Not stressed or anxious
- Focused and engaged

## COOL

- A little bored
- Losing my focus

## ICE COLD

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

<b>Module or Activity</b>	<b>My Temperature</b>



Illustrations by Erich Ippen, Jr. Used with permission.

## Module 1: Introductions



## Learning Objectives

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After completing this module, you should be able to:

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





Illustrations by Erich Ippen, Jr. Used with permission.

## Module 1: Introductions

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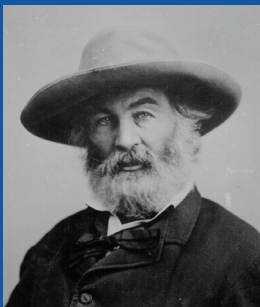
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*There was a child went forth  
every day, and all that he  
looked upon became part of  
him.*

—Walt Whitman

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### Meet the Children: Maya (8 Months Old)



Maya wakes up crying in the middle of the night.

- When her Aunt Jenna tries to soothe her, Maya arches her back, pushes her hands against Jenna's shoulders, and screams even harder.
- When Jenna tries to make eye contact with Maya, the baby turns her head away.
- "This little baby makes me feel completely rejected," Jenna says. "Sometimes I feel so helpless, I just have to put her down and let her cry."

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## Meet the Children: Rachel (17 Months Old)



Since being placed in foster care, Rachel has shown little interest in food and has lost a pound.

- Rachel used to say *mamma, dadda, babba, hi,* and *bye-bye*, but has stopped talking.
- Rachel often stands by the door or window, silently looking around as if waiting for someone.

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## Meet the Children: Tommy (4 Years Old)



Tommy plays repeatedly with a toy police car and ambulance, crashing them into each other while making the sound of sirens wailing.

- When his foster father tries to change Tommy's play, Tommy screams and throws the police car and ambulance.

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## Meet the Children: Andrea (9 Years Old)



Andrea enjoys reading with her foster father. One day, while she was sitting on his lap, she began to rub herself up and down against his crotch.

- Shocked and startled, Andrea's foster father pushed her away, roughly telling her to "Get out of here!"
- Andrea ran to her room, sobbing, "Why does everyone hate me?" and began frantically packing her suitcase.

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## Meet the Children: James (12 Years Old)



James is withdrawn and unresponsive with his foster parents. When asked what he wants, he says “whatever” and shrugs his shoulders.

- James has been failing classes at school and hanging out with kids who dress in black.
- When James moved in, his foster parents asked if he wanted to put up some pictures of his grandparents.
- “No, I don’t. Leave me alone!” he snapped, and retreated to his bedroom.

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## Meet the Children: Javier (15 Years Old)



Javier has gotten into trouble for not paying attention and joking around in class. Now he’s skipping classes to drink or smoke pot in a nearby park.

- At a party, Javier saw a friend verbally abusing a girl. When his friend pushed the girl, Javier beat up his friend.
- When his caseworker asked what had happened, Javier said “I don’t know. I just went into kill mode.”

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## Sound familiar?

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## The Challenge



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

- Confused
- Frustrated
- Unappreciated
- Angry
- Helpless

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## The Solution: Trauma-Informed Parenting



When you understand what trauma is and how it has affected your child, it becomes easier to:

- Communicate with your child
- Improve your child's behavior and attitudes
- Get your child the help he or she needs
- Reduce the risk of your own compassion fatigue or secondary traumatization
- Become a more effective and satisfied resource parent

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## The Essential Elements of Trauma-Informed Parenting\*



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

*(Continued)*

\*Adapted from "The essential elements of trauma-informed child welfare practice" from the National Child Traumatic Stress Network's *Child Welfare Trauma Training Toolkit*.

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## The Essential Elements of Trauma-Informed Parenting *(Continued)*



1. Recognize the impact trauma has had on your child.
2. Help your child to feel safe.

*(Continued)*

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## The Essential Elements of Trauma-Informed Parenting *(Continued)*



1. Recognize the impact trauma has had on your child.
2. Help your child to feel safe.
3. Help your child to understand and manage overwhelming emotions.

*(Continued)*

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## The Essential Elements of Trauma-Informed Parenting *(Continued)*



1. Recognize the impact trauma has had on your child.
2. Help your child to feel safe.
3. Help your child to understand and manage overwhelming emotions.
4. Help your child to understand and modify problem behaviors.

*(Continued)*

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## The Essential Elements of Trauma-Informed Parenting *(Continued)*



1. Recognize the impact trauma has had on your child.
2. Help your child to feel safe.
3. Help your child to understand and manage overwhelming emotions.
4. Help your child to understand and modify problem behaviors.
5. **Respect and support positive, stable, and enduring relationships in the life of your child.**

*(Continued)*

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## The Essential Elements of Trauma-Informed Parenting *(Continued)*



1. Recognize the impact trauma has had on your child.
2. Help your child to feel safe.
3. Help your child to understand and manage overwhelming emotions.
4. Help your child to understand and modify problem behaviors.
5. Respect and support positive, stable, and enduring relationships in the life of your child.
6. **Help your child develop a strength-based understanding of his or her life story.**

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## The Essential Elements of Trauma-Informed Parenting *(Continued)*



1. Recognize the impact trauma has had on your child.
2. Help your child to feel safe.
3. Help your child to understand and manage overwhelming emotions.
4. Help your child to understand and modify problem behaviors.
5. Respect and support positive, stable, and enduring relationships in the life of your child.
6. Help your child to develop a strength-based understanding of his or her life story.
7. **Be an advocate for your child.**

*(Continued)*

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## The Essential Elements of Trauma-Informed Parenting *(Continued)*



1. Recognize the impact trauma has had on your child.
2. Help your child to feel safe.
3. Help your child to understand and manage overwhelming emotions.
4. Help your child to understand and modify problem behaviors.
5. Respect and support positive, stable, and enduring relationships in the life of your child.
6. Help your child to develop a strength-based understanding of his or her life story.
7. Be an advocate for your child.
8. Promote and support trauma-focused assessment and treatment for your child.

*(Continued)*

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## The Essential Elements of Trauma-Informed Parenting *(Continued)*



1. Recognize the impact trauma has had on your child.
2. Help your child to feel safe.
3. Help your child to understand and manage overwhelming emotions.
4. Help your child to understand and modify problem behaviors.
5. Respect and support positive, stable, and enduring relationships in the life of your child.
6. Help your child to develop a strength-based understanding of his or her life story.
7. Be an advocate for your child.
8. Promote and support trauma-focused assessment and treatment for your child.
9. Take care of yourself.

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## The Essential Elements of Trauma-Informed Parenting



1. Recognize the impact trauma has had on your child.
2. Help your child to feel safe.
3. Help your child to understand and manage overwhelming emotions.
4. Help your child to understand and modify problem behaviors.
5. Respect and support positive, stable, and enduring relationships in the life of your child.
6. Help your child to develop a strength-based understanding of his or her life story.
7. Be an advocate for your child.
8. Promote and support trauma-focused assessment and treatment for your child.
9. Take care of yourself.

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## Myths to Avoid



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

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## "My Child" Worksheet (Group Activity)



Imagine a real child—a child in your home, a child from your neighborhood, or even a child from the past.

- Fill in the basic information about your child—first name, age, gender—on the "My Child" worksheet.
- Write down what you know about this child's life before he or she came into your home.
- Make a note of anything about this child that you would like to understand better.

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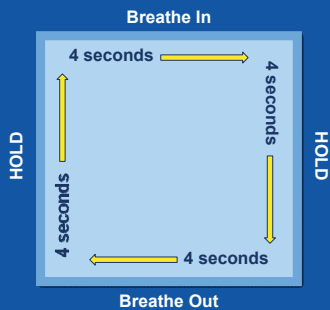
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## Self-Care Start Up: Square Breathing (Group Activity)



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**Let's take a break!**

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## **Module 1**

### ***Supplemental Handouts***



# The Essential Elements of Trauma-Informed Parenting

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

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

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

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

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

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

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

Trauma can cause such intense fear, anger, shame, and helplessness that children are overwhelmed by their feelings. In addition, trauma can derail development so that children fail to learn how to identify, express, or manage their emotional states.

For example, babies learn to regulate and tolerate their shifting feelings by interacting with caring adults. Older children who did not develop these skills during infancy may seem more like babies emotionally. By providing calm, consistent, and loving care, you can set an example for your children and teach them how to define, express, and manage their emotions.

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

Overwhelming emotion can have a very negative impact on children's behavior, particularly if they cannot make the connection between feelings and behaviors. Because trauma can derail development, children who have experienced trauma may display problem behaviors more typical of younger children.

For example, during the school-age years, children learn how to think before acting. Adolescents who never learned this skill may be especially impulsive and apt to get into trouble. As a trauma-informed resource parent, you can help your children to understand the links between their thoughts, feelings, and behaviors, and to take control of their behavioral responses.

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

Children learn who they are and what the world is like through the connections they make, including relationships with other people. These connections help children define themselves and their place in the world. Positive, stable relationships play a vital role in helping children heal from trauma.

Children who have been abused or neglected often have insecure attachments to other people. Nevertheless, they may cling to these attachments, which are disrupted or even destroyed when they come into care.

As a trauma-informed resource parent, you can help your child to hold on to what was good about these connections, reshape them, make new meaning from them, and build new, healthier relationships with you and others as well.

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

In order to heal from trauma, children need to develop a strong sense of self, to put their trauma histories in perspective, and to recognize that they are worthwhile and valued individuals.

Unfortunately, many children who have experienced trauma live by an unwritten rule of “Don’t tell anyone anything.” They may believe that what happened to them is somehow their fault because they are bad, or damaged, or did something wrong.

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

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

Trauma can affect so many aspects of a child’s life that it takes a team of people and agencies to facilitate recovery. As the one most intimately and consistently connected with your child, you are a critical part of this team. As a trauma-informed resource parent, you can help ensure that efforts are coordinated, and help others to view your children through a trauma lens.

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

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

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

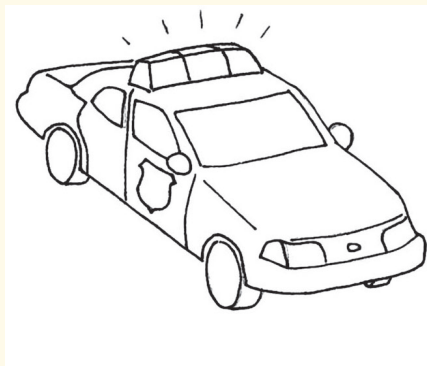
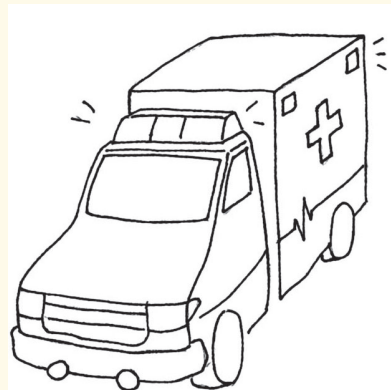
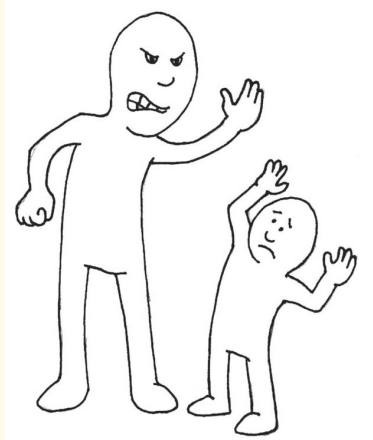
Caring for children who have experienced trauma can be very difficult, and can leave resource families feeling drained and exhausted. In order to be effective, it is important to also take care of ourselves, and take action to get the support we need when caring for traumatized children.

## Myths to Avoid

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





Illustrations by Erich Ippen, Jr. Used with permission.

## Module 2: Trauma 101





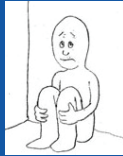
# Learning Objectives

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After completing this module, you should be able to:

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





## Module 2: Trauma 101

Illustrations by Erich Ippen, Jr.  
Used with permission.

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## What does the word “trauma” mean?

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## A traumatic experience . . .



- Threatens the life or physical integrity of a child or of someone important to that child (parent, grandparent, sibling)
- Causes an overwhelming sense of terror, helplessness, and horror
- Produces intense physical effects such as pounding heart, rapid breathing, trembling, dizziness, or loss of bladder or bowel control

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## Types of Trauma



### Acute trauma:

A single event that lasts for a short time



(Continued)

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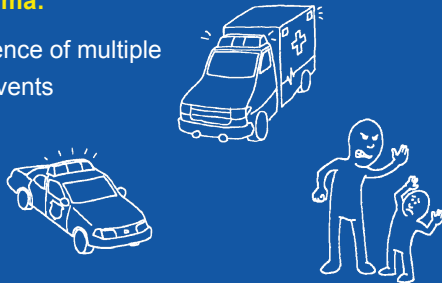
## Types of Trauma

(Continued)



### Chronic trauma:

The experience of multiple traumatic events



(Continued)

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## Types of Trauma: What About Neglect?



- Failure to provide for a child's basic needs
- Perceived as trauma by an infant or young child completely dependent on adults for care
- Opens the door to other traumatic events
- May reduce a child's ability to recover from trauma



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## When Trauma Is Caused by Loved Ones



The term **complex trauma** is used to describe a specific kind of chronic trauma and its effects on children:

- Multiple traumatic events that begin at a very young age
- Caused by adults who should have been caring for and protecting the child

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

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## My Child's Traumas (Group Activity)



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

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## How Children Respond to Trauma



Long-term trauma can interfere with healthy development and affect a child's:

- Ability to trust others
- Sense of personal safety
- Ability to manage emotions
- Ability to navigate and adjust to life's changes
- Physical and emotional responses to stress

*(Continued)*

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## How Children Respond to Trauma

(Continued)



A child's reactions to trauma will vary depending on:

- Age and developmental stage
- Temperament
- Perception of the danger faced
- Trauma history (cumulative effects)
- Adversities faced following the trauma
- Availability of adults who can offer help, reassurance, and protection

(Continued)

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## How Children Respond to Trauma

(Continued)



### Hyperarousal:

- Nervousness
- Jumpiness
- Quickness to startle

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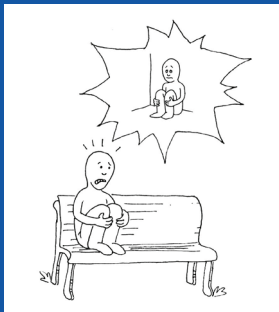
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## How Children Respond to Trauma

(Continued)



### Reexperiencing:

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

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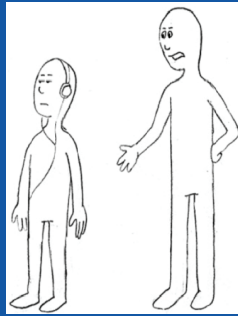
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## How Children Respond to Trauma

(Continued)



### Avoidance and withdrawal:

- Feeling numb, shutdown, or separated from normal life
- Pulling away from activities and relationships
- Avoiding things that prompt memories of the trauma

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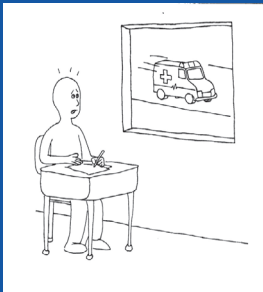
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## What You Might See: Reactions to Trauma Reminders



### Trauma reminders:

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

(Continued)

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## Reactions to Trauma Reminders

(Continued)



- Reexperiencing
- Withdrawal
- Disassociation

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*I don't think there was a time when I wasn't abused as a child. In order to survive the abuse, I made believe that the real me was separate from my body. That way, the abuse was happening not really to me, but just this skin I'm in.*

—C. M.

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

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## What about Posttraumatic Stress Disorder?



**Posttraumatic stress disorder (PTSD)** is diagnosed when:

- A person displays severe traumatic stress reactions,
- The reactions persist for a long period of time, and
- The reactions get in the way of living a normal life.

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## What You Might See: Traumatic Stress Reactions



- Problems concentrating, learning, or taking in new information
- Difficulty going to sleep or staying asleep, nightmares
- Emotional instability; moody, sad, or angry and aggressive, etc.
- Age-inappropriate behaviors; reacting like a much younger child

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## What You Might See: Traumatic Play



When playing, young children who have been through traumatic events may:

- Repeat all or part of the traumatic event
- Take on the role of the abuser
- Try out different outcomes
- Get “stuck” on a particular moment or event

(Continued)

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## Traumatic Play (Continued)



Seek professional help if your child:

- Centers most play activities around traumatic events
- Becomes very upset during traumatic play
- Repeatedly plays the role of the abuser with dolls or stuffed animals or acts out abuse with other children
- Plays in a way that interferes with relationships with other children

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## What You Might See: Talking About Trauma



- Talking about certain events all the time
- Bringing up the topic seemingly “out of the blue”
- Being confused or mistaken about details
- Remembering only fragments of what happened
- Avoiding talk about anything remotely related to the traumatic events

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## Maya's Story



- Maya was taken into care after her 17-year-old mother brought her to the ER unconscious, with broken arms and bruises.
- Maya and her mother Angela had been living with her mother's abusive boyfriend.
- For a brief time recently, Angela and Maya had lived in a shelter for victims of domestic violence.
- Angela claimed Maya was hurt while in the shelter.

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## Maya's Response to Trauma (Group Activity)



- Wakes up crying in the middle of the night
- Easily startled by loud noises
- Squirms away from being held
- Doesn't make eye contact
- Screams when taken on medical visits

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## Javier's Story



- Grew up seeing his parents battle
- Would try to divert his parents by making jokes
- Mother refuses to leave father
- Taken into care after he tried to intervene during a fight and was badly beaten by his father

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## Javier's Response to Trauma (Group Activity)



- Not interested in school, jokes around in class
- Frequently skips school to smoke and drink with friends in a nearby park
- Has sudden outbursts of violence: recently beat up a boy he saw pushing a girl

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



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

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## Recovering from Trauma: The Role of Resilience



- **Resilience** is the ability to recover from traumatic events.
- Children who are resilient see themselves as:
  - Safe
  - Capable
  - Lovable

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*Just as despair can come to one only from other human beings, hope, too, can be given to one only by other human beings.*

—Elie Wiesel  
*Author, activist,  
and Holocaust survivor*

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## Growing Resilience



Factors that can increase resilience include:

- A strong relationship with at least one competent, caring adult
- Feeling connected to a positive role model/mentor
- Having talents/abilities nurtured and appreciated
- Feeling some control over one's own life
- Having a sense of belonging to a community, group, or cause larger than oneself

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## Recognizing Resilience: Maya



- Able to express her needs through crying. She has not given up
- Able to take comfort from her bottle
- Responds positively to music and has learned she can rely on it
- Beginning to trust and enjoy being with her aunt

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## Recognizing Resilience: Javier



- Attached to and loyal to his mother
- Talented as an entertainer, jokester
- Has formed friendships with his peers
- Has a sense of justice and wants to make things right in the world
- Has empathy for others, particularly women in jeopardy

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## Recognizing Resilience: My Child (Group Activity)



- What strengths or talents can you encourage?
- What people have served as role models?
- What people have served as sources of strength or comfort?
- What does your child see as being within his/her control?
- What causes larger than him/herself could your child participate in?

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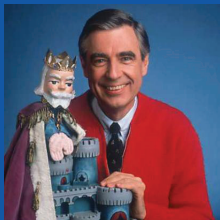
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## Resource Parents Are . . .



*. . . like shuttles on a loom.  
They join the threads of the  
past with threads of the future  
and leave their own bright  
patterns as they go.*

—Fred Rogers

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

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## Module 2: Wrap Up

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## **Module 2**

### ***Supplemental Handouts***





# Child Traumatic Stress: A Primer for Resource Parents

## What Is Traumatic Stress?

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

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

## Types of Traumatic Stress: Acute Trauma

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

## Types of Traumatic Stress: Chronic Trauma

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

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

## What about neglect?

Neglect is defined as the failure to provide for a child's basic physical, medical, educational, and emotional needs. Since neglect results from “omissions” in care, rather than “acts of commission” (such as physical and sexual abuse), it might seem less traumatic. However, for an infant or very young child who is completely dependent on adults for care, being left alone in a crib, in a wet, dirty diaper, suffering from the pain of hunger and exhausted from hours of crying, neglect feels like a very real threat to survival.

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

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

## How Do Children Respond to Trauma?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

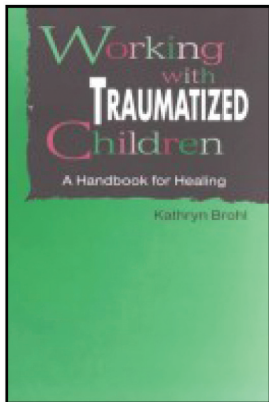


## Module 2: Trauma 101

### Additional Resources

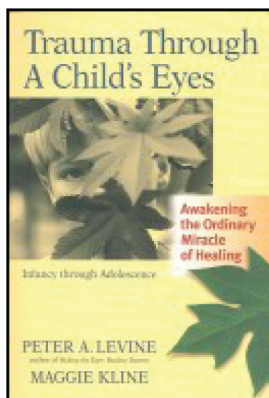
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#### Books on Traumatic Stress in Children



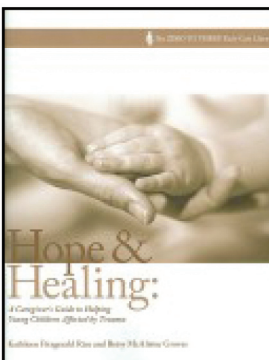
Brohl, K. (2007). *Working with traumatized children: A handbook for healing*. Mt. Morris, IL: Child Welfare League of America Press.

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



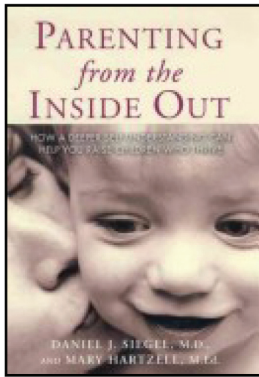
Levine, P., & Klein, M. (2006). *Trauma through a child's eyes: Awakening the ordinary miracle of healing: Infancy through adolescence*. Berkeley, CA: North Atlantic Books.

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



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

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



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

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

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

## Videos

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

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

### **Available from:**

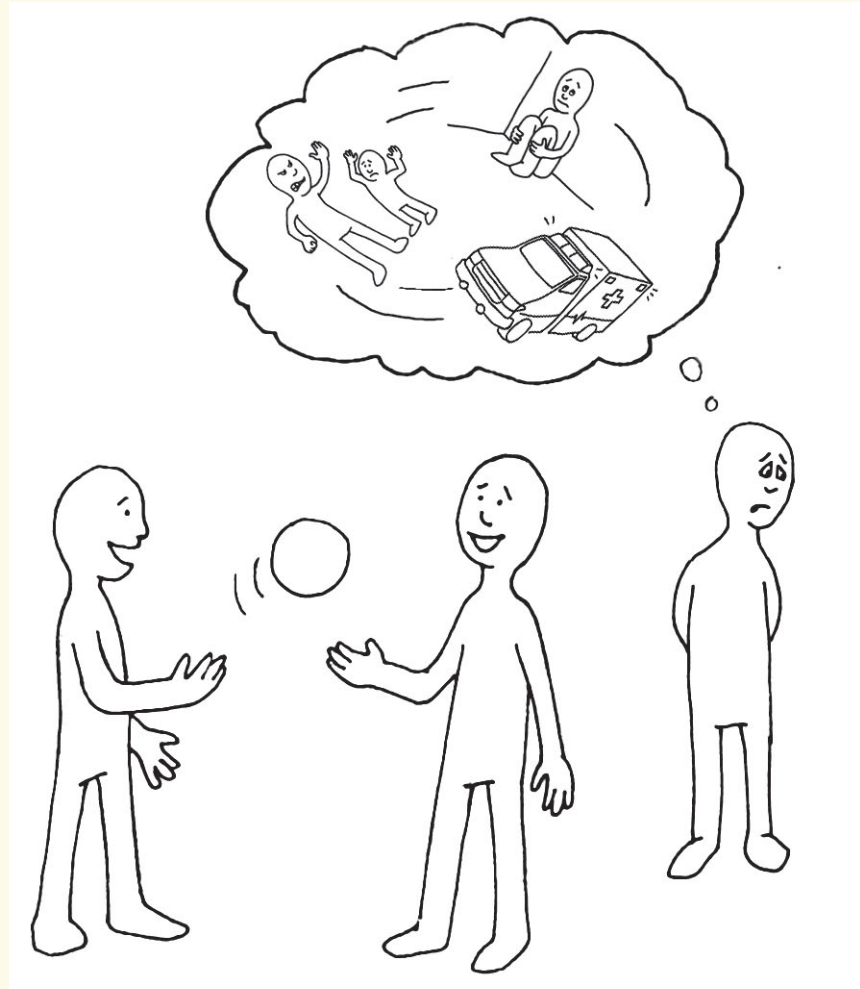
Calvacade Productions, Inc.:

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

Sidran Institute:

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

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Illustrations by Erich Ippen, Jr. Used with permission.

## Module 3: Understanding Trauma's Effects





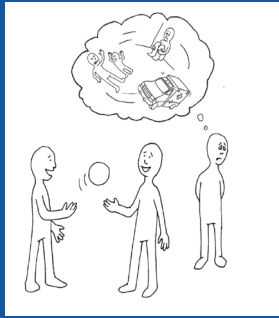
# Learning Objectives

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After completing this module, you should be able to:

- Describe the ways in which trauma can interfere with children’s development and functioning.
- Describe how children of different ages may respond to trauma.
- Describe the “invisible suitcase” and how trauma-informed parenting can “repack” the suitcase.





Illustrations by Erich Ippen, Jr. Used with permission.

## Module 3: Understanding Trauma's Effects

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### Essential Element 1



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

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### We Learn by Experience



(Continued)

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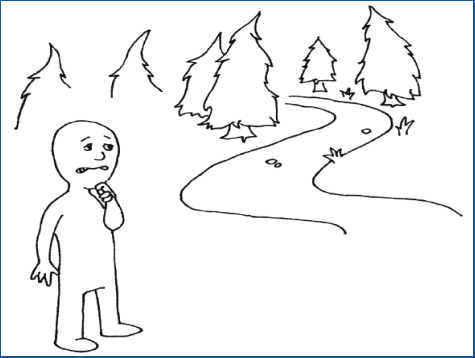
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**We Learn by Experience**  
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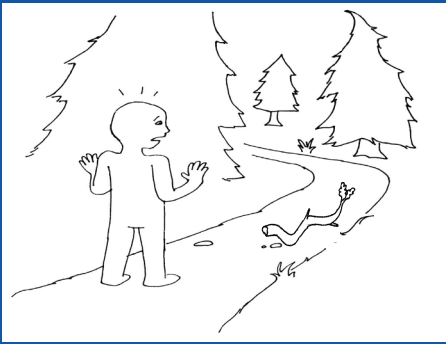
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**We Learn by Experience**  
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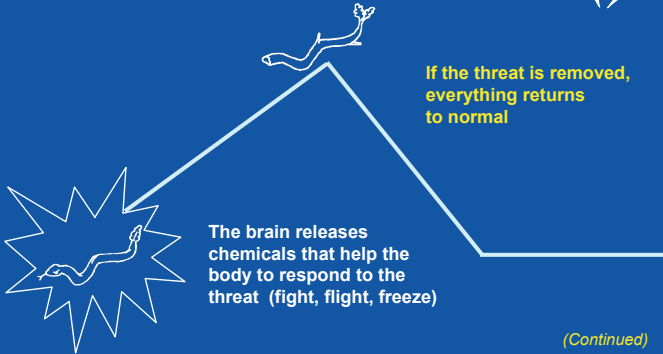
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**Your Internal Alarm System**



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

If the threat is removed, everything returns to normal

(Continued)

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## Your Internal Alarm System

*(Continued)*

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

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

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## Experience Grows the Brain

- Brain development happens from the bottom up:
  - From primitive (basic survival)
  - To more complex (rational thought, planning, abstract thinking)

*(Continued)*

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## Experience Grows the Brain

*(Continued)*

- The brain develops by forming connections.
- Interactions with caregivers are critical to brain development.
- The more an experience is repeated, the stronger the connections become.

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## Trauma Derails Development



Exposure to trauma causes the brain to develop in a way that will help the child survive in a dangerous world:

- On constant alert for danger
- Quick to react to threats (fight, flight, freeze)

The stress hormones produced during trauma also interfere with the development of higher brain functions.

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

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## Young Children (0–5)



Key Developmental Tasks	Trauma's Impact
-------------------------	-----------------

- |   |  |
|---|--|
| ▪ Development of visual and auditory perception | ▪ Sensitivity to noise   |
| ▪ Recognition of and response to emotional cues | ▪ Avoidance of contact   |
| ▪ Attachment to primary caregiver               | ▪ Heightened startle response                                      |
|   | ▪ Confusion about what's dangerous and who to go to for protection |
|   | ▪ Fear of being separated from familiar people/places              |

*(Continued)*

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## School-Aged Children (6–12)



Key Developmental Tasks	Trauma's Impact
-------------------------	-----------------

- |  |                                  |
|--|----------------------------------|
| ▪ Manage fears, anxieties, and aggression                  | ▪ Emotional swings               |
| ▪ Sustain attention for learning and problem solving       | ▪ Learning problems              |
| ▪ Control impulses and manage physical responses to danger | ▪ Specific anxieties and fears   |
|  | ▪ Attention seeking              |
|  | ▪ Reversion to younger behaviors |

*(Continued)*

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## Adolescents (13–21)



### Key Developmental Tasks

- Think abstractly
- Anticipate and consider the consequences of behavior
- Accurately judge danger and safety
- Modify and control behavior to meet long-term goals

### Trauma's Impact

- Difficulty imagining or planning for the future
- Over- or underestimating danger
- Inappropriate aggression
- Reckless and/or self-destructive behaviors

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## Getting Development Back on Track



- Traumatized children and adolescents can learn new ways of thinking, relating, and responding.
- Rational thought and self-awareness can help children override primitive brain responses.
- Unlearning—and rebuilding—takes time.

(Continued)

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## What Trauma-Informed Parents Can Do



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

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

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Let's take a break!

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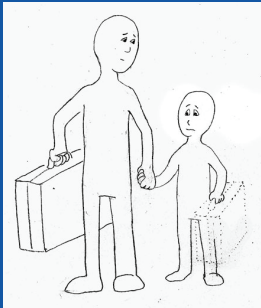
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### The Invisible Suitcase



Trauma shapes children's beliefs and expectations:

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

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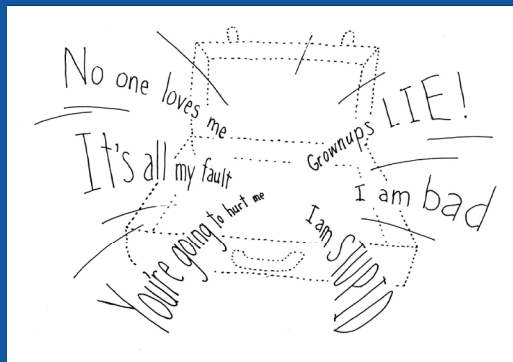
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### The Invisible Suitcase



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## Maya's History



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

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## Maya's Behaviors



- Cries and screams, rejects comfort
- Is easily startled and distressed by loud noises
- Screams when brought to the doctor's office—even before a doctor or nurse has touched her
- Takes comfort from her bottle when it is propped up rather than when it is being held
- Is soothed by a particular piece of music

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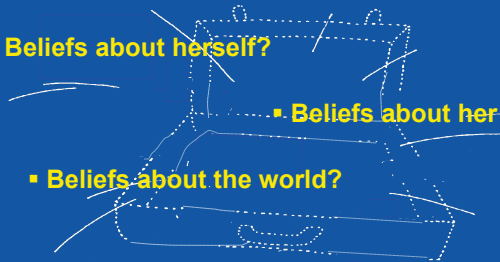
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## What's in Maya's Suitcase? (Group Activity)



- Beliefs about herself?
- Beliefs about her caregivers?
- Beliefs about the world?



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## What's in the Suitcase? (Group Activity)



- Take a plastic sandwich bag from the center of the table.
- Using separate slips of paper, write down what you think might be in your child's "invisible suitcase." Be sure to include:
  - Beliefs and expectations about him or herself
  - Beliefs and expectations about you and other caregivers
  - Beliefs and expectations about the world

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## "Repacking" the Suitcase (Group Activity)



- How can we "repack" this suitcase with positive experiences and beliefs?
- How can we promote resilience in this child by making him or her feel:
  - Safe?
  - Capable?
  - Lovable?

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## What Trauma-Informed Parenting Can Do



- When we protect them from harm. . .
  - . . . children learn that the world is safe.
- When we support, nurture, and respond to them. . .
  - . . . children learn that they are capable.
- When we give them affection and love . . .
  - . . . children learn that they are lovable.

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## Module 3: Wrap Up

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## **Module 3**

### ***Supplemental Handouts***



# Understanding Brain Development in Young Children

By Sean Brotherson

Family Science Specialist, North Dakota State University Extension Service

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

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

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

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

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

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

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

## What Do We Know About Brain Development?

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

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

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

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

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

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

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

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

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

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

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

## How the Brain Develops

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

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

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

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

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

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



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

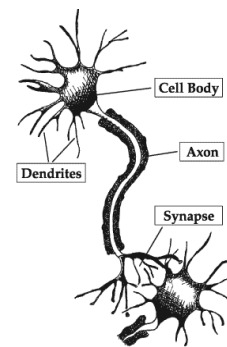
What the brain has done is to lay out circuits that are its best guess about what is required for vision, language, etc. Now the sensory experiences must take this rough blueprint and progressively refine it. Circuits are made into patterns that enable newborn infants to perceive their mother's touch,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

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

**Figure 1. Neurons and connections**

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

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



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

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

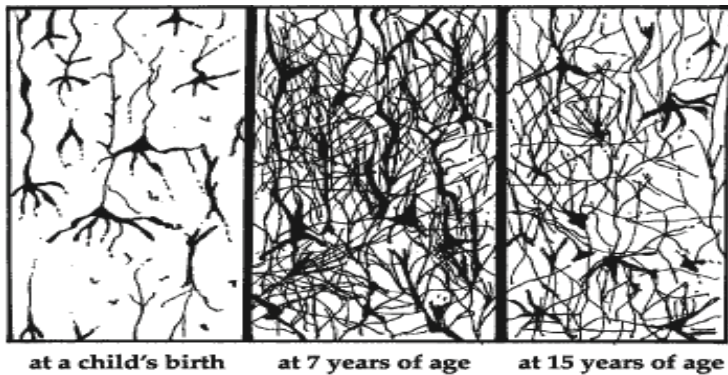
A remarkable increase in synapses occurs during the first year of life. The brain develops a functional architecture through the development of these synapses or connections.

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

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

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

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



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

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

## Construction of the Brain

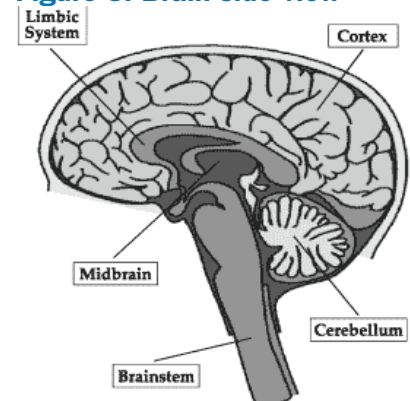
We have explored how the brain develops at the cellular level with neurons and connections. Understanding the different parts of the brain as a whole and how it functions and develops also is useful.

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

The basic elements of the human brain include the following:

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

**Figure 3. Brain side view**



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

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

## **Critical Periods of Brain Development**

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

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

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

## **Visual and Auditory Development**

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

## **Language Development**

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

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

## Physical and Motor Development

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

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

## Emotional and Social Development

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

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

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

## Conclusion

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

## Recommended Resources

### Books

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

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

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

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

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

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

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

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

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

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

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

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

### **Videos**

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

### **Web sites**

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

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

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

## References

Bales, Diane. (1998). *Better Brains for Babies*. Publication Nos. FACS 01-1, 01-2, 01-4, 01-6 and 01-7. College of Family and Consumer Sciences, University of Georgia.

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*I Am Your Child* Campaign. (1999). Web site: [www.iamyourchild.org](http://www.iamyourchild.org) . Beverly Hills, Calif.

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

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

Jensen, Eric. (1998). *Teaching with the Brain in Mind*. Association for Supervision and Curriculum Development, Alexandria, Va.

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# The Invisible Suitcase: Meeting the Needs of Traumatized Children

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## The Invisible Suitcase

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

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

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

But also about you as a caregiver . . .

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

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

## The Invisible Suitcase and Behavior

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

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

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

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

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

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

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

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

## **What Resource Parents Can Do**

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

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

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

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



## ***Provide disconfirming experiences***

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

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

And messages that say you, as a caregiver:

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

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

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

## ***Establish a dialog***

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

