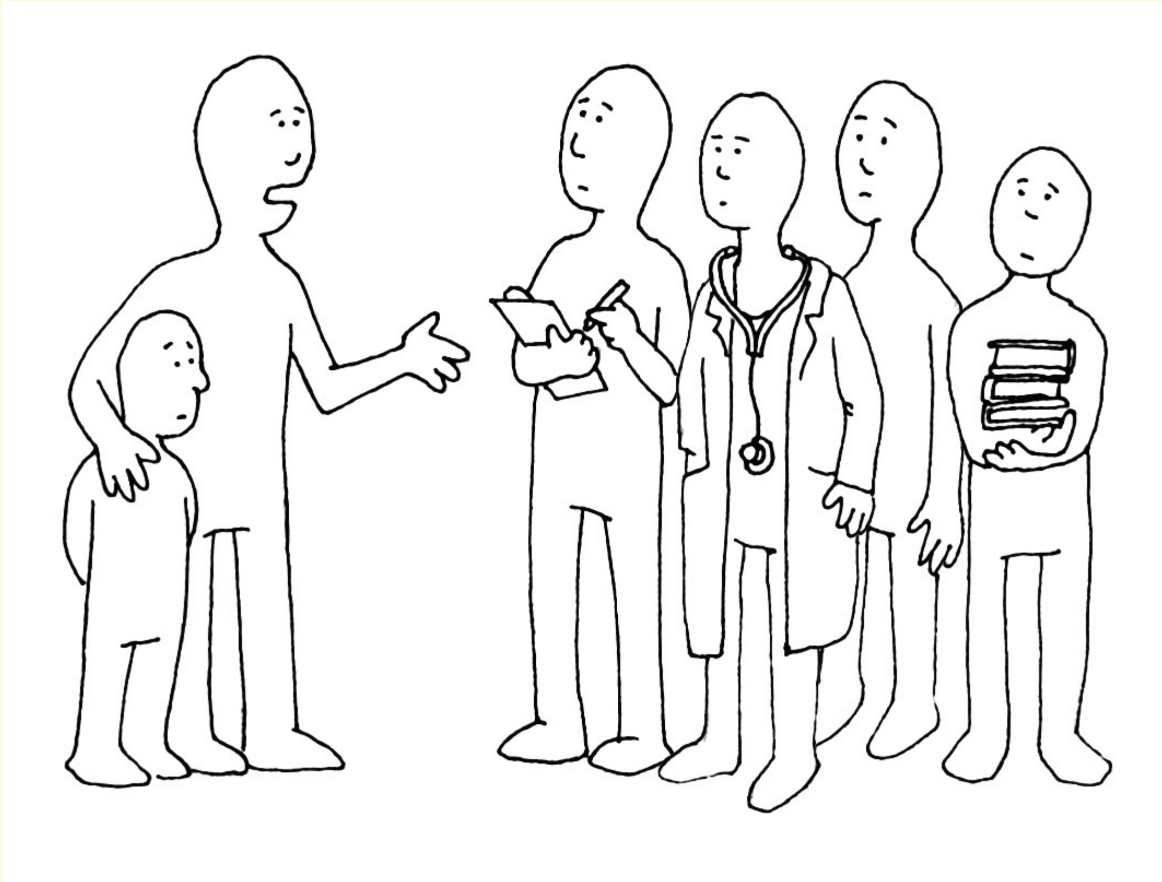
NCTSN The National Child Traumatic Stress Network



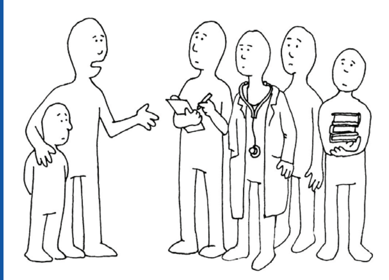
Illustrations by Erich Ippen, Jr. Used with permission.

Module 7: Becoming an Advocate

Learning Objectives

After completing this module, you should be able to:

- List at least three of the basic elements of trauma-informed advocacy.
- List at least four indicators that a child may need the support of trauma-informed therapy.
- Describe specific actions you can take with an actual member of your child's team.



Illustrations by Erich Ippen, Jr. Used with permission.

Module 7: Becoming an Advocate

NCTSN The National Child Traumatic Stress Network

1

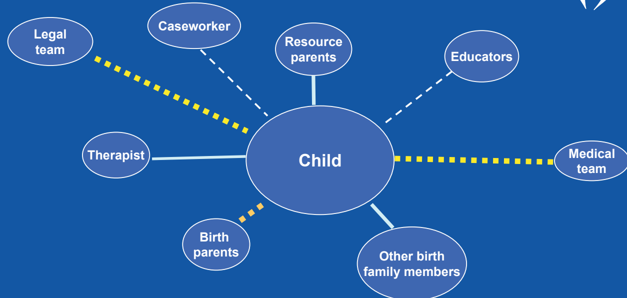
Essential Elements 7 and 8

7. Be an advocate for your child.
8. Promote and support trauma-focused assessment and treatment for your child.

NCTSN The National Child Traumatic Stress Network

2

Know Your Child's Team (Group Activity)



NCTSN The National Child Traumatic Stress Network

3

Working as a Team

The team members involved in your child's life:

- Share a commitment to your child's safety, permanency, and well-being
- Have distinct roles and responsibilities
- Relate to your child in different ways
- Are NOT equally trauma-informed

NCTSN The National Child Traumatic Stress Network 4

I would feel like I was just being passed around and not really knowing what was going on. No one explained anything to me.

I didn't even know what rights I had . . . if I had any.

No one told me what the meaning of foster care was. No one told me why I had been taken away from my mom. I knew there were bad things going on, but no one really explained it to me.

—Luis

Hochman, G., Hochman, A., & Miller, J. (2004). *Foster care: Voices from the inside.* Washington, DC: Pew Commission on Children in Foster Care. Available at http://pewfostercare.org/research/voices/voices-complete.pdf

NCTSN The National Child Traumatic Stress Network 5

Trauma-Informed Advocacy

- Help others to understand the impact trauma has had on your child.
- Promote the importance of psychological safety.
- Share strategies for helping your child manage overwhelming emotions and problem behaviors.

(Continued)

NCTSN The National Child Traumatic Stress Network 6

Trauma-Informed Advocacy
(Continued)

- Support the positive, stable, and enduring relationships in the life of your child.
- Help others to appreciate your child's strengths and resilience.
- Advocate for the trauma-specific services your child needs.
- Know when you need support.

NCTSN The National Child Traumatic Stress Network 7

Advocacy in Action (Group Activity)

Help your team member understand . . .

- What child traumatic stress is
- How trauma has affected your child
- Your child's strengths and resiliency
- What your child needs

NCTSN The National Child Traumatic Stress Network 8

Partnering with Birth Families

- **Respect the connection** that children share with their parents and other birth family members.
- **Be prepared** for conflicted or even hostile initial reactions from birth parents and other family members.
- **Use your "trauma lens"** when interacting with birth parents and other family members.

NCTSN The National Child Traumatic Stress Network 9

It's been almost 11 years now since my son has come home [and] one consistent thing for my son and me has been our relationship with his foster parents.

My son has spent many nights and weekends at their house and gone on many vacations with them. . . . I've also been able to help them out by babysitting their youngest daughter. I feel especially good knowing they trust me. Now we are as big a part of their lives as they are in ours. . . . I'm no longer that angry, jealous and resentful person, but one who can appreciate that my son benefits from the caring of this family who took him into their hearts and home.

—L. M., birth mother

Heaven sent. *Rise Magazine* (2005). Available at http://www.risemagazine.org

NCTSN The National Child Traumatic Stress Network 10

Thinking About My Child (Group Activity)

- Who are three **key players** in your child's life?
- How can you **work together more effectively** to help your child?
- How might **using your "trauma lens"** change the way you work with other team members or with the child's birth parents?

NCTSN The National Child Traumatic Stress Network 11

Let's take a break!

NCTSN The National Child Traumatic Stress Network 12

Helping Your Child Heal

- **Know** when your child needs help.
- **Learn** about trauma-focused assessment.
- **Understand** the basics of trauma-informed therapy.
- **Ask questions** if you are not sure that the therapy is working.

NCTSN The National Child Traumatic Stress Network 13

When to Seek Help

When you:

- Feel overwhelmed

When your child:

- Displays reactions that interfere with school or home life
- Talks about or commits acts of self-harm (like cutting)
- Has trouble falling asleep, wakes up often during the night, or frequently has nightmares
- Complains of frequent physical problems but checks out okay medically

(Continued)

NCTSN The National Child Traumatic Stress Network 14

When to Seek Help

(Continued)

When your child:

- Asks to talk to someone about his or her trauma
- Talks over and over again about the trauma or seems “stuck” on one aspect of it
- Seems plagued by guilt or self-blame
- Expresses feelings of helplessness and hopelessness

NCTSN The National Child Traumatic Stress Network 15

Trauma Assessment

Trauma assessment is important for any child who has experienced trauma.

- Includes gathering a thorough trauma history
- Seeks input from you and others who know the child
- Should be used to determine the treatment plan

NCTSN The National Child Traumatic Stress Network 16

The Basics of Trauma-Informed Treatment

Common elements of effective treatments:

- Scientifically based
- Include comprehensive trauma assessment
- Based on a clear plan that involves caregivers
- Trauma-focused

NCTSN The National Child Traumatic Stress Network 17

Ineffective or Harmful Treatments

Beware of:

- Treatments that promise an instant cure
- Treatments that use hypnosis or drugs to retrieve “repressed” memories
- Rebirthing, holding therapies
- Treatments that are offered by nonlicensed providers or are outside of the medical mainstream

NCTSN The National Child Traumatic Stress Network 18

Trauma-Informed Therapy: The Real World

- Effects of trauma missed or underappreciated
- Goals of therapy unclear

(Continued)

NCTSN The National Child Traumatic Stress Network 19

Trauma-Informed Therapy: The Real World (Continued)

- Inconsistent care
- Therapy seems to be upsetting child
- No trauma-informed providers available

NCTSN The National Child Traumatic Stress Network 20

Medications and Trauma

- **Some medications can be safe and effective**
- **Resource parents should ask questions about:**
  - Medications alone, without therapy
  - Medication prescribed for children under age 4
  - Multiple medications
  - Side effects that concern you or the child
- **When in doubt, do some research**

NCTSN The National Child Traumatic Stress Network 21

Putting Your Advocacy Skills to Work (Group Activity)

Scenario 1:

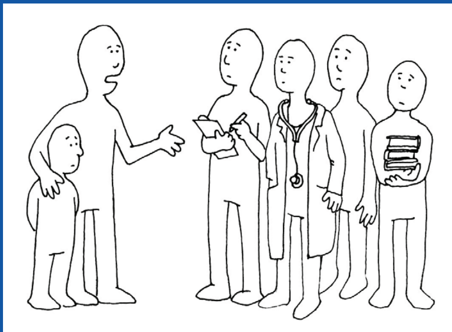
- Your child is taking three different medications but is not receiving therapy.

Scenario 2:

- You are not involved in your child's therapy, and important information is not shared with you.

NCTSN The National Child Traumatic Stress Network 22

Resources in Our Community (Group Activity)



NCTSN The National Child Traumatic Stress Network 23

Module 7: Wrap Up

NCTSN The National Child Traumatic Stress Network 24

Module 7

Supplemental Handouts

VIEWS ON FOSTER CARE AND ADOPTION IN NORTH CAROLINA

fostering perspectives

Sponsored by the NC Division of Social Services and the Family and Children's Resource Program

Vol. 13, No. 1• November 2008

Building a Positive Relationship with Birth Parents

by Donna Foster

Foster parents are taught about the things children feel when experiencing loss. We are taught in MAPP about the grief cycle and how to help children through each stage. Yet we are not always taught that birth parents go through their own grief cycle. This is critical information—before we can hope to build a relationship with the birth parents we need to understand how they are feeling.

To give foster parents the tools they need to build more constructive relationships with birth parents, I'd like to share the following suggestions, which are organized according to Charles Horejsi's ideas about the cycle of birth parent grief (see sidebar below).

Birth Parents' Grief Process

Shock. Parents are in disbelief. The words people are saying don't sink in or make sense. Parents feel like they are sleepwalking. The only thing on their mind is that their child is gone. Behaviors of parents may include: shaking, screaming, crying, or swearing. They are overwhelmed with worries about their child. Parents may promise the social worker anything without understanding what they promised. Parents may be in denial and are sure the child will return tomorrow.

Protest. Grief shows itself more physically. The parents may feel sadness or anger and the symptoms could be upset stomach and low or no appetite. Parents may have headaches, insomnia, and exhaustion. They may be angry at everyone. The parents may make demands or threats. They may swear or cry for no apparent reason. It may be easier to blame others for the situation than to accept their responsibility. This could be a way of coping with despair and depression.

Adjustment. In the adjustment phase things start to settle down. Adjustment occurs sooner if the parents have an ally, such as the social worker and foster parent. The parents do not worry about their children's safety or loyalty if trust in the foster parent has developed. The child becomes the focus of the team. Those assisting the birth parents can be the social workers, foster parents, guardian ad litem, therapists and other community resources. The parents build their parenting skills and actively participate in co-parenting their children with the foster parents. The social worker, foster parent, and birth parent develop a strong Shared Parenting team. The parents fulfill their obligations and meet the case plan goals.

Adapted from Charles Horejsi's "Working with Biological Parents"

Stage: Shock

At this stage of the grief cycle birth parents need to know their children are being taken care of by kind people who are not trying to replace them. No matter what caused their children to be placed outside their home, parents still care about their children and feel they should be in their care. Foster parents can help by meeting the birth parents face-to-face when children are being placed with them. If a meeting is not possible, call the birth parents after the children are placed. During meetings and phone calls foster parents should:

Start the conversation. Do not say "I understand how you are feeling." This could anger birth parents who feel no one can understand how they are feeling. A better approach would be to introduce yourself by saying, "Karen, I am Donna. I am taking care of your child until he can come home to you. He is missing you. I felt you wanted to know who was taking care of your son."

Be ready for serious anger. Do not let angry words stop your compassion. The birth parents have lost control over their child. They are at a loss as to how to fight for themselves. Demonstrating that you understand this frustration is a first step in the development of trust between the adults.

Stage: Protest

The birth parents may let the foster parents know in no uncertain terms that they are their children's only parents. They may threaten the foster parents not to harm their children. This is a method of trying to maintain control. Here are some ways foster parents can strengthen their relationship with protesting birth parents:

Assure birth parents you will not harm their children. Birth parents benefit from hearing these words from the foster parents. They may have heard or read scary stories about foster parents.

Be humble. Let the birth parent be the knowledgeable one when talking about their child. Example: "You know your child better than anyone. How do you want me to care for your child while he is here?"

Understand the birth parent's anger as an expression of grief. Do not show your own anger. Instead, show compassion. This can be difficult if the children have been neglected or abused. Your feelings are your own and should not be overlooked. But as foster parents, you must remember the child loves his or her parents. The plan is almost always reunification. Use your own feelings to motivate and support the birth parents as they learn how to parent their children in healthy ways.

Use Reflective Listening. Birth parents need to be heard, not judged. Reflective listening is the practice of repeating or paraphrasing what the person you are talking to has just said, reflecting back the emotions you are hearing. Example: "I hate that my children are staying with strangers!" Reflective response: "You sound worried that people you don't know will not know how to care for your children."

Foster parents' role is to listen and to provide creative ways for the birth parents to actively parent their children. When they do this, Shared Parenting is taking root.

Don't sell yourself as wonderful, superior, or the child's salvation. Birth parents may feel embarrassed or threatened by the foster family's home. Birth parents may believe foster parents are in it for the money. Birth parents need to hear from foster parents that they are here to help families reunite. Birth parents need to hear again and again that their children need them and that material things aren't important.

Stage: Adjustment

After birth parents feel recognized by the child's foster parents they become more open to being involved in the parenting of their children while they are in foster care. Here are some specific ways to communicate to birth parents that they are included in their children's care.

Ask birth parents what questions they have for you. Birth parents may want to know: Do the children have a room by themselves? Who bathes them? What do you tell them about why they are in foster care? How do you let them know we love them? When can I talk to them? Are you going to change them so that they are more like your family? Do you want to keep our kids?

Ask birth parents about their children. Ask questions such as: How do you want us to take care of them? What do your children like to eat? What allergies do they have? Are they allergic to any medications, mold, animals, etc.? What fears do they have? What do you do to calm them? What do they need with them at bedtime, such as special blankets, pillows, stuffed animals? What are their school needs? Are they close to any teachers, bus drivers, or other family members? Who are they? What do you want the children to call us?

Develop an action plan for parenting the children together. When questions are answered you can, in collaboration with the children's social worker, develop an action plan that might include phone calls, family-oriented visits at the agency, at parks, and in time, at the foster home. Birth parents can join their children and the foster parents at medical appointments, school activities and meetings, church functions, community activities, birthdays, holidays, and summer activities.

When the birth parents are attending these functions, foster parents should introduce them as the children's parents and ask doctors and school personnel to discuss their children's needs with the birth parents. This helps the birth parents practice parenting and allows foster parents to play a supportive role.

After Reunification

If shared parenting is practiced, the self-esteem of the birth parents is heightened and a positive, ongoing relationship with the foster family created. After reunification the birth parents will most likely desire a continued relationship with the family who cared for their children. The foster parents can offer to take the roles of aunt, uncle, and cousins. They can offer to give respite to birth parents by occasionally caring for the family's children.

Reunification is stressful. The support of the foster parents can help the family succeed in staying together. Staying involved after the children return home also helps foster families with their own emotions.

A slow transition is healthy for all of the children and the adults who love them. Everyone wins!

Donna Foster, an author, national trainer, and consultant, lives in Marshville, NC. The author may be contacted at DonnaGFoster@aol.com or 704-242-2499.

Reprinted with permission from *Fostering Perspectives, 13(1),* November 2008. Available at http://www.fosteringperspectives.org/fpv13n1/foster.htm. Copyright © 2008 Jordan Institute for Families. All rights reserved.

The Importance of Connection: A Birth Mother's Perspective

By L. M.

The first time I set eyes on my son's foster mother, I did not see her through those rose colored glasses—more like fire red! I was angry and resentful that my son had been removed from me, so I was in no mood to be friendly or forgiving.

I met her at my first visit with my son—eight weeks after he went into care! I noticed a tall blond woman with a kind but crooked face walk in and speak to my caseworker.

He Called Her "Mom"

I had been sitting on a couch waiting for about 15 minutes to see my son. (I always made it a practice to be early for my visits). A little short-haired blond boy ran past me and I just sat there staring at my caseworker. She turned to me and said, "Aren't you going to say hello to your son?"

I said, "Where is he?"

She pointed to the kid and said, "RIGHT THERE!"

Now, when they took my son from me, he had long hair and a longer tail down his back, and the little boy she pointed out had one of those ugly mushroom cuts. I called my son's name and the boy turned around and I almost fainted—that was my son! I was furious.

Then I heard him call the blond woman "Mom." I nearly lost my mind. After I calmed down somewhat, the caseworker explained to me that she had other foster kids and since they all called her Mom, it made him feel comfortable to call her that, too. Guess how much I liked that!

I Asked Questions

I also found out that the ACS supervisor had given the foster mom permission to cut my son's hair and take him out of the state on vacation. (The supervisor seemed to have a personal dislike for me and had told me I'd never get my son back.)

That first visit, after my son said a tearful goodbye, I stayed behind to ask the caseworker about the foster parent. I found out that she and her husband had been doing this for many years and they were in the process of adopting four sisters that they had in their home. The father was a clerk in the family court and the mom had been a registered nurse but was now a stay-at-home mom.

While I wasn't happy about my son being in the system, my impression was that he had people who fostered out of love, not for money, and would be consistent in his life.

I knew my son would not be coming home too soon. I had been using drugs, and to get my son back I had to do an 18-month outpatient drug rehab program, take a parenting skills class, and show I could provide housing and have a steady income. I am happy to say that, although it took a lot of hard work and determination on my part, I did it.

Getting to Know Each Other

To show my commitment to my son, I always made it a point to get to the visits early. When my son arrived, I greeted his foster mom and we would speak briefly about my son. She would give me a progress report of sorts every week.

His foster mom was usually bringing the other kids in her home for visits, too, so I got to meet them and we became friendly. Sometimes she had to wait for the other birth mother to show up, so my son and I would stay in the larger room with his foster family and talk.

Other birth moms used to ask me how I could stand talking to the foster mom. I was kind of confused at first, because she was so friendly and thoughtful. Then I realized that they were taking their anger and shame out on the foster parent, just as I had on our first visit.

I told the other birth moms that. Believe me, that did not make me real popular with them for a bit. But I think I got through to a few of them as I saw some starting to speak to their children's foster parents.

The agency didn't actively encourage birth parents and foster parents [to communicate] at that time. Now they do, because they've seen that children do better when both families that are raising them can communicate and start to trust each other.

A Caring, Loving Family

As time went on and I got to know my son's foster mom and we gradually became friendlier, I found her and her whole family to be warm, caring, loving, and patient.

My son loved his foster family and the only immediate problem he had was adjusting to the foster mother's cooking. At the beginning of one visit, the foster mom asked me, "Is your son a fussy eater?"

I looked at her kind of puzzled and told her, "He always ate everything on his plate and nearly always asked for seconds."

"He hasn't been eating very much except at breakfast," she said.

"I'll speak to him," I told her, and when I did he told me he didn't like her cooking but didn't want to tell her. After all, I had brought him up to be polite and not hurt people's feelings.

After the visit I told the foster mother, as politely as I could, that he was just used to my cooking and that I used a lot of garlic and oregano. I didn't want to tell her my son thought she couldn't cook!

Little Adjustments

The only problem I had was I felt he was being spoiled. At every visit he had a new toy or a new outfit to show me. I didn't know how I was going to keep up once I got him back. Soon I was bringing him presents, too.

Finally, I stopped bringing anything except food to the visits (except on special occasions and holidays) because I wanted to be sure he was happy to see me. I wanted our visits to be good quality ones, not about me sitting and watching him play with his new toy.

When I spoke to the foster mom about this, she said that she understood and scaled back on what she got him (or at least what I saw of it).

At first I resisted asking my son too much about where he was living. I didn't really want to hear that they were taking better care of him than I had when I was using drugs. But after a while I did ask. My son told me he liked having a lot of kids to play with and that the house was really nice and he had pets to take care of. I have to admit that I was very jealous, but in time I came to realize I would someday be able to provide for my son again.

She Encouraged Me

At one very low point in my recovery, when I felt there was no hope, I spoke to the foster mother and the caseworker about surrendering my rights voluntarily. The foster mom looked startled and asked me why.

"You seem to be able to do soooo much more for my son than I can do. You take him to great vacation places, buy him anything he asks for, and give him a wonderful place to live. . ."

She said to me, "No matter what I do for him, no one can give him the love you can, so don't give up."

She started me thinking that my recovery was possible. I had someone who actually believed I could get him back! It meant a lot to me that, while she might have loved to adopt my son, she nevertheless encouraged me to do my best to reunite with him.

An Astounding Gift

About a week before Christmas, the time finally came for me to get my son back. (What a wonderful gift Santa gave both of us that year!) The day he came home, my son's foster mother did an unbelievably compassionate and astounding thing—she handed me a check.

"What is this for?" I asked her.

"This is the rest of the foster care money for this month. I thought you would need it to help get him some Christmas gifts, since you're not working yet," she said.

Well, I gave that woman the biggest hug I could muster and thanked her. She was right. I had hardly any money saved.

She and I talked also about keeping him in the Catholic school she'd had him attending, which was some distance from my house. She offered to pick my son up and drop him off every day so he could finish the term with his friends.

Once he finished I put him in the public school near our house, but even then she was there for us. If I had to work late or he got sick at school, she would pick him up and bring him to me when I got home. She and her family have been a fixture in our lives ever since.

His “Other Family”

It’s been almost 11 years now since my son has come home [and] one consistent thing for my son and me has been our relationship with his foster parents. My son has spent many nights and weekends at their house and gone on many vacations with them . . . . I’ve also been able to help them out by babysitting their youngest daughter. I feel especially good knowing they trust me. Now we are as big a part of their lives as they are in ours . . . . I’m no longer that angry, jealous, and resentful person, but one who can appreciate that my son benefits from the caring of this family who took him into their hearts and home.

Sometimes my son throws it at me in anger that he was in foster care. But once he also told me that he was really glad we were able to be friends with his ex-foster parents, because he had come to love them almost as much as he loved me and his brothers and sister.

Encouraging Others

Now I work as a parent advocate at the agency that supervised my case when my son was in care. It’s part of our philosophy to encourage trust and communication between birth parents and foster parents.

I get involved with my clients’ relationships with their children’s foster parents and try to assist in smoothing over the rough spots. I try to show birth parents that the resentment, anger, self-doubt, and guilt that they feel does not have to spill over onto the foster parents. (I also advocate for the birth parents if a foster parent is mistreating them or their child.) I use my own experiences as an example of how co-parenting can benefit everyone.

Many birth mothers seem unable to accept that anyone can take care of their child as well or better then they can, even if they were not caring for their child well because of depression, drug use, or some other problem. Foster parents sometimes have a negative opinion of the birth parents as well, and don’t believe that the child will be OK when she returns home.

Talking It Through

Communication helps. I encourage both birth parents and foster parents to ask questions about the children: What are their likes and dislikes? What are their favorite foods and toys? What routines did the birth parent have when the child was home (like prayers at night), and what things do they like to do together? What routines is the child following in the foster parent’s home and what new activities is the child enjoying?

That helps the birth parents see that their children are being well cared for, and helps the foster parent make the child more comfortable in their new home. Not every foster parent or birth parent can put the children’s best interests first, but I do my best to encourage and guide.

Reprinted with permission from *Rise* (http://www.risemagazine.org/). Copyright 2005 by Youth Communication (http://www.youthcomm.org). All rights reserved.

Developing Your Advocacy Skills

Advocacy and Being Part of a Team

Resource parents of children who have experienced trauma need finely tuned advocacy skills in order to ensure that their children receive all the services and opportunities they need to heal and thrive.

As you travel along on this journey, you may find that there will be social workers, other resource parents and support groups, lawyers, teachers, doctors, and others who can help in your advocacy efforts on behalf of your child. But no one will remain as committed or involved as you over the long haul. You have the potential to be your child's primary and best advocate.

To be an effective advocate, you must become informed. You must be assertive. You must be organized and keep accurate records. You will need to develop a sense of self-confidence and believe that you are on par with the "experts" with whom you interact.

The Self-Advocacy Cycle

Tony Apolloni of the California Institute on Human Services has identified a four-stage model that he calls the "self-advocacy cycle" for effective advocacy efforts:

1. *Targeting:* The process of identifying needs and the service agencies responsible to address these needs
2. *Preparing:* The process of getting ready to participate with service professionals in making decisions for helping your child
3. *Influencing:* The process of influencing decision makers within service agencies to adopt the desired approaches for addressing your child's needs
4. *Follow Up:* The process of checking to be certain that the agreements with service professionals are carried out. The following pages offer guidelines and tips to help you in each of these four advocacy stages as you parent a child who has experienced trauma.

Stage 1. Targeting

This step has two parts: (1) identifying your—or your child's—needs, and (2) identifying the service agencies available to address this need.

Identify the Need

Start by identifying your—or your child's—basic need. For example: "I want to ensure that my child's mental health provider (therapist) is trauma-informed." Then consider everything that can have an impact on fulfilling that need, such as:

- The only health insurance my child will have is Medicaid.
- The therapists that my former foster children worked with did not seem to be particularly trauma-informed, and the social service agency seems to only make referrals to that particular provider.

Identify Service Agencies

Identify the providers in your area that you think are the best options for your child. For help in finding a provider, talk to parents in a resource parent group about their experiences and recommendations. Research as much as you can about trauma-informed services using the Web site and other materials provided the National Child Traumatic Stress Network (http://www.nctsnet.org/nctsn-assets/pdfs/tips_for_finding_help.pdf).

Stage 2. Preparation

Once you have identified several options, it's time to do more digging. Don't rule out any option until you've looked at it closely. Check out as many options as you can and compare the results thoroughly before making a decision. Some steps to take include:

- Gather brochures from various providers.
- Attend information nights or orientation sessions.
- Attend classes, workshops, open houses or other public awareness events.
- Ask each provider if you can talk to one or more of their clients.

Be sure to ask lots of questions. Important questions to ask may include:

- Who are the staff? Are they well trained? What is their experience with children and trauma, children in foster care? Do they seem enthusiastic and committed to their work?
- What are their timeframes for service? Do you use waiting lists or other means of determining when you will receive services?
- What costs and fees are involved? Will you accept Medicaid? Have you had other foster children as clients, and what forms of payment were they able to negotiate with the agency (if they don't accept Medicaid)?
- What is their overall philosophy about child abuse, neglect, trauma, and foster care?
- How do they feel about older parents, single parents, or any other "descriptor" of your family?
- How do they view resource parents' role in the therapeutic process?
- What if you are not satisfied? What grievance procedures do they have in place?
- How willing and experienced are they at working with other agencies or providers such as the child's school?

- Are they comfortable working with both the child's biological family and resource family?

Know your rights: Every state has advocacy offices, legal aid services, offices for the protection of rights for the handicapped, etc. Use these services and learn your rights as a citizen and a client; then, you will not be intimidated by eligibility requirements at agencies.

Being part of a larger group can be quite an asset during the preparation stage. Other parents can provide you with a wealth of information, listening ears, valuable contacts, and advocacy clout when needed. Don't wait until you are in a crisis or a state of desperation—establish your connection to the group before you need help. Consider the following:

- Local resource parent support groups (if there isn't one, consider starting one)
- Specialized groups for parents of children with special needs, such as United Cerebral Palsy or the Association for Retarded Citizens (ARC)

Stage 3. Influencing

It's important to develop a partnerships with service agencies or mental health workers in order to effectively work together to help your child. You will be most successful in your efforts if you view yourself as a partner with the professionals with whom you work. Steps you take early in the process to develop this partnership will pay off later. Once you have selected or been referred to providers you will interact with, do the following:

Build a relationship

- Don't only be the person who calls with a problem. Try to attend social gatherings, fund raising events, open houses, etc.
- Become a volunteer.
- Always be clear and pleasant when speaking about your needs.
- Learn names, especially the names of the receptionist and others with whom you will need frequent interactions.
- Stay in contact with all providers at least once a month, and more often when circumstances warrant.

Handle yourself like a professional

- Begin every interaction with either a positive statement or an empathy statement, such as: "I understand you have a large caseload . . ." or "The information in the packet you sent was so helpful . . ."
- Describe the problem using an "I" statement, not a "you" statement: "I am concerned about the length of time it is taking to get the initial assessment completed," rather than "You are taking too long to get me the information I asked for."
- Ask for acknowledgment and clarification: "Do I have all the information straight? Is there more I need to know?"

- Maintain an even voice tone, eye contact, and non-offensive body language.
- Offer options and possible solutions: “If scheduling is an issue, would it help if I came to your office instead?”
- Plan a time to follow up: “Can I call next Thursday to see where we stand?”
- Always thank them for their time and end on a positive note.

Be accessible

Most social workers, social service, and mental health agencies are operating on limited resources and are stretched very thin. The more accessible you are, the better service you will get.

- Leave daytime phone numbers and alternatives (cell, etc.).
- Attend all scheduled meetings and appointments, be on time.
- If you must miss an appointment, call in advance.
- Be flexible with your time; be willing to take an afternoon off from work, or be willing to travel outside of your community.

Be organized

- Write everything down, take good notes, and keep them with you.
- Keep copies of anything you mail or turn in.
- Make sure information you provide is legible and clean.
- Keep a log of all contacts including date and time, nature of contact (i.e., phone call, scheduled meeting, unplanned visit), names and titles of all involved, and any promises made.
- Follow up every verbal contact in writing; send a letter summarizing your phone conversation or the results of a meeting.
- When speaking to someone who does not have an answer for you, plan a specific time to call back to get the answer; do not wait to be called back.

Stage 4. Follow Up

Being an advocate is an ongoing process. Once you have identified an agency and established a partnership with the people working with your child, be sure to stay in frequent contact. If problems arise, be proactive in dealing with them.

- Increase the frequency of your communications.
- Draw upon the support of resource parent groups, the state foster parent association representative, and/or child advocacy organizations.

- Avoid “us” versus “them” conflicts; try to maintain the role of a partner because you are jointly working to solve a problem.
- Move up the ladder one step at a time. If you have a problem with a caseworker that you are unable to resolve, go to that person’s supervisor next—not all the way to the head of the agency.
- Use the formal grievance procedures available to you within the agency.

Once you have exhausted internal mechanisms, consider going to the power brokers in your state, such as legislators and the governor’s office. Get ideas, guidance, and support on these steps from more experienced members of your parent support group.

As an advocate, there will be times when you will operate alone, advocating for specific services for your child. At other times your efforts will accomplish more and be more effective if you work with others by participating in resource parent groups and/or advocacy organizations. As you go through this process, be sure to celebrate your victories and let others know about what you have learned—share your knowledge.

There will be times when you will advocate for a service to be provided that already exists and to which you are clearly entitled. Other times, you will be advocating for (and even demanding) that a system (such as the social service system) create a service or program that does not currently exist in your community.

At times, you will work to see that existing laws and regulations are followed and your rights are being honored. At others times, you may band together with others and work to change laws or create new laws. Sometimes the changes involve budgets rather than laws.

At all times and in all situations, keep your goals clearly in mind. Continue to ask lots of questions, and never settle for answers that you do not understand or that are too vague to be helpful. Finally, remember these two important facts:

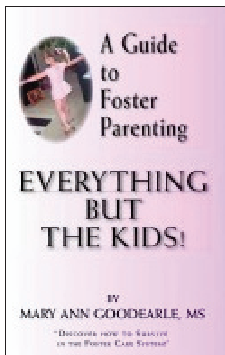
Advocacy is hard work—you can’t give up and you can’t sit back hoping others will do it for you.

There is always hope.

Adapted from: National Adoption Exchange. (1998/1999). Becoming your own adoption advocate: A guide for families. *Families Across Michigan*. December/January. Available at http://www.mare.org/FAM/Archives/1998/D98J99.html

Module 7: Becoming an Advocate
Additional Resources

Books

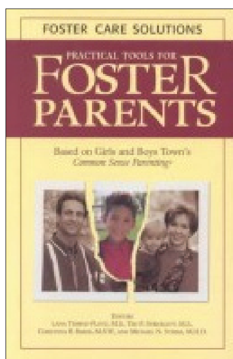


Goodearle, M. A. (2006). *A guide to foster parenting: Everything but the kids!* Victoria, BC, Canada: Trafford Publishing.

Foster parents require much more than parenting skills to achieve success and longevity in today's foster care world. The goal of this book is to help foster parents improve the climates where they live and work, which in turn enables them to be available for needy children for the long run.

Foster care agencies experience huge turnovers in foster parents. That is because the majority of people entering this field have altruistic motives to help children succeed without possessing the knowledge they need to survive on the foster care treatment team. Foster parents most begin to see themselves as equal professional members of their children's treatment teams. Living with foster children twenty-four hours a day, seven days a week makes the foster parents the highest level of experts about those children. The problem is that they are not recognized as experts by the other members of the team!

This book will help foster parents take a more aggressive approach to educate themselves about the inner workings of the foster care system and help them to make better sense of why the other players on the team do what they do. The author's insight as an adoptive and foster parent, and also as a foster care social worker, provides information to the reader from both perspectives.



Temple-Plotz, L., Sterba, M., Stricklett, T., & Baker, C. (2001). *Practical tools for foster parents: Foster care solutions.* Boys Town, NE: Boys Town Press.

More than half a million children today live in out-of-home care, and many have special problems. The need for well-trained, loving foster parents has never been greater. With this book, Girls and Boys Town offers these committed people the professional tools they need to not only care for foster children but to actually help them get better. New or experienced foster parents as well as grandparents and other relatives caring for a child forced from home by a crisis will find help and hope in this book.

Resources for Finding Trauma-Informed Providers

The American Association for Marriage and Family Therapy: Therapist Locator page
http://www.therapistlocator.net

National Children's Alliance: State by state listing of Children's Advocacy Centers
http://www.nca-online.org/pages/page.asp?page_id=3999

The National Center for PTSD
http://www.ncptsd.org

Resources on Medication

Psychoactive Medication for Children and Adolescents: Orientation for Parents, Guardians, and Others
The Division of Child and Adolescent Services of the Massachusetts Department of Mental Health
http://www.mass.gov/Eeohhs2/docs/dmh/publications/psychoactive_booklet.pdf

This booklet presents principles for the use of psychoactive medication in children and adolescents. It offers information about medication treatment. It does not recommend specific medications or doses.

Psychiatric Medications
The American Academy of Child & Adolescent Psychiatry
http://www.aacap.org/cs/new_psychiatric_medications/psychiatric_medications

This section of the American Academy of Child & Adolescent Psychiatry's Web site offers valuable information for families on the use of medication in children and adolescents, including questions to ask providers and information on managing side effects.

Resources for Other Team Members

Child Welfare Trauma Training Toolkit: Comprehensive Guide
National Child Traumatic Stress Network
http://www.nctsn.org/nctsn_assets/pdfs/CWT3_CompGuide.pdf

The *Child Welfare Trauma Training Toolkit's Comprehensive Guide* is intended to help child welfare workers learn more about the impact of child traumatic stress on children in the child welfare system. The Guide defines child traumatic stress, provides information about the incidence and impact of trauma on children in the child welfare system, describes the "Essential Elements" of trauma-informed child welfare practice, and explains the importance of trauma assessment and how to identify trauma-informed providers.

Helping Traumatized Children: Tips for Judges
National Child Traumatic Stress Network
http://www.nctsn.org/nctsn_assets/pdfs/JudgesFactSheet.pdf

This fact sheet for judges and other court personnel outlines the impact of trauma on children's development, beliefs, and behaviors. It is designed to help professionals in the juvenile justice and family court system become more effective in addressing the unique needs and challenges of the traumatized children and adolescents they work with.

Protecting and Supporting Children in the Child Welfare System and the Juvenile Court
Ryan, B., Bashant, C., & Brooks, D. (2006). *Juvenile and Family Court Journal, 57*(1):61-60. Available at http://www.ncjfcj.org/images/stories/dept/ppcd/pdf/winter%20 2006childtraumajournal.pdf

This article identifies ways the child welfare system and juvenile court can work together to protect and support children who have experienced trauma. Key strategies include collaboration among team members to gather and understand information about the child's trauma history, protecting the child from system-generated trauma, promoting appropriate screening and evaluation in order to determine the need for therapy services, and techniques for preparing and supporting child witnesses in court.

Child Trauma Toolkit for Educators
National Child Traumatic Stress Network
http://www.nctsn.org/nctsn_assets/pdfs/Child_Trauma_Toolkit_Final.pdf

The *Toolkit for Educators* (available in both English and Spanish) was developed to provide school administrators, teachers, staff, and concerned parents with basic information about working with traumatized children in the school system. Specifically, "Trauma Facts for Educators," a one-page fact sheet, is designed to help educators learn more about the impact of trauma on children's behavior and performance in a school or classroom setting. The Toolkit also provides a list of simple and straightforward strategies educators can use to accommodate a traumatized child in the school setting and teaches educators how to determine when traumatic stress reactions are severe enough to merit a referral for additional help.

Medical Traumatic Stress: What Health Care Providers Need to Know
National Child Traumatic Stress Network
http://www.nctsnet.org/nctsn_assets/acp/hospital/brochures/ProviderBrochure.pdf

Part of the NCTSN's *Pediatric Medical Traumatic Stress Toolkit*, this brochure is designed to raise awareness among health care providers about traumatic stress associated with pediatric medical events and medical treatment. It can also be used, however, to promote trauma-informed practice in hospital settings by providing an introduction to traumatic stress for physicians and offering practical tips and tools for health care providers.

NCTSN The National Child Traumatic Stress Network

Illustrations by Erich Ippen, Jr. Used with permission.

Module 8: Taking Care of Yourself

Learning Objectives

After completing this module, you should be able to:

- Define and list the warning signs of compassion fatigue and secondary traumatic stress.
- Identify specific self-care techniques that can help prevent compassion fatigue and secondary traumatic stress (STS).
- Describe at least three coping strategies you can use when a child's trauma is a reminder of your own past trauma.

Illustrations by Erich Ippen, Jr. Used with permission.

Module 8: Taking Care of Yourself

NCTSN The National Child Traumatic Stress Network

1

Essential Element 9

9. Take care of yourself.

NCTSN The National Child Traumatic Stress Network

2

Caregivers Also Need Care

- We are all human.
- Caring for our children can be difficult, draining, exhausting, and frustrating.
- We all deserve a little TLC.

NCTSN The National Child Traumatic Stress Network

3

Yet, taught by time,
My heart has learned to glow
For other's good
And melt at other's woe.

—Homer
(not Simpson)
900 BC–800 BC

NCTSN The National Child Traumatic Stress Network 4

Compassion Fatigue: Warning Signs

- Mental and physical exhaustion
- Using alcohol, food, or other substances to combat stress and comfort yourself
- Disturbed sleep
- Feeling numb and distanced from life
- Feeling less satisfied by work
- Moodiness, irritability
- Physical complaints—headaches, stomachaches

NCTSN The National Child Traumatic Stress Network 5

Self-Care Checkup

NCTSN The National Child Traumatic Stress Network 6

Self-Care Basics

- Get enough sleep.
- Eat well.
- Be physically active.
- Use alcohol in moderation, or not at all.
- Take regular breaks from stressful activities.
- Laugh every day.
- Express yourself.
- Let someone else take care of you.

NCTSN The National Child Traumatic Stress Network 7

Secondary Traumatic Stress (STS)

Trauma experienced as a result of exposure to a child's trauma and trauma reactions

NCTSN The National Child Traumatic Stress Network 8

Stress and Exposure to Trauma

Exposure can be through:

- What a child tells you or says in your presence
- The child's play, drawings, written stories
- The child's reactions to trauma reminders
- Media coverage, case reports, or other documents about the trauma

NCTSN The National Child Traumatic Stress Network 9

When Your Child's Trauma Becomes Your Own

Exposure may cause:

- Intrusive images
- Nervousness or jumpiness
- Difficulty concentrating or taking in information
- Nightmares, insomnia
- Emotional numbing

(Continued)

NCTSN The National Child Traumatic Stress Network

10

When Your Child's Trauma Becomes Your Own *(Continued)*

Exposure may cause:

- Changes in your worldview (how you see and feel about your world)
- Feelings of hopelessness and/or helplessness
- Anger
- Feeling disconnected from loved ones

(Continued)

NCTSN The National Child Traumatic Stress Network

11

When Your Child's Trauma Becomes Your Own *(Continued)*

You may:

- Lose perspective, identifying too closely with your child
- Respond inappropriately or disproportionately
- Withdraw from your child
- Do anything to avoid further exposure

NCTSN The National Child Traumatic Stress Network

12

The Story of Ralph and Susan

- In their 30s
- Relatively happy childhoods, with no known trauma history
- Ralph: A brief episode of depression while unemployed
- Susan: A very sensitive person

(Continued)

NCTSN The National Child Traumatic Stress Network

13

The Story of Ralph and Susan
(Continued)

- Four-year-old Jody and 18-month-old brother Jimmy
- Children saw father fatally shoot mother and then commit suicide

(Continued)

NCTSN The National Child Traumatic Stress Network

14

The Story of Ralph and Susan
(Continued)

- Children stayed in apartment alone with parents' bodies
- Jody was afraid to open the door and seek help
- Took care of younger brother
- Tried to revive parents
- Police discovered children after two days

(Continued)

NCTSN The National Child Traumatic Stress Network

15

The Story of Ralph and Susan
(Continued)

- Children's story covered by TV
- Parts of police report in newspaper
- Images in Susan's head:
  - Children's bloody footprints
  - Splatter of blood and body fluids
  - Jimmy curled up by his mother's body

(Continued)

NCTSN The National Child Traumatic Stress Network 16

The Story of Ralph and Susan
(Continued)

Jimmy:
- Stops walking
- Freezes in position and falls over flat
- Has nightmares

Jody:
- Puts blanket on her doll
- Reacts to Cheerios™ and red tablecloth as trauma reminders

(Continued)

NCTSN The National Child Traumatic Stress Network 17

The Story of Ralph and Susan
(Continued)

Susan's traumatic stress reactions:
- Intrusive images of the children's trauma
- Nervousness and jumpiness, especially when helping Jody in the bathroom
- Nightmares about the shooting
- Desire to avoid future exposure to trauma

(Continued)

NCTSN The National Child Traumatic Stress Network 18

The Story of Ralph and Susan
(Continued)

Ralph's traumatic stress reactions:

- Lost interest in intimacy with his wife
- Withdrew and felt disconnected
- Felt hopeless
- Questioned his ability to help the children

(Continued)

NCTSN The National Child Traumatic Stress Network

19

The Story of Ralph and Susan (Group Activity)

What can Susan and Ralph do:

- To help themselves?
- To help the children?

NCTSN The National Child Traumatic Stress Network

20

Getting Past STS (Group Activity)

- Recognize safety of current situation
- Distinguish adult interpretation from the child's experience
- Focus on resiliency and building positive experiences

NCTSN The National Child Traumatic Stress Network

21

Let's take a break!

NCTSN The National Child Traumatic Stress Network

22

When Your Child's Trauma Is a Reminder

You may:

- React as you would to any trauma reminder
- Have trouble differentiating your experience from your child's
- Expect your child to cope the same way you did
- Respond inappropriately or disproportionately
- Withdraw from your child

NCTSN The National Child Traumatic Stress Network

23

The Story of Betty and Janis

Betty is a 50-year-old African American woman:

- Put herself through school, had a good job
- Was active in church
- Successfully raised two foster sons
- Was motivated to help other children escape the pain of her own inner city girlhood

(Continued)

NCTSN The National Child Traumatic Stress Network

24

The Story of Betty and Janis
(Continued)

Janis is Betty's 13-year-old African American foster daughter:

- Removed from the home of her single mom, who was chronically mentally ill
- Neglected during much of childhood
- Sexually abused by mother's boyfriend between the ages of 6 to 11
- Lacks social skills, has trouble making friends
- Lacks basic life skills

(Continued)

NCTSN The National Child Traumatic Stress Network 25

The Story of Betty and Janis
(Continued)

- Placement goes well until Janis enters adolescence
- Betty complains: Janis dawdles over her homework and "freak dances"
- Janis gets into trouble at school
- Betty is angry and ashamed: "I just can't handle this girl."

(Continued)

NCTSN The National Child Traumatic Stress Network 26

The Story of Betty and Janis (Group Activity)

- Why do you think Betty is responding the way she is?
- Why do you think Janis did what she did at school?
- What would you do if this were your foster daughter?

(Continued)

NCTSN The National Child Traumatic Stress Network 27

The Story of Betty and Janis
(Continued)

- Janis enters trauma-focused treatment to work on her sexual abuse issues
- Betty participates in early sessions, then makes excuses not to come
- Janis wants to talk to Betty about boys; Betty shuts down
- Betty pulls away when Janis tries to get close

(Continued)

NCTSN The National Child Traumatic Stress Network 28

The Story of Betty and Janis
(Continued)

A Relationship in Crisis:

Betty: "You've got to get this girl out of my house."

Janis: "Why is my foster mom rejecting me?"

(Continued)

NCTSN The National Child Traumatic Stress Network 29

Can This Placement Be Saved? (Group Activity)

- What is really going on between Betty and Janis?
- What can Betty do to help herself?
- What can Betty do to help Janis?

NCTSN The National Child Traumatic Stress Network 30

Coping When a Child's Trauma Is a Reminder

- Recognize the connection between your child's trauma and your own history.
- Distinguish which feelings belong to the present and which to the past.
- Be honest: with yourself, with your child, and with your caseworker.
- Get support, including trauma-focused treatment. It's never too late to heal.
- Recognize that what worked for you may not work for your child.

NCTSN The National Child Traumatic Stress Network 31

Committing to Self-Care: Make a Plan

- Maintain a balance between work and relaxation, self and others.
- Include activities that are purely for fun.
- Include a regular stress management approach—physical activity, meditation, yoga, prayer, etc.

NCTSN The National Child Traumatic Stress Network 32

Committing to Self-Care: Daily (Group Activity)

- Walk the dog
- Play with the cat
- Exercise
- Pray
- Meditate
- Read a romance novel
- Write in my journal
- Chat with my neighbors
- Deep breathe
- Listen to music in the car

NCTSN The National Child Traumatic Stress Network 33

Committing to Self-Care: Weekly or Monthly (Group Activity)

- Play cards
- Go bowling
- Have a nice dinner out with my partner
- Get a manicure, pedicure, etc.
- Go out with a group of friends
- Attend a support group meeting
- Go to the movies
- Attend religious services

NCTSN The National Child Traumatic Stress Network 34

Putting It All Together

NCTSN The National Child Traumatic Stress Network 35

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.

NCTSN The National Child Traumatic Stress Network 36

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

Thank you!

NCTSN The National Child Traumatic Stress Network

37

Module 8

Supplemental Handouts

Self-Care Checkup

It's easy to lose track of your own needs when caring for children who have experienced trauma. But not taking care of yourself not only sets a bad example for your children, it also sets you up for compassion fatigue. To get a sense of where you fall on the self-care spectrum, try this highly unscientific little self-care checkup.

1. How often do you eat breakfast?
   A. Most days
   B. Once or twice a week
   C. Every month or so
   D. What's breakfast?
2. When was the last time you had a really good laugh?
   A. Some time in the last couple of days
   B. Last week
   C. Last month
   D. 1972
3. How often do you spend social time with a friend (or friends)?
   A. Most days
   B. Once or twice a week
   C. Every month or so
   D. When I run into someone at the store
4. How frequently do you connect with other foster parent(s)?
   A. Most days
   B. Once or twice a week
   C. Every month or so
   D. Rarely
5. How often do you watch a movie or a TV show that YOU want to see?
   A. Most days
   B. Once or twice a week
   C. Every month or so
   D. Can't remember
6. When was the last time you said "no" to something that you really didn't want (or feel able) to do?
   A. This morning
   B. Last week
   C. Last month
   D. It's never even occurred to me!
7. When did you last let someone else take care of you?
   A. Yesterday
   B. Last week
   C. Some time this year
   D. 1973
8. How often do you sleep enough to feel rested during the day?
   A. Most nights
   B. Once or twice a week
   C. Every month or so
   D. Too tired to remember

9. When was the last time you read something just for fun?
   A. Today
   B. Last week
   C. Last month
   D. Third grade

10. How often do you meditate/pray?
    A. Most days
    B. Once or twice a week
    C. Every month or so
    D. Rarely

11. How often do you take time to be sexual?
    A. Most days
    B. Once or twice a week
    C. Every month or so
    D. What's sex?

12. How frequently do you exercise or engage in a physical activity you enjoy?
    A. Most days
    B. Once or twice a week
    C. Every month or so
    D. Does housecleaning count?

Scoring: Give yourself 3 points for every A answer, 2 points for every B, 1 point for every C, and zero points for every D.

36 to 24 points: Congratulations, you seem to be maintaining a pretty good balance between taking care of others and taking care of yourself. Keep it up!

23 to 12 points: You're definitely doing some things to take care of your own needs, but you could probably do more. It may be time to make a stronger commitment to yourself by developing a self-care action plan.

>12 points: Wow! It looks like you're doing a lot for other people, and not much for yourself. All that time caring for others may be setting you up for compassion fatigue. It's time to make a self-care action plan.

My Self-Care Plan

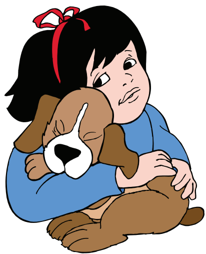
From now on, I'll make time to take care of myself by doing the following at least . . .

Once a Day

Once a Week

Once a Month

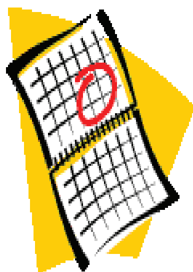
Tips for Being a Fabulous Trauma-Informed Resource Parent



Be nurturing

Children who have experienced trauma need to be held, rocked, and cuddled. Be physical in caring for and loving them. Be aware that, for many of these children, touch in the past has been associated with pain, torture, or sexual abuse. In these cases, make sure you carefully monitor how they respond—be attuned to their responses and act accordingly.

In many ways, you are providing replacement experiences that should have taken place when they were much younger—but you are doing this when their brains are harder to modify and change. Therefore, they will need even more loving and nurturing experiences to help them develop and grow.

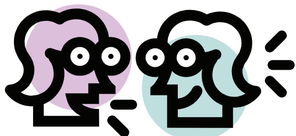


Be consistent

Children who have experienced trauma are often very sensitive to changes in schedules, transitions, surprises, chaotic social situations, changes in a therapist's office, and in any new situation in general. Birthday parties, sleepovers, holidays, family trips, the start and end of the school year, etc., can all be scary and upsetting for them.

Be "boringly predictable." Let children know about changes and transitions many days and even weeks ahead of time. Walk them to and through their new school building before school starts. Keep a large, visible calendar at home in a central location where they can easily see upcoming events. Review it weekly.

If children become anxious when given too much advance information (for example, planning for a visit with a parent at Human Services), scale back. Tune in to each child's comfort zone about change and modify your plan accordingly.



Establish a dialog

Social interactions are an important part of parenting and of the child's healing process.

One of the most important and pleasurable things to do is just stop, sit, and listen. When you are quiet and interactive with kids, you will find that they will begin to show you and tell you about what is really inside them. As simple as this sounds, it is one of the most difficult things for adults to do—to stop, quit worrying about the time or your next task, and really relax into the moment with a child. These children will sense that you are there just for them. They will feel that you care.

Play

All attachments begin with play. Activities that allow you to playfully interact with children are very important. These activities allow the opportunity for a child to be nurtured and begin the healing process.

Play with bubbles or clay or stuffed animals. Dig in the dirt or ride a bike. Just find a way to play with your child.

This will provide the child with an opportunity to be a child—which may be a very new experience!

Teach feelings

All feelings are okay to feel. Teach healthy ways to act when having feelings. Explore how other people may feel and how they show their feelings (development of empathy). **Talk about how you and other family members express feelings.**

When you sense that the child is clearly feeling something, wonder out loud about the feelings: "I wonder if you're feeling sad that your mom didn't come to visit" or "I wonder if you feel angry when I say "no."

Try one of the many games designed to help kids identify and communicate feelings**. Draw pictures of feeling faces** together, or find pictures in magazines of different feelings. Use a digital camera and take pictures of each of you "putting on" different feeling faces, or practice making feeling faces in the mirror. **Label and give words to different feelings and situations in which those feelings are common.** Don't forget to help the child pay attention to the physical part of their emotional reactions.

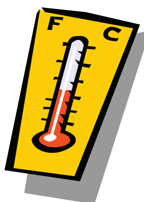
Model and teach appropriate behaviors

Children who have experienced trauma often do not know how to interact well with adults or other children. Model positive behaviors yourself, and realize that they are watching you to see how you will respond to different situations.

Become a "play-by-play announcer": "I am going to the sink to wash my hands before dinner…. I take the soap and get my hands soapy, then…" They will see, hear, and imitate your coaching.

Do not assume they know how to play or how to share feelings. Help them practice skills in both areas.

Physical contact with children who have been traumatized can be problematic. They often don't know when to hug; how close to stand; when to establish or break eye contact; or under what conditions it is acceptable to pick their nose, touch their genitals, or do grooming behaviors. They often initiate physical contact with strangers, which adults can interpret as affectionate—but it is not. **Gently guide the child on how to interact differently and address the issue every time it occurs.**



Help the child to self-regulate

Children need adults to help them learn to regulate and stay calm. Teach children that they are safe and protected, and that they don't have to expect the worst. Provide calming, reassuring interactions. Help them to self-soothe and self-regulate.

Observe the child at different times during the day and in different situations, and be prepared for how the child will respond. Show parental "strength" and capacity to keep the child safe and calm during those difficult situations.

Don't give a child more stimulation than he or she can handle—even fun activities. Find out what helps your child calm down, and make a plan for what to do when you're not with him or her.

Understand the behavior before imposing punishment or consequences

The more you can learn about the impact of trauma on your child's development, emotional responses, and behaviors, the more you will be able to develop useful behavioral and social interventions.

For example, when a child hoards food, this act should not be viewed as "stealing," but as a common and predictable result of being deprived of food during early childhood.

Difficult or problem behaviors also may be the child's way of "testing" your reactions, based on real past experiences.

Take time to give consequences if you need it. Think about the message you want to give your child, and create a consequence according to that insight. For example, giving a child a "time in" (rather than a "time out") helps a child to "stop the action" without feeling rejected by having to leave the presence of the caregiver.

Avoid control battles/power struggles by providing the child with two acceptable choices whenever possible. Only give consequences that are enforceable. Take time to "re-attune" following consequences.

Use emotions as a parenting tool

Children who have experienced trauma need an abundance of **warm, sincere praise** when they've done something well, and **clear, dispassionate consequences** when they've misbehaved. **Go for a 6:1 ratio of praise to correction** (minimum), including positive comments to other adults.

PRAISE means:

- Positive attitude in body, voice, and facial expression
- Noticing the simplest positive or neutral behaviors and praising them

DISPASSION means:

- Fewer words
- Soft, firm voice
- Matter-of-fact tone of voice
- Recognizing your own reaction and not letting it bleed through
- Calm body, calm voice, and calm face
- Repetition, if necessary

Have realistic expectations

Children who have experienced trauma have much to overcome. Some will not overcome all of their problems. Others will make great strides. Keep in mind that they have been robbed of some, but not all, of their potential.

Progress may be slow. The slow progress can be frustrating, and many foster and adoptive parents will feel inadequate because all of the love, time, and effort they spend with their child may not seem to be having any effect. But it does. Don't be hard on yourself. It is normal to feel swamped and overwhelmed at times when parenting with these challenges.

Keep in mind that you are planting seeds. Remember to use your "magnifying glass" and "measuring spoons" to gauge progress.

Take care of yourself

You cannot provide the consistent, predictable, enriching, and nurturing care a child needs if you are depleted. You will not be able to help if you are exhausted, depressed, angry, overwhelmed, or resentful.

Rest. Get support. Use respite care periodically to have some "adult time."

Nurture your own primary relationships with your partner, own children, family, and friends. Have a hobby or take a class, get a massage, or have a regular night out.

Understand your needs for caring, compassion, and kindness from others.

Maintain a support network of others who know the work and the challenges involved. Maintain a strong, trusting relationship with a therapist or coach. Talk about feelings of despair, sadness, grief, or rage when they occur.

Remember to keep your sense of humor, to play, and to find joy in the world.

Adapted from

"How to Be a Fabulous Therapeutic Foster Parent in 10 Not-So-Easy Steps"

Jennifer Wilgocki, MS, LCSW and James G. Ven Den Brandt, LCSW, ACSW

And materials from:

The Child Trauma Clinic, Baylor College of Medicine Texas Medical Center, Houston TX

and

Casey Family Services Center for Effective Child Welfare Practice

Module 8: Taking Care of Yourself
Additional Resources

Online Resources

Family Education Network
http://school.familyeducation.com/learning-disabilities/treatments/37812.html

Information page on relaxation techniques for children with attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)

First Home Care: Foster Parent Resource Center
http://firsthomecareweb.com/fosterparents/resources/parents.php

Fact sheets on foster parent burnout and on relaxation techniques

Relax-Online
http://www.relax-online.com/imageryonline.htm

Features a free, daily “meditative moment” audio clip

University of Maryland Medical Center Sleep Disorders Center
http://www.umm.edu/sleep/relax_tech.html

Resource page on relaxation techniques

University of Michigan Health System
http://www.med.umich.edu/1libr/aha/aha_breathex_sha.htm

Information page on breathing exercises

Books

Carlson, B., Healy M., & Wellman, G. (1998). *Taking care of me: So I can take care of my children.* Seattle: WA: Parenting Press.

Davis, M., Eshelman, E. R., & McKay, M. (2008). *The relaxation & stress reduction workbook (6th ed).* Oakland, CA: Harbinger Publications, Inc.

Audio CDs

Cox, B. (2005). *Guided imagery and relaxation techniques for parents.* San Diego, CA: Barbara Cox, PhD.

Innovative program of guided imagery and relaxation techniques for parents (aimed at parents of infants to age 10 approximately). It uses the power of your imagination to change self-limiting beliefs and to help you become a more effective and relaxed parent. The background music of rich and soothing tones was created to assist you in achieving a relaxed and healing state of mind.

"My Child" Worksheet

"My Child" Worksheet, Module 1: Introductions

Name	Age
What I know about my child's life before coming into my home	
What I'd like to know	

“My Child” Worksheet, Module 2: Trauma 101

My child’s traumas and losses (see “Trauma and Loss Inventory,” on back, for help)

My child’s reaction to trauma

My child’s strengths to build on

Trauma and Loss Inventory

Below are some of the most common types of traumas and losses that children in the foster care system have experienced or been exposed to. Review the list and check off all the experiences that apply to your child, and the child's age (or age range) at the time the trauma occurred.

Experience	Yes/No	Age At Time
Natural disaster		
Serious accident		
Serious personal injury (physical assault, rape)		
Serious illness		
Death of a parent or other important adult		
Serious injury or illness of a parent or other important adult		
Death of a sibling		
Serious injury or illness of a sibling		
Death of a friend		
Serious injury or illness of a friend		
Witnessing serious injury or death of another person		
Separation/divorce of parents		
Witnessing interpersonal violence (domestic violence, community violence, etc.)		
Psychiatric illness in parent, caregiver, or close family member		
Alcohol or drug abuse in parent, caregiver, or close family member		
Physical abuse		
Exposure to sexual activities of others		
Sexual abuse		

“My Child” Worksheet, Module 3: Understanding Trauma’s Effects

My child’s “Invisible Suitcase”

Beliefs about self

Beliefs about caregivers

Beliefs about the world

Repacking the Suitcase: things I can do to help my child feel safe, capable, and loved

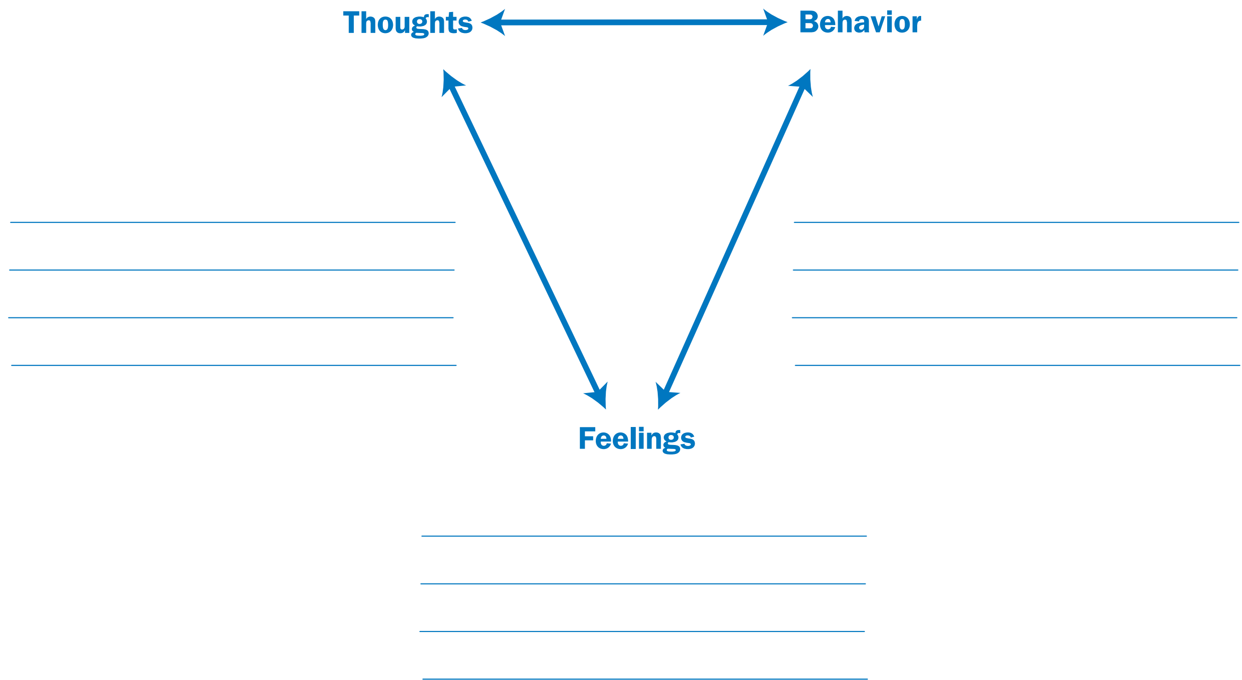
"My Child" Worksheet, Module 4: Building a Safe Place

My trauma-informed safety message to my child

My child's trauma reminders and reactions

"My Child" Worksheet, Module 5: Dealing with Feelings and Behaviors

My child's cognitive triangle (complete for a problem behavior you would like to change)



How I can help to change my child's triangle

"My Child" Worksheet, Module 6: Connections and Healing

My child's connections

Name	Role in my child's life	Relationship with my child

Steps I can take to help my child . . .

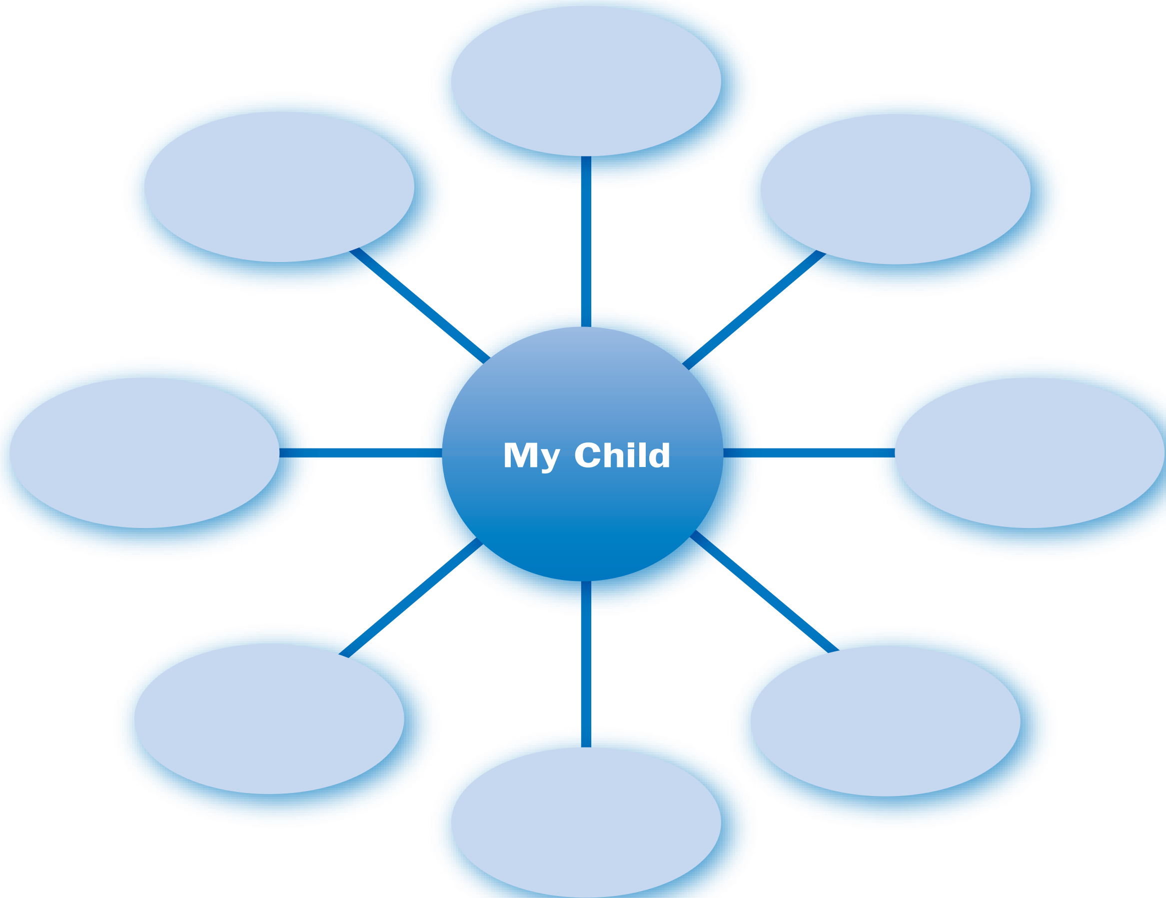
Feel safe when talking about trauma

Build connections across the disruptions in his or her life

Look positively toward the future

"My Child" Worksheet, Module 7: Becoming an Advocate

My child's team (expand as needed)



Advocating for my child

Team Member	Actions we can take to work in more effective/trauma-informed ways

Case Studies

The Story of Maya (8 months old)

Summary: Maya's case illustrates how very young babies react to the trauma of physical abuse, neglect, and medical trauma. It also depicts how with thoughtful, consistent care, babies can resume their normal developmental course and learn to trust others to take care of them.

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."

Background

Maya was taken into care after her 17-year-old mother Angela brought her to the ER unconscious, with two broken arms and bruises.

Maya and her mother Angela had been living with her mother's abusive boyfriend, Remy. The police had received frequent reports of loud arguments and a baby crying in Angela and Remy's apartment, but Child Protective Services was never called in.

For a brief time recently, Angela and Maya had lived in a shelter for victims of domestic violence, but Angela had returned to Remy. Angela claimed Maya was hurt while in the shelter.

Before being placed with Jenna, Maya spent some time hospitalized, and in casts that made it impossible for her to move her arms.

Since coming to live with her aunt, Maya has trouble sleeping, startles easily, and cries when she hears loud voices. She also avoids physical contact, and screams when taken on medical visits.

Recognizing Resilience

Jenna has discovered that Maya is most comfortable taking her bottle if it is propped up so she can hold it herself.

After Jenna played a particularly soothing piece of classical music every time she fed Maya, the baby began to calm down when she heard the music.

One evening, Jenna began to hum the tune as she gave Maya her bottle, and Maya made eye contact with her.

The Story of Rachel (17 months old)

Summary: Rachel's case illustrates how toddlers respond to trauma and loss, and can be helped to grieve and heal with trauma-focused therapy. It also illustrates how resource parents, caseworkers, and therapists can work together to help children make the transition to the best possible permanent home.

One month ago, Rachel was removed from her mother Tamika's custody because of neglect and failure to protect.

Since being placed in care, Rachel has shown little interest in food, and has lost a pound. Rachel used to say, "mamma," "dadda," "babba," "hi," and "bye," but has stopped talking.

Rachel often stands by the door or window, silently looking around as if waiting for someone.

Background

In addition to Rachel's lack of appetite and weight loss, she isn't sleeping well. Many nights she wakes up crying and cannot be soothed. Her foster parents, Mrs. Williams and her husband, have tried rocking, singing, giving a bottle, and taking Rachel to bed with them, but nothing helps. Eventually she cries herself into exhaustion and falls asleep. During the day, Rachel seems content to quietly explore her toys, but at some point, she always goes to the door or window, and stands there looking sad, watching, and waiting.

Two weeks before Rachel was taken into care, her half-sisters were removed from the home when they disclosed that Rachel's father, Charles (their stepfather) had sexually abused them. They also reported that Charles had beaten Tamika many times. Charles was arrested, but was released on bail.

Rachel was left in the home with the understanding that Tamika would obtain a protective order to keep Charles away. However, when the caseworker visited, he found Charles at Tamika's apartment, holding and rocking Rachel. Tamika insisted that Charles had the right to see his daughter. "He loves that baby," she said. The child welfare worker removed Rachel that day and placed her in foster care with Mr. and Mrs. Williams.

Shortly after Rachel entered foster care, Charles returned to Tamika's apartment in a rage and fatally stabbed her. Rachel's father is now in jail and her half-sisters are living with their biological father. Rachel hasn't seen her half-sisters since being taken into care. No one has explained to Rachel what has happened.

Helping Rachel Grieve

After the Williamses reported what they had observed to Rachel's caseworker, she contacted a therapist experienced in Parent-Child Psychotherapy who conducted an in-home session. It was important that at least one of Rachel's caregivers, in this case Mrs. Williams, participate.

From the caseworker, the therapist had obtained a photograph of Rachel's mother Tamika. She had the picture laminated so that Rachel could touch it without its being damaged. When the therapist arrived she found Rachel sitting in a high chair with bits of scrambled eggs and toast on the tray, and a sippy cup of milk. She did not appear interested in the food or in Mrs. Williams, who sat nearby and encouraged Rachel to eat. Rachel did not hold eye contact or make any sounds.

The therapist sat on the floor with a bag containing several toys: a baby doll and bottle, a storybook, a ball, some blocks, and a medical kit. After several minutes, Mrs. Williams put Rachel on the floor. She was cautious and did not approach the therapist. Mrs. William encouraged her, saying, "This nice lady is here to play with you. She brought you toys."

Rachel slowly approached the toy bag and pulled out the baby doll. She held it briefly and rocked it. The therapist said, "You're rocking the baby just like your mommy rocked you." Rachel pulled the baby bottle out of the bag and played briefly at feeding the baby. Then she put the bottle in her own mouth and curled up on the floor near Mrs. Williams. The therapist said, "You're still a baby. You want to be held and fed like a baby." Mrs. Williams picked Rachel up and Rachel molded into her arms, still sucking at the bottle.

Then the therapist held the picture of Tamika out to Rachel, who grabbed it, kissed it, and began to cry. Mrs. Williams snuggled her and hummed softly. Rachel stopped crying and stayed curled up in Mrs. Williams' arms, sucking on the baby bottle. The therapist said, "Your mommy died too soon. You're just a baby and you want your mommy, but she can't come. She got so hurt that the doctors couldn't help her and she died. But Mrs. Williams is here to take care of you and keep you safe. She can help you when you feel sad."

The therapist gave Tamika's picture to Mrs. Williams who placed it on a low table in the living room so that Rachel could look at it and hold it whenever she wanted to. Whenever Mrs. Williams saw Rachel looking at her mother's picture, she'd say, "That's your mommy, honey." Rachel cried less frequently as time when by, and when she did, she turned to Mrs. Williams for comfort.

Finding Permanency for Rachel

Rachel had two aunts, one maternal and one paternal, who wanted to adopt Rachel. They began to visit on alternate weekends, and then to take Rachel to their homes for sleepovers.

It was a struggle for the Williamses to turn Rachel over to her paternal aunt at first, knowing that she was the sister of the man who had murdered Rachel's mother. Mrs. Williams was hesitant to mention her fears. Since she and Mr. Williams were not in a position to adopt Rachel, she wondered if they had any right to voice their feelings. The child welfare worker reassured her that he was open to any information she could provide. He explained to her that Rachel's aunt felt no loyalty to her brother. She had, in fact, pulled away from the whole family. She had raised two children of her own who were now in community college and doing well. She had a secure job, and was in a long-term marriage.

The Williamses became very comfortable with Rachel's auntie, and began to swap stories about Rachel and collaborate in parenting her. Instead of just dropping Rachel off, her aunt would

come in for a visit when she brought Rachel back, and chat about how Rachel was doing. Rachel seemed to do well on her visits and to enjoy getting closer to her Auntie, Uncle, and cousins.

Rachel's maternal aunt would also take Rachel on sleepover weekends. Since she didn't have transportation, a transport worker would pick Rachel up to take her to her aunt's apartment. Her aunt lived in a large housing project where there was constant coming and going of extended family and acquaintances. Sometimes the worker would arrive at the aunt's apartment, find no one home, and bring Rachel back to the Williamses' home.

Rachel often returned from visits to her maternal aunt's home agitated and exhausted. Once she returned from a visit to her maternal aunt's home at 3:00 p.m., immediately fell asleep in Mrs. Williams' arms, and still hadn't woken up by 8:30 the next morning.

The longer Rachel was in her home, and the closer Mrs. Williams felt to her, the angrier she got at the maternal aunt's lack of dependability. She worried that the chaos of the maternal aunt's apartment might be frightening Rachel or keeping her up at night. She was also angry at the caseworker for continuing to schedule the visits.

After conferring with Rachel's therapist about how to talk with the caseworker about her concerns, Mrs. Williams met with the caseworker. She carefully described Rachel's behaviors, being cautious not to draw any conclusions or become too emotional. The caseworker took Mrs. Williams' concerns seriously, and when Rachel's maternal aunt continued to prove unreliable, recommended that the paternal aunt be allowed to adopt her.

By the time Rachel moved into her auntie's house, she was a few weeks shy of two. She was still only speaking a few words. Though she said "hi" and "bye-bye" and asked for her bottle, she still had no names for herself or other people. The child welfare agency plans to have a regional center evaluate Rachel for developmental lags. The paternal aunt has stayed in touch with the Williamses, sending them updates on Rachel and photographs.

The Story of Tommy (4 years old)

Summary: Tommy's case provides an excellent example of traumatic play and of how a preschool-aged child reacts to a trauma reminder. It also demonstrates how foster parents can give an effective safety message, and speak honestly about trauma and trauma reminders with preschool-aged children.

> *Tommy is four years old and has been in foster care for three weeks. He was taken into care after his father beat his mother so severely that she required hospitalization.*
>
> *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 by having the ambulance take someone to the hospital, Tommy screams and throws the police car and ambulance.*

Background

Tommy witnessed his parents' frequent, violent fights for all of his young life. Whenever things got really bad, Tommy would retreat to a corner under his bed and cover his ears. Sometimes Tommy would feel guilty because a fight would start over something he had done, and his parents would argue over how he should be punished.

Tommy was placed in foster care after neighbors heard shouting in his home and called the police. When the police arrived, they found that Tommy's father had beaten his mother severely. He went to jail for the assault, and Tommy's mom was taken to the hospital. She was found to be suicidally depressed and after being released from medical care was admitted to a psychiatric facility for inpatient treatment.

Tommy watched as his father was taken away in handcuffs and his mother was taken away in an ambulance. Tommy has been told that his mommy is in the hospital, but hasn't been able to see her.

Tommy Hears an Argument

Recently, Tommy's foster parents had a minor disagreement over household finances.

Tommy came into the room just as his foster father was starting to raise his voice. Tommy became hysterical, clapped his hands over his ears, and ran and hid under his bed, where he curled into the corner and chanted "Stop, stop, stop" over and over.

Tommy's Foster Parents Respond

After realizing what had happened, Tommy's foster parents stopped arguing and went into Tommy's room. Together, they coaxed Tommy out from under his bed.

When he came out, they cuddled him and told him that they were sorry they had scared him and understood why he had been so frightened. “When we raised our voices at each other, it scared you,” they said. “We’re sorry that what we did made you feel so afraid.”

“You’ve heard mommies and daddies fight before,” they said, “and sometimes bad things happened, so maybe you’re afraid that something bad is going to happen now too.”

Tommy looked sad and nodded his head slowly.

His foster parents reassured him that even though they might raise their voices and get upset with each other, they would never hit each other.

“Everyone gets scared sometimes, but you don’t have to hide under the bed to be safe,” they said. “We’ll keep you safe.” They also asked that whenever they, or anyone else, did something to scare him, Tommy should let them know how he was feeling so that they could help him feel safe.

Tommy Gets a Safety Message

After Tommy reacted so strongly to hearing the argument, his foster parents discussed what had happened with his caseworker. They also described how he continued to repeat the events of the night he was taken from his home in his play. The caseworker arranged a visit to their home so that she could assist Tommy’s foster parents in providing a safety message.

They all sat down with Tommy, and the caseworker explained, “We all want to make sure that you understand that your mommy is in the hospital but she’s safe and getting better. You’ll be able to talk to her on the phone very soon. We’re going to work to help your mommy and daddy stop fighting. It’s our job to do that, and not yours. Nothing that happened is your fault. You’re safe here and we’re going to work with your parents so that you’ll be safe with them too.”

It was clear to everyone that even though Tommy’s foster parents had told him that his mother was okay and in the hospital, he had been confused and afraid that he would never see her again. He may also have been blaming himself since his parents sometimes argued over his behavior and appropriate punishment. Of course, he would need more help to make sense out of what he had seen, and what had happened afterward.

After this meeting, although he still played with the police car and ambulance, Tommy began to be more open to playing out different stories with his foster father. His foster parents also supported Tommy’s sense of connection to his mother by encouraging him to make drawings or other little presents for her.

The Story of Andrea (9 years old)

Summary: Andrea's case illustrates how resource parents can help school-aged children who act out sexually by being honest and loving, setting clear boundaries, and advocating for trauma-focused therapy.

> *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, "Get out of here!"*
>
> *Andrea ran to her room sobbing "Why does everyone hate me?" and began frantically packing her suitcase.*

Background

Andrea has two brothers, who are 18 months and four years older than her. All three children were removed from their depressed and drug-addicted mother due to persistent, severe neglect.

For several years after the children were taken into care, their mother tried to regain custody. She would work her way up to weekend and overnight visitations, and then relapse into drug use and disappear for weeks at a time. The court finally terminated her parental rights when Andrea was seven years old.

From ages one to seven, Andrea and her brothers lived with the same foster family. The parents had a very traditional marriage and the father was domineering with his wife and strict and authoritarian with Andrea's brothers. Andrea was reportedly close to her foster father, and seemed to escape the harsh treatment he doled out to her brothers. The children were removed from this foster home and placed in a preadoptive home when the parents' marriage began to fail.

The children's next foster placement broke down when the foster mother found Andrea and her brothers "doing disgusting things to each other." Because of this inappropriate sexual behavior, the children were separated, and Andrea was placed in her current home.

Andrea's Behaviors

Andrea seems to have become very attached to her new foster father, but is indifferent to her foster mother. She likes to read with her foster father and act out characters from her story books. When upset, Andrea will talk baby talk, or suck her thumb like a much younger child. She frequently asks about her brothers and why she can't see them.

Andrea's current foster family has two older boys, 11 and 13 years old. Andrea often goes into their room and lies on the floor. When they will not give her attention, she takes their computer mouse and threatens to throw it across the room or lies down on top of it so that they have to wrestle her to get it back. She has also exposed herself to them and laughed.

Andrea's Foster Parents Respond

After the incident during their story time, Andrea's foster father realized that he had upset Andrea and that what had happened wasn't her fault. He went to her room to apologize.

"What you did surprised me," he said. "I'm sorry if I hurt your feelings. It wasn't your fault. Maybe you were repeating something you learned to do with another grown-up. But what that grown-up did was wrong. Children and their mommies, and children and their daddies, can cuddle and hug each other, but do not rub on each other that way."

Andrea calmed down and said she felt better. Her foster father hugged her and said, "I really enjoy our story time so much, and we are still going to read books together."

Although Andrea was supposed to have entered therapy after her last foster placement broke down, this had fallen through the cracks. The day after the incident with her foster father, her foster parents met with the caseworker to discuss Andrea's sexualized behaviors and to advocate for her to receive treatment.

The caseworker made arrangements for her to see a trauma-informed therapist with experience in treating children who had been sexually abused.

During the initial meeting with the therapist, she explained to Angela's foster parents that Andrea might begin to talk about what had happened in the past during the course of treatment. Her foster parents might need to let her know that it was okay to "tell." Her therapist would also guide them in how to respond if Andrea began to talk about her past abuse.

Keeping Andrea Connected

Andrea's foster parents talked to the caseworker and therapist about Andrea's missing her brothers, and worked out a plan to help Andrea stay in contact with them through pictures, drawings, and letters until the child welfare team could set up a plan for supervised visitation between the siblings. The foster parents would suggest things for Andrea to save and share with her brothers ("That's such a nice picture! Would you like to make a copy that we can send to your brothers?") and helped her put together packages to send to them once a week. The caseworker coordinated a similar effort with the brothers' foster parents.

The Story of James (12 years old)

Summary: James' case is a good example of (1) withdrawal and avoidance in a preteen who suffered early childhood trauma followed by a traumatic loss; (2) a reaction to a trauma reminder that could be misinterpreted as anger and rebelliousness; and (3) traumatic grief.

James is 12 years old, and has been with his foster family for about six months. He had been living since early childhood with his maternal grandparents, but was taken into care after his grandfather died and his grandmother's health declined.

He is withdrawn and hardly speaks to his foster parents or other adults. When asked want he wants, he says "Whatever" and shrugs his shoulders.

James has been doing poorly in school and hanging out with a group of kids who dress all in black and listen to music about everything being hopeless.

When James first moved in, his foster parents asked if he wanted to put up some pictures of his grandparents.

In a rare show of emotion, James snapped, "No, I don't. Leave me alone!" and retreated to his room for several hours.

Background

James was removed from his parents' home for neglect when he was two years old. His parents were drug users and frequently left him alone. They also injected him with dissolved sleeping pills to keep him quiet while they partied. James still has scars on his arms from the injections.

From the ages of two to 12, James lived with his maternal grandparents, with whom he was very close. When he first came to live with them, he moped around as if he had given up. He would hold out his arms at bedtime as if he expected to be given a shot. He also gave shots to his stuffed animals. But then he began to play ball and go fishing with his grandpa and came back to life.

About a year ago, James' grandfather had a massive heart attack and died while sitting at the dinner table. The paramedics came and tried to resuscitate him while James and his grandmother watched helplessly.

Afterwards, James' grandmother could not recover from her grief. She stopped eating, became confused, and went downhill physically. During this time, James' mother began to visit, saying that she wanted to help and take care of James, but she was unreliable. When his grandmother had to go into an assisted living facility, the court ruled that his mother was unfit to care for James, and he was placed in foster care.

James Refuses to Come to Dinner

Over the last six months, James has rejected any attempts by his foster parents to talk to him about his grandfather, and has also stopped doing many of the sports and other activities he

used to do with him. James spends most of his time in his room. When James' foster parents try to draw him out, he responds with a shrug and "Whatever."

James' foster family has a tradition of sharing a meal together on Sunday evenings. One Sunday night James' foster mother prepared a leg of lamb for dinner. When James came to the table and saw the leg of lamb he grew pale. Then he said to his foster parents, "I'm not hungry," and left the table.

James' foster father followed him to his room. "You know we have a rule that Sunday night we all sit down to dinner together," his foster father said.

"I'm not hungry," James said.

"That's the rule," his foster father said.

James threw down some schoolbooks that had been sitting on his desk. "You can't make me!" he yelled.

James' foster father tried to put his arm on James' shoulder but James shook him off and said, "Don't touch me!"

James' foster father decided not to press James, and went back down to dinner alone.

James' Foster Parents Respond

After dinner, he came back to James' room. "I need to understand what's going on with you, and I want to help you. What got you so upset?"

"I don't know," James mumbled.

"Let's just go over what happened," his foster father said.

"I came to the table and I felt sick," James said.

"What about the table?" his foster father asked.

"I don't know!" James snapped.

"Let's think about it calmly," his foster father said. "What was different about tonight?"

After a while James remembered that his grandmother had made a leg of lamb the night his grandfather had his fatal heart attack at the dinner table.

"The way you reacted was understandable. Seeing that leg of lamb must have made you remember what happened," his foster father said. "It's lousy that you had to see your grandfather die that way. I lost my father when I was a teenager and it was really rough."

"My grandfather didn't have to die that night," James said. "It was my fault. That afternoon, we had a fight. I wanted him to take me to the batting cage and he said he was too tired. I kept arguing with him. It's my fault he died."

"It's not your fault," his foster father said. "Your grandfather was old and had a heart condition. It could have happened any day. Your grandfather loved you very much."

James Refuses to Do His Homework

On a recent Friday, James went to visit his grandmother in the assisted living facility. He spent the rest of the weekend holed up in his room.

By Sunday night, his foster parents were feeling aggravated. They wanted to set limits and be clear and consistent about the household rules, but suspected he was upset about his grandmother. Together, they went to James' room and told him that he needed to come down to Sunday dinner or lose some privileges. James said, "I don't care. Do whatever you want to me."

"What about the social studies test you have tomorrow?" his foster mom asked. "Don't you think you should study?"

James mumbled "What difference does it make? I'm just going to wind up a junkie like my parents."

"Did something happen today at your grandma's that's making you feel this way?"

After a while James explained that when he was visiting his grandmother, his mother had appeared and started pestering her for money. His grandmother grew more and more agitated and confused, and a nurse asked James and his mother to leave.

James' foster mom listened quietly as James told his story and then tried to put words to James' emotions. She acknowledged how upsetting the visit must have been, and that it must have brought up very strong feelings. After a while, James said that he was ashamed of his parents, and repeated his fear that he would end up "just like them."

James' foster mom reassured James that even though his parents were very troubled and had made some very bad choices, James had the power to make different choices. She reminded him of how much his grandparents loved him, and of how happy he had made them. She then pointed out that those choices could begin with studying for his test. Then she offered to come back to his room and drill him on the test questions in an hour.

Meeting Grandma

James' foster parents asked the caseworker if they could transport James to his visits with his grandmother and—if James agreed—meet his grandmother. The caseworker and James agreed. James' foster parents also asked the caseworker about getting James into psychotherapy. They were concerned that James still could not bear to talk about his grandfather, and about his continuing problems with motivation and depression. James entered therapy with a clinician experienced in treating traumatic grief.

The first few times James' foster parents transported him to his visits, they dropped him off and picked him up afterward. But after several weeks, as James got out of the car, he turned back and said "Ummm . . . do you guys want to come up?"

James' foster parents introduced themselves to James' grandmother. They told her they were doing their best to take care of James, and thanked her for raising him so well. They let her know that they considered him a great kid, and that he loved her very much.

Making Connections

James' foster parents began to join James regularly on visits to his grandmother. James' foster parents began to develop a relationship with his grandmother as she told them stories of James' early childhood, and they shared with her details of their current family life.

After having been in therapy for a number of weeks, James began to talk a bit about his grandfather and to acknowledge just how much he missed him. He showed pictures of his grandfather to his foster parents, and asked his grandmother questions about what his grandfather had been like as a young man. Through these conversations, James began to realize just how many good traits he shared with his grandfather.

The Story of Javier (15 years old)

Summary: Javier's case illustrates how trauma-informed parenting can modify impulsive and aggressive behavior in adolescents who have experienced trauma, help them to make better choices, and assist them in channeling their energy and talents in constructive ways.

> *Javier is 15 years old, and has been in foster care for a little under a year. He 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."*

Background

Javier grew up watching his parents battle. One night when Javier was six he awoke to his mother's screams and the sound of his father throwing furniture. Every time his mother screamed, he imagined her lying on the floor but was too afraid to get up from his bed. He lay trembling, feeling too weak and small to do anything.

During one fight, the neighbors called the police, but the officers "didn't do anything to help her, they just left."

Unable to convince his mother to leave his father, Javier tries to divert his mother by making jokes, and takes great joy when he can make her laugh.

A year ago, Javier witnessed a drive-by shooting. He was standing right next to a friend who was shot. He still has nightmares about the shooting and wakes up with his heart pounding. Shortly after the shooting, Javier tried to intervene in one of his parents' arguments and was severely beaten by his father. His father was arrested and Javier was taken into care.

Javier will not be allowed to return home until his father completes anger management and parenting classes, but his father refuses. "It's my right to put my boy in his place," he said. Javier's mother comes for supervised visits with Javier at the child welfare offices. Javier worries about his mother's safety.

Javier and the iPod®

Ever since seeing his friend get shot, Javier gets nervous in crowds. He doesn't like loud noises and startles easily.

One day in math class, the door opened suddenly and another boy came into class late. As he passed Javier's desk, he abruptly reached into his pocket. Javier instinctively ducked under his desk, knocking his books to the floor.

The other boy looked at him in confusion, holding the iPod® he had just pulled from his pocket, and everyone laughed at Javier, including a girl who sits in front of him whom he really likes.

Furious, Javier jumped back up, grabbed the kid's iPod®, and threw it across the room.

Javier's Foster Parents Respond

Javier's foster parents were called in to meet with the vice principal. During the meeting, Javier's foster parents discussed Javier's traumatic past and persuaded the vice principal to give Javier a week's detention rather than expulsion, as long as he apologized and paid for the other boy's iPod®.

At home, Javier's foster parents asked him to explain what happened in the classroom. Javier admitted that when he saw the boy's sudden move, he thought "Gun!" and ducked under the desk. For the first time, he told his foster parents about seeing his friend get shot. He said his classmates' laughter made him feel like "some sort of weak fool."

Javier's foster parents heard him out, and acknowledged that his reaction made sense given what he'd experienced. But they also pointed out that once he realized there was no threat, he had a choice of how to respond. He had chosen to throw the iPod® because he felt angry and humiliated.

They reviewed with him the risks and benefits of other actions he could have taken instead: he could have informed his classmates that he was reacting to something that reminded him of a very bad event he'd witnessed; he could have said nothing and simply told his teacher later. Javier realized that he could have just made a joke of the situation, since his classmates were used to him goofing around. His foster parents then helped him to plan what he would say in apologizing to the boy for breaking his iPod®.

Javier's foster parents also told him that even though they would front the money for the new iPod®. Javier would have to work off the cost by spending several Saturdays working with his foster mom at their church food bank. His foster mom noted that the many older ladies who worked at the bank could "really use a set of strong arms" to load boxes.

Concerned about Javier's violent outbursts, Javier's foster parents pressed the caseworker to arrange therapy so that Javier could get help in dealing with his grief, anger, and impulse control. They also consulted with the school counselor about finding ways to channel Javier's energy, particularly his "class clown" tendencies, in a more positive direction. She noted that the school drama club was going to be doing a comedy that year and suggested that Javier audition.

Javier Finds New Strengths

Javier continued to see a therapist. After some initial grumbling about having to spend Saturdays at the food bank, Javier discovered that he enjoyed the work, particularly handing out boxes of food to families in need and making them laugh. He also got a part in the school play and between rehearsals and the food bank has no time to hang out at the park.

A Family Tale

Summary: This story of a family coping with trauma and separation illustrates how different family members can have different reactions to the same event. It also illustrates how each child in a family has a unique relationship with parents, siblings, foster parents, and other family members.

The Background

Four-year-old Joey, his nine-year-old sister Sandy, and their 14-year-old brother John have been in foster care for six months. The children were taken into care after their mother, Jane, left Joey and Sandy alone for several days while she was on an alcohol and cocaine binge. She had told the children she'd be "right back." Sandy didn't call the police for fear she'd get her mother into trouble. She tried to take care of Joey. Eventually, neighbors heard Joey crying and called the police.

At first, the police couldn't find John because he had run away from home the day before Jane left and was hiding at a friend's house. He said he didn't know that his siblings had been left alone.

Child Protective Services removed the children from Jane's care. Thelma, Jane's mother, had been divorced twice and lived alone. She felt that she was too old and had too many health problems to take all three children. She assumed care of Joey. Sandy and John went to live with Rana, a young, single, and relatively new foster mom.

Jane's own father was an alcoholic who was sometimes violent. Jane has a long history of substance abuse. Since her teen years, Jane has struggled with substance abuse and attempts to get sober. Her children have seen her passed out on the floor. Once Jane hit her head before passing out, and when Sandy saw her unconscious with all the blood, she feared that Jane was dead.

The children's father was also a drug user. The couple had violent fights in front of their children. During those fights, Joey used to scream, shut his eyes, and cover his ears while Sandy held him. During one fight, John had to hold his mother back when she had a knife in her hand and was threatening to stab his father. The father disappeared two years ago without saying goodbye.

The Children's Reactions to Being in Care

Joey misses his mother. He worries about her getting "sick" again. He gets nervous and clingy on Thursday just before her calls. He misses Sandy and asks his grandmother over and over again when he is going to get to see "my Sandy."

Sandy remembers having fun and good times with her mother when Jane wasn't "loaded." She's angry at her father for leaving and wonders if he is dead. Sometimes she has nightmares about her mother passed out on the floor. She misses Joey and feels as if she is the only one who knows how to take care of him. She's angry at her grandmother for rejecting her and John, and says, "If you really loved us, you would have kept us together."

John had a rough time when his father left because he always felt close to him. He blames his mother for the split and has pulled away from his family. He thinks he's old enough to be on his own and resents being placed with Rana. John believes that women cannot be trusted to take care of their loved ones.

A Missed Call

Jane has been struggling to maintain sobriety. Sober for the past five weeks, she has called the children every Thursday night and visited with them every Sunday. On each visit Jane told the children, "We will all be together again soon."

During their last visit Jane looked a little disheveled but insisted to Thelma and Rana that everything was fine. That Thursday Jane failed to call the children.

The Family Reacts

Joey cried and asked his grandmother whether Mommy was "sick." He stayed close to the telephone, hoping she would call. He became clingier, and refused to go to bed alone. Then he began talking about finding just the right toy to give Jane on Sunday "so she'll think about me all the time."

Sandy became nervous and shaky. She kept seeing images of her mother on the floor, and worried that she had hit her head again and was bleeding somewhere with no one to help her. She told John that she was afraid her mother was dead, and he snapped, "Grow up! I stopped caring about her a long time ago!" Then Sandy lashed out at Rana. "It's your fault she didn't call. You probably made her feel bad the last time we saw her!"

John withdrew even further from his siblings and pretended not to care, but his mother's failure to call made him wonder if he would ever see her again. He thought about the last time he saw his father and missed him.

Thelma was worried about her daughter, but also angry at her and ashamed at what Rana must think of her. She kept thinking about the nights her husband never came home because he was drunk.

Rana was worried about Jane, but also felt judgmental. She thought the children should appreciate her all the more for being reliable, and was very hurt when Sandy turned her anger on her.

Jane Is a No-Show

On Sunday, Jane didn't show up for the scheduled visit.

After waiting for half an hour, Rana and Thelma prepared to leave. Joey began screaming and crying: "She's coming. I have a present for her . . . she has to come. Mommy! Mommy!"

Thelma became more and more upset as Joey kicked and shrieked. She spent a long time trying to convince Joey to get into the car, as Sandy tried to comfort him. She ended up pushing Sandy out of the way as she struggled with Joey. Sandy started to sob, and yelled at her grandmother, "Joey should be with me. I'm the one who knows how to take care of him. "

On the way home in the car, Sandy screamed at her foster mom, “Why did you make me come on this visit?”

Rana said, “I made you come on this visit because I know it’s important to you to see your mom.”

Sandy snapped back, “I didn’t want to see my mom. You made me. If my mom really loved us, she’d get off drugs so we could all be together.”

Rana, exasperated, agreed, “You’re right; she would.”

This only made Sandy angrier. “You don’t know anything about our family!” she shouted. “My mom loves us a lot. And you don’t know what it’s like to be the only foster child in my whole school. You don’t know anything about me!”

Suddenly John—who had been listening to his iPod®—stomped down his foot. “Shut up!” he yelled. “I wish I’d never been born into this family!”

When Your Child's Trauma Becomes Your Own: The Story of Ralph and Susan

Summary: This case story of Ralph and Susan illustrates the impact of secondary traumatic stress (STS) on resource parents caring for children with a history of trauma, and provides tips on how to prevent and cope with STS.

Background

Ralph and Susan are a couple in their 30s. They both had relatively happy childhoods and married right out of high school. Aside from a brief episode of depression when he was unemployed for six months, Ralph has had no psychological problems. Neither has Susan, although she considers herself a very sensitive person who always cries in movies and feels a lot of empathy for others, especially children. That is partly why they decided to become foster parents.

Four-year-old Jody and her 18-month-old brother Jimmy came to live with Ralph and Susan three months ago. Shortly before coming to live with Ralph and Susan, the children witnessed their father fatally shoot their mother and then commit suicide.

At age four, Jody did not understand exactly what had happened. She saw a lot of scary blood, but did not understand that death was irreversible. Her father had told her not to go outside the apartment without a grown-up. Also, she did not want to leave her little brother alone, and she could not carry him by herself. So she stayed in the apartment with her parents' bodies and took care of her brother.

At first, she tried to revive her parents by yelling at them to wake up, shaking them, and putting cereal in their mouths. She put a blanket over her mother.

Then she did what she had watched her mommy do: fed her brother and changed his diapers, putting his dirty diapers in a neat pile on the bathroom floor so they would not "stink up the house" and make her daddy mad.

Jimmy cried for his mother and became frustrated when Jody could not rouse her. Several times during the two days, he nestled in next to her body, seeking comfort. After two days, police arrived and took the children into custody.

By the time Jody and Jimmy came to live with Ralph and Susan, the details of their story had been all over the TV and in the newspaper. Susan already had pictures in her head that came from this coverage: the children had tracked their parents' blood through the house on their footprints; Jody had tried to revive her parents; Jimmy had been found curled up in a fetal position in a corner by his mother's body.

The Children's Responses to Trauma

When Jimmy first came to live with Susan and Ralph he had stopped walking and would crawl or pull himself along on the ground. When a loud noise startled him or something upset him,

instead of crying, he would freeze in position and then lie flat on the ground. It made Susan wonder if he was imitating what his mother did when the bullet hit her. Susan would pick him up and hold him at these times. Jimmy also would wake up screaming in the middle of the night. Sometimes he could say enough to let Ralph and Susan know he'd had a nightmare.

In her play, Jody would put a blanket over her doll again and again. When Susan first served the children Cheerios®, Jody became upset, shook her head, and stared into space, but would not talk. She also became very upset when Susan put a red tablecloth on the table.

Jimmy and Jody were both in treatment. After a while, Jody began to talk about the two days she had spent in the apartment with her brother. Every time she sat on the toilet to have a bowel movement, her memories would come up. It seemed as if being on the toilet reminded her of changing her brother's "poopy diapers" and stacking them up in the bathroom.

Susan's Traumatic Stress Reactions

Susan began to have symptoms of traumatic stress. When she was driving or trying to fall asleep, she would see images of the children's trauma. The images came from the media reports and also from what she could put together from what Jody had told her. She started to feel jumpy and anxious. She dreaded having to help Jody in the bathroom and having to hear what Jody might say next about the traumatic events.

When Jimmy froze in his tracks, Susan would imagine his father shooting his mother, the sound of the blast, and the splatter of blood. She started to feel uncomfortable around the color red and tried to protect Jody from any exposure to it. Susan's symptoms began to interfere with her life and her ability to take care of the children.

Ralph's Traumatic Stress Responses

Ralph reacted very differently from Susan. He withdrew from the children and from Susan. He lost interest in being intimate with his wife, and seemed emotionally flat. He lost faith in other people. "If a man could do that to his wife while his children watched, then there's no hope for mankind," Ralph would say. "There's so much evil in the world; what can anyone do about it?" He questioned whether he and Susan could do the children any good at all: "They're probably ruined for life no matter what we do."

Overcoming Secondary Traumatic Stress

Susan's and Ralph's reactions illustrate how disruptive and overwhelming STS can be for resource parents. To prevent and ease their STS, Ralph and Susan should try to take the following steps:

- Remind themselves that the children are safe and that the traumatic events are over.
- Work hard to distinguish between their own interpretations and fantasies of what the trauma was like for the children and the children's actual experiences.
- Focus on the children's immediate concerns and present-day lives.

- Build on the children's resiliency and strengths. Jody's strengths include the wherewithal to keep herself and her brother alive, a strong, loving bond with her little brother, and the ability to talk about what happened and try to make sense of it. Jimmy's strengths include his strong, loving bond with his big sister and the ability to take comfort from Susan and Ralph.
- Try not to generalize.
- Take frequent time outs from parenting.
- Seek support—from family, friends, clergy, or a trauma-focused therapist.

When Your Child's Trauma Is a Reminder: The Story of Betty and Janis

Summary: This case study is about Betty, an experienced foster parent who is challenged when her 13-year-old foster daughter Janis reminds her of her own adolescent trauma. The way Betty has coped with her own past actually gets in the way of her ability to parent Janis.

Background

Betty is a 50-year-old African American woman who has successfully fostered two adolescent boys. She became a foster mom to help other children overcome the hardships she faced growing up poor in the inner city. Betty put herself through school, and now has a good job. She is very active in her church, where she has lots of friends.

Janis is Betty's 13-year-old African American foster daughter. She was placed with Betty when she was 11 years old. She was removed from the home of her chronically mentally ill single mom after years of neglect. She told her caseworker matter of factly that her mother's boyfriend had sexually abused her since she was six. When she came to Betty she hardly knew how to groom herself. She wasn't very good at making friends. Other kids made fun of her and wouldn't let her eat at their lunch table.

For the first year and a half of her placement, Janis and Betty got along very well. At church, Janis enjoyed singing in the youth choir. Her self-esteem improved and she learned to take pride in her appearance.

Problems Develop

Around the time Janis turned 13, Betty started complaining to the caseworker. She said that Janis dawdled over her homework, listened to hip-hop music, and practiced "freak dancing" around the house.

One day, Betty called the caseworker and asked for respite care. She said, "You've got to help me out, I just can't handle this girl."

The caseworker had never heard Betty sound so frazzled, even when her boys had gotten into some serious misbehavior. Finally, Betty blurted out the story.

During lunch at school, Janis had been caught inviting boys into an out-of-the-way bathroom. She encouraged them to touch her private parts, and she touched theirs. "It's not as if she just went along with the boys," Betty explained. "She initiated it."

Betty began to cry. "I'm so ashamed! What if the ladies at my church find out?"

Janis Enters Therapy

The caseworker explained to Betty that children who have been sexually abused may act out sexually with peers, younger children, or adults. Sexual issues may surface or become more

intense at adolescence. Janis probably had confusing and conflicted feelings about sex and intimacy, and since she had so much trouble making friends, sex was one way she could get boys' attention.

Janis entered trauma-focused therapy. Betty was asked to attend some sessions. In the therapist's office, Betty became more and more uncomfortable as Janis was encouraged to talk about what happened with her mother's boyfriend. Betty felt like crawling out of her skin. She said to the therapist, "What's the point of spending all this time talking about the bad things that happened to her? It's better just to forget about it and move on."

At home, Janis would try to talk to Betty about boys, but Betty shut down. She felt angry at Janis and ashamed. Whenever Janis tried to give her a hug, Betty stiffened and pulled away. Janis and Betty started to argue about everything: chores around the house, homework, and the fact that Janis wanted to go to school dances rather than church events.

About halfway through Janis' therapy, Betty called the caseworker and said, "You've got to get this girl out of my house."

In a meeting with the caseworker, Betty cried and explained that she had come upon Janis naked, masturbating on her bed. The caseworker tried to reassure Betty that masturbation was normal adolescent behavior. Why didn't Betty just set limits by telling her daughter that masturbation was private and that she should shut her bedroom door? On hearing this, Betty began to sob.

She revealed to the caseworker that she had been sexually abused herself—once as a young girl by a relative, and then again as a teenager when she was raped by a friend. Janis' experience had brought back a flood of disconnected and disturbing images and feelings. Betty had never told anyone about her sexual abuse. She had simply put it out of her mind and turned to God. She had never had much of a sex life, but that wasn't important to her. Her approach had worked for thirty years. Now it was all coming back.

"I don't think I can get through this with Janis," she told the caseworker. "Maybe you'd better place her somewhere else."