NCTSN The National Child Traumatic Stress Network

Trauma-Informed Parenting: Supplemental Resources

(Adapted from Caring for Children Who Have Experienced Trauma, a Workshop for Resource Parents)

February 2010 | Revised June 2016
From the National Child Traumatic Stress Network

This project was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HHS.

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

Suggested Citation

Grillo, C.A., Lott, D.A., Foster Care Subcommittee of the Child Welfare Committee, National Child Traumatic Stress Network. (2010, Revised 2016). *Caring for children who have experienced trauma: A workshop for resource parents—Participant handbook*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.

Copyright

 This work was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HHS), which retains for itself and others acting on its behalf a nonexclusive, irrevocable worldwide license to reproduce, prepare derivative works, and distribute this work by or on behalf of the Government.

A Note About This Adaptation:

These resources were developed in response to feedback from families and clinicians about the value of providing trauma informed parenting information to all caregivers. They were originally included in *Caring for Children Who Have Experienced Trauma, a Workshop for Resource Parents*. However, clinicians and facilitators began to share copies with a broader audience because they contain useful information for all types of families and caregivers. These materials were therefore adapted from their original version and purpose to include more inclusive language and for more general use outside of the child welfare system. Anyone downloading these resources is welcome to use them as a large packet or as stand-alone handouts. Copies are permissible and encouraged.

The Essential Elements of Trauma-Informed Parenting

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

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

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

2. Help your child to feel safe.

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

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

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

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

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

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

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

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

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

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

Children who have been abused or neglected often have insecure attachments to other people.

Nevertheless, they may cling to these attachments, which are disrupted or even destroyed when they come into care.

As a trauma-informed parent, you can help your child to hold on to the things that were good about these connections, reshape them, make new meaning from them, and build new, healthier relationships with you and others.

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

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

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

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

7. Be an advocate for your child.

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

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

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

9. Take care of yourself.

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

Child Traumatic Stress: A Primer for Parents

What Is Traumatic Stress?

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

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

Types of Traumatic Stress: Acute Trauma

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

Types of Traumatic Stress: Chronic Trauma

Chronic trauma occurs when a child experiences many traumatic events, often over a long period of time.

Chronic trauma may refer to multiple and varied events—such as a child who is exposed to domestic violence, is involved in a serious car accident, and then becomes a victim of community violence—or recurrent events of the same kind, such as physical or sexual abuse.

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

Chronic trauma may result in any or all of the symptoms of acute trauma, but these problems may be more severe and

What about neglect?

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

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

more long lasting. The effects of trauma are often cumulative, as each event reminds the child of prior trauma and reinforces its negative impact. A child exposed to a series of traumas may become more overwhelmed by each subsequent event and more convinced that the world is not a safe place. Over time, a child who has felt overwhelmed over and over again may become more sensitive and less able to tolerate ordinary everyday stress.

How Do Children Respond to Trauma?

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

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

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

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

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

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

When Trauma Is Caused by Loved Ones: Complex Trauma

Some trauma experts use the term **complex trauma** to describe a specific kind of chronic trauma and its effects on children. Complex trauma refers to multiple traumatic events that begin at a very early age and are caused by the actions—or inactions—of adults who should have cared for and protected the child. When trauma begins early and is caused by the very people whom the child relies on for love and protection, it can have profound effects on a child's healthy physical and psychological development.

Children who have experienced complex trauma have had to cope with chronically overwhelming and unmanageable stresses almost entirely on their own. As a result, these children often:

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

Transcending Trauma: Resilience and the Role of Parents

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

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

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

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

Understanding Brain Development in Young Children

By Sean Brotherson
Family Science Specialist, North Dakota State University Extension Service

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

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

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

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

Think about times when you have watched a baby or toddler with a caretaker:

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

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

What Do We Know About Brain Development?

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

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

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

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

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

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

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

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

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

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

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

How the Brain Develops

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

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

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

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

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

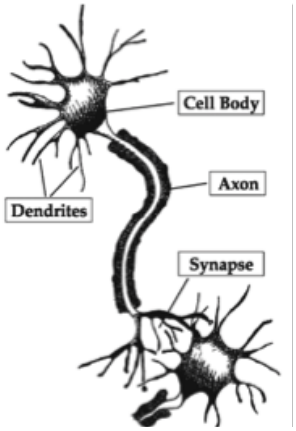
Imagine that a child's brain is like a house that has just been built. The walls are up; the doors are hung. Then you go to the store and buy wiring, switches, a fuse box, and other electrical supplies. You bring these supplies to the new house and set them on the floor. Will they work? Probably not. You must first string the wiring and hook up all of the connections. This is quite similar to the way our brains are formed. We are born with as many nerve cells as there are stars in the Milky Way galaxy. But these cells have not yet established a pattern of wiring between them—they haven't made their connections.

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

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

Neurons are the functioning core of the brain (**Figure 1**). Each cell body is about one-hundredth the size of the period at the end of this sentence. A neuron has branches or *dendrites* emerging from the cell body. These dendrites pick up chemical signals across a *synapse* and the impulse travels the length of the axon. Each axon branch has a sac containing neurotransmitters at its tip. The electrical impulse causes the release of the neurotransmitters that, in turn, stimulate or inhibit neighboring dendrites, acting like an on-off switch.

Figure 1. Neurons and connections



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

We often refer to this incredibly complex network of connections that results as the brain's "circuitry" or "wiring." Experience shapes the way circuits are formed in the brain.

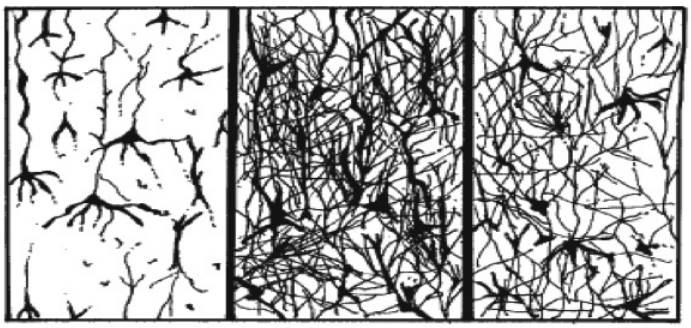
A remarkable increase in synapses occurs during the first year of life. The brain develops a functional architecture through the development of these synapses or connections.

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

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

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

Figure 2. Synaptic density in the human



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

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

Construction of the Brain

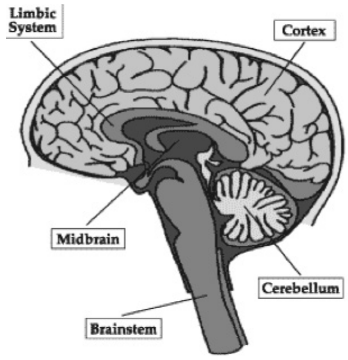
We have explored how the brain develops at the cellular level with neurons and connections. Understanding the different parts of the brain as a whole and how it functions and develops is also useful.

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

The basic elements of the human brain include the following:

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

Figure 3. Brain side view



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

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

Critical Periods of Brain Development

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

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

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

Visual and Auditory Development

The "prime time" for visual and auditory development, a child's capacity for learning to see and hear, is from birth to between four and five years old. The development of these sensory capacities is very important for allowing children, especially babies, to perceive and interact with the world around them. During the first few months especially babies need to see shapes, colors, objects at varying distances, and

movement for the brain to learn how to see. Babies also need exposure to a variety of sounds so that their brains can learn to process that information and allow for responsiveness by hearing something.

Language Development

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

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

Physical and Motor Development

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

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

Emotional and Social Development

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

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

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

Conclusion

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

Recommended Resources

Books

Gopnik, A., Meltzoff, A. N., and Kuhl, P. K. (1999). *The scientist in the crib: Minds, brains, and how children learn*. New York: William Morrow & Co. Inc.

Healy, J. (1994). *Your child's growing mind: A practical guide to brain development and learning from birth to adolescence*. New York: Doubleday.

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

Martin, E. (1988). *Baby games: The joyful guide to child's play from birth to three years*. Philadelphia, Pennsylvania: Running Press Book Publishers.

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

Ramey, C. T. and Ramey, S. L. (1999). *Right from birth: Building your child's foundation for life*. New York: Goddard Press Inc.

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

Shore, R. (1997). *Rethinking the brain: New insights into early development*. New York: Families and Work Institute.

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

Siegel, D. J. (1999). *The developing mind*. New York: Guilford Press.

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

Audiovisual

Reiner Foundation (Producer) & Reiner, Rob (Director). (2005). *The first years last forever*. (Available from I Am Your Child, PO Box 15605, Beverly Hills, CA 90210; http://www.cich.ca/Publications_childdevelopment.html or http://www.parentsaction.org/resources/english-dvds/.)

Websites

College of Family and Consumer Sciences. (2014). *The building baby's brain*. Retrieved from http://www.fcs.uga.edu/newfacs/ext/pubs/

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

Reiner Foundation. (2015). *I am your child*. Retrieved from: http://www.parentsaction.org/.

This is a national public awareness and engagement campaign, created by the Reiner Foundation, to help people understand the importance of new brain research and its implications for our children's lifelong healthy development. Order the series: http://www.cich.ca/Publications_childdevelopment.html.

References

Bales, D. (1998). *Better brains for babies*. College of Family and Consumer Sciences: University of Georgia.

Brotherson, S. (2005). *Bright beginnings #4: Understanding brain development in young children*. Retrieved January 8, 2010, from http://www.ag.ndsu.edu/pubs/yf/famsci/fs609.pdf

Healy, J. (1994). *Your child's growing mind: A practical guide to brain development and learning from birth to adolescence*. New York: Doubleday.

Jensen, E. (1998). *Teaching with the brain in mind.* Association for Supervision and Curriculum Development: Alexandria, VA.

Shore, R. (1997). *Rethinking the brain: New insights into early development*. New York: Families and Work Institute.

Siegel, D. J. (1999). *The developing mind*. New York: Guilford Press.

The Invisible Suitcase: Meeting the Needs of Traumatized Children

The Invisible Suitcase

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

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

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

But also about you as a caregiver . . .

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

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

The Invisible Suitcase and Behavior

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

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

Reenactment is the habit of recreating old relationships with new people. Reenactments are behaviors that evoke in caregivers some of the same reactions that traumatized children experienced with other adults, and so lead to familiar—albeit negative—interactions. Just as traumatized children's sense of themselves and others is often negative and hopeless, their reenactment behaviors can cause the new adults in their lives to feel negative and hopeless about the child.

Why do children reenact?

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

- They are familiar and helped the child survive in other relationships
- They "prove" the negative beliefs in the invisible suitcase by provoking the same reactions the child experienced in the past (**a predictable world, even if negative, may feel safer than an unpredictable one**)
- They help the child vent frustration, anger, and anxiety
- They give the child a sense of mastery over old traumas

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

What Parents Can Do

Remember the suitcase

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

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

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

Provide disconfirming experiences

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

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

And provide the child new positive messages about you, as a caregiver:

- I am available and won't reject you.
- I am responsive and not abusive.
- I will protect you from danger.
- I will listen to you and try to understand you.

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

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

Establish a dialog

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

Managing Emotional "Hot Spots": Tips for Parents

Emotional "Hot Spots"

Safety is essential for all children, but it is particularly crucial for children who have experienced trauma. For these children, the world has often been a harsh and unpredictable place. Before such children can heal, they need to feel safe and believe that there are adults in their lives who can offer safety and security.

Feeling safe includes the important aspect of feeling *oriented*. To a child, coming into a new home—even the home of relatives—may feel like landing on another planet. Some times or situations may be particularly emotionally charged for children who have experienced trauma and may trigger a child to act out, struggle over control, or become emotionally upset. These emotional hot spots include these times:

- Mealtimes or other situations that involve food
- Bedtime, including getting to sleep, staying asleep, and being awakened in the morning
- Anything that involves physical boundaries, including baths, personal grooming, nudity, and privacy issues

Food and Mealtimes

Being fed by a caregiver is one of the first and most significant interactions we have with the outside world. It is how we come to understand whether—and how—our needs will be met.

For many traumatized children, food and the experience of being fed are emotionally charged. Meals may have been inadequate or may have been scenes of verbal or physical abuse. In other families, food may have been the only source of comfort. In others, children may have been forced to fend for themselves, scrounging food from dumpsters, or begging.

The foods we eat, how we prepare them, and how we behave during mealtimes are also partly determined by culture. Foods that a child may equate with safety and comfort may seem foreign or even unhealthful to you. How we handle mealtimes can send traumatized children powerful messages about the following:

- Your interest in nurturing them
- How your family works
- Whether they really belong in your home

> I made a list of things my sister and I eat so [our new foster mother] could buy our food, but she didn't buy exactly what we wanted.
>
> She bought the wrong kind of cereal, she put ginger in the juice even though I told her not to, and the bread was some damn thick . . . bread.
>
> All of these little things made me furious. I believed she thought it didn't matter what I told her, and that she could treat us how she wants.
>
> **A. M., former foster child**
>
> Am I too angry to love? *Represent*. Nov./Dec. 2004. Available at http://www.youthcomm.org/FCYU- Features/NovDec2004/FCYU-2004-11-10.html

You can help make mealtimes "safer" for the children in your care by doing these:

- Accommodating their dietary preferences as much as possible
- Giving children a chance to help plan and prepare meals
- Ensuring that at least some of their favorite foods are available
- Setting consistent mealtimes
- Having meals together as a family
- Keeping mealtimes calm and supportive

Sleep and Bedtime

Bedtime and sleeping may be especially difficult for traumatized children. A child suffering from traumatic stress reactions may have trouble sleeping. When children who have been through traumatic events close their eyes at night, they may see images of those events. When they do fall asleep, nightmares may awaken them. Being in bed can also make children feel especially vulnerable or alone. They may have been sexually abused while in bed or thrown into bed at the end of a parent's raging and physical abuse.

For this reason, traumatized children may avoid bedtime. They may also find waking up in the morning difficult. Children who have grown up in unstable, unpredictable environments may feel that no sooner did they feel safe enough to go to sleep than they were being asked to wake up and face the day again.

Helping a traumatized child to feel safe and protected when going to bed, sleeping, or waking can be challenging. But there are steps you can take to make these potentially frightening times safer for your children:

- Reassure children that their rooms are their personal space and will be respected by all members of the family.
- Always ask permission before sitting on a child's bed.
- Set a consistent bedtime to give children a sense of structure and routine.
- Set up predictable, calming bedtime rituals and routines.
- Encourage a sense of control and ownership by letting children make choices about the look and feel of their bedroom.
- Acknowledge and respect children's fears—be willing to check repeatedly under the bed and in the closet, show them that the window is locked, provide a nightlight, and provide assurances that you'll defend them against any threat.
- Let children decide how they want to be awakened. An alarm clock might be too jarring for children who are always on alert for danger. How about a clock radio tuned to their favorite station? A touch on the shoulder?
- Make sure children know exactly what to expect each morning by creating dependable routines so that they can start the day reassured of their safety.

Children who are having a great deal of trouble with bedtime and sleep may need help from a therapist specifically trained in trauma treatment.

Grooming and Personal Boundaries

Many children who have experienced physical and sexual abuse have learned to see their bodies as the enemy or as something they need to hide and make as unattractive as possible. Seemingly positive things like a hug, having their hair brushed, or a hot shower may have very different meanings for children whose bodies have been violated. So we need to be very sensitive to our children's trauma history when it comes to situations that involve physical boundaries, including personal grooming, privacy, and touch.

Children who have been abused and neglected may never have learned that their bodies should be cared for and protected. Sexual and physical abuse can leave children feeling disconnected from—or even at odds with—their physical selves, with no sense of ownership, comfort, or pride in their bodies. Instead, their bodies may feel like "constant reminders not only of what has happened to them but of how little they are worth."[1]

All too often, children come into care with teeth that are desperately in need of cleaning, hair so tangled it's hard to get a brush through it, or clothes that are soiled or ill-fitting. They may be resistant to grooming, to bathing, or to anything that involves seeing or touching their bodies.

> I don't think there was a time when I wasn't abused as a child. In order to survive the abuse, I made believe that the real me was separate from my body. That way, the abuse was happening not really to me, but just this skin I'm in.
>
> Still, my body sometimes betrayed me. Crying when I wanted to remain strong, becoming tired and refusing to obey my commands to stay awake, and, most horribly, physically responding to sexual advances. It seemed to me like my body had a mind of its own. I hated the thought of sexual contact, yet my body would respond to it, even when it was unwanted.
>
> **C. M., former foster child**
>
> My body betrayed me. *Represent*. Sept./Oct. 2003. Available at http://www.youthcomm.org/FCYU- Features/SeptOct2003/FCYU-2003-09-24.htm

Helping such children to feel safe enough to respect and care for their bodies will take time and patience. Steps you can take include the following:

- Respect children's physical boundaries—don't assume a child wants to be hugged. Take cues from the child before initiating physical contact. Better yet, ask!
- Introduce older children to all the workings of the bathroom, and make it clear that their time in the bathroom is private and that no one will be walking in on them during bath time.
- When helping to bathe younger children, be careful to ask permission before touching and be clear about exactly why, how, and where you will be touching them.
- Give young children the time to splash around, play with water toys, and enjoy the positive sensations of bath time.

References

[1]Pughe B., & Philpot T. (2007). *Living alongside a child's recovery*. London, UK: Kingsley Publishers.

The Importance of Touch: Caring for Young Children Who Have Experienced Trauma

Touch is essential to healthy development, yet for children who have been abused, it can prompt more anxiety than comfort. Children—particularly very young children—who have survived physical abuse may come to associate all human touch with pain and may find it difficult to accept physical affection and comfort from their caregivers. Those who have experienced sexual abuse may not understand that touch doesn't have to be sexual.

It can take time for traumatized young children to accept—and give—touch in a way that is comforting, appropriate, and that reinforces their self-worth and self-esteem. It may take many, many small experiences of pleasure and safety to counteract the big experiences of trauma and pain they have endured. Below are some simple steps to take when caring for children who have difficulty with physical contact.

> "Touch seems to be as essential as sunlight."
> —Diane Ackerman
>
> *A Natural History of the Senses* (1990).
> New York: Vintage Books

- **Be consistent and reliable in meeting the child's physical needs**. Every time a caregiver meets a child's needs—whether for food, a clean diaper, or getting back to sleep after waking—the child will make new associations. The more you can anticipate the child's needs before he or she cries, the more the child will be able to "take in" the wonderful new experience of being cared for.
- **Create a soothing environment**. Because loud noises can be strong trauma reminders for babies and young children who have been physically abused, caregivers will want to keep the environment as soothing as possible: soft music, soft light, and soft, calm voices. They should do their best to eliminate as much as possible potential trauma reminders such as an alarm clock going off or a phone ringing.
- **Avoid surprising the child**. As sudden or unexpected contact is scary for traumatized babies, describe your infant what you are doing before you do it: "I am going to change your diaper now" or "Here is your nice bottle." Though babies may not understand what you are saying, your soft and soothing voice will calm them. Babies have also been shown to respond well to soft "shushing" noises.
- **Use texture and movement to soothe and calm**. Babies who are very distressed by human touch may be comforted by the sensation of soft fabrics or plush toys. Giving children plush blankets or stuffed animals to cuddle can help them to get used to pleasant sensations against their skin. Babies are also comforted by gentle swinging motions. Those who cannot tolerate touch may benefit from being in a baby swing or simply rocked gently in a cradle or carriage.
- **Take it slowly**. When it comes to touch, the first step may be to be present in the child's room, sitting by the crib, and singing or talking in a soft, calm voice. It may take many days or weeks of such "being present" before the child can tolerate even a simple touch, such as a gentle stroke of the arm. If the child avoids eye contact, don't force it. Wait for the child to initiate eye contact, and reinforce the action with a smile and comforting words or sounds.

The more "tuned in" we become to children's nonverbal signals, the more we will be able to build on their positive responses. For example, if you notice that a baby seems to calm down when sucking on her hand, you may be able to offer comfort simply by helping her get her hand to her mouth.

Coping With Trauma Reminders

What Are Trauma Reminders?

Many children in the foster care system have been through multiple traumatic events, often at the hands of those they trusted to take care of them. **When faced with people, situations, places, or things that remind them of these events, children may reexperience the intense and disturbing feelings tied to the original trauma**. These "trauma reminders" can lead to behaviors that seem out of place in the current situation, but were appropriate—and perhaps even helpful—at the time of the original traumatic event:

- A seven-year-old boy whose father and older brother fought physically in front of him becomes frantic and tries to separate classmates playfully wrestling in the schoolyard.
- A three-year-old girl who witnessed her father beating her mother clings to her resource mother, crying hysterically when her parents have a mild dispute in front of her.
- A nine-year-old girl who was repeatedly abused in the basement of a family friend's house refuses to enter the resource family's basement playroom.
- A toddler who saw her cousin lying in a pool of blood after a drive-by shooting has a tantrum after a bottle of catsup spills on the kitchen floor.
- A teenager who was abused by her stepfather refuses to go to gym class after meeting the new gym teacher, who wears the same aftershave as her stepfather.
- A two-year-old boy who had been molested by a man in a Santa Claus suit runs screaming out of a YMCA Christmas party.

What Happens When a Child Responds to a Trauma Reminder?

When faced with a trauma reminder, children may feel frightened, jumpy, angry, or shut down. Their hearts may pound or they may freeze in their tracks, just as one might do when confronting an immediate danger. Or they may experience physical symptoms such as nausea or dizziness. They may feel inexplicably guilty or ashamed or experience a sense of dissociation, as if they are in a dream or outside their bodies.

Sometimes children are aware of their reaction and its connection to the original event. More often, however, they are unaware of the root cause of their feelings and may even feel frightened by the intensity of their reaction.

How Can I Help?

Children who have experienced trauma may face so many trauma reminders in the course of an ordinary day that the whole world seems dangerous, and no adult seems deserving of their trust. Parents are in a unique position to help these children begin to trust adults who do indeed deserve their trust.

It's very difficult for children in the midst of a reaction to a trauma reminder to calm themselves, especially if they do not understand why they are experiencing such intense feelings. Despite reassurance, these children may be convinced that danger is imminent or that the "bad thing" is about to happen again. It is therefore critical to create as safe an environment as possible. **Children who have experienced trauma need repeated reassurances of their safety**. When a child is experiencing a trauma reminder, parents should state very clearly and specifically the reasons why the child is now safe.

Each time a child copes with a trauma reminder and learns once more that he or she is finally safe, the world becomes a little less dangerous, and other people a little more reliable.

Tips for Helping Your Child Identify and Cope With Trauma Reminders

- **Learn as many specifics as you can about what your child experienced so you can identify when he or she is reacting to a reminder**. Look for patterns (time of day, month, season, activity, location, sounds, sights, smells) that will help you anticipate your child's reaction to reminders. Help your child to recognize these trauma reminders. Sometimes just realizing where a feeling came from can help to minimize its intensity.
- **Do not force your child into situations that seem to cause unbearable distress**. Allow your child to avoid the most intense reminders, at least initially, until he or she feels safe and trusts you.
- When your child is reacting to a reminder, **help him or her to discriminate between past experiences and the present one.** Calmly point out all the ways in which the current situation is different from the past. Part of the way children learn to overcome their powerful responses is by distinguishing between the past and the present. They learn, on both an emotional (feeling) and cognitive (thinking and understanding) level, that the new experience is different from the old one.
- **Provide tools to manage emotional and physical reactions**. Deep breathing, meditation, or other techniques may help a child to manage emotional and physical reactions to reminders. If you are unfamiliar with such techniques, ask a counselor to help.
- **Recognize the seriousness of what the child has gone through, and empathize with his or her feelings**. Don't be surprised or impatient if your child continues to react to reminders weeks, months, or even years after the events. Help your child to understand that reactions to trauma reminders are normal and not a sign of being out of control, crazy, or weak. Shame about reactions can make the experience worse.
- **Anticipate that anniversaries of events, holidays, and birthdays may serve as reminders.**
- **With your child, identify ways that you can best reassure and comfort him or her during a trauma reminder**. You might use a look of support, a reassurance of safety, words of comfort, a physical gesture, or help in distinguishing between the present and the past.
- **Seek professional help if your child's distress is extreme** or if your child's avoidance of trauma reminders is seriously limiting his or her life or movement forward.
- **Be self-aware**. A child's reaction to a trauma reminder may serve to remind you of something bad that happened in your own past. Work to separate your reactions from those of your child.

Tuning in to Your Child's Emotions: Tips for Parents

As resource parents, we can play an essential role in helping our children to understand, express, and regulate their emotions. Here are some crucial dos and don'ts to keep in mind when reacting to—and talking about—children's emotions.

Things to Do

Validate the child's emotions

When your child expresses an emotion, let him or her know that you have heard, understood, and accepted how he or she is feeling. Validating emotions will help your child feel comfortable and secure and encourage him or her to express emotions and talk with you about them.

Keep in mind that validating an emotion does not mean accepting a problem behavior (such as hitting when angry or frustrated). You can validate an emotion but, at the same time, set appropriate limits on behavior ("I can tell it makes you really mad when your sister takes your toys . . . but it is not okay to hit your sister.")

Be empathetic

You let your child know that you understand his or her emotion when you express empathy in this way:

- Take your child's perspective
- Let your child know you understand the way he or she feels
- Use warmth and affection

Empathy can also be a powerful tool for helping children to recognize the deeper, more complicated emotions that may lie just beneath their initial reactions. As you empathize with your child, try to help him or her to understand the mixed feelings he or she may be feeling and to make finer distinctions between related emotions such as anger, frustration, or disappointment:

> **Child**: "I can't do my homework. I'm mad. School is stupid."
>
> **Parent**: "Sounds like you're getting frustrated with your homework. It is getting pretty hard."
>
> **Child**: "Dad didn't pick me up this weekend like he said he would. I hate him."
>
> **Parent**: "Sounds like you are really mad at Dad. I wonder if you are also feeling kind of sad or hurt?"

Let your child know his or her feelings are normal

Normalization makes your child feel comfortable with his or her emotion(s). Let your child know that you sometimes feel the same way and that other people do, too.

> Example: "I bet a lot of other kids also feel scared when the lights go out in a storm."

Things to Avoid

Invalidating the child's emotions

Steer clear of anything that may devalue what your child is feeling, such as suggesting that something isn't as bad as the child feels it is ("There's nothing to be scared of") or that he or she should have gotten over it ("Big boys aren't scared of the dark"). Invalidation can make your child feel uncomfortable or ashamed about his or her emotions and uneasy talking to you about feelings and experiences.

Lecturing or interrogating the child

Before giving advice or explaining the situation, focus on how your child feels. Although asking questions can help you to understand your child's perspective, bombarding him or her with questions can move the conversation away from feelings. This is especially true if you focus only on the specifics of what happened ("What did Johnny do?"), as opposed to what the child experienced ("How did it make you feel?"). In particular, avoid questions that are criticism in disguise ("Why would you do that?" or "What did you do to make Mommy so mad?").

Telling the child what to feel

"Should" statements can send a message that the child has no right to feel the way he or she does. Avoid saying things that question or doubt your child's experience ("Are you sure you felt sad?") or that tell your child what he or she is supposed to feel ("You shouldn't be mad at your brother").

Hanging the child out to dry

When your child shares something emotional, don't leave your child waiting for a response. Traumatized children need reassurance that their feelings are worthy of your attention and care. Even if the timing isn't ideal, stop and acknowledge what the child has shared, and let him or her know that you are willing to listen.

Criticizing or blaming the child

Avoid statements that blame or criticize your child for what he or she is feeling, even if he or she caused the situation.

Adapted with permission from: Shipman, K., & Fitzgerald, M. (n.d.) *Teaching caregivers to talk with children about emotion: Implications for treating child trauma*. [Slide presentation]. Available online at http://www. chadwickcenter.org/CD/SDConference/Presentations/C9_Shipman-Fitzgerald_Teaching%20Caregivers%20 To%20Talk%20with%20Children%20about%20Emotion.pdf

Developing Your Advocacy Skills

Advocacy and Being Part of a Team

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

As you work to give your child the best care, you may find social workers, 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. 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

Targeting involves two steps: (1) identifying your—or your child's—needs, and (2) identifying the service agencies available to address this need.

Identify the Need

Start by pinpointing your—or your child's—basic need. It might be, for example, "I want to ensure that my child's mental health provider (therapist) is trauma-informed." Then consider obstacles to fulfilling that need, such as these:

- The only health insurance my child will have is Medicaid.
- The therapists with whom my former foster children worked 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 who provide 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 website and other materials provided by the National Child Traumatic Stress Network (www.nctsn.org).

Stage 2. Preparation

Identify several options. Explore them thoroughly. Compare the results thoroughly before making a decision:

- 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 may talk to one or more of their clients.

Be sure to ask lots of questions:

- Who are the staff? Are they well trained? Do they have experience with children and trauma or children in foster care? Are they enthusiastic and committed to their work?
- What are the 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 if so, what forms of payment were they able to negotiate with the agency (if they don't accept Medicaid)?
- What is the provider or agency's overall philosophy about child abuse, neglect, trauma, and foster care?
- How do they feel about older parents or single parents (or any other family attribute)?
- How do they view parents' roles in the therapeutic process?
- What if you are not satisfied? What options or grievance procedures are 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 disabled, and so forth. Use these services, and learn your rights as a citizen, a client, or a consumer. That way, you will not be caught off-guard by eligibility requirements at agencies.

Being part of a larger group can be an asset during the preparation stage. Other parents can be not only a sounding board, but they can provide you with a wealth of information, valuable contacts, and advocacy clout when needed. Don't wait until you are in a crisis or feeling desperate; establish a relationship with a group before you need help. Consider the following:

- Local parent support groups (if there isn't one, consider starting one)
- Specialized groups for parents of children with special needs

Stage 3. Influencing

Develop partnerships with service agencies or mental health workers in order to most effectively help your child. Develop these partnerships early, and view yourself as a collaborator with the professionals with whom you work. Once you have selected or been referred to providers, do the following:

Build a relationship

- Don't just be a client. Establish a presence at the agency by attending social gatherings, fund-raising events, open houses, and so forth.
- Become a volunteer if you can possibly spare the time.
- Always be clear and pleasant when speaking about your needs.
- Learn names, especially the names of the receptionist and other support staff, with whom you frequently interact.
- Make contact with all providers at least once a month—and more often when circumstances warrant.

Present yourself as a professional

- Begin every interaction with either a positive or empathic statement: "I understand you have a large caseload . . ." or "The information you sent was so helpful . . . "
- Describe the problem using an "I" statement, rather than 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, make eye contact, and use appropriate 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: "May I call next Thursday to see where we stand?"
- Always thank the professional for his or her time and end on a positive note.

Be accessible

Most social service and mental health agencies are operating on limited resources. Providers are managing large caseloads. The more accessible you are, the better service you will get.

- Leave daytime phone numbers and alternatives (cell, email).
- Attend all scheduled meetings and appointments; be on time.
- If you must miss an appointment, call in advance to reschedule.
- Be flexible with your time; be willing to take time off from work or 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.
- 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 everyone 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, arrange 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 on parent groups, the state parent association representative, and/or child advocacy organizations for support.
- 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 you will accomplish more and be more effective if you work with others through parent groups and/or advocacy organizations. As you go through this process, 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 that already exists and to which you are clearly entitled. Other times, you will be advocating for (even demanding) that a system (such as the social service system) create a service or program that does not currently exist in your community.

Sometimes, you will work to see that existing laws and regulations are followed and your rights are being honored. Still others times, you may band with others to change laws or create new laws. Occasionally, you will be trying to change how resources are spent 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.

Tips for Being a Fabulous Trauma-Informed 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 reactions 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—these all can be scary and upsetting.

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. Be aware of each child's level of comfort when it comes to 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 that 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 while respecting everyone's body boundaries, 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 your child at different times during the day and in different situations, and anticipate how he or she 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 with 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 to help with calming.

Understand the behavior before imposing punishment or consequences

The more you can learn about the effects 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, don't view this 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. Avoid control battles/power struggles by providing the child with two acceptable choices whenever possible.

Take time to give consequences (removal of a privilege for a short time) if you need to. Think about the message you want to give your child, and create a consequence that sends that message. Only give consequences that you can enforce. Giving a child a "time in" nearby (rather than a "time out" out of sight) helps a child to "stop the action" without feeling rejected by having to leave the presence of the caregiver. When the consequence or "time in" is over, don't lecture or give extra attention, but simply announce that it is time for the next activity.

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
- Recognizing your own reaction and not letting anger be part of the message
- Calm body, calm voice, and calm face
- Repeating the message, 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. 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, children, family, and friends. Have a hobby, 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