

Breakthrough Parenting Curriculum:

Navigating Trauma Across Generations

Facilitator's Guide

About Breakthrough Parenting: Navigating Trauma Across Generations

About the Curriculum

The BPC (Breakthrough Parent Curriculum): Navigating Trauma Across Generations is a 10 module course based upon the NCTSN training called *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents (RPC)* developed by Catherine A. Grillo, MA, Deborah A. Lott, MFA, and the Foster Care Subcommittee of the Child Welfare Committee, National Child Traumatic Stress Network in 2010. The BPC is specifically designed for parents who have been involved with (or are at risk for being involved with) the child welfare system. The course provides information about the impact of trauma on the development, attachment, emotions and behaviors of children while holding space for parents to learn together about concrete strategies for managing daily and ongoing challenges and enhancing their relationships with their children. All while acknowledging the challenges of parenting a child who has experienced trauma, while having experienced your own trauma.

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Documents Available for download at:

National Child Traumatic Stress Network

<https://learn.nctsn.org/>

University of Vermont's Resiliency based and trauma-informed practices blog:

<https://blog.uvm.edu/jstrolin/>

Acknowledgments

Chadwick Center for Children and Families, Rady Children’s Hospital, San Diego

The Chadwick Center is a child advocacy center with facilities located on the campus of Rady Children’s Hospital in San Diego, CA, and throughout San Diego County. It is one of the largest centers of its kind and is staffed with more than 100 professionals and paraprofessionals in the field of medicine, social work, psychology, child development, nursing, and education technology. The center has made lasting differences in the lives of thousands of children and families since opening our doors in 1976. The staff is committed to family-centered care and a multidisciplinary approach to child abuse and family violence. The center’s mission is to promote the health and well-being of abused and traumatized children and their families. This is accomplished through excellence and leadership in evaluation, treatment, prevention, education, advocacy, and research. The Chadwick Center’s vision is to create a world where children and families are healthy and free from abuse and neglect.

The National Child Traumatic Stress Network (NCTSN)

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.

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The following individuals were involved in creating the first version of this curriculum.

The first draft of this curriculum was completed, and pilot tested in 2016 in two counties in California. Based on the feedback gathered from that process, as well as feedback from an expert committee, an updated version of the curriculum was completed in Spring of 2021 in collaboration with affiliates from the University of Vermont. The curriculum development team would like to acknowledge the following individuals for their invaluable contributions to this curriculum.

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Workshop Development Background

The Chadwick Trauma-Informed Systems Dissemination and Implementation Project (CTISP-DI) was designated as a Category II Center within the National Child Traumatic Stress Network from 2012-2016. CTISP-DI worked with five *Supercommunities* across the country to develop trauma-informed child welfare systems. During this work, a significant gap in services offered to parents was identified. As a result, a workgroup that included parents with lived experience and service providers, was developed. Workgroup participants identified that although there were effective parenting programs, few were trauma-focused and an adaptation to *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents curriculum (RPC)* could address this gap.

Workgroup members believe that parents deserve information and language that respect their roles as parents in preventing re-traumatization and helping their children heal from trauma. One last and very important need for the adaptation of the *RPC* for parents was that it did not address how one's own trauma history may be impacting parenting and decision making. This is a critical awareness not only for parenting children who have experienced trauma, but also to increase parental support, support healthy attachments, and reduce re-traumatization. However, it was also noted that the *RPC* curriculum, including its handouts and activities, was intended for foster parents and kin caregivers so there would need to be careful revisions to ensure that parents:

- ▶ Feel supported, not blamed or judged when participating in the curriculum.
- ▶ Are at a stable place in their recovery (if struggling with a substance use disorder).
- ▶ Have skills and support to be able to manage any negative emotional/behavioral reactions that may arise when reminded of their own trauma histories and/or involvement with child welfare.

CTISP-DI staff had the opportunity to facilitate focus groups with birth parent graduates of a trauma-informed parenting class. Many quotes found throughout this revised curriculum were taken directly from these focus groups.

The *RPC* contains excellent information on trauma-informed parenting and is well-respected across communities. During the workgroup's adaptation of this curriculum, attention was placed on changes that were necessary in order to help explain the concepts from the perspective of a parent. The hope was to adhere closely to the content of the *RPC* curriculum. *Breakthrough Parenting: Navigating Trauma Across Generations* is a modification of the *RPC* curriculum and many of the case studies and activities are modified from the *RPC*. The authors acknowledge the writers and contributors to the *RPC* curriculum for all their hard work on the original curriculum and for supporting this adaptation.

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Preparing for the Workshop

About the Workshop

Readiness and Appropriateness of the Workshop for Your Setting

If you are exploring implementing this workshop at your agency, please read the EPIS Framework section starting on page 17 for information on reviewing the fit for your agency and for tips on implementation.

Target Audience

This curriculum is described as “a workshop for parents.” The word “parents” was chosen as the audience in the title to make it the most inclusive word possible. This curriculum is intended for a mix of parents involved in, or at risk of involvement in, the child welfare system. This may include those parents whose children reside at home with them, those whose children are in foster/kin care placement, and those who may have lost parental rights, but would benefit from the content provided in this workshop (for example, parents who have other children in their homes). The workshop may include individuals of all genders and may also include couples who are doing this work together.

Goals of Breakthrough Parenting: Navigating Trauma Across Generations

- ▶ To educate parents about the impact of trauma on the development and behavior of children who have experienced trauma

- ▶ To provide parents with the knowledge and skills needed to:
 - ▷ Address their own social-emotional needs while seeking support from others
 - ▷ Understand how their own trauma history may be impacting their parenting and decision making
 - ▷ Be responsive to the behavioral and emotional challenges of children impacted by trauma
 - ▷ Help children impacted by trauma develop healthy attachments through using a trauma lens
 - ▷ Help parents impacted by trauma to utilize advocacy skills

- ▷ Help children impacted by trauma develop the self-care and self-regulation strategies needed to grow into healthy and thriving adults

Workshop Curriculum

The *Breakthrough Parenting: Navigating Trauma Across Generations* curriculum consists of the following elements:

1. *A Facilitator's Guide*: Introduction and 10 modules/workshop modules (11 separate files)
2. *A PowerPoint Slide Set*: 10 power point presentations: (10 separate files)
3. *A Parent Workbook*: Materials for all 10 modules. Each module includes:
 - ▷ A printout of the PowerPoint presentation in handout form with a space for notes
 - ▷ Materials for activities used in the workshop module
 - ▷ Additional Resource Section for parents to access on their own time after the workshop module included in hardcopy or as links. Since some of the parents may not have access to a computer to print out files, facilitators should provide hard copies of some of the supplemental materials for parents who need them.

Topics Covered

The *Breakthrough Parenting: Navigating Trauma Across Generations* curriculum covers a number of important topics, organized as follows:

- **Week 1: Trauma-Informed Parenting** – This session includes time for introductions and setting the stage with the logistics. It also provides an overall outline for all of the sessions and provides an overview of the “Essential Elements of Trauma-Informed Parenting.” The session concludes with an addendum focused on developing an Ethos for guiding principles and practices for safety and learning.
- **Week 2: Taking Care of Yourself** – This session identifies the importance of self-compassion and how to cultivate it in daily life using the “compassionate self-care check-up” and creating a self-care plan. It also introduces the case of “Betty” and “Lily”, which highlights how the participant’s may be personally impacted in learning about their child’s trauma.
- **Week 3: Trauma 101** – This session provides an overview of trauma, defining the different types of trauma, including acute, chronic, and complex, as well as racial trauma, historical trauma and intergenerational trauma. This session also provides an overview of common traumatic stress reactions as well as five protective factors that help promote resilience.

- **Week 4: The Impact of your Childhood on your Parenting** – This session begins by providing an overview of the Adverse Childhood Experiences (ACE) study, describing the role that childhood adversity plays in long-term outcomes. It highlights how one’s own experience of trauma can impact beliefs, expectations, parenting and responses to triggers. It supports participants in examining survival coping behaviors as well as what might be in their own “invisible suitcase” and how to begin to repack it.
- **Week 5: Understanding Trauma’s Effects** – This session dives deeper into trauma, highlighting trauma’s impact on the brain, the ways in which trauma can interfere with an individual’s attachment, development, and functioning. It creates an opportunity for participants to consider what might be in their child(ren)’s invisible suitcases and how they might go about repacking it.
- **Week 6: Learning to Cope with Feelings and Change Behaviors** – This session focuses on understanding the connection between thoughts, feelings, and actions, and how to interpret others’ responses in a trauma-informed way. It also introduces the idea of “shark music”, or how to manage when emotional reactions become overwhelming. Finally, it discusses how parents can regulate their child’s emotions by regulating their own emotions and/or co-regulation.
- **Week 7: Trauma-Informed Parenting Responses** – This session describes ways in which parents can provide an emotional container for their children and manage emotional “hot spots” - meal time, bed time and personal boundaries. It also introduces “TIPS for Tuning In: Building Resilience in Children.”
- **Week 8: Connections and Healing** – This module is focused on ways in which parents can build and maintain important connections in their own and their child’s life. It also discusses how parents can be available to talk with their child about their trauma and manage their child’s trauma reminders. Finally, this module highlights the 5 Rs, or “Regulation for Trauma Reminders.”
- **Week 9: Becoming an Advocate**– This module provides an overview of how parents can advocate for their family. This includes being able to identify members of their family’s team, shared parenting with foster parents, understanding the basics of trauma-informed treatment, and how they can advocate for themselves in this process. This module has a specific focus on advocacy in the face of racial and systemic injustice.
- **Week 10: The Tree of Life** – This week is designed to celebrate how far the participants have come and to acknowledge that this is their last session. Participants complete a “Tree of Life”, which is designed to help participants identify and acknowledge all of their “parts”, and actively cultivate their “tree” to reflect the kind of person and parent they want to be moving forward.

Workshop Logistics, Participants, and Recommended Group Size

This workshop consists of 10 consecutive, 2.5-hour group modules. In order to offer participants an opportunity for meaningful discussion, we recommend that the group size include between 6 and 12 parents. Facilitators should decide on the composition of the workshop. Please see the “Selecting, screening and assessing needs of participants” section on the next page for more information on determining who is appropriate for this workshop. Please be aware that breaks are not included in the modules. We recommend including a short break halfway through each module; as well as considering offering a meal and/or snacks at each module. The addition of breaks and a meal/snack will make each module 3 hours long.

This workshop is intended to be a psychoeducational group. Psychoeducational groups are centered on a specific theme, and each group module is focused on providing education on a particular topic. A mental health clinician can facilitate psychoeducational groups, but this is not a requirement. By contrast, group therapy is a form of psychosocial treatment facilitated by a mental health clinician, where participants can work through emotional issues. This workshop is not intended as group therapy, however due to the nature of the content, facilitators should expect a wide range of emotions to arise for participants. Being prepared to support such emotions will be necessary.

Orientation to the Workshop

Since this workshop is designed to support parents who have been involved in child welfare, it may be held in any number of settings including: the county or state child welfare office; an agency that provides support for families involved in the child welfare system; or in prison facilities for clients who are currently incarcerated.

Selecting, Screening, Assessing Needs of Participants

Each agency will have their own process for selecting individuals to participate in the workshop. Some agencies may identify parents who they believe may benefit from the group, other agencies may mandate parents to participate as part of their case plan. In either situation, screening is an important and necessary component of psychoeducational groups, including this workshop. Screening can help increase the likelihood that participants will have a positive group experience.

The material presented in this workshop has the potential to remind individuals of their own trauma histories, or serve as trauma reminders, which may be accompanied by intense emotional reactions. It also may bring up feelings of shame and/or guilt for some parents when they think about how the information applies to their parenting and their children's experiences. The reactions and memories of participants may manifest in an array of behaviors. These behaviors are often responses to trauma and may be a clue that a participant needs additional support navigating emotions. Prior to the beginning of the workshop, try to gather information from the parent about their current involvement in the child welfare system and personal recovery progress. Parents experiencing acute challenges (active psychosis without medication stabilization; major depressive episode; suicidal ideation or homicidal ideation) may benefit from more individual support before taking part in the BPC workshop. It is important that if it is determined that a prospective participant is not appropriate for the workshop, you have referrals to connect them to appropriate resources. These should include referrals for crisis, mental health, substance abuse treatment, case management, etc.

Preliminary Participant Meeting: Preparing Parents for Participation in the Workshop

The preparation of parents for participation in this workshop is an essential step towards promoting engagement in the process and creating psychological safety for participants. Once a parent has been selected to participate in the workshop, it is important for at least one of the facilitators to meet with the parent individually and prepare them for the workshop by providing information on the following elements and providing them an opportunity to ask any questions regarding the process. During this meeting, facilitators will want to hold space for the possibility that the parent/s may have an array of emotions about attending this workshop and may initially mistrust you. Some things to keep in mind during your initial meeting with a potential participant:

- Be aware of how much time you are taking up explaining versus listening

- Create space for potential participants to share as much of their stories as they are comfortable.
- Listen with curiosity
- Be aware of any judgments and frustration that you may be holding
- Avoid *coercing* or trying to *convince* someone to attend the workshop
- Be aware of power imbalances as a service provider and the parent

Creating a trauma-informed space from the outset will be critical for engagement. Engaging with the parent through the perspective of “*What happened to you?*” instead of “*What is wrong with you?*” or “*Why don’t you change your behavior?*” will be a more effective way to begin your relationship. Participants will be at different places with regards to their needs. As part of the preparation process, be sure to assess individual needs of participants in terms of literacy level (*will they need literacy accommodations?*); medical needs; physical/mobility needs (do they need to sit close to a door or up in front?); are there other things that can be done to make the learning environment feel safe and supportive?

During this meeting, facilitators should emphasize that the group is educational in nature. While some of the material presented over the course of the workshop can serve as reminders for the parents’ own trauma and may create intense emotional reactions, the group is not a therapeutic group. Facilitators should work with the participant to identify the support systems that they have in place as they do this work. This may include a therapist with expertise on trauma, and/or a strong support system that includes individuals with whom they can share the information and/or feelings that come up during the workshop in a safe space free from judgment and shame.

Additional things to review during this meeting include the following:

- ▶ **Introductions:** describe your roles as facilitators
- ▶ **Logistics** such as:
 - **Goals** of the workshop, structure of the workshop (snacks and/or childcare),
 - **Length and format** of the workshop (topic areas covered each week). *You might ask about comfort reading out loud or if they would prefer reading with a partner or silently, in order to respectfully assess literacy comfort.*
 - **Size of the group and general demographics** of the group. Describe that the group will be a mix of parents involved in, or at risk of involvement in, the child welfare system. This may include parents whose children reside at home with them, those whose children who are in foster/kin care placement, and those who may have lost parental rights, but would benefit from the content provided in this workshop (for example, parents who have other children in their care).

- **Language** of participant. Ask participant about whether there is need or desire for translator to be present during training, or for materials to be translated into a language other than English. If there will be interpreters in the training modules, please make sure you receive a training on how to engage with interpreters.
 - **Physical Layout** of the classroom. *You may want to ask about physical needs that would help participant feel safe and supported.*
 - **Dietary Needs** of participant. Does the participant have any allergies (gluten, dairy, nuts)? Are they a vegetarian or vegan?
 - **Directions to the location.** Provide participant with directions to the training site.
- ▶ **Hopes for Group Dynamics and Cohesion.** You will want to ask participants about their hopes for group dynamics and group cohesion and what they would need within a group. You can keep a list which may include items such as:
- Confidentiality and privacy
 - Full engagement with the material and other group members
 - Creating a safe space for others in the group
 - Supporting healing and personal growth for yourself and other group participants
 - Practicing at home
 - Consistent attendance (*please ask participants if they imagine having challenges that would prevent them from attending consistently.*)
 - Avoid arriving at group intoxicated/under the influence

You can also let participants know that during the first module you will all engage in a group activity to create a class “ethos”, or community safe space where the group will develop guiding principles that will serve as a foundation for building trust and supportive relationships. ***Please see addendum to this section for more specific directions on developing Ethos, or guiding principles and practices.***

Overcoming Obstacles to Engagement

A parent involved with child welfare services has many competing demands for their time. It is important to be aware and to reduce any obstacles that may impact their participation in this workshop. Two categories of obstacles are described below as well as strategies to overcome them.

Concrete Obstacles

- ▶ **Time and location:** Consider that many parents work, are required to attend other classes, court, appointments, etc. Also consider that parents may be thirsty and hungry. Is your agency able to offer beverages, including coffee and perhaps a light snack? Calling the day before the first group to remind them about the time and location can also be helpful.
- ▶ **Transportation:** Parents may not have access to a car and may need to use public transportation to get there and back which may or may not be easily accessible, feel safe (especially at night), or be affordable. Consider holding the workshop in a location that is safe and central for public transportation. Another option is to provide taxi vouchers if possible and validate parking for those who drive their own car.
- ▶ **Childcare:** Many parents may have children in their care. If they cannot afford childcare, how can they participate in your workshop? Is your agency able to offer childcare during the workshop? Consider working with volunteers or having staff provide childcare during the workshop.
- ▶ **Language:** This workshop is intended to create awareness and deep understanding. It is highly encouraged that you assess the participant's ability to understand the language that this workshop will be facilitated in. If using an interpreter, ensure that it is a professional interpreter that has worked in the field of child abuse. It is not recommended to use a friend or family member for interpretation.

Social-Emotional Obstacles

- ▶ **Stigma:** Many parents may already be feeling devalued as they may have received a message that they are "not good parents" by the child welfare system. In your initial interactions with parents, be sure to help reduce stigma by:

- Not labeling or judging
 - Using respectful terms
 - Approaching the participant from a strengths-based approach and not being insensitive or blaming towards them
- ▶ **Confidentiality:** Parents may be concerned about losing their privacy and having to share details of their experience, including experiences that may be painful, with others in a public venue. Assure them that this is NOT a therapy or processing group and that they will not be asked to share information that is too personal as part of the group. Also let them know that the group process is confidential, and that information shared in the group will not be shared outside of the group unless the participant poses and imminent danger to herself/himself or another person. No participant will be asked to share any personal information, AND we want people to feel free to talk about their feelings and experiences. During module 1 the group will engage in an activity to begin building an environment where all participants agree that *“what is said here - stays here.”* We ask participants to not tell anyone what anyone else in this class says. This includes through talking, emailing, texting, or social media.
 - ▶ **Attitudes about services offered:** Try to empower the parent by acknowledging that they know their child better than anyone else but that parenting a child who has experienced trauma requires special parenting skills that need to be learned. In addition, if the parent is being mandated to participate by child welfare services, how can you as a facilitator reframe this experience?
 - ▶ **Negative experiences:** Many parents may have had negative experiences with service systems in the past. It may be important to ask and acknowledge their experiences. How might this workshop be different for them? How will you ensure this will be a different experience for them?
 - ▶ **Not feeling welcomed, supported, and heard by agency staff:** Ensure that all staff, even those who work at the front desk, receive training on trauma-informed care and practice being respectful, accepting, and welcoming in every encounter.
 - ▶ **Parents’ own needs and stress:** It is once again important to acknowledge and normalize parents’ needs and stress, particularly when parenting a child who has experienced trauma. Remind them that this workshop is focused on them identifying and creating change. In order to achieve this, strategies for taking care of themselves is embedded throughout the curriculum.
 - ▶ **Parent’s trauma history:** It is also important to note that parents’ trauma history may impact engagement. They might feel threatened, distrustful of the “system” and its providers, or may be avoidant due to guilt or shame or their own distress resulting from their trauma history. They

may also be concerned that participating in this group will remind them of painful experiences that they would rather forget. Validate this concern and remind them of the support systems that they have identified previously. These supports can help them work through some of the difficult memories and ultimately move forward with increased understanding of their own experiences.

Many other obstacles may also exist, but the important point is to be aware of this fact and try to mitigate those obstacles in order to engage and support parents with these services.

Facilitator Recommendations

Selection of Facilitators

The workshop is designed to be conducted by a team of two facilitators. Given the unique nature of this workshop, the selection of the facilitators is critical to successful implementation. Each person brings specific experiences and expertise into the room. Some agencies may want to utilize multiple co-facilitators to assist with the workshop. It is recommended that combined strengths of the co-facilitators possess the following domains of experience and/or expertise:

- ▶ Lived experience, ideally as a parent who has had similar experiences of child welfare involvement as the participants, and can share concrete examples of applying the tools and practices presented in their own lives
- ▶ Knowledge of the human service industry, the child welfare system, and the specific child welfare agency/jurisdiction who is holding the workshop
- ▶ Knowledge and training in Racism and Justice, Equity, Diversity, and Inclusion (JEDI)
- ▶ Clinical perspective, including knowledge of behavior and affect regulation and parent-child relationships
- ▶ Knowledge of trauma and its impacts across multiple domains and stages of development
- ▶ Experience working in the area of substance use/misuse
- ▶ Strong facilitation skills to navigate between content, engagement, and process elements, particularly given the complex subject matter, the real-life experiences discussed, and the intense emotions often experienced by parents

What Characteristics Make an Effective Facilitator?

Based on the experience with the RPC, effective facilitators come from all walks of life, and ideally will be members of your own community. To improve the likelihood that parents will have optimal learning, effective facilitators have several key characteristics in common.

- ▶ They hold the perspective that those with lived experience (co-facilitators) are vital and equal partners.
- ▶ They hold a trauma-informed perspective and understand how traumatic stress symptoms can present in children.

- ▶ They have passion about this work and understand the benefits of a program like this in healing a family/parent/child.
- ▶ They appreciate the history and role of supports like this in child welfare, while also acknowledging that this work requires partnering with a system that can also be incredibly challenging. They understand that everyone is doing the best they can.
- ▶ They can share examples of childhood trauma that parents receive and learn from.
- ▶ They can make parents feel supported and respond effectively to the emotional responses of the parents, (e.g., guilt, shame, anger, fear).
- ▶ They can share timely, applicable, real-life examples to help parents internalize the concepts presented.
- ▶ They are able to contain their emotions and be responsive to challenging behavior, particularly when they are experiencing their own reactions to what has been shared.
- ▶ They understand the fundamental concepts of trauma-informed therapy.
- ▶ They possess a working knowledge of the child welfare system and have experience working with traumatized children.
- ▶ They are good communicators who can stay on agenda while conducting the workshop.
- ▶ They can deliver the curriculum with fidelity while adding their own style and professional experience.
- ▶ They bring authenticity, flexibility, and creativity to the workshop.
- ▶ They are effective at organizing logistics (room set-up, etc.).

Guidance for Recruiting and Preparing an Individual with Lived Experience to Serve as a Co-Facilitator

As stated previously, it is critical that one of the co-facilitators is someone with lived experience as a parent in the child welfare system. The participants' ability to see the co-facilitator as someone who is similar to themselves and has been through what they are experiencing, can have a powerful impact on participant learning and increase engagement in the process. Some agencies struggle with identifying and recruiting participants with lived experience to do this work. The following are some recommendations on how to recruit individuals with lived experience as co-facilitators:

- ▶ Consider those who have received services at your agency through staff recommendations and/or referrals. Is there a client who has completed services and expressed an interest in giving back to this work?
- ▶ Conduct outreach to peer support groups or referral organizations in the community that train and hire peer support partners
- ▶ Provide current and former clients with a menu of ways they can be involved

Once an individual is recruited to serve as a co-facilitator for the workshop, it is critical to effectively prepare them to do this work effectively. It is recommended that the facilitator who is familiar with the curriculum commit to spending time with the new co-facilitator to review the material prior to the start of the workshop. It is also important that both facilitators share their knowledge, areas of expertise with one another as they will equally contribute to the success of the workshop. This person should be compensated for their time. They should be supported to attend trainings outside of the facilitated workshops to help them prepare. The skill-building/trainings may include reviewing the curriculum in detail, asking the new co-facilitator to review trainings on trauma and its impact if necessary. Ongoing support and coaching will be an essential component of ensuring cohesive teaming.

Facilitator Self-Reflection

Some of the content presented during the workshop related to culture, trauma, institutional racism, and implicit bias can be particularly challenging content for new facilitators to effectively train. This is particularly true within a workshop that includes parents who are currently navigating the complex elements of the child welfare system and are likely to currently be experiencing or have previously experienced individual and/or structural racism, bias, and disenfranchisement by the system. We all hold biases and stereotypes that may explicitly or implicitly impact how we engage with certain clients. Facilitators are encouraged to examine their own culture, as well as their own sets of biases and stereotypes that they bring to this work. The following list provides a set of questions to guide this reflection process:

- ▶ How do you consider your own social identity? This resource may be helpful: <https://eachaggiematters.ucdavis.edu/sites/default/files/2017-09/Social%20Group%20Membership%20Profile.pdf>
- ▶ Do you honor culture as a natural and normal part of the community you serve? In what ways?
- ▶ Do you recognize and understand the differential and historical treatment/mistreatment afforded to those least well served in our systems?

- ▶ When working with people whose culture is different from yours, to what extent do you see the person as both an individual and as a member of a cultural group?
- ▶ Do you recognize and value the differences within the cultural communities you serve?
- ▶ Do you know and respect the unique needs of cultural groups in the community you serve?
- ▶ Do you know how cultural groups in your community define family and the manner in which family serves as the primary system of support for those you serve?
- ▶ Do you recognize your role in acknowledging, adjusting to, and accepting cross-cultural interactions as necessary social and communications dynamics?
- ▶ How do you consider how power and privilege may play out in a group?
- ▶ Do you incorporate cultural knowledge into your policies and practices?
- ▶ Are you aware of the biases and stereotypes that you hold and how they may be triggered by certain situations in your work? The Implicit Bias test developed by researchers at Harvard University (<https://implicit.harvard.edu/implicit/takeatest.html>) can assist in providing helpful information about our own biases.

Facilitators are also encouraged to review the relevant literature on these topics, attend webinars and/or seminars and workshops addressing these issues, and engage in thoughtful conversations with individuals who have expertise in these complex topics.

Facilitator Preparation for the Workshop

The effective co-facilitation of this curriculum requires a true partnership and a level of comfort in managing emotional material and creating a safe space for the participants. The co-facilitators work together over the course of the workshop - planning and actively delivering the content of the curriculum together. Before conducting the workshop, both facilitators should read through the entire curriculum and associated reading materials and have a thorough knowledge of the material to be covered. Ideally, facilitators should meet before every group and discuss the following topics/questions:

- ▶ Who will take the lead on each presentation?
- ▶ Who will conduct oversight of group activities?
- ▶ How will they handle if certain situations come up, such as a parent having an emotional response to the content, anger from participants regarding system inequities and disproportionality, or other topics?

- ▶ What might the material in the present module bring up for them as facilitators? Is there a topic that is sensitive to one of the co-facilitators?
- ▶ Who will handle the process elements and the content elements of this module? Will this stay the same or change throughout the group?
- ▶ What can each facilitator distinctly bring to the table for the current module? Does one have a unique expertise or experience that may be helpful in informing the module discussion?
- ▶ Discuss how to create psychological safety in the room through the discussion, interactions, and implementation of the “Ethos Guiding Principles and Practices” (see addendum). These may include:
 - Empathy, deep listening, and curiosity
 - Focusing on the use of positive, non-blaming, and non-shaming language
 - Allow space for people to name themselves, their identities, and that the way they name/describe themselves is honored
 - Highlighting strengths
 - Re-affirming that we are here to do the work and learn new skills
 - How the group can navigate emotional material and support one another if personal material is shared or a participant experiences distress
 - How to emphasize trust, connection, and relationships throughout the course of the group
 - Validating and affirming the lived realities and perspectives that may be difficult to hear especially about experiences of racism, sexism, ableism, homophobia, transphobia, etc. rather than trying to find the “silver-lining” from these experiences.

Workshop Logistics

Recommended Room Setup

Once you know the number of parents who will be attending the workshop, determine the size and location of the room needed and reserve it as far in advance as possible. If you have to order or specify the number of tables you will need, you may want to consider reserving several round or square tables that can accommodate five to six parents. You will also want to have a table in front for facilitator supplies, one for food (if being served), and one for the projector. Please add these to the number of tables that you need for parents when planning for the room.

Pre-module Checklist

Complete the following items at least one week before the scheduled module:

- ▶ Confirm the training room reservation
- ▶ Confirm the number of attendees
- ▶ Print out a Parent Workbook for every attendee and each facilitator and put them into a binder.
- ▶ Refer to the materials checklist for the first module in the Facilitator's Guide and gather the needed materials
- ▶ Do a dry run to test the materials and your comfort level
- ▶ Review the objectives to be sure they are in line with what you intend to deliver
- ▶ Look at the prep slides at the beginning of each module slide deck to review content, materials, and assemble supplies, such as markers, masking tape, name tags, spare bulbs for equipment, extension cords, etc.
- ▶ Test the PowerPoint slides, any videos or video links and the projector
- ▶ Test all audio and/or video equipment

Using the Facilitator's Guide

Slides and Suggested Script

Throughout this guide, you will see direct instruction on what to **SAY** and what to **DO**.

When conducting the workshop, do not rely entirely on the slides. The script includes key information that needs to be presented. Although you may not want to read directly from the Facilitator's Guide, the **SAY** and **DO** bullets provide you with a safety net when you would like additional support, or until you feel confident with the material to use your own words. It will be important to be sufficiently familiar with the key points from each slide.

Trauma Reminder Alerts

Some of the information presented over the course of the workshop has the potential to be emotionally jarring for participants and remind them of past traumatic experiences. In particular, some of the content related to connecting with their own experiences of trauma and adversity and how that impacts their current behavior may be a trauma reminder. Throughout the curriculum, you will see the following "Trauma Reminder Alert" language to identify material that has the potential to be triggering trauma reminder. When you see this alert, take special care in how you present this information and remind participants about the importance of linking to their support systems as needed.

Provide options for participants to move their bodies, step outside, drink water, and other self-soothing/comforting practices. These activities and options *should* be introduced early on and continue throughout the 10 weeks. No participant should feel *trapped* or ashamed if they need to leave the space.



Trauma Reminder: Make sure to check-in with participants and encourage them to check-in with their support systems as needed.

Recommended Readings

Throughout this guide there are some recommended readings. These readings are designed to deepen the facilitator's knowledge of the subjects presented. It is recommended that both facilitators review these readings prior to each module and discuss how these readings can inform and deepen the conversation.

Workshop Materials

At the beginning of each module, you will find two checklists that will list the materials needed for each module:

- Standard Materials – these will be used each time
- Materials Used in this Module – these are specific to that particular module

Be sure to review the workshop materials before the module as some of them may require some preparation by the facilitator prior to the module.

Personal Stories and Vignettes

The workshop includes Personal Stories and Vignettes that illustrate the impact of trauma on children and their families. Those titled “Personal Stories” are true stories from real parents, while those titled “Vignettes” are fictional examples inspired by real families in the child welfare system. Both facilitators should read through the Personal Stories and Vignettes and become familiar with the key points of each story before conducting the workshop.

Making the Most of the Group Activities

Many of the activities in this workshop involve small-group discussions. Ideally, groups should consist of no more than five parents. Listed below are some general guidelines that can help provide group members with a meaningful experience:

- ▶ Give clear directions before the activity begins and prepare the group so that members know what they are expected to do
- ▶ Encourage everyone to participate, but respect their privacy and be attuned to how parents may be feeling
- ▶ Be prepared to address participants who take up most of the “airtime.” Let the group know how the facilitators will interrupt/redirect the conversation and work toward equity of voice/airtime.
- ▶ If applicable, have a plan for engaging parents with interpreters in small group discussions
- ▶ Make a plan for debriefing and repairing any harm or conflicts that may arise within groups.
- ▶ Show empathy, enthusiasm, and interest
- ▶ Move about the room during small-group discussions to answer any questions and help maintain focus on the task
- ▶ Stay in control of the activity
- ▶ Ensure that Closed Captions are ON for all videos.
- ▶ Be flexible and alter the activity to best fit the size and dynamics of the group, if necessary

Tips for Facilitating

Both facilitators should be active throughout the training and set an example of how parents and professionals can work as a team:

- ▶ Both facilitators should be ready to share personal examples, anecdotes, and insights in order to encourage group participation
- ▶ During group discussions, one facilitator should lead the discussion while the other writes notes and key discussion points on the blackboard or a flipchart
- ▶ When not actively presenting, facilitators should monitor the room to encourage group participation and ensure that parents' questions are addressed
- ▶ Both facilitators should circulate around the room during small-group activities (see section below for more information)

Facilitation goals include:

1. Creating a safe space where parents can improve their understanding of the effects of trauma on the children, and ultimately respond in a trauma-informed manner.
2. Transferring information and skills that will help the parents to effectively parent children who have been impacted by trauma
3. Encouraging retention and ongoing use of the new knowledge and skills

The following tips may help you to accomplish these goals:

- ▶ Welcome the parents as they enter the room
- ▶ Start off with as much genuine enthusiasm as possible
- ▶ Be yourself; authenticity creates connection and fakeness disrupts it
- ▶ Be aware of cultural differences in being greeted (do not assume all parents want to shake hands or make eye contact and do not assume this is due to "rudeness".)
- ▶ Stick to the training agenda, keep the presentation and discussion trauma-focused
- ▶ Use the parents' names as much as possible
- ▶ Do not read word-for-word from your notes or slides
- ▶ Give parents a chance to read from their handbook and the slides

- ▶ Encourage participation; however, take care to retain a trauma focus when faced with overly active groups, long-winded discussion, or any individuals monopolizing the training
- ▶ Move around the room making sure not to turn your back to the parents
- ▶ Be flexible (be ready to adapt the training to the needs of the parents)
- ▶ Use the space in front of the parents (avoid standing behind a podium), but do not stand in front of slides or block the parents' views
- ▶ Speak a little louder than you would normally and confirm that everyone can hear you
- ▶ Nod your head to acknowledge that you are listening
- ▶ Don't interrupt someone unless it is necessary to disrupt participants who take most of the airtime
- ▶ Stay on schedule for breaks and for ending the training; keep track of the time and be prepared to skip or condense optional material if time is tight

Racial trauma, intergenerational trauma, historical trauma

Ensure that this is woven into the entire curriculum. This is often dismissed or overlooked in trauma training(s). Facilitators must have a basic level of understanding of these etiologies of trauma and the compounding impact they have and the relationship between systemic oppression and the transmission of trauma. They must also be acutely aware of their own biases as well as the biases that will be present in the room.

Agency Guidance for Implementation

The successful Implementation of any new initiative, training, or process involves thoughtful planning and hard work. There are several implementation models that can help you through this process. One of these is the EPIS (Exploration, Preparation, Implementation, Sustainability) framework. Although this framework was designed to help guide agencies with making critical decisions around selecting and implementing Evidence Based Practices, it can be applied to implementing other new types of practices and training curriculum, such as *Breakthrough Parenting: Navigating Trauma Across Generations*.

You can listen to the 13-minute podcast of an interview with Jared Martin, a Research Associate with the Chadwick Center for Children and Families at Rady Children's Hospital-San Diego who works for the California Evidence-Based Clearinghouse for Child Welfare (CEBC). Click on the following:

<http://learn.nctsn.org/mod/pcast/showepisode.php?eid=42>

For those who cannot listen to the podcast, here is a brief summary of that conversation:

The EPIS framework has four phases: Exploration, Preparation, Implementation, and Sustainment. Each phase includes activities that aid organizations with making sure they adopt a new practice that is a good fit and the practice operates as intended.

It is not uncommon for an organization to implement a new practice, and then not have it last long enough to see any meaningful change. The benefit of using the EPIS framework is that the likelihood of successfully sustaining a new practice greatly increases. There are serious risks to starting up a new practice without careful and thoughtful planning. Poor or minimal planning can lead to wasted time and money, so using the EPIS framework can help an agency save important resources! Also, without proper planning a curriculum could be delivered poorly or inappropriately and lead to frustrated staff, poorly trained facilitators, and ultimately fail to achieve its purpose. Using the EPIS framework can also help efficiently achieve the desired outcomes.

Exploration Phase

The first step is to make sure it is a good fit for the agency and the parents they serve. The exploration phase involves having an organization first assemble a small team of individuals, typically comprised of a senior level administrator, a supervisor, other key staff, and any stakeholders (including at least one parent representative). This team will work together to identify what is required in order to offer the curriculum and then critically examine their organization's capacity to properly implement it successfully with sustainability. Some of the critical factors that influence sustainability include long-term funding, fit with the values and operations of the agency, staff educational requirements, match of skill set, and availability of support for facilitators. The team will want to look at what types of supports are available for their facilitators and how that will influence the sustainability of the curriculum.

Preparation Phase

During preparation phase, the organization starts by selecting the staff who will be involved in all aspects of offering curriculum, including those facilitating the training. It is important that an agency makes sure they recruit facilitators who are aware of what is required for the workshop, including skills like public speaking and group facilitation, so an interview process is vital. Once you select a staff, the staff training begins, and the organization needs to figure out how future staff will get trained in the curriculum in case of staff turnover. However, knowing the curriculum isn't enough to run an effective training so make sure your staff have support with the other skills and are provided with access to coaching or other resources. Also, the preparation phase is when an organization secures the needed equipment and other resources to run the workshop, such as computers, office space, materials, and supplies.

Implementation Phase

Agencies move to the implementation phase when the first training is done with parents. Implementation teams will then use training evaluation data to monitor how smoothly things are running and create solutions to any barriers or unanticipated problems. If there are issues with receiving referrals to the workshop, then the implementation team needs to plan for community education and outreach.

Sustainment Phase

The activities in the previous phases help to lay the foundation for the agency to continue offering the curriculum. However, sustainment is a continual process that implementation teams play an active role in supporting. The sustainment phase of the EPIS framework deals with immediate and long-term issues, for example staff turnover and supervision issues continue to be monitored and addressed quickly. Also, if there is a major loss of funding, then the curriculum needs to have the organizational leadership show its support for the curriculum by advocating through external networks to help bring in necessary resources. Lastly, outcomes should be examined to determine if the training is having the desired effect. For more information on the EPIS Framework, visit the CEBC's website at www.cebc4cw.org. On the website, there are a number of tools and resources on effective implementation.

Evaluation

The collection and use of evaluation data is a key foundational component for successful implementation, sustainment, and future funding of the BPC. If sites implementing the BPC are able to conduct a rigorous evaluation, the BPC training program may become eligible for federal funding and be placed on the [Title IV-E Prevention Services Clearinghouse](#). As such, we are suggesting that sites engage in with universities or evaluation consultants to conduct evaluations that can expand understanding of the program's effectiveness. Below we provide a brief overview of types of evaluation you may want to conduct. Specifically, we review (a) Implementation/Process evaluations and (b) outcome evaluations. In addition, in the *Evaluation Appendix*, we include several resources and tools including sample instruments that can be used, or adapted, to meet your evaluation needs.

Process/Implementation Evaluation

A process evaluation will help you understand how well the BPC is working, the extent to which it is being implemented as designed, and how well your BPC program has reached the intended target population. Findings from a process/implementation evaluation will help you understand how to improve on future implementation of the training curriculum. Specifically, a process/implementation evaluation will present information such as the participant population (demographics; parenting role, etc), the number of participants completing all or part of the BPC, location and timing of training, barriers, facilitators, and satisfaction with training modules, and implementation fidelity.

Workshop Delivery

- ▶ Information collected on *referrals and participant eligibility* could include the number of referrals received for the workshop, number of individuals screened for the workshop, the number enrolled in the workshop, and the percentage of individuals screened who were enrolled. These indicators can provide valuable information on the flow of referrals and the "appropriateness" of the referrals for the workshop.
- ▶ Information collected on *attendance* could include the number (and percentage) of participants who attended the first module, the number (and percentage) of participants who attended all modules, and so forth. These indicators can provide important information on client engagement and retention.
- ▶ Information on *services provided* could include the number of workshops conducted by an agency in a given time period, the number of individuals served, the number of facilitators involved in conducting the workshops, and so forth. Tracking this type of information can provide documentation of completed activities and achievement of targets (e.g., for agency goals, funding requirements)

Satisfaction

- ▶ Feedback on various aspects of the workshop can be obtained from the participants and facilitators. Satisfaction surveys, or feedback forms, can be valuable tools for identifying strengths and areas for improvement. For workshop participants, this can include collecting information on perceptions of the utility of the topics covered, the delivery of the content, and the workshop materials and activities. Evaluation surveys for workshop participants to complete at the end of each module are provided.
- ▶ For workshop facilitators, feedback can likewise be obtained with paper and pencil surveys. “Debriefing” meetings with facilitators and other agency staff can also be a useful vehicle to gather information on facilitator perceptions of what did and did not go well in the workshop and to discuss potential changes to the delivery of the program (e.g., offering the workshop at a different time of day and/or a different location). It can also be helpful to review results of participant surveys at these “debriefing” meetings.

Fidelity

- ▶ Approaches to assessing fidelity include facilitator reports, observation of modules, or review of module recordings, if available. Fidelity tools were developed for the RPC and adapted for use with this workshop. Agencies choosing to collect information on the fidelity are welcome to use the adapted Implementation fidelity measures found in the appendix.

Outcome/Effectiveness Evaluation

For those interested in conducting an outcome evaluation and assisting with assessing the appropriateness of the BPC as a promising or evidence-based prevention practice, we strongly suggest that you engage in a research-practice partnership with a university and follow guidance found in the ***Title IV-E Prevention Services Clearinghouse Handbook*** (Wilson et al, 2021). A research-practice partnership is currently underway in Vermont with the BPC pilot. On the last page of this appendix you will find a list of possible outcomes variables of interest related to safety, permanency, child well-being, and parent well-being, knowledge, and skills. The handbook can be found online and provides more detailed guidance for developing a robust evaluation plan.

https://preventionservices.acf.hhs.gov/themes/ffc_theme/pdf/psc_handbook_v1_final_508_compliant.pdf

Module 1

Slide 1: 0 Minutes

Slide Instructions: The purpose of this slide is to provide the course facilitator with information to prepare for this module. Don't show this slide to the class participants.

The module content is timed to take 2.5 hours, but it is suggested that a total of 3.0 hours as set aside for teaching this module to include time for later start, breaks, and/or sharing a meal. **Module 1 is 10 minutes shorter than other modules to allow for participants arriving late and/or needing extra time to settle.**

BPC: Navigating Trauma
Across Generations

Facilitator Prep Slide

Module 1: Trauma Informed Parenting

Materials needed for ALL modules

- Facilitator Guide
- Participant Workbook
- Projector and associated cables
- Internet access
- Name tags
- Sign in or attendance sheet
- Evaluations specific to each module (optional)
- Pens/pencils for participants
- Paper, index cards or sticky notes for participant use
- Tissue boxes
- Flip chart paper, easel and markers OR whiteboard and markers OR chalkboard and chalk

Things to do before class starts:

- Check and Pre-load any videos that will be shown in class today – cue the video up to start after any advertisements (if the video is from YouTube)
 - Mindfulness video: "Why Mindfulness is a Superpower"
 - "Be the Parents We Want to Be"
- Other Prep:
 - **Slide 4:** Prep 2 flip charts - one with self-introduction questions and the other with "Hope to Learn from this Class"
 - **Slide 5:** Prep 4 flip charts with the questions from the Group Agreements Worksheet
 - **Slide 21:** Prep 1 flip chart with *What Got You Through the Difficult Things in Your Life* written on the top of it

- **Slide 24:** Prep flip chart with **Wall of Hope and Gratitude** written on the top of it – **this will be brought to EVERY class** (you might need to create additional pages over the 10 weeks)
- Other materials specific to this module:
 - N/A

Participant Workbook Items covered in this module

- Group Agreements
- Essential Elements of Trauma-Informed Parenting
- Feelings Chart and Emotions Wheel
- Stress Continuum – Green, Yellow and Red Zones
- What Got You Through the Difficult Things in Your Life

Overview of Module:

1. Welcome & Course Overview
2. Getting to Know Each Other
3. Group Agreements
4. Mindful Moments
5. Why Is It Important to Address Unresolved and Ongoing Parent Trauma and Child Trauma
6. The Essential Elements of Trauma-Informed Parenting
7. Privacy and Confidentiality
8. Emotions/Feelings Chart
9. Stress
10. Green, Yellow, Red Zones
11. Trauma
12. Resilience
13. Wall of Hope and Gratitude

Slide 2: 10 Minutes

Slide Instructions

DO: Warmly welcome participants to the class!!

1. Briefly **introduce** the facilitators

- Name and pronouns preferred
- Your background as it relates to facilitating the class
- Your motivation for wanting to be a part of this
- What you as the facilitators hope you can bring to this group
- What parents can expect from you as facilitators (For example: I will provide materials, start, and end class on time, be available for questions, open to feedback, provide referrals for additional information, be available before/after class, etc.)

2. Provide **logistical information** (e.g., locations of bathrooms, space for smoking, food/drinks)

3. Take **attendance**

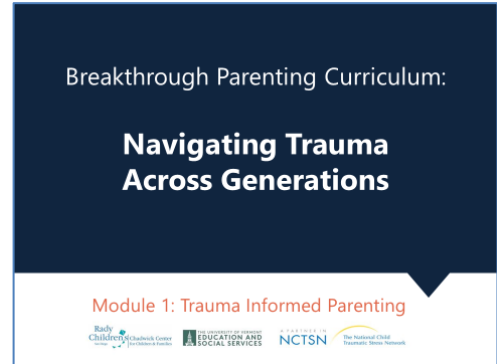
SAY: *Some of you may have heard of RPC (Resource Parent Curriculum). RPC is a class which many foster, kinship and adoptive parents have taken to learn more about trauma and how to support the children or youth in their care. This class is similar to RPC but with a focus on the unique needs of parents who have come into contact with the child welfare system.*

SAY: *Does everyone have a **Participant Workbook**? (Hold up your copy and distribute to anyone who does not have one yet). In it, you will find the copies of all of the slides used in each of the 10 modules of this workshop with a place to take notes. There are also materials you will need for the various exercises and discussions, handouts with additional information on crucial topics, and lists of books, websites, and other resources that can help you in caring for your children and supporting your families' journey through healing.*

DO: Briefly orient the parents to the **Participant Workbook**, going over the format of each module.

DO: Advance to the next slide

Facilitator Notes: It is important to create a welcoming environment. Participants are likely to be anxious about starting this new class. When introducing yourself include relevant personal and/or professional experience as well as your interest/motivation in teaching the class. Please consider role modeling by including your pronouns in your introduction.



Slide 3: 1 Minutes

Slide Instructions

SAY: This training is divided into 10 modules. Here are the titles of each module to give you a brief overview of what we will be covering.

DO: Click to next animation do this 10 times

Facilitator Notes:



| BPC: Navigating Trauma Across Generations | |
|---|--|
| 1. Trauma-Informed Parenting | 6. Learning to Cope with Feelings & Change Behaviors |
| 2. Taking Care of Yourself | 7. Trauma Informed Parenting Responses |
| 3. Trauma 101 | 8. Connections & Healing |
| 4. Understanding Trauma's Effects | 9. Becoming an Advocate |
| 5. The Impact of Your Childhood on Your Parenting | 10. The Tree of Life |

Slide 4: 20 Minutes

Slide Instructions

DO: Put the two pre-made flip charts up in the room (one with the introduction questions below and the other with "Hope to Learn from this Class")

SAY: Please introduce yourself by sharing your:

- Name and your pronoun (if you choose to share)
- First name and ages of your children
- What you are hoping to learn from this class

DO: Allow 1-2 minutes per person for introduction. One facilitator needs to capture hopes from participants and write them on a flipchart to refer back to later.

DO: Advance to the next slide

Facilitator Notes: Make sure that you pay attention to how parents introduce themselves because this can give you information about their emotional states.

Image by *Tumisu* from *Pixabay Free*



Slide 5: 15 Minutes

Slide Instructions

DO: If you haven't already, please post the flip charts with the questions for this activity already written on them around the room. Make sure that you put the number of the question on the flip chart as this will make it easier for participants to match their sticky note with the correct flip chart.



SAY: *Over the course of our time together in this class, we will be exploring trauma, both what it is and how it impacts individuals, families and communities as well as learn information, skills and strategies to assist in navigating trauma across generations.*

Today we collectively embark on a journey; this journey will at times be emotional. The journey will include exploration of your emotions (heart), practice of mindfulness (body) and learning of new content, skills and strategies (head).

*Before we move into the course material, we are going to create our group agreements. What will make our group unique as we learn, talk about, and better understand the impact of; and healing from; trauma across generations? We will do this by creating **Group Agreements** which will begin to build a foundation of trust as we discuss these challenging topics in class.*

DO: Facilitate a class discussion about Group Agreements asking the following questions:

1. *When you have been in groups before, what has helped you feel comfortable?*
2. *What has made it feel easier for you to participate or learn in those groups or classes?*
3. *What made it difficult?*
4. *What agreements should we have for our group?*

DO: Write participant answers on each flip chart. When you get to the 4th flipchart you can start developing the **Group Agreements** together.

DO: Advance to the next slide

Facilitator Notes: Due to the sensitive topic matter of the BPC it can be invaluable to have a class culture that has a foundation of trust as class participants learn, talk about and better understand the impact of; and healing from; trauma across generations. Co-creating **Group Agreements** is a powerful way to do this.

Some things to consider:

- Remember that when you create the group agreements; they should be things that everyone can agree to throughout the class.
- It is important to know that these are not mandates or enforceable. As a facilitator, your role is to also model the group agreements and to anchor back to them if and when conflict arises, or people need more support.
- The group agreements should not be used punitively or judgmentally.

You could suggest some of these if your group is struggling to identify their own. It is important that the group feels ownership over the development of the group agreements.

- Be open to learning new things
- Try to arrive to class on time
- Be present as we can be
- Use "I" statements
- Presume welcome and extend welcome to others
- Listen to silence – allow silence to be a member of this group
- No fixing (offer advice or reflection when invited to do so, but otherwise avoid the temptation to fix)
- If the going, gets tough – turn to wonder
- Be open to the experience of others
- Know that you are welcome and that you belong
- Come to this work with 100% of yourself
- Attend as regularly as possible
- Please keep cell phones on mute – if you have an urgent call to attend to please step outside of the group
- One person talks at a time
- Treat each other with kindness and respect

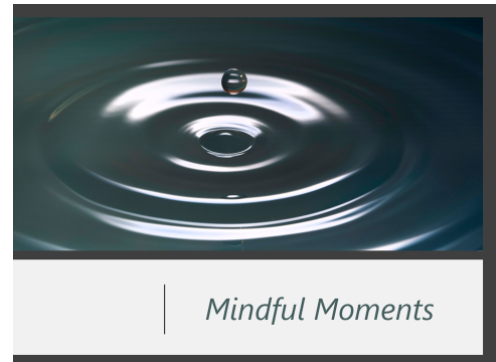
DO: Ask all participants to verbally consent to follow the Group Agreements. Please keep the Group Agreements as you will review them at the beginning of each module in the curriculum.

Image from GoGraph.com

Slide 6: 5 Minutes

Slide Instructions

SAY: *At the beginning of each class we will introduce and practice one new mindfulness activity. These will be activities that you can do by yourself and/or teach to your children. Not all of these mindfulness activities will resonate with you, but hopefully over the 10 weeks you will find a few of them that are useful for you or someone in your family.*



*This exercise is called “five senses” and provides guidelines on practicing mindfulness quickly in nearly any situation. All that is needed is to notice something you are experiencing with each of the **five senses**. We won't be sharing our answers with anyone, just do this silently to yourself. Start by sitting comfortably and taking a few deep breaths.*

1. *First, notice five things that you can **SEE**. Look around you and bring your attention to five things that you can see. Pick something that you don't normally notice, like a shadow or a small crack in the concrete.*
2. *Second, notice four things that you can **FEEL**. Bring awareness to four things that you are currently feeling, like the texture of your pants, the feeling of the breeze on your skin, or the smooth surface of a table you are resting your hands on.*
3. *Third, notice three things you can **HEAR**. Take a moment to listen and note three things that you hear in the background. This can be the chirp of a bird, the hum of the refrigerator, or the faint sounds of traffic from a nearby road.*
4. *Fourth, notice two things you can **SMELL**. Bring your awareness to smells that you usually filter out, whether they're pleasant or unpleasant. Perhaps the breeze is carrying a whiff of pine trees if you're outside, or the smell of a fast-food restaurant across the street.*
5. *Finally, notice one thing you can **TASTE**. Focus on one thing that you can taste right now, in this moment. You can take a sip of a drink, chew a piece of gum, eat something, or just notice the current taste in your mouth or open your mouth to search the air for a taste.*
6. *Now take one final breath.*

DO: Advance to the next slide

Facilitator Notes: Meditation/mindfulness can be counterproductive for some individuals and/or triggering anxiety and discomfort. Please be mindful of this as you practice mindfulness in future modules. It is important to note this and to create space for opting out of the mindfulness activities.

It is important that facilitators participate fully in all Mindful Moment activities in all future modules (unless one facilitator has to actively instruct the mindful moment).

Slide 9: 2 Minutes

Slide Instructions

DO: Click for next slide animation 2 times and read the bullet points on the slide:

- *“The experience of trauma can lead to traumatic stress reactions that can be confusing, frustrating and overwhelming for both parents and children” - Traumatic stress reactions and other responses to trauma can cause children to behave in ways that may baffle you. Their relationship with you, with other adults, and even with their peers may feel shaky or unpredictable, and usual approaches to parenting may not work with them.*
- *“Caring for a child who has experienced trauma can be very difficult, especially when you may have had similar traumatic experiences.” As you try to make sense of the behaviors, reactions, and attitudes of these children, it can leave you feeling confused, frustrated, unappreciated, angry, helpless, and guilty.*

DO: Advance to the next slide

Facilitator Notes:

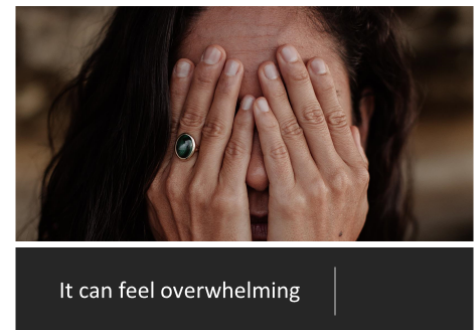
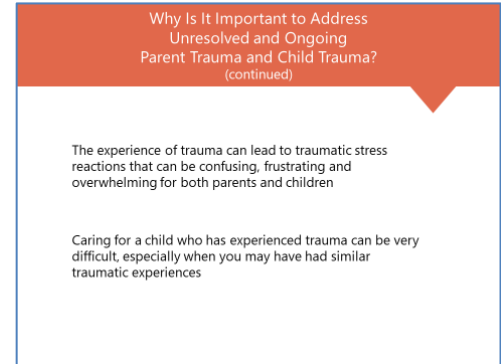
Slide 10: 3 Minutes

Slide Instructions

SAY: *All of this can feel overwhelming to think about and to talk about. It is NORMAL to feel overwhelmed. We understand this. We also know that having information and knowledge about trauma AND learning skills and strategies for growth and healing can make the path more bearable.*

SAY: *This course will do this by:*

1. *Creating an environment free of blame and shame*
2. *Allowing space for the development of connections and relationships*



3. *Assisting you in understanding how your own experiences of trauma and stress have impacted both you and your children*
4. *Supporting you in understanding how your child's experience of trauma and stress may impact their behavior and provide you with strategies to manage difficult behaviors*
5. *Encouraging you to build on their inherent strengths and assist you in developing skills to become the type of parent that you want to be*

DO: Advance to the next slide

Facilitator Notes:

Slide 11: 2 Minutes

Slide Instructions

SAY: *We now know a great deal about trauma and its impact on children and families, including how to help children recover from the effects of trauma. This knowledge can assist you in supporting your family's journey through healing.*

SAY: *Once you understand why your child is behaving in a certain way, you will be better prepared to help them cope with the effects of trauma. Becoming a trauma-informed parent will make it easier to:*

- *Communicate with your child*
- *Support your child in building skills to understand their emotions, their reactions, and to make choices that support their well-being*
- *Get your child the help they need from schools, caseworkers, therapists, etc.*
- *Reduce your own stress*
- *Become a more effective and satisfied parent*

DO: Advance to the next slide

Facilitator Notes:



Slide 12: 3 Minutes

Slide Instructions

SAY: *This class covers what are called the “Essential Elements of Trauma-Informed Parenting.” You will find the **Essential Elements of Trauma-Informed Parenting** in Module 1 of your **Participant Workbook** – you can turn there now, if you like.*

It is our hope that by the end of this 10-week course you will be able to implement many of these things in your family’s life.

DO: Ask for a volunteer to read the list out loud – if no one volunteers, one of the facilitators should read what is on the slide, you will need to click to the next animation 9 times.

Essential Elements of Trauma-Informed Parenting

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

Adapted from "The Essential Elements of a Trauma Informed Child Welfare Practice" from the National Child Traumatic Stress Network's Child Welfare Trauma Training Toolkit

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

DO: Advance to the next slide

Facilitator Notes:

Slide 13: 5 Minutes

Slide Instructions

SAY: *The “BPC: Navigating Trauma Across Generations” is a psychoeducational workshop; meaning that it is a bit different from other classes you may have taken. As we have already discussed, this class will talk about sensitive topics and there will be many opportunities for class participants to share information about themselves or their families. No one ever has to share any personal information, AND we want people to feel free to talk about their feelings and experiences - while at the same time protecting each other’s privacy and confidentiality.*



Revealing intimate and private information can make people feel vulnerable. Groups build trust when this vulnerability is cared for and respected.

*In addition to the ethos/guiding principles – another way to create this trust is to have an environment where all participants agree that “**what is said here - stays here.**” We ask that you don’t tell anyone what anyone else in this class says to anyone outside of this class. This includes through talking, emailing, texting, or social media. It is okay to talk about what YOU have learned in class or share any of your “A-ha” moments, but nothing about other participants.*

As group trust is forming you may want to think about which things you wish to keep private about yourself and your family and which things you would feel comfortable sharing. For example, perhaps you choose to not share any identifying information such as names, locations, or specific details. It is always up to you how much you share, and it is always okay to pass on a question or activity.

*We hope it doesn’t come to this, but privacy and confidentiality is extremely important to us, and we will take action as needed if this is violated. **This includes _____ (FACILITATOR: identify the action that you will take – i.e.: being removed from the class or an apology and mediation between you and the person whose privacy was violated or other action).***

SAY: *As workshop facilitators we will keep your information confidential – we will not share what you say in this class with anyone EXCEPT for a few things. If the following things are disclosed, we will need to make a report. Things such as imminent suicidality or plans to harm or kill another person or disclosing previously unreported child abuse or sexual abuse will need to be reported to ensure the safety of vulnerable people. **(FACILITATOR: Explain your role and requirement to report: i.e.: I am a mandated reporter in this state, or I am a licensed XXX and required to report, or my agency requires reporting . . .)***

- Does anyone have any questions about privacy between participants or confidentiality with the course facilitators?
- Does everyone agree to keep each other's information private?

DO: Get a show of hands or verbal consent from each participant

SAY: Please feel free to talk to either of the facilitators if you have any questions or concerns regarding these issues throughout your participation in this group.

DO: Advance to the next slide

Facilitator Notes: The issues of privacy and confidentiality are very important, particularly in a group context. Parents need to be able to talk about their experiences. Given the important purpose of these groups, facilitators carry a critical obligation to conduct their groups in such a way as to offer the greatest respect to people's personal lives and information and to be very sensitive to their parent's concerns about privacy and the handling of information.

If your program offering this class is providing reports based on participation and/or attendance for each participant, please clarify what information will be provided and only do so if a release of information is in place.

Image by **Connor Danyenko** from **Pexels**

Slide 14: 2 Minutes

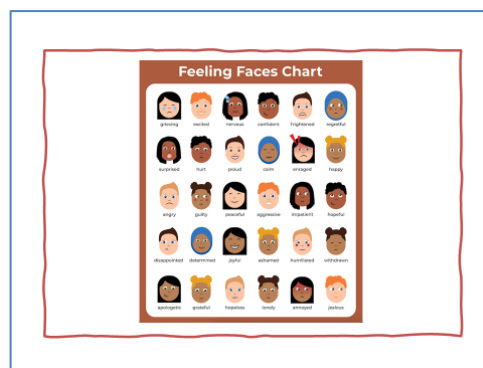
Slide Instructions

SAY: It is likely that you will have emotional reactions to some of the materials that we cover in class – this is completely normal! One thing that can assist any of us as we have strong feelings is to be able to recognize and name the emotions. For this reason, we have included a **Feelings Faces Chart** in

Module 1 of your **Participant Workbook**. Please feel free to reference at any time during this course.

This is what the Feelings Faces Chart looks like. There is also an **Emotional Word Wheel** with more feelings on it in your **Participant Workbook**. Throughout the course we will refer back to the **Feelings Faces Chart** and the **Emotional Word Wheel**.

DO: Advance to the next slide



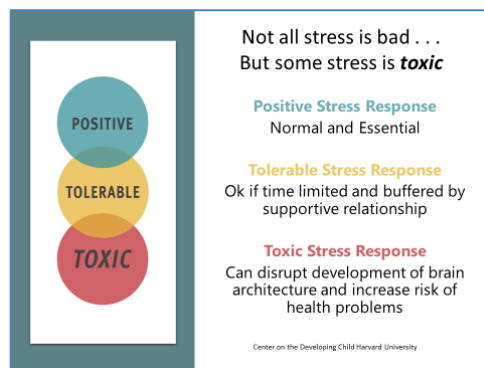
Facilitator Notes:

Slide 15: 8 Minutes

Slide Instructions

SAY: *We are now going to start looking at course material on the importance of trauma-informed parenting – beginning with the topic of stress. Not all stress is bad. Let's take a look at different kinds of stress.*

DO: [Click to next animation](#)



SAY: Positive stress response is a normal and essential part of healthy development, characterized by brief increases in heart rate and mild elevations in hormone levels. Some situations that might trigger a positive stress response are the first day with a new teacher or getting ready for an important game or homework assignment. **What are some other examples of positive stress?**

DO: [Click to next animation](#)

SAY: Tolerable stress response activates the body's alert systems to a greater degree as a result of more severe, longer-lasting difficulties, such as the loss of a loved one, a natural disaster, or a frightening injury. If the activation is time-limited and buffered by relationships with adults who help the child adapt, the brain and other organs recover from what might otherwise be damaging effects.

Most individuals and families experience pretty stressful situations that don't feel as bad as they could due to the support of family, friends – Does anyone have an example to share?

DO: [Click to next animation](#)

Toxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance use/misuse or mental illness, exposure to violence, historical trauma, racial trauma*, generational trauma and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems and increase the risk for stress-related disease and cognitive impairment, well into the adult years.

Toxic stress is one of the things we will continue to talk about in this class.

DO: Advance to the next slide

Facilitator Notes: Racial trauma also includes manifestation of systemic racism, constant micro-aggressions without buffers, supports, or affirmations

Image and material from the **Center on the Developing Child at Harvard University**

Slide 16: 5 Minutes

Slide Instructions

SAY: *We know that:*

- *Parents want to do right by their children.*
- *Parenting is tough even when most things are going well in a parent's life. But when a parent has their own stressors or challenges, parenting can be even more difficult.*
- *Sometimes those stressors are toxic or even traumatic.*
- *Trauma can hinder the development of coping skills and/or the desire to tap into viable options of healthy coping skills*
- *Toxic stress sometimes causes the development of survival coping skills*
- *Often part of a parent's journey is also breaking the cycle of historical, generational and racial trauma. This is not the fault of the parent as it is systemic and societal, but it often falls to the parent to break the cycle*



Let's watch this short video to learn a little bit about toxic stress, parenting and how to be the parents we want to be.

DO: Watch (3:51 minute) video from the Center on the Developing Child at Harvard University – use the link in the slide or copy and paste here: <https://youtu.be/sutfPqtQFEc>

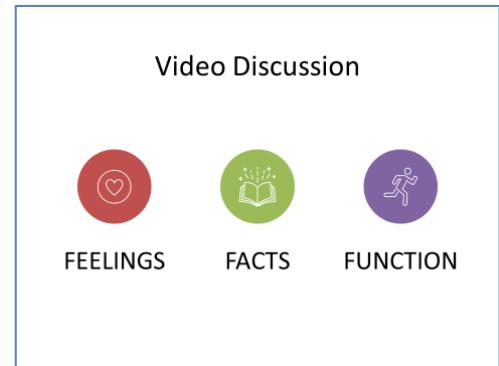
DO: Advance to the next slide

Facilitator Notes:

Slide 17: 8 Minutes

Slide Instructions

SAY: Now that we've seen the video, let's discuss it using the **3 F's of Processing a Video**. We will use this method of video review for many of the videos we watch in this class.



1. **FEELINGS:** The first F is feelings - What emotions/feelings did this video evoke? How did it make you feel? Please refer to the **Feelings Chart** in Module 1 of your **Participant Workbook** to assist you in picking a couple of feelings.
2. **FACTS:** The second F is facts – What information did you learn? What knowledge did you gain?
3. **FUNCTION:** The third F is function - What will you DO with this new information? How will you apply it to your life?

DO: Depending on the size and comfort level of your group, you can do this as a large discussion or break up the group into smaller groups. You could use a circle format, asking each person to answer each of the 3 F's (with option to pass) so that every participant has an opportunity to share. Use your facilitator discretion on how best to go through the 3 F's.

DO: Note these themes from the video that you should mention if the class participants don't:

- *"Toxic stress doesn't have to determine who we are or how we act"*
- *"Understanding how stress affects us can empower us to make changes in our lives"*
- *"The brain is capable of change throughout life, and it is never too late for a tune up"*
- *"We all need the help of others in difficult times"*

DO: Advance to the next slide

Facilitator Notes:

The 3 F's of Processing a Video was created by Al Killen-Harvey, LCSW, from the Chadwick Center.

Slide 18: 3 Minutes

Slide Instructions

SAY: *As we continue our conversation about stress it is important to pay attention to your own stress level during this course.*

DO: Please refer parents to Module 1 in the **Participant Workbook** for the **Stress Continuum Worksheet**.

SAY: *Imagine your stress level as a stoplight*

DO/SAY: click to the next slide animation 3 times, reading the following:

Red: *Stop, this can be harmful or dangerous*

Yellow: *Be a little careful and alert - it can turn red any second*

Green: *Go, it's safe to continue*

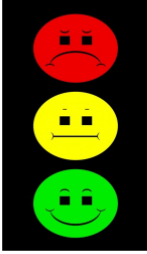
While we hope to stay toward the green end of the continuum as much as possible, we all have yellow times that can quickly tip to red. Stress can build over time and it is important to identify when you feel yourself heading toward the red zone.

It is also important to know what you can do to help decrease stress so that you don't get in the red zone. This will be addressed more in next week's class.

DO: Advance to the next slide

Facilitator Notes:

Stress Continuum Worksheet:
Green, Yellow, and Red Zones



Red: Stop!
This can be harmful or dangerous.

Yellow: Be careful and alert!
It can turn red any second.

Green: Go!
It's safe to continue.

Adapted from Mathieu, F. (2011). The compassion fatigue workbook: Creative tools for transforming compassion fatigue and vicarious traumatization, p. 52. New York: Routledge.

Slide 19: 12 Minutes

Slide Instructions

SAY/DO: Click for next slide animation 3 times and read each of the following:

- **Physical:** *These are symptoms that you actually feel in your body. What are some physical symptoms that one might experience?*
- **Emotional:** *These are symptoms that relate to your emotions – How you feel inside. What are some emotional symptoms that one might feel?*
- **Behavioral:** *These are your reactions to stress – what others might observe. How might one react as a result of stress?*

Stress Continuum Worksheet:
Green, Yellow, and Red Zones

Physical: Symptoms that you actually feel in your body

Emotional: Symptoms that relate to your emotions – how you feel inside

Behavioral: Your reactions to stress – what others might observe

Adapted from Mathieu, F. (2011). The compassion fatigue workbook: Creative tools for transforming compassion fatigue and vicarious traumatization, p. 52. New York: Routledge.

SAY: Now turn to the next page of the **Stress Continuum Worksheet** in Module 1 of your **Participant Workbook** and fill out the three different zones for yourself.

DO: Walk around the room answering any questions and supporting participants in filling this out. Provide about **7 minutes** to fill this out.

SAY: *We will be referring to this worksheet from time to time to help you monitor your stress levels as different material is discussed. You can also use it to review your stress levels at times outside of this workshop as well. If at any time you are in the red zone or close to the red zone, please make sure you reach out for support. Next class we will be developing a self-care plan which will help with this.*

DO: Advance to the next slide

Facilitator Notes:

Slide 20: 8 Minutes

Slide Instructions

SAY: *The term "trauma" is used a lot. How would you define trauma?*

DO: Elicit responses from the class and write them on a flip chart. This is a good opportunity to gauge where participants are in terms of their knowledge of trauma. You can validate their responses and correct any misconceptions and provide this definition. Spend about **5 minutes** on this.

DO: Click to next animation 3 times and read each part of the slide:

Trauma occurs when an individual experiences an intense, recurring, and/or prolonged event (or events) that threatens or causes harm to their emotional and/or physical well-being.

It causes an overwhelming sense of fear and helplessness

It causes intense physical effects such as pounding heart, rapid breathing, trembling, dizziness, or loss of bladder/bowel control

SAY: *Over the next few classes we will talk more about trauma, its impact, and steps towards healing, but it is important to have a common definition to start.*

DO: Advance to the next slide

Facilitator Notes: Information for you to use if you need to expand on information from the slide: "A traumatic event is a frightening, dangerous, or violent event that poses a threat to a child's life or bodily integrity. Witnessing a traumatic event that threatens life or physical security of a loved one can also be traumatic. This is particularly important for young children as their sense of safety depends on the perceived safety of their attachment figures.

Traumatic experiences can initiate strong emotions and physical reactions that can persist long after the event. Children may feel terror, helplessness, or fear, as well as physiological reactions such as heart pounding, vomiting, or loss of bowel or bladder control. Children who experience an inability to protect themselves or who lacked protection from others to avoid the consequences of the traumatic experience may also feel overwhelmed by the intensity of physical and emotional responses.

Even though adults work hard to keep children safe, dangerous events still happen. This danger can come from outside of the family (such as a natural disaster, car accident, school shooting, or community

What is Trauma?

Trauma occurs when an individual experiences an intense, recurring, and/or prolonged event (or events) that threatens or causes harm to their emotional and/or physical well-being.

It causes an overwhelming sense of fear and helplessness

It causes intense physical effects such as pounding heart, rapid breathing, trembling, dizziness, or loss of bladder/bowel control

violence) or from within the family, such as domestic violence, physical or sexual abuse, or the unexpected death of a loved one." From NCTSN (National Child Traumatic Stress Network)

Slide 21: 15 Minutes

Slide Instructions

SAY: *This tiny plant made its way through this strong brick wall. Not unlike a person who has gone through difficult things in life (like a brick wall) and came out the other side (like the plant). This little plant has RESILIENCE.*



Please turn to the worksheet entitled "**What Got You Through the Difficult Things in Your Life?**" in Module 1 in your **Participant Workbook** and spend a few minutes noting what got you through the difficult things in your life. You will not have to share your answers, but we will ask for a few volunteers that feel comfortable sharing.

DO: Read the three questions on the worksheet out loud to the whole class:

What Got You Through the Difficult Things in Your Life?

1. *Things Inside of You (faith, self-talk, etc.)*
2. *Things You Did or Didn't Do (cried, wrote in a journal, etc.)*
3. *Things Outside of You (Family, Friends, Therapist, etc.)*

DO: Give participants **5 to 7 minutes** to fill out their worksheets. Move around the room to answer any questions and support anyone with literacy issues. Once it looks like most people are finished, you can move into a group discussion.

SAY: *Is anyone interested in sharing some or all of what you wrote down?*

DO: Write their answers on a flip chart (with *What Got You Through the Difficult Things in Your Life?* written on the top of it). Use these answers to further define resilience. Use this opportunity to inspire hope for healing by noting all of the ways that participants have "grown through brick walls." Acknowledge and validate the resilience that participants share. Take **5 -7 minutes** for this.

DO: Advance to the next slide

Facilitator Notes: Some things for you to be aware of as you talk about resilience. Resilience is NOT as simple as "bouncing back after adversity." **Resilience is:** A dynamic developmental process resulting in

healthy adaptation despite adversity; It occurs over time, resulting from a culmination of both internal and external influences; It is impacted by past trauma, genetic makeup, and individual capacities; It is largely dependent on supportive and enduring relationships.

Image by **Pat Farrell** from **Unsplash**

Slide 22: 3 Minutes

Slide Instructions

DO: Reference the list of "What Got You Through the Difficult Things in Your Life?" that the class just created

SAY: *The list that you just created of the things you did for yourself or needed from others are the some of the same things that your children need to get through their own difficult experiences. More specifically, children need the following things:*



DO: Click for next animation 7 times and read each bullet as it appears:

SAY:

- 1. Competence:** *When we notice what children or young people are doing right and give them opportunities to develop.*
- 2. Confidence:** *Children and youth need confidence to be able to navigate the world, think outside the box.*
- 3. Connection:** *Offers children and young people the security to stand on their own knowing they are supported.*
- 4. Character:** *We can help our children build a character through a sense of right and wrong.*
- 5. Contribution:** *Help children and youth realize that they can make the world a better place through wise choices*
- 6. Coping:** *By helping children effectively manage stress, they'll be prepared to overcome obstacles.*
- 7. Control:** *When children or youth are given some control over life decisions, they realize they can succeed.*

DO: Advance to the next slide

Facilitator Notes: Dr. Kenneth Ginsburg defines resilience as the "capacity to rise above difficult circumstances." He shares the "7 C's" as ways to build resilience in children.

Slide 23: 3 Minutes

Slide Instructions

SAY: *Over the next few weeks we will continue our conversation about “navigating trauma across generations.” We call this intergenerational trauma, which can include racial trauma. This trauma can greatly impact families. We also know that families carry intergenerational WISDOM - which can be profoundly healing.*

DO: Click to next animation and read the slide:

“If we carry intergenerational trauma (and we do), then we also carry intergenerational wisdom. It is in our genes and in our DNA.”

DO: Click to next animation and read the slide:

Just as trauma can be passed down through families – so can healing

DO: Advance to the next slide

Facilitator Notes: The purpose of this slide is to provide some hope at the end of class for any participants who may be feeling stressed or overwhelmed by the information presented in this first class.

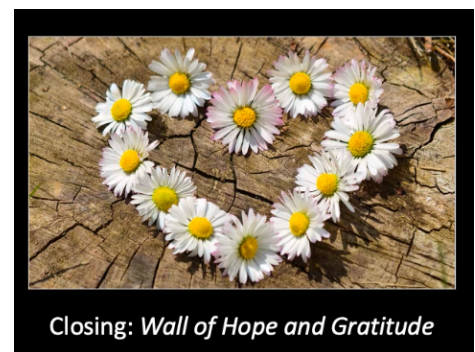
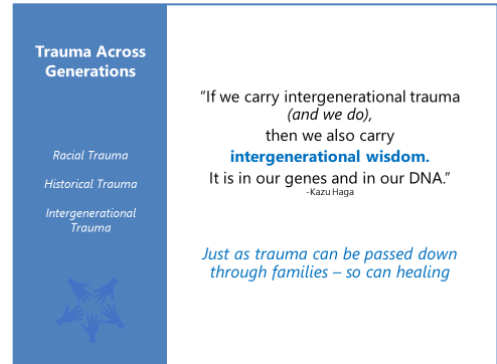
Slide 24: 13 Minutes

Slide Instructions

SAY: *We have covered a lot of ground today – your mind might be swirling with all kinds of thoughts and ideas OR you might be having some emotions and feelings OR you might have bodily sensations or responses to all that we have discussed today. Or maybe you are experiencing all three at once. These are all common responses.*

We are going to take a few minutes of silence. During this time, you may do any of the following things:

- *Take note of what you are thinking and feeling and to what you are experiencing in your body*



- *Reflect on what you have learned today and how you might apply some of it to your life.*
- *Practice mindfulness or meditation or silent prayer*
- *Just sit quietly*

DO: Set a time for **2 minutes**. It is important that the facilitators sit quietly too. Now is not the time to tidy the classroom or read your notes or do anything other than joining the class in your OWN self-reflection. Once 2 minutes have passed you can begin the closing activity.

SAY: *We are now going to begin our closing activity. Please find a couple of sticky notes and a pen/pencil. Take a minute to write down what your **Hopes or Intentions** are for the coming week. Once you have written it down, you will have the opportunity to add it to our **Wall of Hope and Gratitude**. You can write more than one.*

DO: Give participants **2-3 minutes** to write their Hopes or Intentions down. Don't have them put them on the flip chart yet.

SAY: *Now find some more sticky notes and write down any **Appreciations or Gratitude** that you have toward yourself or anyone in this class. You can write more than one.*

DO: Give participants another **2-3 minutes** to write down their Gratitude or Appreciations.

SAY: *Now take all of your sticky notes and add them to the **Wall of Hope and Gratitude** on the flip chat in the classroom. If you would like to easily remember your own Hopes or Intentions – you can re-write it in your Participant Workbook or take a picture of it with your phone. When you are finished putting up your notes, please return to your seat.*

DO: Allow **1 minute** for everyone to add their sticky notes to the wall and return to their seats.

SAY: *As you leave class today, please take a moment to read what others have posted on the wall before you head out. Notice how it felt to write your notes AND what it feels like to read what others wrote. After you read through the notes you are welcome to leave class. At the beginning of our next class, we will re-read the **Wall of Hope and Gratitude**.*

Thank you for attending class and we look forward to seeing you next time!!

Facilitator Notes: As this is the first week using the **Wall of Hope and Gratitude** participants might not write a lot or might not feel comfortable. As the weeks progress, this activity will become more meaningful to participants.

Image by **congerdesign** from **Pixabay** (for all 10 modules)

Module 2

Slide 1: 0 Minutes

Slide Instructions: The purpose of this slide is to provide the course facilitator with information to prepare for this module. Don't show this slide to the class participants. The module content is timed to take 2.5 hours, but it is suggested that a total of 3.0 hours as set aside for teaching this module to include time for later start, breaks, and/or sharing a meal.

BPC: Navigating Trauma
Across Generations

Facilitator Prep Slide

Module 2: Taking Care of Yourself

Materials needed for ALL modules

- Facilitator Guide
- Participant Workbook
- Projector and associated cables
- Internet access
- Name tags
- Sign in or attendance sheet
- Evaluations specific to each module (optional)
- Pens/pencils for participants
- Paper, index cards or sticky notes for participant use
- Tissue boxes
- Flip chart paper, easel and markers OR whiteboard and markers OR chalkboard and chalk
- **Group Agreements** – written out on flip chart for Mods 2 - 10
- The **Wall of Hope and Gratitude** from all previous classes

Prep for THIS module:

- Check and Pre-load any videos that will be shown in class today – cue the video up to start after any advertisements (if the video is from YouTube)
 - Brené Brown: "Empathy"
- Other Prep:
 - **Slide 4:** Group Agreements
 - **Slide 15:** Prep flip chart with questions from the Story of Betty's Family
 - **Slide 16:** Prep flip chart with additional questions from the Story of Betty's Family
- Other materials specific to this module:
 - Local Resources – Please provide any local resources (therapy, community support, domestic violence, substance use/misuse, childcare, etc.) at the end of this module

- Review the resource, “Making the Connection: Trauma and Substance Abuse” available from <https://www.nctsn.org/resources/making-connection-trauma-and-substance-abuse>.

Participant Workbook Items covered in this module

- Self-Compassionate Beliefs
- Signs that You are Stressed
- Compassionate Self-Care Checkup
- Story of Betty’s Family
- Compassionate Self-Care Behaviors
- My Compassionate Self-Care Plan

Overview of Module:

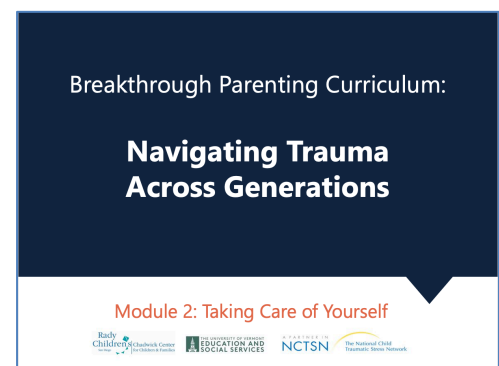
1. Welcome
2. Mindful Moments
3. Group Agreements
4. Review of previous week
5. What You Will Learn
6. Learning to Take Care of Yourself, Self-Compassion, and Empathy
7. Warning Signs of Stress
8. Compassionate Self-Care Check Up
9. The Story of Betty’s Family
10. Your Child’s Trauma
11. Compassionate Self Care Plan
12. Resources
13. Wall of Hope and Gratitude

Slide 2: 5 Minutes

Slide Instructions

DO: Have this slide showing as people arrive in the classroom. Warmly welcome participants to the class and share any brief logistical information – Let them know this week’s module title. After everyone has arrived and is settled, you can begin.

SAY: *Our last class ended with folks adding **Hopes and Intentions** for themselves as well as **Gratitude and Appreciations** for each other. Let me read what people wrote to remind us of the journey we are all on.*



DO: Read what is on the **Wall of Hope and Gratitude**. Be thoughtful about reading this in a way that is soothing and attempts to bring participants back to a place of connection.

DO: Advance to the next slide

Facilitator Notes: You might want to group sticky notes with hopes/intentions in one spot and gratitude/appreciation in another OR if there are any themes. Depending on how much people write each week – you might need to add additional flip charts.

Slide 3: 5 Minutes

Slide Instructions

SAY: *This week we will watch a brief video (2:00 minutes) introducing the practice of meditation. Meditation is not necessarily a religious practice, although it has religious origins. The video is called: "Meditation 101: A Beginner's Guide" by Happify.*



If you feel lightheaded, dizzy, or increasingly anxious, you can stop the exercise and return to awareness of sounds, sensations, colors in the room.

DO: Show video and then lead class in mindful breathing for **3 minutes**. Following is a suggestion of what to say OR you can substitute your own words for leading this activity.

SAY: *"Lower your eyes and notice where you feel your breath. That might be the air going in and out at your nostrils or the rise and fall of your chest or stomach. If you can't feel anything, place your hand on your stomach and notice how your hand gently rises and falls with your breath. If you like, you can just lengthen the in breath and the out breath or just breathe naturally. Your body knows how to breathe.*

Focus on your breath. When your mind wanders, as it will do, just bring your attention back to your breath. You might like to say 'thinking' when you notice your thoughts and just gently shepherd your attention back to your breath."

DO: Advance to the next slide

Facilitator Notes: Please note that meditation and other forms of mindfulness can be a trigger to some people. Make sure that you give people space to opt out of any mindfulness activities.

Occasionally people are cautious about meditation because they believe it to be a religious practice. If this happens in your class, do not get into a power struggle. Support them to find and use only the activities that feel comfortable for them.

Slide 4: 10 Minutes

Slide Instructions

SAY: *Last week we created our **Group Agreements** together. This will help us build a foundation of trust as we learn, talk about, and better understand the impact of; and healing from; trauma across generations.*

DO: Put a flip chart up with the **Group Agreements**. Read and review this with the class participants. Let the class know that you will review these at the beginning of each class.

DO: Advance to the next slide

Facilitator Notes:

*Image from **Gograph.com***



Slide 5: 10 Minutes

Slide Instructions

SAY: *In the last module we covered the following topics:*

- *A brief description of what trauma is*
- *The importance of addressing parent trauma and child trauma*
- *Explored what trauma-informed parenting means*
- *Introduced Resilience and what got you through the difficult things in your life*

DO: Ask the following question: *Does anyone want to share an example of how you or your child were resilient this past week?*



DO: Advance to next slide

Facilitator Notes: Depending on group size and/or connection between participants, you could ask each member to answer the question (with option to pass) or ask for a few volunteers or a pair and share with a few reporting back to the whole group. This quick round of check in allows connection between last module's content and this week's as well as allows for participants to ground/reground themselves.

Image from **Unsplash**

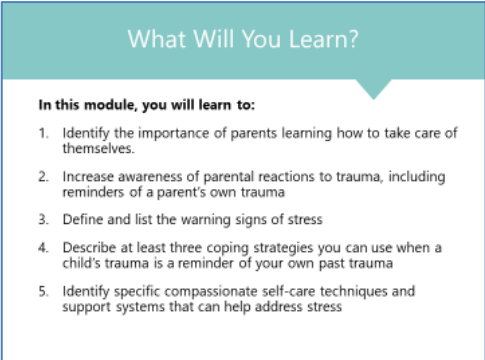
Slide 6: 2 Minutes

Slide Instructions

SAY: *In this module, you will learn to:*

DO: click for next slide animation 6 times; reading each of the points as you go:

1. *Identify the importance of parents learning how to take care of themselves*
2. *Increase awareness of parental reactions to trauma, including reminders of a parent's own trauma.*
3. *Define and list the warning signs of stress.*
4. *Describe at least three coping strategies you can use when a child's trauma is a reminder of your own past trauma.*
5. *Identify specific compassionate self-care techniques and support systems that can help address stress.*



What Will You Learn?

In this module, you will learn to:

1. Identify the importance of parents learning how to take care of themselves.
2. Increase awareness of parental reactions to trauma, including reminders of a parent's own trauma
3. Define and list the warning signs of stress
4. Describe at least three coping strategies you can use when a child's trauma is a reminder of your own past trauma
5. Identify specific compassionate self-care techniques and support systems that can help address stress

SAY: *It's time to focus on what is in many ways the most important essential element of trauma-informed parenting: **taking care of ourselves** (which is the focus of this module).*

Parenting in general can be rewarding, demanding, and challenging all at the same time. If we add to this equation how our own history of trauma interacts with parenting a child who has experienced trauma, we can understand why a parent may experience a high degree of stress that may have a negative impact on their own well-being and their ability to be emotionally present for their child.

In addition, talking about trauma can bring up overwhelming thoughts and feelings that need to be attended to. These thoughts and feelings may be related to negative or adverse experiences that you may have had throughout your lifetime, including those you experienced as a child.

DO: Advance to next slide

Facilitator Notes:

Slide 7: 2 Minutes

Slide Instructions

SAY: *In times of stress, we hear a lot about the importance of taking care of ourselves. But it can be difficult to think about self-care when you have multiple commitments and are dealing with incredibly stressful events.*

DO: Click for next slide animation 3 times; and read each bullet point:

Self-compassion is thinking about yourself compassionately.

Self-care, by contrast, is treating yourself compassionately.

The two terms sound interchangeable, but they contain a thinking versus doing distinction. This is important because people can go through the motions of self-care without having self-compassion.

Similarly, they can view themselves compassionately and still not take care of themselves.

The two concepts, though, need to work together. In general, the more we are compassionate with ourselves, the better we take care of ourselves and the more compassionate we are with those around us.

*We need **compassionate self-care**.*

DO: Advance to next slide

Facilitator Note

Learning to Take Care of Yourself

Self-Compassion: To *think about* yourself compassionately

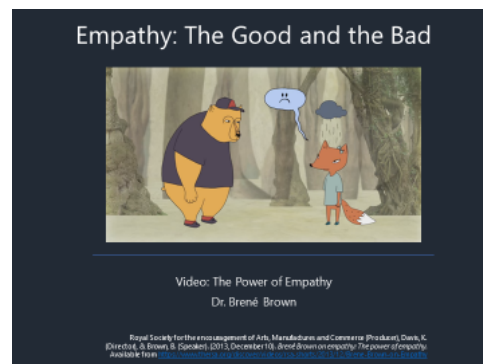
Self-Care: To *treat* yourself compassionately

- The two terms sound interchangeable, but they contain a thinking versus doing distinction.
- We need **compassionate self-care**. Self-care without self-compassion discharges a debt, usually with suffering somewhere else. **Self-care with self-compassion is a gift that doesn't have to be earned or repaid.**

Slide 8: 7 Minutes

Slide Instructions

SAY: For the purpose of this curriculum, we will refer to empathy as the ability to identify your child's feelings while remaining aware that they are different from your own. Being empathetic is critical to being a good parent and developing positive relationships with your children, but it can also cause stress. We will look at ways to address this stress in a few minutes.



Empathy is critical as you strive towards self-compassion. We are now going to watch a brief video from Dr. Brené Brown talking about The Power of Empathy

DO: Play the video (2 min 53 seconds) by clicking on the graphic or on the link on bottom of the slide or this link. <https://www.thersa.org/discover/videos/rsa-shorts/2013/12/Brene-Brown-on-Empathy> or <https://vimeo.com/81492863>

Finish the video and then SAY/ASK: Can anyone relate to this explanation of empathy?

In the video, Brené Brown says: "In order to connect with you, I have to connect with something in myself that knows that feeling . . . Rarely can a response make something better. What makes something better is a connection."

How does this relate to empathy and connection with your children?

DO: Allow 4 minutes for discussion. Hopefully some participants will be able to make the connection that feeling empathy for their children could bring up challenging feelings for themselves AND how important it is to do so.

SAY: Empathy allows us to feel our children's pain, to understand what they need, and to connect with them. If we could not feel what they are feeling, we might not be able to reach them at all. Empathy makes us human; but can cause overwhelming stress. It is an important quality to possess as related to parenting our children. But it can also cause us to feel shame, guilt, and anxiety, among other feelings that go along with stress. Now, let's take a closer look at stress.

DO: Advance to the next slide

Facilitator Notes: It is important to process emotionally charged videos that are being viewed during the training. Not only can some of the videos bring up overwhelming emotions and thoughts for parents, but it can also help them make connections with their own negative experiences in life.

Slide 9: 1 Minutes

Slide Instructions

SAY: *The first step of taking care of yourself is gaining an awareness of when your stress level is rising or when you are being affected by the trauma and/or stress you or your child has experienced.*

SAY: Empathic Strain is when the stress of parenting affects your own mental and physical health and impairs your ability to parent effectively.

Empathic strain is also called compassion fatigue. We all have stressors in our day-to-day lives and there are many potential sources of stress, but let's just think about these in relation to parenting right now. Hopefully, the coping skills and self-care strategies you are taught in this course will be able to help in other areas as well, but for now we are only going to look at being a parent.

DO: Advance to the next slide

Facilitator Notes:

Awareness: Warning Signs of Stress

Empathic Strain:

When the stress of parenting affects our own mental and physical health, and impairs our ability to parent effectively

Slide 10: 4 Minutes

Slide Instructions

SAY: *We all experience stress in our lives. What are some common stressors in someone's life?*

SAY/DO: Give the group **1 minute** to shout out answers, then [click for next slide animation 9 times](#) and read each item on the slide.

- Major life events
- Relationship issues
- Family changes
- Work stress
- Financial stress
- Poor nutrition
- Physical inactivity
- Chronic disease/pain

Awareness: Warning Signs of Stress
(Continued)

Stressors:

- Major life events
- Relationship issues
- Family changes
- Work stress
- Financial stress
- Poor nutrition
- Physical inactivity
- Chronic disease/pain

What Could Happen:

- Use alcohol, food, caffeine, other substances
- Too little or too much sleep
- Numbing/Distancing
- Getting easily upset
- Health problems

SAY: *What happens if any of these stressors (or others) are not addressed?*

SAY/DO: Give the group **1 minute** to shout out answers, then *click for next slide animation 7 times* and read each item on the slide.

- Misuse of alcohol, food, caffeine, or other substances
- Too little or too much sleep
- Numbing/Distancing
- Getting easily upset/irritable
- Mental and Physical Health Problems

SAY: *In Module 2 of your **Participant Workbook** there is a handout entitled: **Signs that You are Stressed**. You could refer to this in the future if you like.*

DO: Advance to the next slide

Facilitator Notes:

Slide 11: 15 Minutes

Slide Instructions

SAY: *Now that you have begun to identify how you might be experiencing your stress and responding to trauma, we are going to do a “check-up” of how you are taking care of yourselves.*

Why is it important for us to have routine medical check-ups?

DO: Allow participants to answer the question above. Possible responses might be: Check-ups allow us to make changes in our lives, get extra support or “treatment” for a concern, prevent problems from getting bigger.

SAY: *Just as it is important to have routine medical check-ups, it is also important to check and see how you are currently doing with your own self-care. The purpose of this activity is for you to become more aware of your current self-care strategies. Please turn to the **Compassionate Self-Care Checkup** in Module 2 in the **Participant Workbook**. Answer the questions and score your results. Please note that no one has to share their results with anyone unless they choose to.*

DO: Give parents 5 minutes to complete and score their quizzes and ask parents if any of them wants to share their score and/or reaction to their quiz. Be sure to let individuals know it is okay to not share. This can be a positive bonding activity and depending on the participants and facilitation,



SAY: *If you scored . . .*

- **36-24 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.*

SAY: *As parents, it is important to focus on caring for your children, and that takes time and energy. Taking care of yourself allows you to be able to "recharge" and continue to focus on your children, in particular when you are parenting a child who has experienced trauma. Okay, now that you have become a little more aware of your stress level and how you may or may not be doing a good job taking care of yourselves, let's begin with talking about ways that your child's trauma may impact you. As we begin to talk about this, please remember that before the end of this module, we will be creating a self-care plan.*

DO: Advance to the next slide

Facilitator Notes:

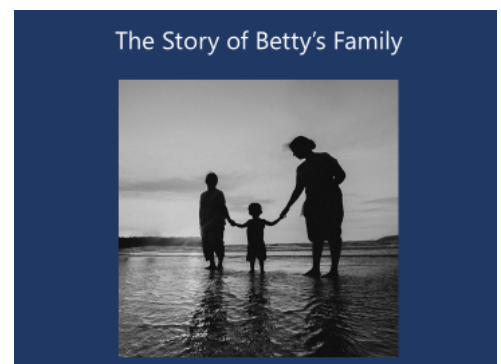
Slide 12: 3 Minutes

Slide Instructions

SAY: *We are going to review the story of one woman, Betty, and her family. We will take a look at how she is impacted not only by her daughter's trauma, but also by her own history of trauma. Please turn to Module 2 in your **Participant Workbook** and turn to **The Story of Betty's Family**.*

DO: Ask for a volunteer to read the following paragraphs of the story. If no one volunteers, a facilitator should read it out loud.

The Story of Betty's Family: *Betty is a 30-year-old woman who has two children, 6-year-old Lily and 10-year-old Josh. Betty is in the process of putting herself through school and is very active in her church. Her children were removed from her care when Lily disclosed that Betty's boyfriend was sexually abusing her. During the first unsupervised visit with Lily in her home after the boyfriend was no longer in the picture, Lily became very upset and didn't want to be in the home. She cried and clung to her mom the entire time. Betty had made Lily's favorite meatloaf, but this made Lily cry more and she begged her mom*



to go to the local McDonalds. Betty did not know what to do, the more she tried to comfort Lily the more upset she became. Betty got very frustrated and told Lily that she needed to stop crying and that she needed to eat the meatloaf.

DO: Advance to the next slide

Facilitator Notes:

Image by [cottonbro](#) from [Pexels](#)

Slide 13: 8 Minutes

Slide Instructions

SAY/DO: Click for next animation and read the first bullet point “*Why do you think Betty is responding the way she is?*”

DO: Elicit participant responses and write the responses on a flip chart

SAY/DO: Click for next animation and read the first bullet point “*What are some of the reasons that Lily is having such a hard time?*”

DO: Elicit participant responses and write the responses on a flip chart

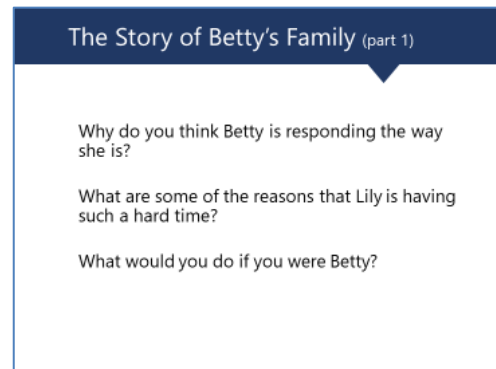
SAY/DO: Click for next animation and read the first bullet point “*What would you do if you were Betty?*”

DO: Elicit participant responses and write the responses on a flip chart

SAY: *Okay, now let’s see what happened next.*

DO: Return to the next part of the story and ask for a volunteer to read the paragraph. If no one volunteers, a facilitator should read it out loud.

The Story of Betty’s Family –The Next Day (part 2): *The next day Betty talked to the caseworker about the visit. She said she couldn’t understand why Lily was so upset. The caseworker reminded her that the abuse had taken place in the house and that maybe being back there was reminding Lily about what happened to her. Betty then 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. Betty had never told anyone about her sexual abuse. She simply put it out of her mind and turned to God. She thought her daughter should just do the same since her approach had worked for many years. The only*



problem was that she noticed recently that all of the feelings and memories about her own sexual abuse were coming back.

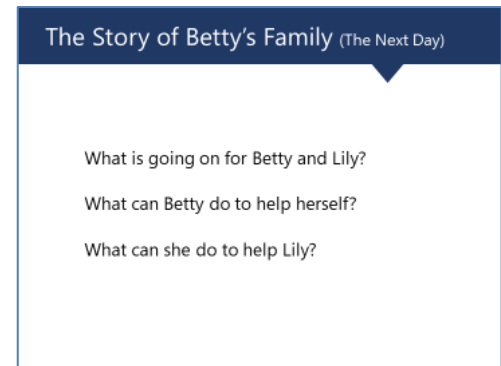
DO: Advance to the next slide

Facilitator Notes: If you have a large group, you could break them up into smaller groups to discuss first and then rejoin the larger group for a report out. Prepare a flip chart ahead of time with the 3 questions on it with space for the answers.

Slide 14: 8 Minutes

Slide Instructions

DO: Click for next animation 3 times for the questions to appear on the slide one at a time. Spend 8 minutes brainstorming answers to these questions (either in small groups or a large group). One facilitator should lead the process of facilitating the groups sharing while the other facilitator writes the various ideas on the board or easel.



SAY/DO:

“What is going on for Betty and Lily?” (Be sure that the following points are touched on during the discussion around the questions)

Lily's behavior has reminded Betty of her own trauma.

Betty is having a hard time separating old feelings about what happened to her from current feelings about Lily.

Betty never worked through her feelings about her own abuse and never wanted to. Just moving on was her way of coping with the trauma so now she would like Lily to cope the same way she did.

Leave room for other answers.

“What can Betty do to help herself?” (Be sure that the following points are touched on during the discussion around the questions)

Acknowledge the connection between Lily's experience and her own history of trauma.

Recognize which feelings belong to the present and which to the past, so she will be less inclined to blame Lily for what she is feeling.

Accept the limitations she has in dealing with the situation. When the situation becomes too emotionally charged, she may need to take a time out for herself.

Reach out for support from her minister, extended family, friends, and/or a counselor or therapist.

Leave room for other answers.

“What can she do to help Lily” (Be sure that the following points are touched on during the discussion around the questions)

Recognize that her approach—putting the trauma out of her mind and just moving on—may not be effective for Lily.

Most trauma experts believe that Lily will have a better life if she can talk about and make sense of what happened to her rather than attempting to just forget and move on.

Support Lily in therapy.

Address her own traumatic history.

Leave room for other answers.

SAY: *The story of Betty and Lily is a powerful example of how a child’s trauma—and reactions to trauma—can serve as a trauma reminder for a parent. It also is a reminder of how important self-compassion and self-care can be. This is particularly true for parents who are involved with the child welfare system. As you can see, this story not only focused on the Lily’s trauma and how it impacted Betty, but also how Betty’s own trauma history contributed to her overwhelming emotions. This is an important part of parenting, and we will be looking into it more in depth in future modules. But for now, let’s talk a little about why it is important to understand this reaction.*

DO: Advance to the next slide

Facilitator Notes:

Slide 15: 2 Minutes

Slide Instructions

SAY: Lily's trauma triggered a response in Betty. This can happen in many ways.

DO: Click for next animation

SAY: As a parent, you may be exposed to your child's trauma through:

What you witnessed when your child's trauma took place or in the aftermath of the trauma

What your child tells you or says in your presence

Your child's traumatic play, drawings, or other representations of the trauma

Observing your child's reaction to trauma reminders

Media reports, case reports, medical records, in other documents that detail the trauma

Or in other ways

SAY: *This can be hard, impactful, and very stressful. It is so important to practice self-compassion with yourself in response!*

DO: Advance to the next slide

Facilitator Notes:

The slide has a red header with the title "Stress and Exposure to Child's Trauma". Below the header, the text reads "You may be exposed to your child's trauma through:" followed by a bulleted list of five items: "What you witnessed or what happened afterwards", "What your child says", "Your child's traumatic play, drawings, or other representations of the trauma", "Your observations of your child's reactions", and "Media reports, records, etc.".

Slide 16: 6 Minutes

Slide Instructions

SAY: *Parents may have a lot of thoughts and feelings about their child's trauma ([click for next animation 7 times](#)) and read each:*

- *"I should have known what was happening."*
- *"I should have been able to stop it."*
- *"My child will never be able to heal."*
- *"I will never be able to heal."*
- *"My child will never trust me again."*
- *"I won't be able to be a good parent."*
- *"I feel guilty, ashamed, hopeless, afraid and/or angry"*



DO: Pause to see if anyone has a comment, then [Click for next animation](#) and

SAY: *It is normal to have these reactions, and important to work through them . . .*

DO: [click for next animation](#) (keep image up for rest of this slide presentation).

SAY: *Exposure to your child's traumatic experience can actually cause you to experience the same symptoms associated with traumatic stress, such as:*

- *re-experiencing the trauma in the form of intrusive images you can't get out of your mind*
- *becoming jumpy or nervous*
- *finding it hard to concentrate*
- *having nightmares about the trauma*
- *insomnia, or fear of going to sleep because you don't want to dream about your child's experiences*
- *becoming emotionally numb or withdrawn*
- *shut down to avoid thinking about the traumatic experiences*

SAY: *When you develop your own traumatic stress because of exposure to your child's trauma, you may:*

- *lose perspective,*
- *identify too closely with your child so that you cannot operate effectively as a parent*
- *respond inappropriately or disproportionately to your child (for example, you may attempt to protect your child from any possible trauma reminders)*
- *feel the need to withdraw and disengage*
- *do anything to avoid further exposure (for example, you may not want to be alone with your child for fear he or she will talk about the trauma)*

DO: Advance to the next slide

Facilitator Notes:

Image by **Cocoparisienne** from **Pixabay Free**

Slide 17: 1 Minute

Slide Instructions

SAY: *Additionally, this could lead you to:*

- *change your worldview*
- *feeling hopeless or helpless*
- *feel angry at the world, other caretakers, society, or even a higher power (e.g., God/Allah, spirits, gods, etc.)*
- *feel separated from others and disconnected from your loved ones because of what you've experienced.*



DO: Advance to the next slide

Facilitator Notes:

Image by **AlexasFotos** from **Unsplash**

Slide 18: 3 Minutes

Slide Instructions

SAY: *So, now that we have discussed how many parents are affected not only by "normal" parenting stress but also by their children's trauma and their own trauma history, we will begin to focus on what can be done to mitigate that stress.*

Before you begin creating a self-care plan, let's first review some self-care basics.

As you create your self-care plan, please keep this in mind so that your plan is both useful and doable.

SAY/DO: Click for next animation 4 times, reading and explaining each of the following:

1. **Intentional Commitment:** *Making a commitment increases the likelihood that you will actually be able to carry out your plan. For example, "I am committing to getting at least 7 hours of sleep a night this week." Even small intentional steps count!*
2. **Thoughtful Planning:** *Many self-care behaviors require a little planning ahead of time and making sure that what you plan is something that you can achieve. You might be thinking that*



you don't have time to plan anything but remember that these behaviors are beneficial to your psychological and physical health and will make you feel more energized throughout the day.

3. **Consistent Practice:** *Practicing on a regular basis - Remember, you have to actually do the self-care behaviors for them to work!*
4. **Self-Compassion:** *Thinking about yourself compassionately! Revisit some of these concepts from earlier. Shaming ourselves or others into self-care can have a rebound effect.*

DO: Advance to the next slide

Facilitator Notes: It is really important to remain positive, encouraging, and compassionate as you talk about this. This content can be very difficult for participants, and it is critical that you don't unintentionally blame participants for not having practiced self-care previously.

Slide 19: 7 Minutes

Slide Instructions

SAY: *Let's identify some compassionate self-care behaviors that you have used or that you have seen others use!*

DO: Facilitate a large group brainstorm for **5 minutes** with one facilitator capturing self-care behaviors on the easel or whiteboard.

SAY: *Please turn to Module 2 in the **Participant Workbook** and find **Compassionate Self Care Behaviors**. Here are a few more ideas (note that some of these may have already been captured by the group)*

DO: Ask for a volunteer to read the list of *Compassionate Self-Care Behaviors*. If not volunteer, please have one facilitator read the list from the workbook. **(2 minutes)**

- **Sleep:** *Get enough sleep most nights; for some folks this is six hours a night, for others eight.*
- **Healthy diet:** *Eat a healthy, balanced diet, including breakfast. Try to avoid eating on the run, behind your desk, or in your car.*
- **Regular exercise:** *Get some form of regular physical exercise.*
- **Reduce or eliminate alcohol:** *Use alcohol in moderation, or not at all.*



- **Take breaks:** Take regular breaks from stressful activities. Remember, nonstop parenting can be a stressful activity. Find a way, somehow, every day, to have at least a few minutes to yourself.
- **Laugh** every day.
- **Express yourself:** If you're feeling frustrated, sad, or angry, be honest about your emotions before they get out of control. Tell your children or spouse calmly that you are angry before you fly off the handle. Express the positive, as well, by making time to engage in something that you love, such as a craft, a game, writing, painting, a sport, etc.
- **Let others take care of you:** It's okay to ask for help and let someone else do something to take care of you.
- **Value your own time and priorities:** Politely decline invitations to events that you have no interest in attending.
- **Write in a journal:** Find some way to express your emotions that is safe and confidential and can help you make sense of them before sharing them with others.
- **Practice meditation or mindfulness:** Even taking 2 minutes to check-in on your breathing and to focus on being present in the moment can help us in managing challenging feelings and letting them go.
- **State affirmations to yourself in the mirror:** It may be hard at first but be sure to take some of the affirmations that we come up here and say them to yourselves every morning in front of a mirror. You'll be surprised how that can make your whole day better.
- **Listen to your favorite music:** Music can help calm us down or give us an opportunity to express our emotions in a healthy way.
- **Treat yourself to something you love to do:** It doesn't matter what it is, it might be a 5-minute walk in nature or drawing a picture but take the time to do things that you enjoy.
- **Learn something new:** So often we get into a pattern where we keep doing the same things over and over again because they are familiar to us. When we learn something new- we activate a different part of our brain and might be surprised to learn that we have talents we didn't know about!

SAY: Consider some of the self-care behaviors as your get ready to write you own self care plan. Some of these may seem like "little things," but these little things can lead to big changes. Taking care of yourself can make it easier to face the challenging things.

DO: Advance to the next slide

Facilitator Notes: Refer participants to the Participant Workbook for Self-Compassionate Beliefs and Strategies for Self-Compassion information.

Image by **Max van den Oetelaar** from [Unsplash](#)

Slide 20: 1 Minutes

Slide Instructions

SAY: *At the beginning of this module, we talked about the importance of self-compassion and taking care of ourselves. Now that we've looked at just how stressful caring for a child who has experienced trauma can be, we're going to work on creating individualized plans for managing that stress.*

*The goal of the self-care plan is to help you **maintain a balance** between work and relaxation, and between your commitments to others and to yourself. It should include activities that you do **purely for fun**. It should also include a **regular stress management** approach, such as a physical activity you enjoy, meditation, yoga, prayer, or something similar.*

Let's take a moment right now to develop a written plan for making a commitment to taking care of yourself.

DO: Advance to the next slide

Facilitator Notes:



Slide 21: 7 Minutes

Slide Instructions

SAY: *Please turn to the Module 2 in the **Participant Workbook where** you will find **My Compassionate Self-Care Plan** worksheet. Please complete the first three parts do NOT fill out the "Who Is My Support?" section yet.*

Be sure that these are things that you really enjoy and can realistically do. Think about how they might connect with the Green, Yellow, and Red Zones that you completed last week, so you can be sure to think of things that will help you get out of that red zone when your stress level is high.

DO: Facilitators should walk around the room and assist anyone that may seem to be stuck. Allow **5 minutes** for this activity.

DO: Advance to next slide

Facilitator Notes: Make sure to clarify that the self-care plan should not add to their stress. Be prepared to respond to participants that currently do not feel as though their reality allows for space/time to practice self-care.

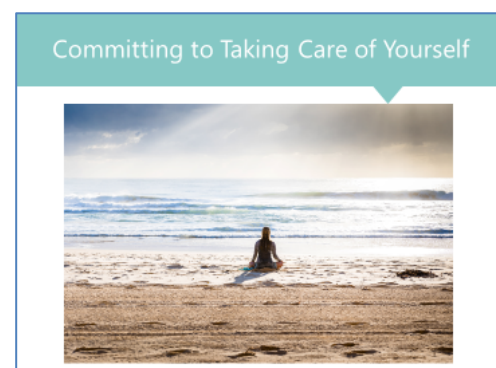


Image by **Simon Rae** from **Unsplash**

Slide 22: 6 Minutes

Slide Instructions:

SAY: *The 4th and final part of your Compassionate Self Care plan is to look at your support systems. It is important to know who your support systems are when things get stressful - This could be friends, family, neighbors, members of your church, therapists, counselors, or others. We all need a strong support system in order to be our best.*

Please fill out the section of your self-care plan on who you can talk to when you are feeling stressed out, overwhelmed, or having a hard time.

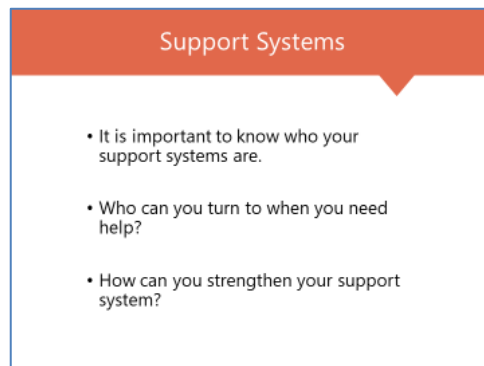
If you feel like your support system is not as strong as it could be, add information on what you might need to do to strengthen it (e.g., connect with more friends, ask for a referral to therapy, etc.).

DO: One facilitator times the 4th section (**5 minutes**) while the other facilitator walks around and answers questions and/or assists participants as needed. When the time is up, you can continue:

SAY: *When you came in here today, you already had resources for taking care of yourself, but hopefully, as a result of this discussion, you've discovered a few more options for self-care and support. Be sure to post your self-care plan somewhere where you can see it, and where it can serve as a reminder of your commitment to taking good care of yourself and your children*

DO: Advance to the next slide

Facilitator Notes: Some participants will not have supports that they are able to identify. Be prepared to create a space where participants won't feel ashamed or embarrassed to name that they are unable to identify supports. Create an opportunity to explore and identify possible supports that might be options (maybe not currently utilized) especially utilizing the community resources in the next slide.



Slide 23: 15 Minutes

Slide Instructions:

DO: Allow for **5 minutes** for this following whole group discussion; using facilitator discretion about asking some or all questions.

SAY:



- *What was it like to take some time to think about the caring of “you”?*
- *Was it easy or difficult? Explain?*
- *What are some ways that you can try to ensure that you follow through with your self-care plan?*
- *What would be the benefits of following through with your self-care plan?*

DO: Depending on group size and your assessment of their comfort level with each other, do one of the following things to provide an opportunity for participants to share their plans (allowing for participants to pass from this activity):

1. Divide the class up into pairs for a “pair and share”
2. Go around the room, allowing each participant the opportunity to share part or all of their self-care plan
3. Go around the room and ask each participant to share with the class one thing from their plan that they will attempt to do in the coming week

Allow **8 minutes** for this activity. It provides a way for participants to be supportive and accountable to each other.

DO: Advance to the next slide

Facilitator Notes:

*Image by **Min An** from **Pexels***

Slide 24: 5 Minutes

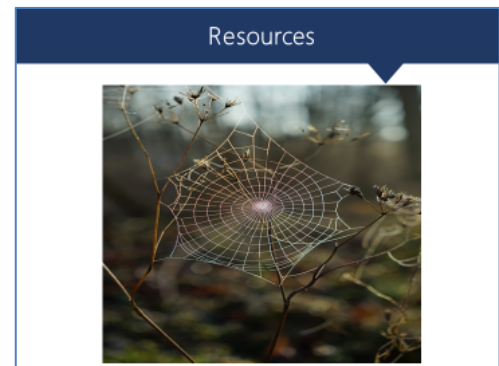
Slide Instructions

SAY: *It is important to remember that we all need support at times. In addition to the individuals that you have already identified as supports in your life, there are quite a lot of resources available to parents in our community.*

DO: Point participants to Module 2 in the **Participant Workbook** for a short list of self-care resources. If you have a handout with local resources available, pass that out to participants at this time. Allow participants a couple of minutes to review the resources.

SAY: *Does anyone else have any useful resources that you are aware of that you would like to share with the group?*

DO: Advance to the next slide



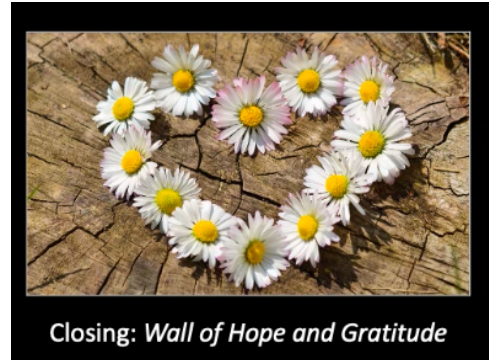
Facilitator Notes:

Image by **Robert Anasch** from **Unsplash**

Slide 25: 10 Minutes

Slide Instructions

SAY: *We have covered a lot of ground today – your mind might be swirling with all kinds of thoughts and ideas OR you might be having some emotions and feelings OR you might have bodily sensations or responses to all that we have discussed today. Or maybe you are experiencing all three at once. These are all common responses.*



We are going to take a few minutes of silence. During this time, you may do any of the following things:

- *Take note of what you are thinking and feeling and to what you are experiencing in your body*
- *Reflect on what you have learned today and how you might apply some of it to your life.*
- *Practice mindfulness or meditation or silent prayer*
- *Just sit quietly*

DO: Set a time for **2 minutes**. It is important that the facilitators sit quietly too. Now is not the time to tidy the classroom or read your notes or do anything other than joining the class in your OWN self-reflection. Once 2 minutes have passed you can begin the closing activity.

SAY: *We are now going to begin our closing activity. Please find a couple of sticky notes and a pen/pencil. Take a minute to write down what your **Hopes or Intentions** are for the coming week. Once you have written it down, you will have the opportunity to add it to our **Wall of Hope and Gratitude**. You can write more than one.*

DO: Give participants **2-3 minutes** to write their Hopes or Intentions down. Don't have them put them on the flip chart yet.

SAY: *Now find some more sticky notes and write down any **Appreciations or Gratitude** that you have toward yourself or anyone in this class. You can write more than one.*

DO: Give participants another **2-3 minutes** to write down their Gratitude or Appreciations.

SAY: *Now take all of your sticky notes and add them to the **Wall of Hope and Gratitude** on the flip chat in the classroom. If you would like to easily remember your own Hopes or Intentions – you can re-write it in your Participant Workbook or take a picture of it with your phone. When you are finished putting up your notes, please return to your seat.*

DO: Allow **1 minute** for everyone to add their sticky notes to the wall and return to their seats.

SAY: *As you leave class today, please take a moment to read what others have posted on the wall before you head out. Notice how it felt to write your notes AND what it feels like to read what others wrote. After you read through the notes you are welcome to leave class. At the beginning of our next class we will re-read the **Wall of Hope and Gratitude**.*

Thank you for attending class and we look forward to seeing you next time!!

Facilitator Notes:

Module 3

Slide 1: 0 Minutes

Slide Instructions: The purpose of this slide is to provide the course facilitator with information to prepare for this module. Don't show this slide to the class participants. The module content is timed to take 2.5 hours, but it is suggested that a total of 3.0 hours as set aside for teaching this module to include time for later start, breaks, and/or sharing a meal.

BPC: Navigating Trauma
Across Generations

Facilitator Prep Slide

Module 3: Trauma 101

Materials needed for ALL modules

- Facilitator Guide
- Participant Workbook
- Projector and associated cables
- Internet access
- Name tags
- Sign in or attendance sheet
- Evaluations specific to each module (optional)
- Pens/pencils for participants
- Paper, index cards or sticky notes for participant use
- Tissue boxes
- Flip chart paper, easel and markers OR whiteboard and markers OR chalkboard and chalk
- **Group Agreements** – written out on flip chart for Mods 2 - 10
- The **Wall of Hope and Gratitude** from all previous classes

Prep for THIS module:

- Check and Pre-load any videos that will be shown in class today – cue the video up to start after any advertisements (if the video is from YouTube)
 - "The Science of Resilience"
 - Other Prep:
 - N/A
- Other materials specific to this module:
 - N/A

Participant Workbook Items covered in this module

- Javier's Story
- Trauma and Loss Inventory – Not for use during class
- *Child Traumatic Stress: A Primer for Parents in your Participant Workbook* – not for use during class
- *Tips for Being a Fabulous Trauma-Informed Parent* – not for use during class

Overview of Module:

1. Welcome
2. Mindful Moments
3. Group Agreements
4. Review of previous week
5. What You Will Learn
6. Types of Trauma
7. How Individuals Respond to Trauma
8. What You Might See: Reactions to Trauma
9. Javier's Story
10. The Science of Resilience video
11. Wall of Hope and Gratitude

Slide 2: 5 Minutes

Slide Instructions

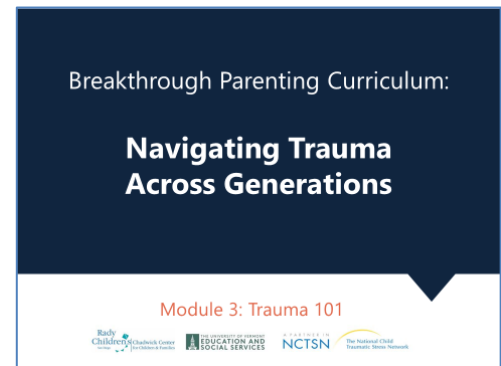
DO: Have this slide showing as people arrive in the classroom. Warmly welcome participants to the class and share any brief logistical information – Let them know this week's module title. After everyone has arrived and is settled, you can begin.

SAY: *Our last class ended with folks adding **Hopes and Intentions** for themselves as well as **Gratitude and Appreciations** for each other. Let me read what people wrote to remind us of the journey that we are all on.*

DO: Read what is on the **Wall of Hope and Gratitude**. Be thoughtful about reading this in a way that is soothing and attempts to bring participants back to a place of connection.

DO: Advance to the next slide

Facilitator Notes: You might want to group sticky notes with hopes/intentions in one spot and gratitude/appreciation in another OR if there are any themes. Depending on how much people write each week – you might need to add additional flip charts.



Slide 3: 4 Minutes

Slide Instructions

SAY: *Please get comfortable in your seat and take a couple of deep breaths. If you like, you may close your eyes. If you don't feel comfortable closing your eyes – just look down. We are going to listen to a couple of minutes of sounds from nature. Please use this opportunity to relax and focus only on the sounds that you hear. Let your thoughts just pass by.*

If you feel lightheaded, dizzy, or anxious, you can stop the exercise and return to your awareness of the sounds, sensations, and colors in the room.

DO: [Click to the next animation](#), opening the slide with links to audio/videos. Play either of these short videos (you are only using it for audio). After the audio finishes, pause for a moment before continuing with the class. Or use these links: [Bird audio](#) and [Ocean audio](#)

DO: Advance to the next slide

Facilitator Notes: Some forms of mindfulness can be triggering to some people. Make sure that you are give people space to opt out of any mindfulness activities.

Image by **Lexi Hu** from **Unsplash**

[Bird audio](#) (**Philip Aldridge**)

[Ocean audio](#) (**blowit1**)



Slide 4: 3 Minutes

Slide Instructions

DO: Post your class **Group Agreements** on a wall and do a brief review of them as a reminder of how the class participants are holding space for each other.

DO: Advance to the next slide

Facilitator Notes: Image from **gographic.com**



Slide 5: 10 Minutes

Slide Instructions

SAY: *In the last module we covered the following topics:*

- *Identified the importance of parents practicing compassionate self-care*
- *Increased our awareness of parental reactions to trauma including trauma reminders*
- *Identified the warning signs of stress*
- *Developed a compassionate self-care plan*



DO: Ask the following question: *Would anyone like to share if/how you were able to practice self-care since our last class?*

DO: Advance to next slide

Facilitator Notes: Depending on group size and/or connection between participants, you could ask each member to answer the question (with option to pass) or ask for a few volunteers or a pair and share with a few reporting back to the whole group. This quick round of check in allows connection between last module’s content and this week’s as well as allows for participants to ground/reground themselves.

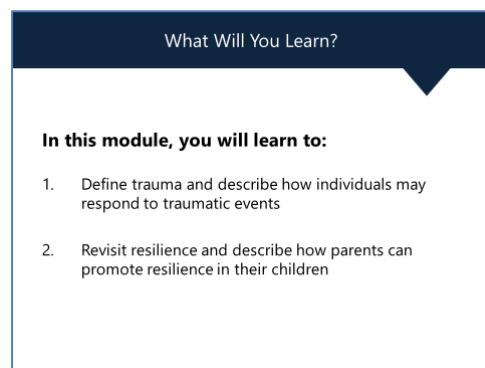
Image from **Unsplash**

Slide 6: 2 Minutes

Slide Instructions

SAY: *In this module, you will learn to:*

1. *Define trauma and describe how individuals may respond to traumatic events*
2. *Revisit resilience and describe how parents can promote resilience in their children*



As we go through this module, please keep in mind that each family is unique in their experience with trauma. There are many challenging factors that can impact parenting and negatively affect children. It is important to learn about trauma, not so that you feel judged, guilty, or ashamed, but rather so you can feel empowered as a parent to make the decisions that will help your child grow into healthy, happy, adults and keep them safe from any harm in the future. It is common for people to feel uncomfortable or anxious when talking about trauma and how it affects children and adults.

Please remember to be aware of your yellow and red zones from Module 1 of your **Participant Workbook**) and to refer to your compassionate self-care plan (in your **Participant Workbook**) for ways to de-stress during and after the session. Also, please know that if you need a break, you are free to leave the room for few minutes at any time.

DO: If participants need a reminder of the Zones:

Green: Go, it's safe to continue

Yellow: Be a little careful and alert - it can turn red any second

Red: Stop, this can be harmful or dangerous

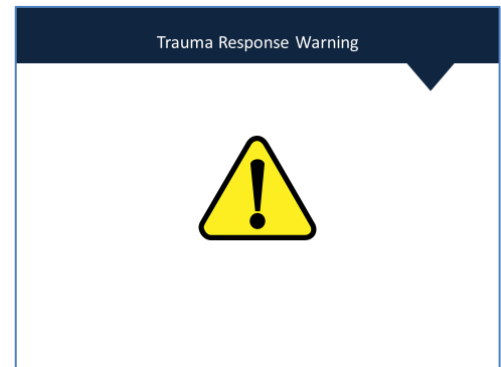
DO: Advance to Next Slide

Facilitator Notes:

Slide 7: 2 Minutes

Slide Instructions

SAY: Throughout this course there is content that may activate a trauma response in you. To help prepare you for this, this symbol will be shown when there is content that might be more emotionally challenging to hear. When this symbol appears, feel free to take space or check-in with your support systems as needed. Remember that you can always step out of the room for a break if needed.



DO: Advance to the next slide

Facilitator Notes:

Image by **David Rock Design** from **Pixabay Free**

Slide 8: 2 Minutes

Slide Instructions

SAY: *Two weeks ago, we spoke about what trauma was. As a reminder, trauma occurs when an individual experiences an intense, recurring, and/or prolonged event (or events) that threatens or causes harm to their emotional and/or physical well-being. As you may remember trauma is different from stress. A trauma experience is one when you perceive that your life (or someone else's) is in danger.*

There are different types of trauma which we will review in the next few slides.

*In Module 3 of your **Participant Workbook** there is an article entitled: **Child Traumatic Stress: A Primer for Parents**. You may want to refer to this after class for additional information.*

DO: Advance to the next slide

Facilitator Notes:

*Image from **Pexels Free***

Slide 9: 4 Minutes

Slide Instructions

SAY: *Acute trauma is a single event that lasts for a limited time while chronic trauma is an experience that encompasses traumatic events over a long period of time.*

DO: [Click to next animation](#)

Examples of acute trauma include:

- *Being in a car accident or being bitten by a dog*
- *Witnessing (or being a victim of) a school shooting, a crime, or gang violence*
- *Going through a natural disaster like a tornado*
- *A physical or sexual assault*

Even during a brief traumatic event, a child can go through a bewildering number of feelings, thoughts, and physical responses as he or she reacts to the danger and thinks of how to find safety. Certain moments during the event—such as the dog baring its teeth or the bad guy pointing his gun—can stick in



a child's mind as the worst or scariest. Children gauge the seriousness of an event by parents' and other adults' responses. For example, one little girl said that the scariest part of a hurricane was seeing her mother crying in fear.

DO: [Click to next animation](#)

SAY: Chronic trauma can mean recurrent traumatic events of the same kind (such as physical abuse, sexual abuse, or domestic violence) OR the experience of many different traumatic events—such as a child who has seen a violent fight between his parents (domestic violence), and later gets hurt in a drive-by shooting, and then has to spend weeks in the hospital undergoing frightening medical procedures.

Even in cases of chronic trauma, such as physical abuse, there may be particular events that stand out as especially terrifying. For example, one little girl couldn't stop thinking about "the night Mommy was so drunk I was sure she was going to kill my sister" or "the time Daddy was screaming at people who weren't there."

The effects of chronic trauma build on each other. The brain and body of a child who has experienced chronic trauma for years may respond differently to a scary event than a child who has not experienced trauma.

Children who have experienced a series of traumas may become more overwhelmed by each event that follows and more convinced that the world is not a safe place.

DO: Advance to the next slide

Facilitator Notes:


Slide 10: 3 Minutes

Slide Instructions

SAY: The effects of trauma may be more complicated when trauma is caused by the people children depend on for survival and safety. The term **Complex Trauma** is used by trauma experts to describe a specific type of trauma and its effect on children and their development.

Complex Trauma Occurs When:

1. The child is younger than age 5
2. There are multiple traumatic experiences
3. The trauma is caused by adults who are responsible for caring and protecting the child



Complex trauma occurs when:

DO: *Click to next animation 3 times, reading each point on the slide*

SAY:

1. *The trauma happens when the child is very young (typically younger than age 5)*
2. *There are multiple traumatic experiences (both chronic and acute)*
3. *Caused by adults (often parents) who are responsible for caring for and protecting the child.*

SAY: *Chronic physical and sexual abuse are two kinds of traumatic experiences associated with complex trauma.*

DO: Advance to the next slide

Facilitator Notes:

Trauma Response Warning: *Make sure to check-in with participants and encourage them to check-in with their support systems as needed. Remind participants that they can step out of the room for a break if needed.*

Slide 11: 8 Minutes

Slide Instructions

SAY: We are now going to talk about other types of trauma.

DO: [Click to next animation](#)

SAY: *The term Historical Trauma results from prolonged events or experiences that have an impact across generations within a group or community. It includes major losses and assaults on culture and well-being such as slavery, removal from homelands (i.e.: Indigenous People), relocation/displacement, massacres, genocides/ethnocides (holocaust), and cultural and racial oppression.*

DO: [Click to next animation](#)

SAY: *The term Intergenerational Trauma refers to trauma that affects one family across two or more generations. The traumatic experiences and events can be transmitted from one generation through family norms, beliefs, habits, etc. Let me give you an example:*

DO: [Click to next animation](#)

SAY: *When you look at this image what is your reaction – how does it make you feel? What is the first thing that comes to your mind?*

DO: Allow time for a few responses

SAY: NOW imagine your mother survived a tsunami and told you multiple stories about this when you were a child – how might you react to this image?

DO: Allow time for responses – noting that something (such as a beach scene) that elicits feelings of happiness or serenity in one person might trigger fear or sadness in someone with historical or intergenerational trauma.

DO: Advance to the next slide

Facilitator Notes: This is a really big topic, and we want to acknowledge that historical trauma impacts many if not all of the people in the room. Acknowledge that we are just touching on this topic. You might have a wide range of reactions from participants in the class when speaking about historical trauma. Individuals who identify as white might not identify with having experienced historical trauma. The book "My Grandmother's Hands" by Resmaa Menakem is a great resource to learn and explore historical trauma.



Image by **PublicDomainPictures** from **Pixabay** AND **Fallon Michael** with **Unsplash**

Slide 12: 2 Minutes

Slide Instructions

SAY: *The term Racial Trauma refers to the stressful impact or emotional pain experienced as a result of witnessing or experiencing racism, micro-aggressions, discrimination, or systemic racism. Racial Trauma can contribute to cumulative and systemic challenges faced by individuals and groups who have also experienced historical trauma.*

DO: Advance to the next slide

Facilitator Notes:

Image **Ehimetalor Akhere Unuabona** from **Unsplash**



Slide 13: 6 Minutes

Slide Instructions

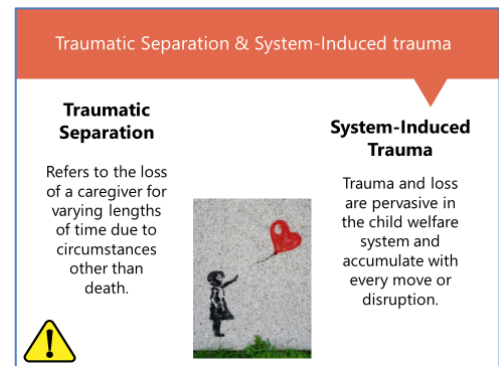
SAY: *Traumatic Separation and System-Induced Trauma are two types of trauma that impact many families who are or have been involved with the child welfare system.*

DO: [Click to next animation](#)

SAY: *The term Traumatic Separation refers to the loss of a caregiver for varying lengths of time due to circumstances other than death. It can also apply to other close relationships, such as those with grandparents and siblings. It is often accompanied by subsequent stressful events or traumatic experiences (e.g., entry into foster care).*

DO: [Click to next animation](#)

SAY: *Trauma and loss are pervasive in the child welfare system. The losses continue to accumulate with removal, placement changes, educational disruptions, cancelled visits, sibling separations, etc. Children,*



youth, and families face further threat of harm due to impermanency, fears of rejection, and uncertainty. This is called System-Induced Trauma.

SAY: In Module 3 in your **Participant Workbook**, there is a **Trauma and Loss Inventory**. At some point, it may be helpful for you to complete this inventory to understand the different types of trauma you and your child or children have experienced. Including the age at which your child experienced each trauma can help you understand how trauma exposure may have impacted his or her development.

We acknowledge that it can be difficult to think about your children's traumas. We acknowledge that many individuals in this room may have experienced one more of the many types of trauma we have discussed here; and are involved in systems that can be re-traumatizing. **We encourage you to use your Compassionate Self-Care Plan as well as your support systems.**

DO: Take a moment for participants to open to the "Trauma and Loss Inventory" to become familiar with what it is and where it is, NOT to complete it now.

DO: Advance to the next slide

Facilitator Notes:

Trauma Response Warning: Make sure to check-in with participants and encourage them to check-in with their support systems as needed. Remind participants that they can step out of the room for a break if needed.

Slide 14: 5 Minutes

Slide Instructions

DO: Click to next animation

SAY: Before we talk about whether neglect is traumatic, it is important to say that poverty is not the same as neglect. Many families with difficult economic situations take very good care of their children and do not neglect them. However, living in poverty can make it difficult to meet all of a child's basic needs.

The slide content is displayed in a white box with a dark blue header. The header text is "Types of Trauma: What About Neglect?". Below the header is a bulleted list of five points.

- Poverty is not neglect
- Not providing for a child's basic needs
- Perceived as trauma by an infant or young child who is completely dependent on adults for care and survival
- Opens the door to other traumatic events
- May reduce a child's ability to recover from trauma

Neglect of a child is not always intentional, however the impact on a child can be significant and they may need to live elsewhere until the situation at home improves.

DO: [Click to next animation](#)

SAY: *Neglect is defined as not providing for a child's basic needs. Child neglect can mean not providing:*

- *Food, clothing, shelter*
- *Medical or mental health treatment or not giving prescribed medicines the child needs*
- *Education*

Neglect can also be exposing a child to dangerous environments (domestic violence; drug paraphernalia; criminal activity). Also not providing adequate supervision for a child, including putting the child in the care of someone incapable of caring for them. Finally, it includes abandoning a child or expelling him or her from home.

DO: [Click to next animation](#)

SAY: *If you think of neglect as just the absence of something good, it may not seem that traumatic. But it is perceived as trauma by an infant or young child who is completely dependent on an adult for care and survival. To a child who is completely dependent on an adult for care, being left alone in a crib in a wet and dirty diaper, suffering from the pain of hunger, and exhausted from hours of crying; neglect feels like a threat to survival.*

DO: [Click to next animation](#)

SAY: *For older children, not having proper care, attention, and supervision can open the door to other traumatic events such as accidents, sexual abuse, and community violence.*

DO: [Click to next animation](#)

SAY: *Neglect can also make children feel abandoned and worthless and reduce a child's ability to recover from other traumatic events.*

DO: Advance to the next slide

Facilitator Notes: Be aware of possible unintentional blaming that might be experienced due to poverty.

Slide 15: 15 Minutes

Slide Instructions

DO: Content in this module so far has been heavy. Use this time to assess how your group is doing and consider whether or not they need to take a break and/or to have a conversation using some/all of the following questions. It is possible that some participants are feeling shame/guilt after reviewing this material.



SAY: *Let's PAUSE for a moment. The information in the last few slides, discussing the various types of trauma may be difficult to hear or think about. You, your children and/or families may have experienced some or many of these.*

DO: Possible group questions (this could be whole class or break up into smaller groups). Participants don't necessarily need to have an answer to each question. They may want to answer these questions to themselves or perhaps there is 1 or 2 volunteers who want to answer the questions. Make sure that you validate any response that participants may have.

Does anyone have a question or response to this material that they want to share?

Was any of this new information to you?

*Please take a moment to look go to Module 1 in your **Participant Workbook** and look at the Feelings Faces Chart or the Emotional Wheel. What are you feeling right now?*

*Please take a moment to look go to Module 1 in your **Participant Workbook** and look at the Stress Continuum: Green, Yellow and Red Zones. Which zone are you in? What do you need to do to move closer to Green?*

DO: Give participants a couple of minutes to share any feelings or questions related to this information. If your group hasn't used the full time for this discussion, you can suggest a brief break.

DO: Advance to the next slide

Facilitator Notes:

Image by [OpenClipart-Vectors](#) from [Pixabay](#)

Slide 16: 5 Minutes

Slide Instructions

SAY: *Now that we have identified the various types of trauma – What are your thoughts about how might people, both children and adults, react or respond to trauma?*

DO: Take a minute to hear 2-3 answers and write them up on a board.

SAY: *Trauma can have profound effects on an individual's healthy physical and psychological development.*

DO: Click to next animation 5 times, reading each item as it appears

SAY: *Long-term trauma can interfere with healthy development and affect an individual's:*

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

Repeated traumatic experiences, particularly in very young children, can alter crucial pathways in the developing brain. Over time, a child who has felt overwhelmed repeatedly may have reactions that seem bigger than other children's responses to minor everyday stresses.

DO: Advance to the next slide

Facilitator Notes:

How Individuals Respond to Trauma

Long-term trauma can interfere with healthy development and affect an individual's:

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

Slide 17: 10 Minutes

Slide Instructions

SAY: *Individuals who have been through trauma may show a range of symptoms that are called “traumatic stress reactions.”*

DO: *click to next animation*

SAY: *These reactions are grouped into four categories.*

1. *Hyperarousal*
2. *Re-Experiencing*
3. *Avoidance and Withdrawal*
4. *Negative Alterations in Cognition and Mood*

We will review them one at a time.

1. The first one is **“Hyperarousal”** (*click for next slide animation*)
 - *Hyperarousal means that the person is nervous, jumpy, or quick to startle.*
 - *Think of this like being in a car accident and then every time you are driving you feel jumpy and anxious and are on high alert because you are afraid of getting into another accident.*
2. The second one is **“Re-experiencing”** (*click for next slide animation*)
 - *This means that images, sensations, or memories of the traumatic event keep coming uncontrollably into the individual’s mind. This is what people commonly call flashbacks. But re-experiencing may not be as dramatic as being thrust back into the scene—it may be more subtle.*
 - *For example, a child that witnessed domestic violence may have memories of the fighting pop into his or her head during school or when trying to go to sleep.*
3. The third one is **“Avoidance and Withdrawal”** (*click for next slide animation*)
 - *This means that the individual feels numb, frozen, shut down, or separated from normal life. They may pull away from friends and activities, even those they used to enjoy. Sometimes people withdraw to avoid any reminders of the traumatic event.*
 - *There is an article called “Child Traumatic Stress: A Primer for Parents” in Module 3 of your **Participant Workbook** that you can read later to review this material on child trauma.*
4. The final traumatic stress reaction is **“Negative Alterations in Cognition & Mood”** (*click for next slide animation*)
 - *It is not only the memories of the traumatic events that impact individuals, but also the negative thoughts and feelings that they have about the trauma. Individuals who think*

How Individuals Respond to Trauma

Traumatic Stress Responses

1. Hyperarousal
2. Re-Experiencing
3. Avoidance/Withdrawal
4. Negative Alterations in Cognition & Mood

that they are to blame for the trauma will likely feel shame and guilt anytime they think of or are reminded of the trauma.

- *This often contributes to their distress and increases their tendency to avoid anything that reminds them of the trauma.*
- *Negative thoughts about the trauma, which might include self-blame, thinking that they are “bad,” thinking that they can no longer trust people, and/or thinking that the world is a dangerous place.*
- *It can include trauma-related feelings, such as anger, loneliness, fear, shame, and/or guilt*

SAY: *The last few slides have covered the various responses that an individual who has experienced trauma might have. These things may be true for you or your child or both of you. Some parents may find this information overwhelming, sad or upsetting to think about. Others find this information validating as it helps them make a connection between the trauma their child experienced and the emotions and behaviors they have witnessed.*

Is this true for anyone?

DO: Allow for **5 minutes** of discussion – use your discretion as the facilitator about whether your class would benefit from being broken up into small groups for this discussion or whether the whole class should discuss this together. Make sure to validate concerns and/or provide additional information. Note to the class that understanding these responses is part of then learning how to practice self-care when they arise for themselves AND finding new ways to understand, support and respond to their children.

DO: Advance to the next slide

Facilitator Notes:

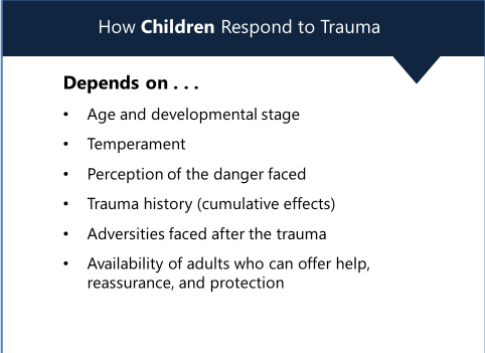
Slide 18: 7 Minutes

Slide Instructions

SAY: Every child reacts to trauma differently depending on factors such as:

DO: Click to next animation 6 times and read each bullet point

- *The child's **age and developmental stage***
- *The child's basic **temperament**. Some children are more fearful, more sensitive; others are more even-tempered, harder to upset*



How **Children** Respond to Trauma

Depends on . . .

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

- The child's **perception** or understanding **of the danger faced**
- The **cumulative effects from trauma**, in that, the more trauma in a child's history, the harder it may be to cope with any new traumatic event.
- **What happens after the traumatic event?** If the child's life returns to normal and the child feels safe, recovery from the trauma may be easier. Think, for example, about what happened to the thousands of children displaced by Hurricane Katrina. In addition to the trauma of going through a hurricane and subsequent flooding, many of these children lost their homes, their neighborhoods, their friends, and their schools. The initial trauma of the hurricane was made much worse by the many terrible things that followed.
- **An available and loving adult** is often the most important factor in a child's recovery from trauma since a caring adult provides safety, reassurance, guidance, and protection that can help a child recover.

Additionally, children are also impacted by racial, historical, and intergenerational traumas that have impacted their family.

DO: Advance to the next slide

Facilitator Notes: Please refer to the participant workbook for additional information about reactions to trauma reminders.

Slide 19: 3 Minutes

Slide Instructions

DO: Ask for a volunteer to read the quote. If no one volunteers, one facilitator should read the slide aloud.

Quote: *"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."

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

- C. M.

Youth Communications. (2003, September/October). My body betrayed me. Represent: The Voice of Youth in Care. Available at <http://www.youthcomm.org/story/d/fCYU-2003-09-24.html>

SAY: *Some children, like this young girl, dissociate when they are physically or sexually abused, so that the event seems to be happening outside of themselves. This is a helpful or “adaptable” strategy as it helps them emotionally survive a very difficult situation.*

A child who has learned to dissociate to protect themselves may dissociate during any stressful or highly emotional event and/or when reminded of his or her trauma.

DO: Advance to the next slide

Facilitator Notes:

Slide 20: 12 Minutes

Slide Instructions

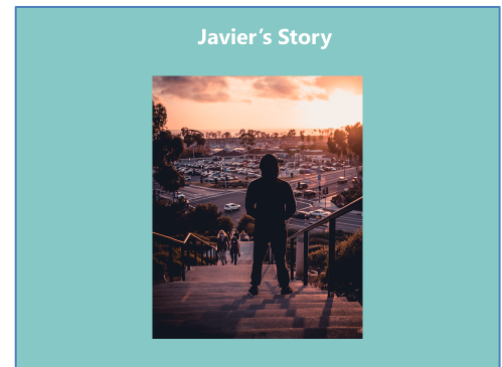
SAY: *To get a greater sense of how trauma can affect children or youth, let’s listen to Javier’s story.*

DO: Direct parents to Module 3 of the **Participant Workbook** for **Javier’s Story**. Ask for a volunteer to read the story. If no one volunteers, one of the facilitators should read it aloud.

Javier’s Story

Fifteen-year-old Javier was taken into care after he tried to intervene in one of his parents’ fights and his father severely beat him. Javier spent his whole life watching his parents battle with each other. Even when they seemed to be getting along, at any moment his father could become enraged and start yelling and threatening his mother. Javier would try to divert his parents’ attention by making jokes, taking particular joy in making his mother laugh. Javier has begged his mother to leave his father, but she continues to stay with him, even though this means Javier cannot come home.

At school, Javier frequently gets into trouble for being “class clown,” and lately has been skipping classes to drink or smoke pot in a nearby park.



Recently, when a friend yelled at and then pushed a girl at a party, Javier jumped in and beat him up. When the caseworker asked Javier what had happened, Javier said, "It wasn't fair. She's way smaller than him." He added, "I felt like it was all coming back, the same garbage I lived with in my family." Javier's situation shows what can happen to children who experience years of trauma from a very young age. Since Javier's trauma began when he was very young and went on for his entire childhood, it has had a very negative effect on his development.

SAY: How might Javier's responses relate to his history?

DO: One facilitator should lead the conversation, while the other makes notes on the board or easel. Be sure the following connections are raised:

- Javier's withdrawal, lack of interest in school, and hopelessness may be related to the helplessness and frustration he feels about his family (for example, his mother staying with his father)
- Making others laugh may be the only thing Javier feels good at. He used humor to defuse fights and tension at home.
- Javier's aggressive reaction to his friend may have been due to a trauma reminder (seeing a girl being abused). Following his father's example, he may have internalized the view that violence is the way to handle conflicts.
- Javier has never accomplished some of the developmental tasks of childhood, such as learning to control his own impulses, to calm down and think before acting, or to analyze the reasons behind his own behavior. He doesn't see the connections between what he feels, how he thinks, and what he does.
- Javier's story helps us make the connections between trauma and behaviors.

SAY: Thankfully, Javier's story doesn't end here. He is resilient and has many strengths.

DO: Advance to the next slide

Facilitator Notes: Consider watching the following videos for your own information – these videos are not suggested for class participants as they are likely to experience trauma reminders and/or feelings of shame and blame – but may be helpful for facilitators to understand some of the complexities faced by children/youth in the child welfare system. The third video (Remembering Trauma) depicts a character (Manny) who is similar to Javier in the story for this slide. The videos are best watched in order.

ReMoved (13 minutes)

<https://youtu.be/IOeQUwdAjE0?list=PLVsT5NELTHUy6rVTto8F1Sqn0YALg5ZQNx>

Remember My Name – ReMoved Part 2 (23 minutes)

<https://youtu.be/I1fGmEa6WnY?list=PLVsT5NELTHUy6rVTto8F1Sqn0YALg5ZQNx>

Remembering Trauma – ReMoved Part 3 (16 minutes) <https://youtu.be/v13XamSYGBk>

Image by **Shad Meeg** from **Unsplash**

Slide 21: 5 Minutes

Slide Instructions

SAY: *Although nothing can entirely wipe out the effects of trauma, research has shown that there are many factors in a child's life that can promote healing and resilience such as when children:*

DO: Click to next animation 5 times and explain each bullet on the slide

SAY:

1. Have a **strong, supportive relationship** with a competent and caring adult- Including rebuilding a supportive, safe, and trusting relationship with a parent.
2. Feel a connection with a **positive role model or mentor** - This can be someone who has also gone through painful experiences and survived, or someone the child aspires to be like as an adult.
3. Feel that their talents and abilities are being **recognized and nurtured**.
4. Feel some **sense of control** over their own lives - Being removed from one's home and placed in foster care can increase trauma-exposed children's feelings of having no control over what happens in their lives. Empowering children to make their own decisions can help in their recovery from trauma.
5. Feel invested in and **part of a larger community**, be it their extended family, community, culture, faith-based group, scout troop, sports team, or possibly part of a group that serves a cause - cleaning up the neighborhood, collecting items for a charity, etc.

DO: Advance to the next slide

Facilitator Notes:

Five Protective Factors: The Role of Resilience

Factors that can increase resilience include:

1. A strong relationship with at least 1 competent, caring adult
2. Feeling connected to a positive role model/mentor
3. Having talents/abilities nurtured and appreciated
4. Feeling some control over one's own life
5. Feeling invested in and part of a larger community

Slide 22: 4 Minutes

Slide Instructions

SAY: *As a parent, you can play a big role in helping your children develop resilience. Let's watch this 2-and-a-half-minute video about resilience for children and yourselves.*

DO: [Click to next animation](#)

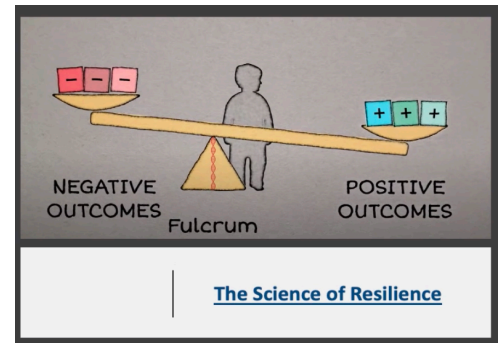
DO: click on "The Science of Resilience" link to begin viewing video

<https://youtu.be/1r8hj72bfGo>

DO: Advance to the next slide

Facilitator Notes:

*Image from **Center on the Developing Child at Harvard University***



Slide 23: 19 Minutes

Slide Instructions

SAY: *The video offers some valuable information about resilience which we can apply to Javier. He has been through a lot in his young life, but his story contains several hints that with the help of his parents and others he will be able to move beyond his traumatic past.*

What are Javier's strengths and how does he show resilience?

DO: One facilitator should lead the discussion while the other makes notes on the board or easel. Allow five minutes for discussion and mention the following if they were not raised by the parents:

- He formed a strong attachment with his mother.
- He has talent as an entertainer and has a great sense of humor. It will be important for his parents to nurture his talents and encourage him to test them in the world.
- He is able to form friendships with his peers.



- He has a strong sense of justice and morality.
- In protecting the young woman, Javier has shown that he can care about people other than himself. With the proper direction, he could turn his interest in social justice into some form of community service.

DO: Ask participants to pause for a moment and to think about the strengths of their own children. Have them share in a way that makes sense for your group. For example: in pairs, small groups or as the whole group.

DO: Advance to the next slide

Facilitator Notes:

Image by *Shad Meeg* from *Unsplash*

Slide 24: 2 Minutes

Slide Instructions

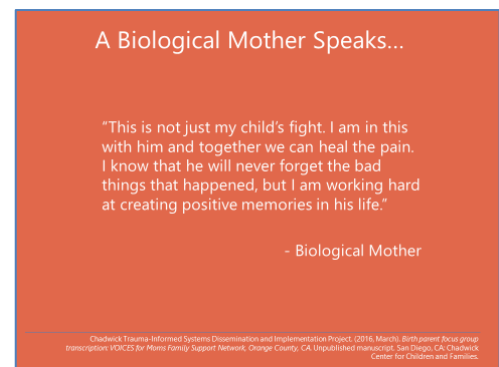
SAY: In developing this workshop we spoke with many parents involved in child welfare and you will hear their quotes and stories sprinkled throughout. Is there a volunteer who would like to read this quote?

DO: Ask for a volunteer to read the quote. If no one volunteers, one facilitator should read the slide aloud.

"This is not just my child's fight. I am in this with him and together we can heal the pain. I know that he will never forget the bad things that happened, but I am working hard at creating positive memories in his life." -**Biological Mother**

DO: Advance to the next slide

Facilitator Notes:



Slide 25: 2 Minutes

Slide Instructions

DO: Ask for a volunteer to read the quote. If no one offers, one facilitator should read the slide aloud.

*"After participating in trauma-informed parenting classes, I was able to reflect and understand how I have the power to support my children with their success in life and guide them in the right direction. Trauma can take this away from them, but it is my job to change it." - **Biological Mother***

SAY: *By parenting your child in a trauma-informed way, with a full understanding of how trauma has altered their lives and their expectations of the world around them, you can indeed leave new "bright patterns" in your child's life.*

*There is an article called **Tips for Being a Fabulous Trauma-Informed Parent** in Module 3 in your **Parent Workbook** that gives advice on how best to parent a child who has experienced trauma.*

DO: Advance to the next slide

Facilitator Notes:

Read-Aloud Quote: As a Parent...

"After participating in trauma-informed parenting classes, I was able to reflect and understand how I have the power to support my children with their success in life and guide them in the right direction. Trauma can take this away from them but it is my job to change it."

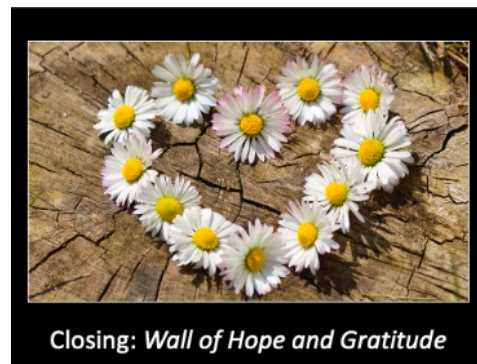
- *Biological Mother*

Chadwick Trauma-Informed Systems Dissemination and Implementation Project, (2016, March). Birth parent focus group transcription: VOICES for Moms Family Support Network, Orange County, CA. Unpublished manuscript. San Diego, CA: Chadwick Center for Children and Families.

Slide 26: 10 Minutes

Slide Instructions

SAY: *We have covered a lot of ground today – your mind might be swirling with all kinds of thoughts and ideas OR you might be having some emotions and feelings OR you might have bodily sensations or responses to all that we have discussed today. Or maybe you are experiencing all three at once. These are all common responses.*



We are going to take a few minutes of silence. During this time, you may do any of the following things:

- *Take note of what you are thinking and feeling and to what you are experiencing in your body*
- *Reflect on what you have learned today and how you might apply some of it to your life.*
- *Practice mindfulness or meditation or silent prayer*
- *Just sit quietly*

DO: Set a time for **2 minutes**. It is important that the facilitators sit quietly too. Now is not the time to tidy the classroom or read your notes or do anything other than joining the class in your OWN self-reflection. Once 2 minutes have passed you can begin the closing activity.

SAY: *We are now going to begin our closing activity. Please find a couple of sticky notes and a pen/pencil. Take a minute to write down what your **Hopes or Intentions** are for the coming week. Once you have written it down, you will have the opportunity to add it to our **Wall of Hope and Gratitude**. You can write more than one.*

DO: Give participants **2-3 minutes** to write their Hopes or Intentions down. Don't have them put them on the flip chart yet.

SAY: *Now find some more sticky notes and write down any **Appreciations or Gratitude** that you have toward yourself or anyone in this class. You can write more than one.*

DO: Give participants another **2-3 minutes** to write down their Gratitude or Appreciations.

SAY: *Now take all of your sticky notes and add them to the **Wall of Hope and Gratitude** on the flip chart in the classroom. If you would like to easily remember your own Hopes or Intentions – you can re-write it in your Participant Workbook or take a picture of it with your phone. When you are finished putting up your notes, please return to your seat.*

DO: Allow **1 minute** for everyone to add their sticky notes to the wall and return to their seats.

SAY: *As you leave class today, please take a moment to read what others have posted on the wall before you head out. Notice how it felt to write your notes AND what it feels like to read what others wrote. After you read through the notes you are welcome to leave class. At the beginning of our next class, we will re-read the **Wall of Hope and Gratitude**.*

Thank you for attending class and we look forward to seeing you next time!!

Facilitator Notes:

Module 4

Slide 1: 0 Minutes

Slide Instructions: The purpose of this slide is to provide the course facilitator with information to prepare for this module. Don't show this slide to the class participants. The module content is timed to take 2.5 hours, but it is suggested that a total of 3.0 hours as set aside for teaching this module to include time for later start, breaks, and/or sharing a meal.

BPC: Navigating Trauma
Across Generations

Facilitator Prep Slide

Module 4: The Impact of Your Childhood
on Your Parenting

Materials needed for ALL modules

- Facilitator Guide
- Participant Workbook
- Projector and associated cables
- Internet access
- Name tags
- Sign in or attendance sheet
- Evaluations specific to each module (optional)
- Pens/pencils for participants
- Paper, index cards or sticky notes for participant use
- Tissue boxes
- Flip chart paper, easel and markers OR whiteboard and markers OR chalkboard and chalk
- Group Agreements** – written out on flip chart for Mods 2 - 10
- The **Wall of Hope and Gratitude** from all previous classes

Prep for THIS module:

- Check and Pre-load any videos that will be shown in class today – cue the video up to start after any advertisements (if the video is from YouTube)
 - ACEs Primer Video
 - Traci's Story
 - Dawn's Story
- Other Prep:
 - **Slide 19:** Prep 2 flip charts:
 - What can I UNPACK from my Invisible Suitcase?
 - What I will REPACK my Invisible Suitcase with?
- Other materials specific to this module:
 - N/A

Participant Workbook Items covered in this module

- ACES Questionnaire
- Additional Victimization and Adversity Items Not Included in the ACE study
- Benevolent Childhood Experiences Questionnaire
- How Racism Can Affect Child Development
- Survival Coping Behaviors
- Your Invisible Suitcase

Overview of Module:

1. Welcome
2. Mindful Moments
3. Group Agreements
4. Review of previous week
5. What You Will Learn
6. ACES and Benevolent Childhood Experiences
7. Help and Hope Videos
8. Your Invisible Suitcase
9. Survival Coping Behaviors
10. Wall of Hope and Gratitude

Slide 2: 5 Minutes

Slide Instructions

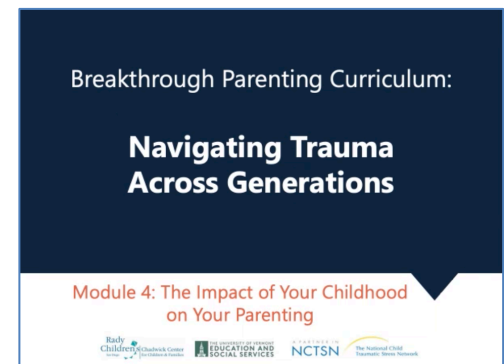
DO: Have this slide showing as people arrive in the classroom. Warmly welcome participants to the class and share any brief logistical information – Let them know this week’s module title. After everyone has arrived and is settled, you can begin.

SAY: *Our last class ended with folks adding **Hopes and Intentions** for themselves as well as **Gratitude and Appreciations** for each other. Let me read what people wrote to remind us of the journey that we are all on.*

DO: Read what is on the **Wall of Hope and Gratitude**. Be thoughtful about reading this in a way that is soothing and attempts to bring participants back to a place of connection.

DO: Advance to the next slide

Facilitator Notes: You might want to group sticky notes with hopes/intentions in one spot and gratitude/appreciation in another OR if there are any themes. Depending on how much people write each week – you might need to add additional flip charts.



Slide 3: 4 Minutes

Slide Instructions

SAY: *Today's Mindful Moment is doing a body scan meditation. Please take a minute to get comfortable in your seat*

DO: *Click to next animation*

DO: Play the audio tape by clicking the link on the slide or here: <http://marc.ucla.edu/mpeg/Body-Scan-Meditation.mp3> The audio is 2:44 minutes long.

If you prefer, you can use the following script to lead the body scan activity. If you use the script, make sure to speak slowly, pausing between statements and stay aware of your tone of voice.

- *Begin by bringing your attention into your body.*
- *You can close your eyes if that's comfortable for you.*
- *You can notice your body seated wherever you're seated, feeling the weight of your body on the chair, on the floor.*
- *Take a few deep breaths.*
- *And as you take a deep breath, bring in more oxygen enlivening the body. And as you exhale, have a sense of relaxing more deeply.*
- *You can notice your feet on the floor, notice the sensations of your feet touching the floor. The weight and pressure, vibration, heat.*
- *You can notice your legs against the chair, pressure, pulsing, heaviness, lightness.*
- *Notice your back against the chair.*
- *Bring your attention into your stomach area. If your stomach is tense or tight, let it soften. Take a breath.*
- *Notice your hands. Are your hands tense or tight? See if you can allow them to soften.*
- *Notice your arms. Feel any sensation in your arms. Let your shoulders be soft.*
- *Notice your neck and throat. Let them be soft. Relax.*
- *Soften your jaw. Let your face and facial muscles be soft.*
- *Then notice your whole-body present. Take one more breath.*
- *Be aware of your whole body as best you can. Take a breath. And then when you're ready, you can open your eyes.*

From UCLA's [Mindful Awareness Research Center](#) (MARC).

DO: Advance to the next slide

Facilitator Notes:



Slide 4: 3 Minutes

Slide Instructions

DO: Post your class **Group Agreements** on a wall and do a brief review of them as a reminder of how the class participants are holding space for each other.

DO: Advance to the next slide

Facilitator Notes:



Slide 5: 10 Minutes

Slide Instructions

SAY: *In the last module we talked about different kinds of trauma (including neglect) and how children might respond to traumatic events. We also talked about resilience and ended our last class talking about Javier and the strengths and resilience he demonstrated despite him having gone through some difficult experiences.*



For our check in question today, please share a strength that each of your children has.

DO: Advance to next slide

Facilitator Notes: Depending on group size and/or connection between participants, you could ask each member to answer the question (with option to pass) or ask for a few volunteers or a pair and share with a few reporting back to the whole group. This quick round of check in allows connection between last module's content and this week's as well as allows for participants to ground/reground themselves.

Image by **Danielle Macinnes** from **Unsplash**

Slide 6: 2 Minutes

Slide Instructions

SAY/DO: Click to next animation 5 times; reading each item on the slide:

In this module, you will learn to:

1. *Describe the role that childhood adversity plays in long-term health outcomes*
2. *Increase awareness on the impact of early childhood trauma on decision making and parenting*
3. *Describe intergenerational trauma*
4. *Describe how survival coping strategies can negatively impact decision making and parenting*
5. *Identify what is in your Invisible Suitcase and begin to make plans to unpack and repack it*

DO: Advance to the next slide

Facilitator Notes:

Slide 7: 5 Minutes

Slide Instructions

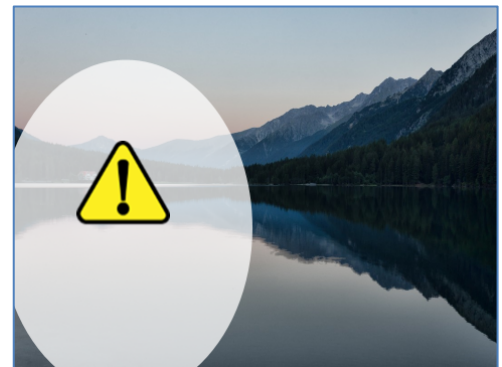
SAY: *The content in today's module might bring up overwhelming thoughts and feelings. It is not intended to place guilt or shame on parents, rather to shed light on how your own childhood can impact the parenting of your children. Please do what you need to do to take care of yourself during class today. Both the positive and the negative experiences of your childhood contribute to who you are today. How you were parented – whether by your biological parents or other relatives or someone else - impacts how you will parent YOUR children.*

If you think back to those who raised, you – there was most likely a mix of both positive and negative experiences. Parents often recreate with their children what they experienced with their own parents. Sometimes this is done intentionally because a parent wants to share certain experiences, like:

What Will You Learn?

In this module, you will learn to:

1. Describe the role that childhood adversity plays in long-term health outcomes
2. Increase awareness on the impact of early childhood trauma on decision making and parenting
3. Describe intergenerational trauma
4. Describe how survival coping strategies can negatively impact decision making and parenting
5. Identify what is in your Invisible Suitcase and begin to make plans to unpack and repack it



- *the way you celebrate holidays*
- *or keep your house clean*
- *or read bedtime stories*
- *or give everyone a nick name*

Other times parents strive to do the opposite of their parents:

- *such as not forcing your child to do things they don't want to do (because you were forced to)*
- *or not fighting in front of the kids (because that was so upsetting to you as a child)*
- *or hugging your children a lot (because your parents rarely showed physical affection)*

*Much of the time however, it is not even a conscious process – people tend to do things the same way their parents did **UNLESS they make a conscious effort to do things differently.** This usually involves:*

- *Recognizing and feeling the painful experiences of the past*
- *Realizing how they impacted you and somehow making sense of them*
- *Making an intentional plan to do things differently*
- *While recognizing that when you are stressed or have your own trauma response you will quickly go back to “what you know”*

Part of the healing process is to be able to understand and work through these overwhelming thoughts and feelings and to recognize that you are not alone in these experiences. It is important that you use your support system, and to connect with your therapist or seek out therapy services if needed.

DO: Refer to the Zones Activity and have parents check on their “zone” throughout the module as well as to their Compassionate Self-Care Plan. Remind the parents that it is okay for them to take a break during the module when needed.

DO: Advance to the next slide

Facilitator Notes: Trauma Response Warning: *Make sure to check-in with participants and encourage them to check-in with their support systems as needed. Remind participants that they can step out of the room for a break if needed.*

Slide 8: 5 Minutes

Slide Instructions

SAY: Adverse Childhood Experiences, frequently called ACEs, impact children in profound ways. YOU may have experienced ACEs as a child and/or your child may have experienced ACEs. This video that we are going to watch explains what ACEs are and some of the ways they can impact health outcomes.

DO: Show the video <https://vimeo.com/139998006> The video is 5 minutes long.



DO: Advance to the next slide

Facilitator Notes: This video could be upsetting to some participants, especially if they are considering their own ACE score as they watched this video.

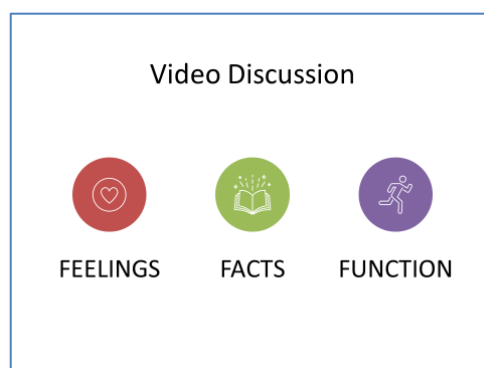
Important things to point out about ACEs during this discussion:

- ACEs are very common – many people have at least one or two ACEs
- ACEs are NOT destiny. Just because someone has a high ACE score does not mean that they will get cancer or heart disease or develop a substance use problem.
- Knowing about the impact of ACEs can encourage people to get the support they need and change their life

Slide 9: 5 Minutes

Slide Instructions

SAY: It is important to note that ACEs are not a prediction or destiny. ACEs are common – they provide information about increased risks. For example, if my mother has heart disease and my grandmother had heart disease it DOES NOT mean that I will have heart disease. It DOES mean that I am at a greater risk for heart disease and have an opportunity take steps/actions to reduce that risk.



The original ACEs study was centered on mostly white, college-educated individuals. It did not take into account community violence, war, natural disasters, homelessness, bullying and many other childhood

adversities. A significant omission of the ACES study is that of the impact of Racial, Intergenerational, and Historical Trauma. It is an inaccurate picture to look only at the impact of ACES on an individual as there is great impact from these traumas.

Despite these missing pieces, the study accurately explains the connection between early childhood adversities and later health outcomes.

SAY: Now that we've seen the video, let's discuss it using the **3 F's of Processing a Video**.

1. **FEELINGS:** The first F is feelings - What emotions/feelings did this video evoke? How did it make you feel? Please refer to the **Feelings Chart** in Module 1 of your **Participant Workbook** to assist you in picking a couple of feelings.
2. **FACTS:** The second F is facts – What information did you learn? What knowledge did you gain?
3. **FUNCTION:** The third F is function - What will you DO with this new information? How will you apply it to your life?

DO: Depending on the size and comfort level of your group, you can do this as a large discussion or break up the group into smaller groups. You could use a circle format, asking each person to answer each of the 3 F's (with option to pass) so that every participant has an opportunity to share. Use your facilitator discretion on how best to go through the 3 F's.

DO: Note these themes from the video that you should mention if the class participants don't:

- ACES are very common – many people have at least one or two ACEs
- ACEs are NOT destiny. Just because someone has a high ACE score does not mean that they will get cancer or heart disease or develop a substance use problem.
- Knowing about the impact of ACEs can encourage people to get the support they need and change their life

SAY: The **ACES test** is provided in Module 4 of your **Participant Workbook**. You can take it if you want to on your own time. Be thoughtful about when you take it and how you might utilize your *Compassionate Self-Care plan* or support network.

DO: Advance to the next slide

Facilitator Notes: Doing this discussion in a large group can help you as Facilitator gauge how participants are responding to and understanding the information which can guide how you approach through the rest of this module. This video could be upsetting to some participants, especially if they are considering their own ACE score as they watched this video.

Following are additional resources for you as a facilitator:

- <https://acestoohigh.com/2016/10/24/racing-aces-gathering-and-reflection-if-its-not-rationally-just-its-not-trauma-informed/>
- <https://www.youtube.com/watch?v=et7GjTqmNH0> Collective Trauma and the Stress of Racism (6:18 minutes)
- <https://www.youtube.com/watch?v=vlqx8EYvRbQ&t=4s> Intergenerational (Aboriginal) Trauma (4 minutes)
- https://www.youtube.com/watch?v=IWeH_SDhEYU Intergenerational Trauma: Residential Schools (2 minutes)

Slide 10: 3 Minutes

Slide Instructions

SAY: *Of course, the impact of ACEs and Racial, Historical, and Intergenerational Trauma are concerning, however the latest research also gives us lots of reason for hope. The research points to what we already know – **that warm, responsive relationships with an emotionally regulated and safe adult makes all the difference to a child.** These types of relationships can buffer the impact of adverse childhood experiences and other trauma experienced.*



SAY: *Here are the 10 Benevolent Childhood Experiences that make a positive difference in a child's future.*

DO: Click through 10 slide animations and read what is on the slide:

1. *At least one caregiver with whom they felt safe*
2. *At least one good friend*
3. *Beliefs that gave them comfort*
4. *Enjoyment at school*
5. *At least one teacher who cared*
6. *Good neighbors*
7. *An additional adult who could provide them with support or advice*
8. *Opportunities to have a good time*
9. *Like themselves or feel comfortable with themselves*
10. *Predictable home routine, like regular meals and a regular bedtime*

Not every child will have every one of these – but the more you can provide these to your child, the better protected they are against the impact of ACEs.

DO: Connect back to the fulcrum/scale we saw in the *Science of Resilience* movie previously watched.

DO: Advance to the next slide

Facilitator Notes: The **Benevolent Childhood Experiences Scale** is included in Module 4 of the **Participant Workbook**

Slide 11: 2 Minutes

Slide Instructions

SAY: *Families with a history of trauma are just like every other family – Full of joy, challenges, good times and bad times.*

DO: *click to the next animation*

SAY: *Yet families with a history of trauma are also different from families who do not have a history of trauma.*

- *Being a parent with your own history of trauma is different than parenting with no history of trauma.*
- *Parenting a child who has experienced trauma is different from parenting a child who has not experienced trauma.*
- *Some trauma is intergenerational – passed down from one generation to the next.*
- *Families with a history of trauma will need more access to resources, information, and ongoing support than families without a history of trauma.*

Becoming a trauma-informed parent can make all the difference by:

- *Providing a secure base of love and protection*
- *Being emotionally and physically available*
- *Recognizing and responding to your child's needs*
- *Providing guidance and an example*
- *Providing opportunities to safely explore the world*

DO: Advance to the next slide

Facilitator Notes:

Images from **Pexels Free**

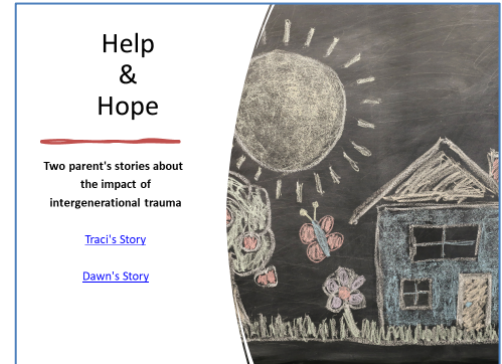


Slide 12: 6 Minutes

Slide Instructions

SAY: *Let's take a few minutes to watch two videos of parents who experienced intergenerational trauma.*

DO: Play videos (click on the title in the slide or copy and paste the links below)



Traci talking about parenting and intergenerational abuse OR <https://youtu.be/GGRaEzS7-1I>
(2:25 minutes)

Dawn talking about parenting and intergenerational abuse OR <https://youtu.be/I0cAl4yIG08>
(2:51 minutes)

DO: Advance to the next slide

Facilitator Notes: You may choose to show these two additional videos if you like as they may be more relevant for your audience:

White woman (Angelque) talking about neglect/emotional disconnect from her child
<https://youtu.be/ZAzWeK4N5sc> (2:08 minutes)

Latino woman (Jannette) talking about incest and abuse of child, Spanish with English subtitles
<https://youtu.be/5Qsi8pUI> to (3:19 minutes)

Facilitator Notes: *These videos are from the NCTSN Child Welfare Trauma Training Toolkit (Hope and Healing Testimonials – Texas DFPS)*

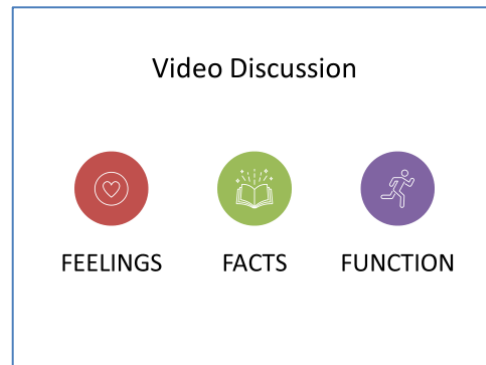
Image by **Mick Haupt** from **Unsplash**

Slide 13: 5 Minutes

Slide Instructions

SAY: Now that we've seen the video, let's discuss it using the **3 F's of Processing a Video**.

1. **FEELINGS:** The first F is feelings - What emotions/feelings did this video evoke? How did it make you feel? Please refer to the **Feelings Chart** in Module 1 of your **Participant Workbook** to assist you in picking a couple of feelings.
2. **FACTS:** The second F is facts – What information did you learn? What knowledge did you gain?
3. **FUNCTION:** The third F is function - What will you DO with this new information? How will you apply it to your life?



DO: Depending on the size and comfort level of your group, you can do this as a large discussion or break up the group into smaller groups. You could use a circle format, asking each person to answer each of the 3 F's (with option to pass) so that every participant has an opportunity to share. Use your facilitator discretion on how best to go through the 3 F's.

DO: It might be helpful to note that: "Hurt people hurt people."

DO: Advance to the next slide

Facilitator Notes:

Slide 14: 4 Minutes

Slide Instructions

SAY: We have talked about some of the ways early childhood experiences impact an individual. These experiences- including historical, intergenerational, and racial trauma - can affect one's beliefs and expectations. For example, internalized intergenerational poverty where you experienced constant displacement/lack of stable housing and/or food scarcity could potentially socialize you to believe that you don't deserve comfort, stability, and/or even "luxury".



DO: click the animation 3 times to show each of the three beliefs/expectations

SAY: *Early childhood experiences and trauma shapes an individual's beliefs and expectations about:*

1. *Themselves*
2. *Adults/Caregivers*
3. *The World*

SAY: *Many individuals who have experienced trauma have learned to expect and believe the worst of themselves and those that care for them. Let's take a look at what some of these might be – on the next slide.*

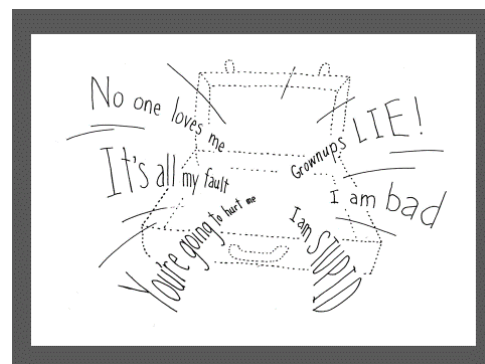
DO: Advance to the next slide

Facilitator Notes:

Slide 15: 2 Minutes

Slide Instructions

SAY: *These beliefs and expectations are like an **Invisible Suitcase** that we carry with us wherever we go. This includes when we are at home, at a friend's house, even at school or work. We may have carried these beliefs forward from our childhood into adulthood. Understanding the contents of your Invisible Suitcase is critical to understanding your child and helping you and them to overcome the effects of trauma.*



This next exercise is intended to help you understand how your experiences may have changed your worldview. It is NOT intended to make anyone feel bad about the past circumstances that have brought you here today. The goal of this exercise is to empower you with a new understanding of how trauma may impact an individual's world view, thoughts, and behaviors so that you may begin to help yourself (and your child) in the healing process.

DO: Advance to the next slide

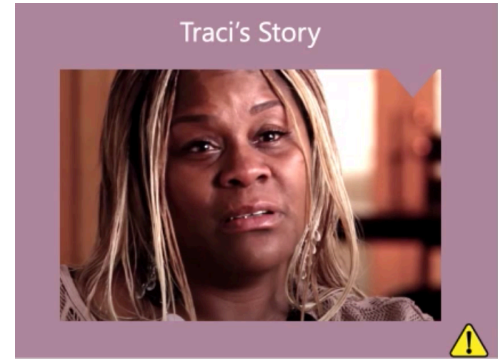
Facilitator Notes:

Slide 16: 1 Minute

Slide Instructions

SAY: *Let's think back to the video that we just watched about Traci*

Facilitator Notes: Trauma Response Warning: *Make sure to check-in with participants and encourage them to check-in with their support systems as needed. Remind participants that they can step out of the room for a break if needed.*



Slide 17: 2 Minutes

Slide Instructions

SAY: *Let's talk about Traci's childhood – what do we know?*

DO: *click through slide animations 6 times*

SAY:

- *Exposure to physical abuse as a child*
- *Verbally abused as a child*
- *Mother mean and grouchy*
- *Emotionally abused as a child*
- *Lack of warmth from her mother*
- *Lack of attachment to her mother*

SAY: *As a result, Traci:*

DO: *click through slide animations 4 times.*

SAY:

- *Left home at an early age*
- *Started using drugs to escape*
- *Became pregnant*
- *Repeated her mother's abusive parenting*

DO: Advance to the next slide



Facilitator Notes: The purpose of this slide is to draw out some of the specifics of Traci's story to prepare for the activity

Slide 18: 5 Minutes

Slide Instructions

SAY: *Considering Traci's early childhood experiences . . .*

DO: *click for the next animation*

SAY: ***What are your guesses about the beliefs she had about herself as a child?***

DO: Allow a few participants to respond. Some possibilities are listed here:

- I am not loveable
- I deserve to be hit
- I am the reason my mother is grouchy and angry
- No one will take care of me
- I am not worthy of love and care

DO: *click for the next animation*

SAY: ***Now, what might her beliefs be about her mother or adults in general***

DO: Allow a few participants to respond. Some possibilities are listed here:

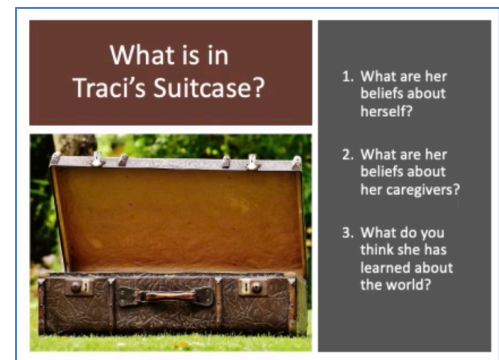
- Caregivers can cause pain, not comfort.
- Caregivers are not safe and cannot be trusted.
- Caregivers are inconsistent – sometimes providing comfort and sometimes pain

DO: *click for the next animation*

SAY: ***What do you think she has learned about the world?***

DO: Allow a few participants to respond. Some possibilities are listed here:

- The world is a scary and dangerous place.
- The world is not safe
- No one will protect me



DO: Advance to the next slide

Facilitator Notes: Try to be brief but thorough – the purpose of this activity is to set the stage for parents doing the suitcase exercise for themselves and for their own child in a future module.

Image from Pixabay (A life without animals is not worth living)

Slide 19: 15 minutes

Slide Instructions

DO: click to next slide animation 3 times; saying:

SAY: *As you think about your own childhood experiences:*

1. *What beliefs did you develop about yourself?*
2. *What beliefs did you develop about parents/caregivers?*
3. *What beliefs or expectations did you develop about the world in general?*



SAY: *Turn to Module 4 in your **Participant Workbook** to the section called **Your Invisible Suitcase**. Spend a few minutes answering the first 3 question on the first page: "What is in My Invisible Suitcase." Do not go beyond the first page yet. Think about what kinds of beliefs and expectations you may have formed when you were a child. Some may still exist today. These beliefs and expectations could be useful and beneficial, or they could be harmful and problematic. If you had adverse childhood experiences, there are likely to be some harmful (to you) beliefs. Sometimes those beliefs can bring up feelings of shame or unworthiness. Please be gentle with yourself as you do this activity.*

DO: Allow up to **7 minutes** for participants to fill the first page out. Take note if anyone is struggling emotionally or if there are any literacy challenges. After participants have filled out their worksheet – bring the group together and ask if anyone is willing to share what is in their suitcase OR you could break up into small groups or pairs and encourage folks to share. This activity really depends on the make-up of your group and the connection level that they may or may not have at this point. If they are well connected,

they might appreciate sharing personal information for this activity. Allow **8 minutes** for the discussion.

DO: Advance to the next slide

Facilitator Notes: Trauma Response Warning: Make sure to check-in with participants and encourage them to check-in with their support systems as needed. Remind participants that they can step out of the room for a break if needed.

Image from Pixabay Free

Slide 20: 20 minutes

Slide Instructions

SAY: Think about which beliefs you want to remove? Especially the ones that bring up feelings of shame and unworthiness. What will you repack your suitcase with so that it is filled with **WORTHINESS, HOPE, RESILIENCE, and SAFETY?**



DO: click to next slide animation 4 times; reading each bullet point:

What can you put in your suitcase to:
Support you in becoming more resilient
Help you believe that you are safe now
Believe that you are capable and loveable

SAY: Now turn to the second page of the worksheet in Module 4 in the **Participant Workbook** and fill out the next two sections:

- (1) What can I UNPACK from my Invisible Suitcase?
- (2) What will I REPACK my Invisible Suitcase with?

DO: Allow **5-10 minutes** for participants to write their answers. Move around the room supporting participants with literacy challenges or any emotional reactions.

DO: After it seems that participants have completed this written exercise, open it up for discussion – allow **10 minutes**. Present with an encouraging tone, using some/all of the following prompts for either small or large group discussion:

- Would anyone be willing to share what they want to UNPACK from their Invisible Suitcase?
- What about things you are going to REPACK it with?

- *Is anyone stuck and in need of ideas from other class participants about what to UNPACK or REPACK from your suitcases?*
- *What it was like to do this exercise?*
- *What did you learn about yourself?*
- *What are you feeling hopeful about?*

DO: Put 2 pre-made flip charts up in the room and write participants responses on here

1. *What can I UNPACK from my Invisible Suitcase*
2. *What I will REPACK my Invisible Suitcase with*

DO: Advance to the next slide

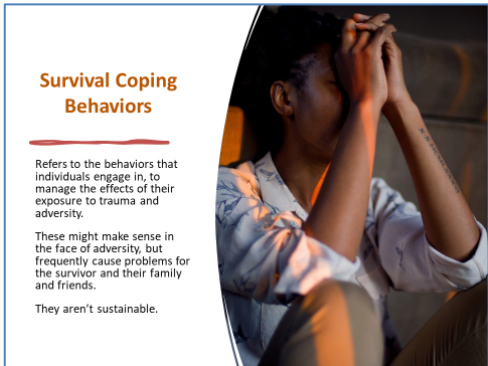
Facilitator Notes:

Image from Pixabay Free

Slide 21: 2 Minutes

Slide Instructions

SAY: *Traci and Dawn (in the videos we just watched) experienced their own childhood trauma which led to their developing "survival coping behaviors" (substance use/misuse, angry outbursts, emotional disconnection, yelling, and name calling). Each of these women felt shame and regret. They did not want to parent their children in the same way that they were parented but their survival coping behaviors made it very difficult to be the kind of parents that they wanted to be.*



DO: [click for the slide animation](#)

SAY: *Survival Coping Behaviors may have been very helpful during times of pain and suffering – at times necessary as a way of self-protection. It is understandable that people turn to them, however they frequently cause great harm to you and to your loved ones if they continue unchecked.*

DO: Advance to the next slide

Facilitator Notes: Vantage Behavioral Health and Trauma Healing (2019) *What is adaptive and maladaptive coping?* Retrieved from <https://vantagepointrecovery.com/adaptive-maladaptive-coping/>

Image from **Pixabay Free**

Slide 22: 20 Minutes

Slide Instructions

SAY: As shown in the videos, substance use/misuse is only ONE of the survival coping behaviors. Let's explore some others. Do I have a volunteer willing to read one row at a time for the group?

DO: If no one volunteers have one facilitator read the following information:

| Common Survival Coping Behaviors | Why It May Have Been Helpful | Why It is Harmful |
|--|---|---|
| Use of alcohol or other drugs | Helps to block out the pain from a hurtful experience | Can lead to missing out on key life events or not being "present" and potential interactions with the legal or other systems |
| Getting into fights or acting out in anger | Shows people, especially those that may hurt you, that you are not weak | Can lead to hurting others, involvement in multiple systems, remorse |
| Dissociating or "checking out" from the experience | Not having to be fully "present" for an awful event, such as abuse | Can lead to "checking out" whenever stressed, and then missing important information that is shared, viewed as "not paying attention" |

Common Survival Coping Behaviors: Use of alcohol or other drugs

Why It May Have Been Helpful: Helps to block out the pain from a hurtful experience

Why It Is Harmful: Can lead to missing out on key life events or not being "present" and potential interactions with the legal or other systems

Common Survival Coping Behaviors: Getting into fights or acting out in anger

Why It May Have Been Helpful: Shows people, especially those that may hurt you, that you are not weak

Why It Is Harmful: Can lead to hurting others, involvement in multiple systems, remorse

Common Survival Coping Behaviors: Dissociating or "checking out" from the experience

Why It May Have Been Helpful: Not having to be fully "present" for an awful event, such as abuse

Why It Is Harmful: Can lead to "checking out" whenever stressed, and then missing important information that is shared, viewed as "not paying attention"

SAY: Does anyone have some other examples?

DO: If participants have trouble listing some, you could add these:

- Avoiding relationships
- Being dishonest
- Unhealthy or disordered eating
- Gambling
- Overspending money
- Unsafe sex
- Returning to an abusive partner

SAY: Take a few minutes to think about some of your own survival coping behaviors – especially the ones that might not be benefitting you anymore. Please turn to your **Participant Workbook** Module 4 and complete the **Survival Coping Behaviors worksheet**.

DO: Allow for **10 minutes** for completion of the worksheet. Walk around the room and support any participant with literacy challenges.

SAY: The last section of the worksheet encourages you to write down at least 1 step that you can take to implement your alternative coping plan. Is anyone willing to share (no one has to share) what steps they might be ready or willing to take?

DO: Depending on your group size and comfort level, lead a discussion (small group, whole/large group or pairs) (**5 minutes**)

DO: Advance to the next slide

Facilitator Notes:

Slide 23: 2 Minutes

Slide Instructions

SAY: The mothers in the videos were able to recognize that their survival coping behaviors were harming their children and they made changes.

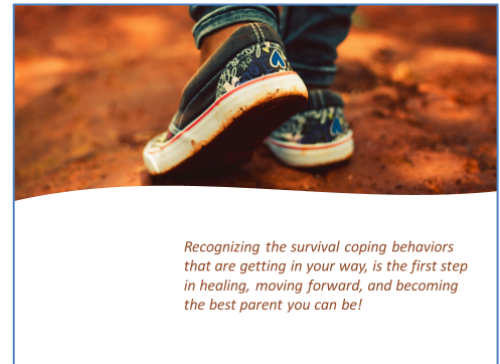
DO: click the next slide animation; give participants a moment to read it to themselves and then ask for a volunteer to read it out loud or have a facilitator read it:

Recognizing the survival coping behaviors that are getting in our way, is the first step in healing, moving forward, and becoming the best parent you can be!

SAY: As you find better ways to cope and as you gain more information about your children's needs you can:

1. Work to let go of the blame you may feel about what may have happened in your past. Letting go of blame is a process.
2. Build resilience to protect yourself and your children
3. Begin to break the generational cycle of unhealthy patterns of behavior
4. Act upon the understanding that you can recover from adversity!
5. REMEMBER - YOU ARE RESILIENT!!

DO: Advance to the next slide



Facilitator Notes:

Image by **Pexels Free**

Slide 24: 4 Minutes

Slide Instructions

SAY: *When you are responding to trauma reminders or turning to survival coping behaviors, your parenting is negatively impacted. When this happens, you may*

DO: click through 5 slide animations; and read the slide bullets

SAY:

1. *You might not be able to recognize what is safe and unsafe for yourself or your children*
2. *You won't always be able to clearly see the effects your decisions have on your family*
3. *You might not stay in control of your emotions*
4. *You likely won't deal with stress in healthy ways*
5. *You might not trust other people or ask for help when needed—for yourself, your children, or your family*

Additionally, trauma can affect your relationship with your child:

- *Your children may not trust that you can keep them safe.*
- *You and your children may remind each other of the traumatic event just by being together, even if you weren't together when it happened.*
- *You and your children may expect "bad things" to happen again.*
- *You may not recognize when your children's behaviors are caused by reactions to trauma reminders and think they are misbehaving on purpose to make you mad.*

DO: Advance to the next slide

Facilitator Notes:

How Can Trauma Affect Your Parenting?

1. You might not be able to recognize what is safe and unsafe for yourself or your children
2. You won't always be able to clearly see the effects your decisions have on your family
3. You might not stay in control of your emotions
4. You likely won't deal with stress in healthy ways
5. You might not trust other people or ask for help when needed – for yourself, your children, or your family

Slide 25: 3 Minutes

Slide Instructions

SAY: *If you are a parent who has had trauma, consider trying the following:*

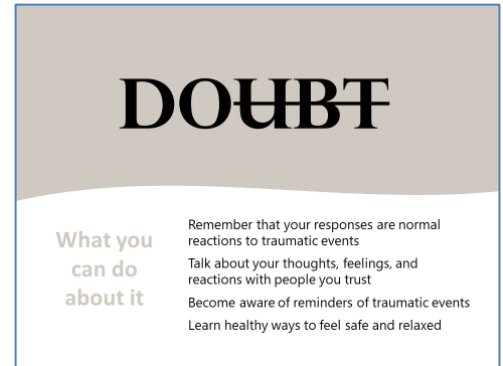
DO: *click for next slide animation 4 times; reading the bullet point and expanding on what is written, as noted:*

- *Remember that your responses are normal reactions to traumatic events*
- *Talk about your thoughts, feelings, and reactions with people you trust*
- *Become aware of reminders of traumatic events*
- *Learn healthy ways to feel safe and relaxed, such as:*
 - *Practice slow breathing*
 - *Move your body*
 - *Say reassuring things to yourself (i.e.: "This is scary, but I'm safe now")*
 - *Remind yourself that You Are Resilient*
 - *Listen to a relaxation CD or to music that calms you*
 - *Pray and/or mediate*
 - *Leave on a night light*
 - *Be patient with yourself and remember that healing is a process that takes time*
 - *Be patient with your children; they may misbehave because of the trauma*
 - *Seek professional help; therapy is a good way to start making sense of what happened, how it has affected you, and how you can heal*
 - *Find someone who has been in your shoes—who understands what it's like to be in the system and has come through it well; For example, if you are involved with the child welfare system see if your community offers Peer Mentors or Parent Advocates for parents in the child welfare system*

DO: Advance to the next slide

Facilitator Notes:

Image by **Olya Kobruseva** from **Pexels**



Slide 26: 5 Minutes

Slide Instructions

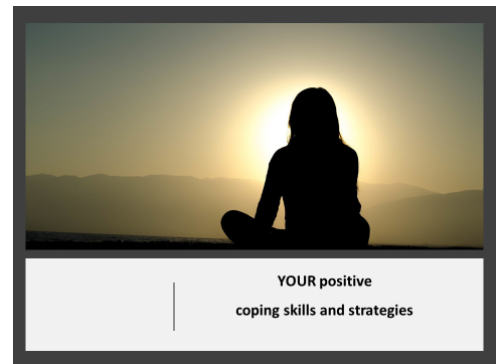
SAY: Think back to Module 2 when you developed a **Compassionate Self-Care Plan** in your **Participant Workbook**. Is there anything you want to add or change about your plan now?

DO: Allow **5 minutes** for participants to talk about this out loud in the group and/or to write notes on their self-care plan.

DO: Advance to the next slide

Facilitator Notes:

Image from **Pixabay Free**



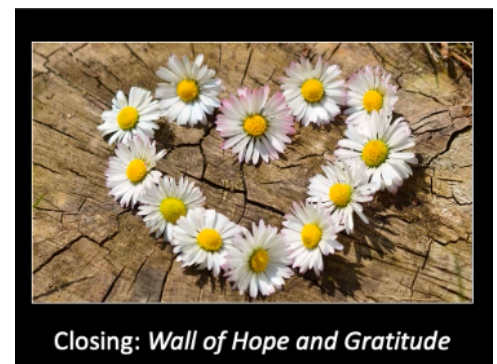
Slide 26: 10 Minutes

Slide Instructions

SAY: *We have covered a lot of ground today – your mind might be swirling with all kinds of thoughts and ideas OR you might be having some emotions and feelings OR you might have bodily sensations or responses to all that we have discussed today. Or maybe you are experiencing all three at once. These are all common responses.*

We are going to take a few minutes of silence. During this time, you may do any of the following things:

- *Take note of what you are thinking and feeling and to what you are experiencing in your body*
- *Reflect on what you have learned today and how you might apply some of it to your life.*
- *Practice mindfulness or meditation or silent prayer*
- *Just sit quietly*



DO: Set a time for **2 minutes**. It is important that the facilitators sit quietly too. Now is not the time to tidy the classroom or read your notes or do anything other than joining the class in your OWN self-reflection. Once 2 minutes have passed you can begin the closing activity.

SAY: *We are now going to begin our closing activity. Please find a couple of sticky notes and a pen/pencil. Take a minute to write down what your **Hopes or Intentions** are for the coming week. Once you have written it down, you will have the opportunity to add it to our **Wall of Hope and Gratitude**. You can write more than one.*

DO: Give participants **2-3 minutes** to write their Hopes or Intentions down. Don't have them put them on the flip chart yet.

SAY: *Now find some more sticky notes and write down any **Appreciations or Gratitude** that you have toward yourself or anyone in this class. You can write more than one.*

DO: Give participants another **2-3 minutes** to write down their Gratitude or Appreciations.

SAY: *Now take all of your sticky notes and add them to the **Wall of Hope and Gratitude** on the flip chat in the classroom. If you would like to easily remember your own Hopes or Intentions – you can re-write it in your Participant Workbook or take a picture of it with your phone. When you are finished putting up your notes, please return to your seat.*

DO: Allow **1 minute** for everyone to add their sticky notes to the wall and return to their seats.

SAY: *As you leave class today, please take a moment to read what others have posted on the wall before you head out. Notice how it felt to write your notes AND what it feels like to read what others wrote. After you read through the notes you are welcome to leave class. At the beginning of our next class we will re-read the **Wall of Hope and Gratitude**.*

Thank you for attending class and we look forward to seeing you next time!!

Facilitator Notes:

Module 5

Slide 1: 0 Minutes

Slide Instructions: The purpose of this slide is to provide the course facilitator with information to prepare for this module. Don't show this slide to the class participants. The module content is timed to take 2.5 hours, but it is suggested that a total of 3.0 hours as set aside for teaching this module to include time for later start, breaks, and/or sharing a meal.

BPC: Navigating Trauma
Across Generations

Facilitator Prep Slide

Module 5: Understanding Trauma's Effects

Materials needed for ALL modules

- Facilitator Guide
- Participant Workbook
- Projector and associated cables
- Internet access
- Name tags
- Sign in or attendance sheet
- Evaluations specific to each module (optional)
- Pens/pencils for participants
- Paper, index cards or sticky notes for participant use
- Tissue boxes
- Flip chart paper, easel and markers OR whiteboard and markers OR chalkboard and chalk
- **Group Agreements** – written out on flip chart for Mods 2 - 10
- The **Wall of Hope and Gratitude** from all previous classes

Prep for THIS module:

- Check and Pre-load any videos that will be shown in class today – cue the video up to start after any advertisements (if the video is from YouTube)
 - “5 Steps for Brain Building: Serve and Return”
- Other Prep:
 - **Slide 22:** Put three flip charts around the room with the following age ranges written on one each (**0-5, 6-12, and 13-21 years**).
- Other materials specific to this module:
 - N/A

Participant Workbook Items covered in this module

- 5 Steps for Brain Building Serve and Return
- Brain Strains vs Brain Gains for Teens
- Normative Development

- Getting Development Back on Track with Attunement Activities
- The Story of Maya
- What's in My Child's Invisible Suitcase
- My Child's REPACKED Invisible Suitcase

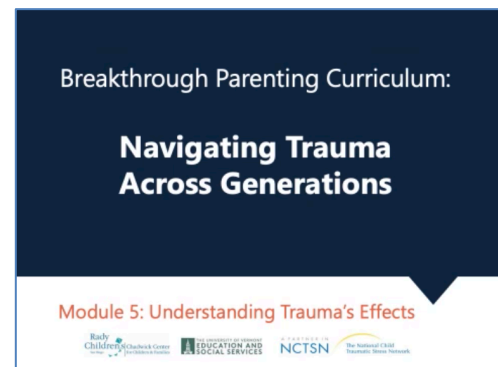
Overview of Module:

1. Welcome
2. Mindful Moments
3. Group Agreements
4. Review of previous week
5. What You Will Learn
6. We Learn by Experience (Snake in the Park)
7. Trauma Derails Development
8. Trauma Impacts Attachment
9. Getting Attachment and Development Back on Track
10. Invisible Suitcase
11. Wall of Hope and Gratitude

Slide 2: 5 Minutes

Slide Instructions

DO: Have this slide showing as people arrive in the classroom. Warmly welcome participants to the class and share any brief logistical information – Let them know this week's module title. After everyone has arrived and is settled, you can begin.



SAY: *Our last class ended with folks adding **Hopes and Intentions** for themselves as well as **Gratitude and Appreciations** for each other. Let me read what people wrote to remind us of the journey we are on.*

DO: Read what is on the **Wall of Hope and Gratitude**. Be thoughtful about reading this in a way that is soothing and attempts to bring participants back to a place of connection.

DO: Advance to the next slide

Facilitator Notes: You might want to group sticky notes with hopes/intentions in one spot and gratitude/appreciation in another OR if there are any themes. Depending on how much people write each week – you might need to add additional flip charts

Slide 3: 4 Minutes

Slide Instructions

SAY: *The activities we practice each week can be used for yourself and/or you can teach them and use them with your children.*

DO: Inform class that we will first review the process by looking at the slide and explaining the process, then [click for next animation 5 times](#) (explaining the process by saying the following):

SAY: *Take a long, deep breath to a count of four. Hold this breath for four seconds. Exhale completely to a count of four. Wait four seconds, then inhale again slowly.*

DO: After you have explained the diagram on the slide, lead the exercise by providing instruction in a calm, soothing voice while still sounding like "you" (it can feel unnatural at first: practicing leading these will help you become comfortable) and counting out the time for each breath. Run through this cycle 3 or 4 times.

SAY: *Get as comfortable as possible in your chairs. Ground yourself with your feet on the ground. Before we begin let's start with exhaling completely. If you feel lightheaded, dizzy, or increasingly anxious, you can stop the exercise and return to awareness of sounds, sensations, colors in the room.*

Breathe in, 2-3-4.

Hold, 2-3-4.

Breathe out, 2-3-4.

Hold, 2-3-4.

DO: Advance to next slide

Facilitator Notes: Research has shown that different feelings/emotions are connected with different forms of breathing. Studies have proven that changing your breathing through breathing techniques you can shift your emotions/feelings. For example, if you are anxious or angry it is likely that your breathing is fast, shallow, and perhaps irregular. When you start to slow down your breathing (more associated with feeling joy) your heart rate slows down and stimulates the vagus nerve (which runs from the brain stem to the abdomen) and it triggers your parasympathetic nervous system (responsible for our rest and digest – which is opposite of our sympathetic nervous system which controls our fight or flight) and helps you to calm down AND increases your ability to think more rationally.



<https://hbr.org/2020/09/research-why-breathing-is-so-effective-at-reducing-stress>

Slide 4: 3 Minutes

Slide Instructions

DO: Post your class **Group Agreements** on a wall and do a brief review of them as a reminder of how the class participants are holding space for each other.

DO: Advance to the next slide

Facilitator Notes:

Image from **Gograph.com**



Slide 5: 10 Minutes

Slide Instructions

SAY: *In the last module we covered the following topics: (list 3 or 4 of the major themes or topics covered in the last class)*

- *Adverse Childhood Experiences (ACES) and Benevolent Childhood Experiences*
- *Survival Coping Behaviors and developing an Alternative Coping Plan*
- *Unpacking and Repacking your Invisible Suitcase*



DO: Ask the following question: *Would anyone like to share a success they experienced with repacking your individual suitcase or coping with a difficult situation in an effective way?*

DO: Advance to next slide

Facilitator Notes: Depending on group size and/or connection between participants, you could ask each member to answer the question (with option to pass) or ask for a few volunteers or a pair and share with a few reporting back to the whole group. This quick round of check in allows connection between last module's content and this week's as well as allows for participants to ground/reground themselves.

Image by **Danielle Macinnes** from **Unsplash**

Slide 6: 1 Minute

Slide Instructions

DO: Read each bullet point on the slide by clicking to the next animation 4 times

SAY: *In this module, you will learn to:*

1. *Increase Awareness of Trauma's Impact on the brain*
2. *Describe the ways in which trauma can interfere with an individual's attachment, development, and functioning*
3. *Increase awareness on what parents can do to help their children get back on track*
4. *Describe the Invisible Suitcase and how trauma-informed parenting can repack the suitcase*

DO: Advance to the next slide

Facilitator Notes:

Slide 7: 2 Minutes

Slide Instructions

SAY: *This is just a moment to pause and acknowledge that in talking about trauma's effects we are talking about the impact on BOTH parents/adults and children/youth. There might be moments when it feels as though the course information is focused on just YOU (the participant); other times your child; and other times it may feel all mixed up.*

Please do what you need to do to take care of yourself today.

DO: Advance to the next slide

What Will You Learn?

In this module, you will learn to:

1. Increase awareness of trauma's impact on the brain
2. Describe the ways in which trauma can interfere with an individual's attachment, development and functioning
3. Increase awareness on what parents can do to help their children get back on track
4. Describe the "Invisible Suitcase" and how trauma-informed parenting can "repack" the suitcase



Facilitator Notes: *Phoyo by Daiga Ellaby from Unsplash*

Slide 8: 2 Minutes

Slide Instructions

SAY: *In Previous classes we discussed how early childhood experiences impact the brain in both positive and negative ways. These experiences “wire” the brain in a particular way – through neural pathways.*

- *The more an experience is repeated, the stronger the resulting brain connections become*
- *When experiences are positive, this reinforces positive connections*
- *When neglect, abuse, or other repeated traumatic experiences occur, these experiences have a negative impact on brain connection*

In the next few slides, we will talk more about how those brain connections are formed AND more importantly, what can be done to REWIRE the brain and to heal from adversity

DO: Advance to the next slide

Facilitator Notes:

Slide 9: 4 Minutes

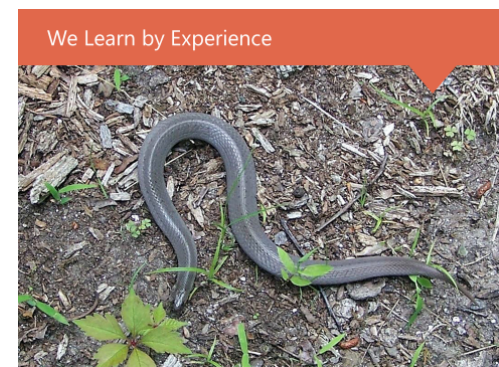
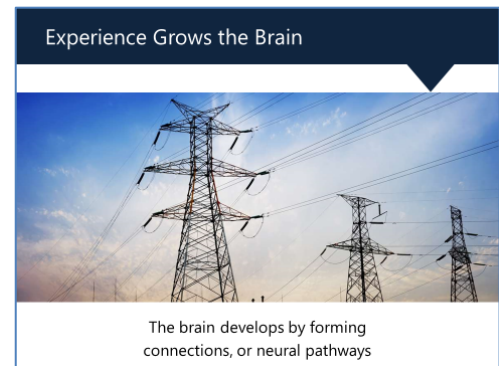
Slide Instructions

SAY: *Everything that we expect or believe – about ourselves, about other people, and about the world we live in – is learned through our own personal experiences.*

DO: *Click for the next animation*

SAY: *Imagine that you are out for a walk, in a nearby park. As you head down the path, you look down and see a SNAKE!*

- *What do you DO?*
- *What are you THINKING?*
- *What are you FEELING?*



DO: Encourage the class to describe what this experience is like. Participants might say things like: "Freeze" or "Scream" or "Run Away." Really get into this exercise. The more you allow the group to imagine being there, the more realistic their reactions will be.

SAY: This is your **Internal Alarm System** working!! All of your responses come from your brain preparing for action – TO PROTECT YOU. Your eyes sent the image to your brain – specifically your limbic system. Your hypothalamus then sent adrenaline and cortisol to your body. Which caused:

- your heart rate and blood pressure to increase
- your muscles to tense
- your digestion to slow
- your breathing rate to increase

Making you ready to FIGHT, FLIGHT or FREEZE

DO: Advance to the next slide

Facilitator Notes: Not everyone will have a strong reaction to seeing a snake. Encourage them to choose something else that may elicit these fears: bear, skunk, etc. Encourage people to not choose something that they have real/deep trauma with.

If someone responds with something like "Kill it" or "Step on it," attempt to find balance in validating their feelings and reminding everyone of our impact on living things. Validate by saying something like, "When we fear something or have trauma around something we may exhibit a fight response. Sometimes that fight response is harmful to others. It is important that we work towards responses that don't negatively impact others."

Slide 10: 4 Minutes

Slide Instructions

SAY: Now imagine a couple of days have passed and you start to head down the same path again. What might you be:

SAYING? DOING?? FEELING?



DO: Again, encourage participants to really get into this. Participants might say things like: *"I will bring a weapon"* or *"I will bring a friend"* or *"I would be hypervigilant"* or *"I would be a nervous wreck"* or even *"I am never going down that path again!!!"*

Again, comment on what they have to say – noting their continued self-protection and how well their **internal alarm system** is working.

DO: Advance to the next slide

Facilitator Notes:

Slide 11: 3 Minutes

Slide Instructions

SAY: *Imagine that after a few steps you notice something laying on the ground that looks like a snake, but quickly realize that it is a STICK! NOW what are you thinking, feeling, doing?*

DO: Participants are likely to say things like: *"I am startled, but then I quickly calm down"* or *"I jumped, but then laughed at myself for being scared of a stick!"*

SAY: *Once your brain realizes that there is no danger, you calm down. Your heart rate and blood pressure returns to normal levels, your breathing slows, your mind clears. You go back to normal.*

However, now that you have seen the snake once, your perception of the park is altered. Even if you never saw a snake there before. It may be a very long time before you can go into that park again without being on high alert.

This is an important survival mechanism – our brains are wired this way – to look for danger in order to protect us.

Facilitator Notes:



Slide 12: 3 Minutes

Slide Instructions

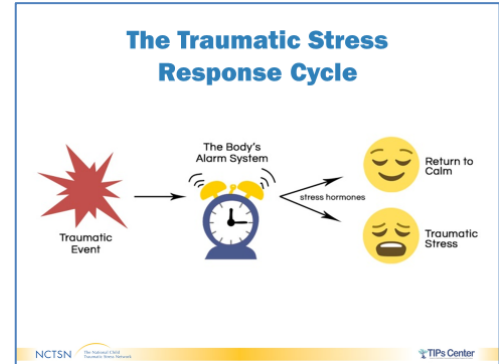
SAY: Here is a graphic of what happened. You saw the snake . . . Your body's alarm system was set off . . . And once you realized there was no danger you returned to a calm state of being.

UNLESS . . . you had been bitten by that snake and seriously injured, it would likely take you a lot longer to "calm down." You might stay on high alert every time you went outside. This is what it can be like for individuals who have experienced trauma. It may feel that there are snakes down EVERY path, making it difficult to let their guard down.

The experience of trauma may impact a person's **internal alarm system** – causing it to over-react or under-react in various situations. It can be ALWAYS ON (hyperarousal) or SHUT DOWN (dissociative) or some of each.

DO: Advance to the next slide

Facilitator Notes:



Slide 13: 3 Minutes

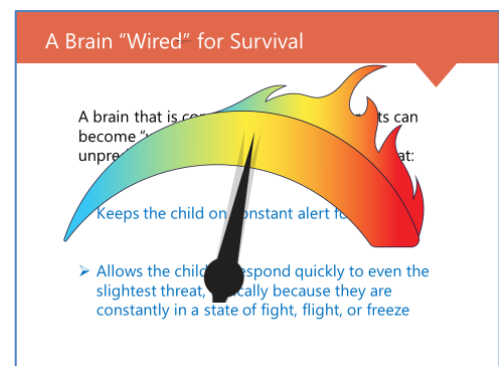
Slide Instructions

DO: Read the slide and/or allow participants to read the slide themselves.

SAY: As we saw from the snake in the park activity, we know that our brains do an amazing job of protecting us from threats. When a young child experiences multiple threats at a young age their brain becomes wired for survival – which helps keep them alive during the time of trouble.

The problem is that the brain stays in survival mode even after the threat is removed!

This becomes even more complicated when there are bigger issues such as systemic racism that don't go away and are ever present.



SAY: Does it ever feel like your child goes from 0 to 100 – just like that? This is because they may actually be starting at 75. Children who have experienced one or more traumatic events may spend a lot of time at 75.

DO: [click for slide animation](#)

SAY: This might feel true for YOU as well.

DO: Advance to the next slide

Facilitator Notes: This metaphor is in reference to speed limits

Image by **Neo Tam** from **Pixabay Free**

Slide 14: 3 Minutes

Slide Instructions

SAY: A brain wired for survival does not have a lot of room to focus on other things. Trauma impacts a child's development.

DO: [Click for 3 slide animations](#) and read each point

- Children who have been exposed to trauma expend a great deal of their energy responding to, coping with, and coming to terms with the event
- This may make it more challenging for a child to explore their environment and to build their skills
- The longer their traumatic stress goes untreated, the greater the impact on their development

SAY: Fortunately, there are a number of ways that parents can support children and youth in getting development back on track. We will talk about some of those things in this class.

DO: Advance to the next slide

Facilitator Notes:

Image by **Marina Shatskin** from **Pexels**



Slide 15: 3 Minutes

Slide Instructions

SAY: *Once a child or youth and their family move towards greater safety – real healing and change can begin and happen. This can look different for each family.*

DO: Click for 3 slide animations and read each point

- *Children or youth who have experienced trauma can learn new ways of thinking, relating, and responding*
- *Rational thought and self-awareness can help children override primitive brain responses*
- *Unlearning—and rebuilding—takes time*

SAY: *There are a number of ways that parents can support children and youth in getting development back on track. Module 5 in your **Participant Workbook** has information on **Normative Development**. These are not standardized and are for guidance. Next, we will watch two videos about helping children and youth get back on track.*

DO: Advance to the next slide

Facilitator Notes: Participants don't need to look at the Normative Development handout now, it is mentioned for their reference. If you are short on time or if your group is comprised primarily of parents of younger children, you can skip the second video as it focuses mostly on adolescents.

Image by **Samer Daboul** from **Pixabay**



Slide 16: 6 Minutes

Slide Instructions

SAY: This 6-minute-long video provides 5 steps for parents to help their child's development get back on track. Although the video depicts infants, toddlers and pre-school children, the techniques used are similar for older children.

DO: Show the video and then use the 3 F's on the next slide to debrief

DO: Advance to the next slide

Facilitator Notes: <https://youtu.be/KNrnZag17Ek>

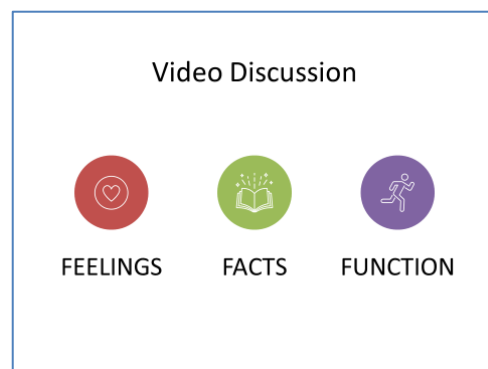


Slide 17: 5 Minutes

Slide Instructions

SAY: Now that we've seen the video, let's discuss it using the **3 F's of Processing a Video**.

1. **FEELINGS:** The first F is feelings - What emotions/feelings did this video evoke? How did it make you feel? Please refer to the **Feelings Chart** in Module 1 of your **Participant Workbook** to assist you in picking a couple of feelings.
2. **FACTS:** The second F is facts – What information did you learn? What knowledge did you gain?
3. **FUNCTION:** The third F is function - What will you DO with this new information? How will you apply it to your life?



DO: Depending on the size and comfort level of your group, you can do this as a large discussion or break up the group into smaller groups. You could use a circle format, asking each person to answer each of the 3 F's (with option to pass) so that every participant has an opportunity to share. Use your facilitator discretion on how best to go through the 3 F's.

DO: Refer Participants to Module 5 in their **Participant Workbook** for a summary of the **5 Steps for Brain Building Serve and Return. The 5 steps:**

1. Share the Focus
2. Support and Encourage
3. Name It
4. Take Turns (back & forth)
5. Practice Endings & Beginnings

DO: Advance to the next slide

Facilitator Notes:

Slide 18: 4 Minutes

**Slide 18
6 Minutes**

Slide Instructions

SAY: The video we just watched demonstrated steps for brain building for young children. For older children and teens, we need to make some adjustments. What are ways that we can use these same ideas with older children and teens?



DO: Build off of the 5 Steps from the Serve and Return video. Assist participants in coming up with specific ideas of things they can do with older children. Listed below are some suggestions.

The 5 steps:

1. **Share the Focus:** Notice what they notice. What are they interested in? Join them in the activities that they enjoy doing (even if you don't enjoy it so much).
2. **Support and Encourage:** Offer words of encouragement when your child is doing something new or challenging. Congratulate them when they do something well at home, in school, in their community. Offer specific praise frequently.
3. **Name It:** Speak to your child about what they are doing. Example: "You have been really focused on your new book" or "You ran really fast in the relay race today."
4. **Take Turns (back & forth):** Play games that involve taking turns; especially games that involved physical activity and eye contact (playing catch or frisbee).

5. **Practice Endings & Beginnings:** Pay attention to transitions - going to and coming home from school. Share rituals at bedtime or mealtime.

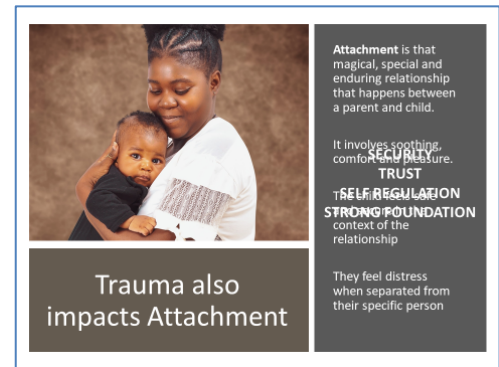
DO: Advance to the next slide

Facilitator Notes:

Slide 19: 4 Minutes

Slide Instructions

SAY: *Just as trauma impacts development, it also has an impact on a child's bonding or attachment to their parents and potentially other adults or people in the child's life. This may be something difficult to think about, but it is one more of those things that is helpful to look at and understand – both for yourself and for your children – so that both of you can heal and move forward. First, let's define what attachment is.*



DO: [click for next animation](#)

SAY: **Attachment** is that magical, special, and enduring relationship that happens between a parent and child during infancy and early childhood. It involves soothing, comfort and pleasure. The child finds security and safety in the context of this relationship and the loss or threat of loss of that specific person evokes distress.

DO: [click for next animation](#)

SAY: A healthy attachment between parent and child builds: SECURITY, TRUST, SELF REGULATION SKILLS and a STRONG FOUNDATION.

A STRONG FOUNDATION includes - Assisting children in developing reflection & awareness about themselves and the community you and they belong to; as well as helping them socialize into that community.

Facilitator Notes:

Image by **Felix Adams** from **Pixabay**

Slide 20: 4 Minutes

Slide Instructions

SAY: Sometimes this process of attachment comes naturally to a parent. But for parents whose own parents were unable to provide a secure attachment, the process may not feel smooth.

OR if there are events or circumstances – such as domestic violence or substance use/misuse or significant unsupported mental illness during infancy or early childhood – the attachment bond between parent and child may be disrupted.

DO: click for next animation

SAY: Parents might not respond physically or emotionally to their child in a way that provides safety or security. This can feel scary and overwhelming to a young child, and they may be hesitant to become emotionally close or trust adults – even after the family is in a safer situation.

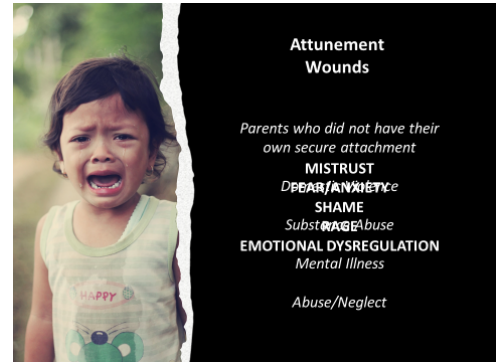
DO: click for next animation

SAY: Children who did not experience a healthy attachment develop a sense of MISTRUST, FEAR/ANXIETY, RAGE, SHAME, and struggle with EMOTIONAL DYSREGULATION.

DO: Advance to the next slide

Facilitator Notes:

Image by **Arwan Sutanto** from **Unsplash**



Slide 21: 4 Minutes

Slide Instructions

SAY: Fortunately, parents can do many things to heal attachment wounds. The primary way is through attunement.

DO: [click for next animation](#)

SAY: Attunement is synchronous and interactive. It is about recognizing and responding to the cues of another person. It involves reading the non-verbal, social-emotional language of another. It is how a parent can repair attachment wounds.

There are specific ways in which a parent can do this.

DO: [click for next animation](#)

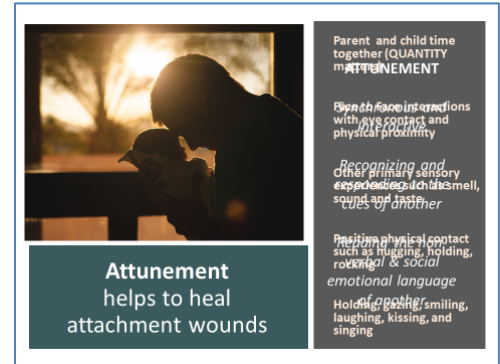
SAY: Can we have a volunteer read through these things (or facilitator can read)

We will spend more time in a later module discussing ways to build and strengthen attachment.

DO: Advance to the next slide

Facilitator Notes: A helpful video for you or class participants regarding attunement is **The Still Face Experiment by Dr. Tronick:** <https://www.youtube.com/watch?v=apzXGEbZht0>

Image by **Mohamed Awwam** from **Unsplash**



Slide 22: 16 Minutes

Slide Instructions

SAY: *The video demonstrated mothers attuning with their infants. Let's consider additional ways to attune with children across the age span.*

DO: Put three flip charts around the room with the following age ranges written on one each **(0-5, 6-12, and 13-21 years)**.

Ask participants to first write their ideas of things that they already do or could do with children/youth of these age groups down on individual sticky notes and then walk around the room and place post it notes on the flip chart paper. **(10 minutes)**

SAY: (After ideas have been generated) *These are great ideas – thanks for sharing – hopefully you will get the opportunity to do a few of these things before we meet again.*

One of the ways you will know that you are doing it correctly is if YOU are enjoying the experience. If you are feeling a sense of calmness or joy or connection – then your child is likely feeling the same and is therefore feeling more attuned with you!!

DO: Spend up to **3 minutes** summarizing what was written for each age group.

*In Module 5 of your Participant Workbook there is a handout called **Getting Development Back on Track with Attunement Activities** which you can look at after class for some additional ideas.*

DO: Advance to the next slide

Facilitator Notes: Make sure you generate a few ideas of your own ahead of time and add them to each flipchart to support the group in coming up with their own ideas. Using sticky notes and not writing directly on flip chart paper provides another level of privacy and acknowledges the still present possibility of shame.

*Images by **William Fortunato, Brett Sayles, Katerina Holmes** from **Pexels Free***



Slide 23: 4 Minutes

Slide Instructions

SAY: Last week you looked at YOUR Invisible Suitcase. This week we will look at your child's Invisible Suitcase.

DO: click the animation 3 times to show each of the three beliefs/expectations

SAY: As a reminder, trauma shapes a child's beliefs and expectations about:

1. Themselves
2. Adults/Caregivers
3. The World

DO: Advance to the next slide

Facilitator Notes:



Slide 24: 5 Minutes

Slide Instructions

SAY: Please turn to **The Story of Maya** in Module 5 of your **Participant Workbook**. Please note that parts of this story may be upsetting to hear. Please take care of yourself as we read it.

DO: The class will be reading Maya's story (or asking for a volunteer to read the story). The story can be found in Module 5 of the **Participant Workbook**. It is also written here for your convenience.

Maya's Story: Maya is an 8-month-old female that was taken into care after her 22-year-old mother Jenna brought her to the ER unconscious, with two broken arms and bruises.

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



Remy is currently serving time in prison for child abuse and domestic violence after he was found guilty of physically abusing both Maya and Jenna. Jenna went to stay with her parents. Maya spent some time hospitalized, and in casts that made it impossible for her to move her arms. She was placed in foster care temporarily and saw Jenna during supervised weekly visits.

Physical custody has recently been reinstated to Jenna. It was reported to Jenna that in her foster home Maya had trouble sleeping, startled easily, and cried when she heard loud voices. She also avoided physical contact and screamed when taken on medical visits. Jenna has observed the same behaviors and is becoming concerned.

However, Jenna has discovered that Maya is most comfortable taking her bottle if it is propped up so she can hold it herself. Jenna started playing a particularly soothing piece of classical music every time she fed Maya, after a while of this 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.

DO: Advance to the next slide

Facilitator Notes: Trauma Response Warning: *Make sure to check-in with participants and encourage them to check-in with their support systems as needed. Remind participants that they can step out of the room for a break if needed.*

Slide 25: 2 Minutes

Slide Instructions

SAY: *Let's talk about baby Maya – It might seem as if Maya is too young to have anything in her Suitcase—she's only eight months old. Still, Maya's brain has already begun to connect certain experiences and sensations with others. In the course of her short life, Maya has experienced:*

DO: *click through slide animations 4 times.*

SAY:

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

SAY: *While in foster care and even after reunifying with her mother, Maya:*

DO: *click through slide animations 5 times.*

SAY:

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

DO: Advance to the next slide

Facilitator Notes: The purpose of this slide is to draw out some of the specifics of Maya's story to prepare for the activity

| What do we know about Maya? | |
|--|---|
| Exposure to domestic violence | Cries and screams, rejects comfort |
| Physical abuse, including broken bones and bruises | Is easily startled and distressed by loud noises |
| Separation from her mother | Screams when brought to the doctor's office—even before a doctor or nurse has touched her |
| Medical trauma, including hospitalization | Takes comfort from her bottle when it is propped up rather than when it is being held |
| | Is soothed by a particular piece of music |

Slide 26: 5 Minutes

Slide Instructions

SAY: *Considering Maya's early childhood experiences . . .*

DO: *click for the next animation*

SAY: *What are her beliefs about herself?*

DO: Allow a few participants to respond. Make sure the following points are made:

- Crying is scary.
- When I cry, no one responds to me.
- When I cry, others hit me or yell at me.
- No one is there to comfort me, so I try to comfort myself.
- I'm not worth taking care of.

DO: *click for the next animation*

SAY: *Now, what are her beliefs about her caregivers?*

DO: Allow a few participants to respond. Make sure these points are noted:

- Caregivers can cause pain, not comfort.
- Caregivers are not safe and cannot be trusted.
- Caregivers are inconsistent – sometimes providing comfort and sometimes pain

DO: *click for the next animation*

SAY: *What do you think she has learned about the world?*

DO: Allow a few participants to respond. Make sure these points are noted:

- The world is a scary and dangerous place.
- Hospitals are scary places where I might be hurt or left alone.
- The world often sounds loud and overwhelming.
- The bottle is good.
- The music is good.

DO: Advance to the next slide

Facilitator Notes: Try to be brief but thorough – the purpose of this activity is to set the stage for parents doing the suitcase exercise for their own child.

*Image from **Pixabay** (A life without animals is not worth living)*



Slide 27: 7 Minutes

Slide Instructions

SAY: *So, we identified some of Maya's beliefs and expectations about herself, her caregivers, and the world in general.*

DO: *click to next slide animation*

SAY: *What can Jenna (her mother) do to repack Maya's "suitcase" with more positive beliefs and experiences? AND how can Jenna help Maya to become more resilient, to believe that she is now safe, and that she is capable and lovable? Think back to what you have learned about resilience and brain development. Remember that Maya was already showing strengths; how can Jenna use these strengths to foster resilience?*

DO: Elicit suggestions from the participants. *Be prepared to have some ideas in case the group has a difficult time identifying what they can do to repack the suitcase. Some ideas:*

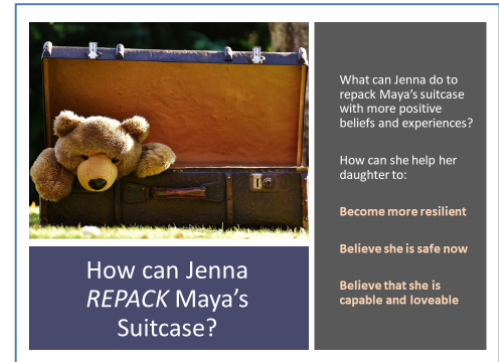
- Play the music every time she feeds Maya
- Hold Maya frequently
- Sing songs to her
- Always talk to her in a gentle voice
- Do soothing things to her body – give her warm baths, put powder or lotion on her
- Say kind things to her – I love you, I missed you, I am here for you AND you are beautiful, you are special, you are strong

SAY: *As you can see, even with a child as young as Maya, there is much that you can do to help them heal from trauma. It can be uncomfortable to talk about how trauma impacted your child(ren) – but if you don't more fully understand it, you will not be able to help them recover well. You need to be proactive about helping them. One of the ways to do this is to work is to repack your child's suitcase.*

DO: Advance to the next slide

Facilitator Notes:

Image from Pixabay (A life without animals is not worth living)



Slide 28: 20 Minutes

Slide Instructions

SAY: Turn to the “*What’s in My Child’s Invisible Suitcase*” worksheet in Module 5 in your **Participant Workbook**. Please take some time to answer the questions on the worksheet about what might be in your child’s invisible suitcase. Remember you won’t actually **KNOW** what is in there, you will need to make a guess based on what you know about their early childhood experiences.

Beliefs about themselves
Beliefs about caregivers/adults
Beliefs about the world in general

DO: Allow participants **10 minutes** to write down their reflections. This can be an emotionally intense activity for some parents, so look around the room to make sure parents are doing okay during the activity. If you see parents crying or having a hard time, check in with them and see if they would like to step outside for a break and offer support as needed. After the time is up . . .

SAY: *Understanding what is in your children’s invisible suitcases will help you better understand their reactions and behaviors. It is the first step towards unpacking or repacking their suitcases with more positive and healthy beliefs.*

DO: Lead a discussion asking some/all of the following questions. Use your discretion about whether this should be done in pairs, small groups, or the whole class. Allow **5 minutes**.

SAY: *What was it like to think about what might be in your child’s invisible suitcase? Does this help you better understand your child’s reactions and behaviors?*

DO: Have participants turn to **My Child’s REPACKED Invisible Suitcase** in Module 5 in the **Participant Workbook**.

SAY: *Now let’s spend some time thinking about how you might begin to unpack or repack your child’s invisible suitcase. **What beliefs would you like your child to have about himself/herself, others, and the world?** Take a few minutes to answer the question on the worksheet.*

DO: Allow **5 minutes** for this. If participants get stuck, here are some ideas for repacking:

To feel confident and/or to believe in themselves
To not blame themselves for what happened in the past
To trust me or adults
To accept that they are loved



SAY: Sometimes you have to UNPACK the suitcase before there is room to REPACK the suitcase

DO: Advance to the next slide

Facilitator Notes:

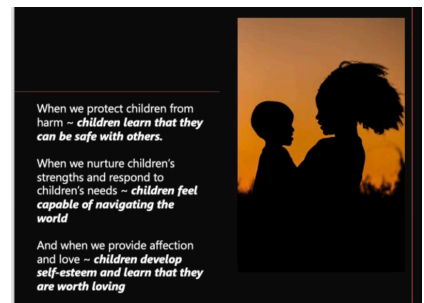
Trauma Response Warning: Make sure to check-in with participants and encourage them to check-in with their support systems as needed. Remind participants that they can step out of the room for a break if needed.

Image from **Pixabay** (A life without animals is not worth living)

Slide 29: 2 Minutes

Slide Instructions

SAY: We talked about a lot of challenging things today. As we prepare to wind the class down, please remember that despite past difficulties, you have tremendous positive influence in your child's life moving forward.



DO: click through 3 slide animations and read each point or allow the class to read silently.

When we protect children from harm ~ children learn that they can be safe with others

When we nurture children's strengths and respond to children's needs ~ children feel capable of navigating the world

And when we provide affection and love ~ children develop self-esteem and learn that they are worth loving

DO: Advance to the next slide

Facilitator Notes: We can't tell children that we protect them from harm and that they are safe in the world. The world is not inherently a safe place; especially for those whom society has marginalized.

Image from Pixabay (Chrofit Theman)

Quote from 2013 PCSAO Youth Panel

Slide 30: 10 Minutes

Slide Instructions

SAY: *We have covered a lot of ground today – your mind might be swirling with all kinds of thoughts and ideas OR you might be having some emotions and feelings OR you might have bodily sensations or responses to all that we have discussed today. Or maybe you are experiencing all three at once. These are all common responses.*



We are going to take a few minutes of silence. During this time, you may do any of the following things:

- *Take note of what you are thinking and feeling and to what you are experiencing in your body*
- *Reflect on what you have learned today and how you might apply some of it to your life.*
- *Practice mindfulness or meditation or silent prayer*
- *Just sit quietly*

DO: Set a time for **2 minutes**. It is important that the facilitators sit quietly too. Now is not the time to tidy the classroom or read your notes or do anything other than joining the class in your OWN self-reflection. Once 2 minutes have passed you can begin the closing activity.

SAY: *We are now going to begin our closing activity. Please find a couple of sticky notes and a pen/pencil. Take a minute to write down what your **Hopes or Intentions** are for the coming week. Once you have written it down, you will have the opportunity to add it to our **Wall of Hope and Gratitude**. You can write more than one.*

DO: Give participants **2-3 minutes** to write their Hopes or Intentions down. Don't have them put them on the flip chart yet.

SAY: *Now find some more sticky notes and write down any **Appreciations or Gratitude** that you have toward yourself or anyone in this class. You can write more than one.*

DO: Give participants another **2-3 minutes** to write down their Gratitude or Appreciations.

SAY: *Now take all of your sticky notes and add them to the **Wall of Hope and Gratitude** on the flip chart in the classroom. If you would like to easily remember your own Hopes or Intentions – you can re-write it in your Participant Workbook or take a picture of it with your phone. When you are finished putting up your notes, please return to your seat.*

DO: Allow **1 minute** for everyone to add their sticky notes to the wall and return to their seats.

SAY: *As you leave class today, please take a moment to read what others have posted on the wall before you head out. Notice how it felt to write your notes AND what it feels like to read what others wrote. After*

*you read through the notes you are welcome to leave class. At the beginning of our next class, we will re-read the **Wall of Hope and Gratitude**.*

Thank you for attending class and we look forward to seeing you next time!!

Facilitator Notes:

Module 6

Slide 1: 0 Minutes

Slide Instructions: The purpose of this slide is to provide the course facilitator with information to prepare for this module. Don't show this slide to the class participants. The module content is timed to take 2.5 hours, but it is suggested that a total of 3.0 hours as set aside for teaching this module to include time for later start, breaks, and/or sharing a meal.

BPC: Navigating Trauma
Across Generations

Facilitator Prep Slide

Module 6: Dealing with Feelings & Behaviors

Materials needed for ALL modules

- Facilitator Guide
- Participant Workbook
- Projector and associated cables
- Internet access
- Name tags
- Sign in or attendance sheet
- Evaluations specific to each module (optional)
- Pens/pencils for participants
- Paper, index cards or sticky notes for participant use
- Tissue boxes
- Flip chart paper, easel and markers OR whiteboard and markers OR chalkboard and chalk
- Group Agreements** – written out on flip chart for Mods 2 - 10
- The **Wall of Hope and Gratitude** from all previous classes

Prep for THIS module:

- Check and pre-load any videos that will be shown in class today – cue the video up to start after any advertisements (if the video is from YouTube)
 - The Hand Model of the Brain
 - Being with and Shark Music
- Other Prep:
 - **Slide 8:** Prep flip chart with large triangle drawn on it
 - **Slide 11:** Prep flip chart with large triangle drawn on it
 - **Slide 20:** individual pieces of paper for all participants with markers or crayons to draw and flip chart paper to do activity
- Other materials specific to this module:
 - N/A

Participant Workbook Items covered in this module

- Hand Model of the Brain
- Being with and Shark Music Worksheet
- Emotions Identification

- Self-Regulation Plan

Overview of Module:

1. Welcome
2. Mindful Moments
3. Group Agreements
4. Review of previous week
5. What You Will Learn
6. Seeing Below the Surface
7. The Cognitive Triangle
8. Using a Trauma Lens
9. The Hand Model of the Brain
10. Being with and Shark Music
11. Feelings Mask
12. Adult Self-Regulation
13. Co-Regulation
14. Wall of Hope and Gratitude

Slide 2: 5 Minutes

Slide Instructions

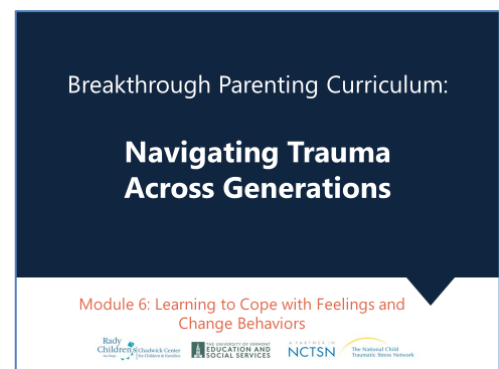
DO: Have this slide showing as people arrive in the classroom. Warmly welcome participants to the class and share any brief logistical information – Let them know this week’s module title. After everyone has arrived and is settled, you can begin.

SAY: *Our last class ended with folks adding **Hopes and Intentions** for themselves as well as **Gratitude and Appreciations** for each other. Let me read what people wrote to remind us of the journey that we are all on.*

DO: Read what is on the **Wall of Hope and Gratitude**. Be thoughtful about reading this in a way that is soothing and attempts to bring participants back to a place of connection.

DO: Advance to the next slide

Facilitator Notes: You might want to group sticky notes with hopes/intentions in one spot and gratitude/appreciation in another OR if there are any themes. Depending on how much people write each week – you might need to add additional flip charts.



Slide 3: 3 Minutes

Slide Instructions

SAY: *Please get comfortable in your chair and consider closing your eyes as we listen to this 2-minute bell meditation. If you prefer to keep your eyes open, find something in the room to focus on (not another person in the room).*

DO: Play the video but note that you are only listening to the audio so do not need to project the image. The link is on the slide and here: <https://youtu.be/xbjtaXuLYpk> (Audio from Transformation Academy)

DO: Advance to the next slide

Facilitator Notes:



Slide 4: 3 Minutes

Slide Instructions

DO: Post your class **Group Agreements** on a wall and do a brief review of them as a reminder of how the class participants are holding space for each other.

DO: Advance to the next slide

Facilitator Notes:

Image by gograph.com



Slide 5: 10 Minutes

Slide Instructions

SAY: *In the last module we covered the following topics:*

- *Trauma's impact on the brain with the snake in the park activity*
- *How trauma can interfere with attachment and development*
- *How to get development back on track for children by brainstorming some ideas*
- *Invisible suitcase for our children*



DO: Ask the following question: *Does anyone have an example of how they were able to positively support their child this past week? Perhaps by doing something to get their development back on track or by repacking their invisible suitcase.*

DO: Advance to next slide

Facilitator Notes: Depending on group size and/or connection between participants, you could ask each member to answer the question (with option to pass) or ask for a few volunteers or a pair and share with a few reporting back to the whole group. This quick round of check in allows connection between last module's content and this week's as well as allows for participants to ground/reground themselves.

*Image by **Danielle Macinnes** from **Unsplash***

Slide 6: 1 Minute

Slide Instructions

DO: Click to next animation 4 times; reading and expanding on each point:

In this module, you will learn to:

What Will You Learn?

In this module, you will learn to:

1. Better understand the connection between thoughts, feelings and actions
2. Understand how to apply a trauma lens in response to behaviors
3. Use the hand model of the brain to understand and explain how to calm challenging emotions
4. Describe at least three ways in which parents can increase their own ability to regulate emotions, and, in turn, help their children develop emotional skills and increase positive behaviors

1. *Better understand the connection between thoughts, feelings, and actions*
2. *Understand how to apply a trauma lens in response to behaviors*
3. *Use the hand model of the brain to understand and explain how to calm challenging emotions*
4. *Describe at least three ways in which parents can increase their own ability to regulate emotions, and, in turn, help their children develop emotional skills and increase positive behaviors*

DO: Advance to the next slide

Facilitator Notes:

Slide 7: 2 Minutes

Slide Instructions

SAY: *Sometimes individuals use the phrase “the tip of the iceberg.” An iceberg is a big chunk of snow and ice that floats in the water. Typically, only 10% of an iceberg is floating above water – leaving 90% hidden under the water. This can cause serious problems for ships while navigating icy oceans. The infamous Titanic hit the underwater part of an iceberg before the ship’s crew saw the iceberg – causing the ship to sink.*



The tip of the iceberg concept is a helpful metaphor when thinking about someone who has experienced trauma. Often the visible behaviors are just tip of the iceberg - Below the surface are the feelings, thoughts, expectations, and beliefs (the Invisible Suitcase) that you and/or your children may have accumulated as a result of traumatic experiences.

Please keep this idea in mind as we spend time in class today talking about the connection between feelings and behaviors.

DO: Advance to the next slide

Facilitator Notes: It is important to explain the significance of this analogy "tip of the iceberg" and to not make assumptions that everyone understands or knows the significance of the saying "tip of the iceberg," like that of refugee/immigrant parents.

Slide 8: 10 Minutes

Slide Instructions

SAY: *I would like you to use your imagination for a moment - Imagine that your child has been invited to a birthday party and that you are joining them. As you walk into the room where the party is being held, you notice two parents that you don't know very well on the other side of the room. They look at you briefly but continue to talk to each other without acknowledging you or coming over to you. What would you be **thinking**?*



DO: Draw a large triangle on a flip chart or whiteboard. Write the word “THOUGHT” at the top of the triangle. As participants share their thoughts, write them near the word “thought.” Give participants about **3 minutes** to respond, with one facilitator leading the discussion and the other writing on the board/flip chart. Possible responses could include:

- They're talking about me
- They didn't see me
- They're angry at me

After parents have provided several options/interpretations, ask the following:

SAY: *How would you FEEL in response to each of these THOUGHTS?*

DO: Facilitator should write FEELING on another side of the triangle along with answers provided next to it. Allow another **3 minutes** for responses, Possible responses could include:

- They're talking about me—angry/embarrassed/hurt
- They didn't see me—neutral/curious
- They're angry at me for some reason—worried/angry

After parents have provided several options/interpretations, ask the following:

SAY: *What ACTION would you take based on those FEELINGS?*

DO: Facilitator should write ACTION/BEHAVIOR on the last side of the triangle along with answers provided next to it. Allow another **3 minutes** for responses, Possible responses could include:

- Angry, embarrassed, hurt, glare at them, snub them, say something nasty about them to one of the other parents
- Neutral/curious—go over and say hello/not worry about it and say hello if you run into them later
- Worried/angry—avoid them/rush over and confront them

SAY: *Even though parents who attended the birthday party experienced the same thing – there were a range of responses. The objective reality was the same but individual responses varied depending on thoughts and beliefs. These thoughts or beliefs may have come from past negative or positive experiences. Just as we discussed with the invisible suitcase activity – people develop core beliefs based on early childhood experiences that sometimes negatively impact how they perceive or understand a situation.*

DO: Advance to the next slide

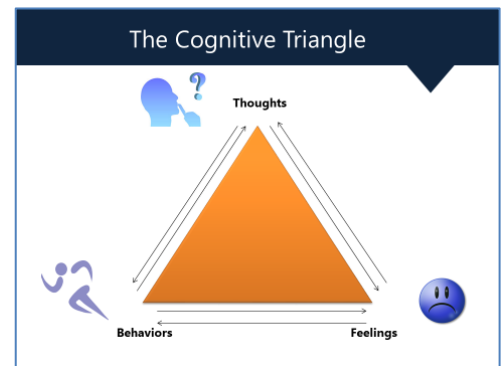
Facilitator Notes: Participants may provide a wide range of thoughts, feelings, or actions for this exercise. Your role is to draw out the connection between these three and note how different thoughts/interpretations of what happened will lead to different internal experiences (feelings) and external response (action/behaviors). Refer to **Feelings Charts** in Module 1 of the **Participant Workbook**.

Image by **CB** from **Pixabay**

Slide 9: 3 Minutes

Slide Instructions

SAY: *Psychologists refer to this relationship between what we:*
Click for next animation and say "THINK"
Click for next animation and say "FEEL"
Click for next animation and say "BEHAVE as the Cognitive Triangle."



What we THINK directly affects how we FEEL and how we FEEL affects how we BEHAVE.

SAY: *You may have noticed that the arrows on the triangle go in both directions. That is because each element of the triangle influences the others. For example - If you feel sad and stay in bed all day, you might **feel** sadder and you might have negative **thoughts** such as "I'm always going to be lonely." After a while, you won't know whether your feelings are causing your behavior, OR your behavior is creating your feelings.*

This is why many mental health experts believe that making a change at any point on the triangle will have an effect on the other two. For example, in the situation we just discussed, even if your first thought was that the people across the room were talking about you, telling yourself “Oh, they must not have seen me” would change the way you felt and acted in that situation. A simple shift in thinking can have a profound effect on feelings and behavior.

When you recognize the connections between thoughts, feelings, and behaviors, it's much easier to make these kinds of changes.

DO: Advance to the next slide

Facilitator Notes:

Images by **95C** from **Pixabay**; **OpenClipart-Vectors** from **Pixabay**; **Clker-Free-Vector-Images** from **Pixabay**

Slide 10: 4 Minutes

Slide Instructions

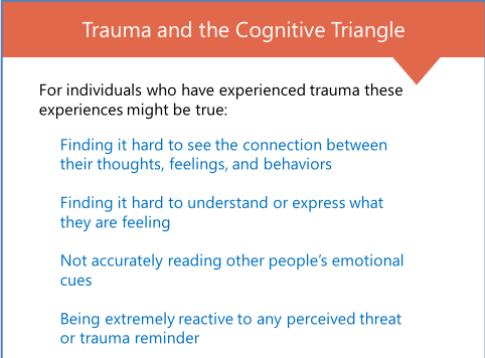
SAY/DO: Click to next animation 4 times and read each bullet:

For individuals who have experienced trauma these experiences might be true

- *Finding it hard to see the connection between their thoughts, feelings, and behaviors*
- *Finding it hard to understand or express what they are feeling*
- *Not accurately reading other people's emotional cues*
- *Being extremely reactive to any perceived threat or trauma reminder. Seemingly minor things can set off a flood of emotions and physiological responses such as fight, flight, freeze that the person can barely describe, let alone control.*

SAY: *Although these emotional reactions and behaviors can be frustrating and challenging, they are not “done on purpose” – they are not calculated or conscious. Individuals who have been through trauma may act out for a variety of unconscious reasons, including:*

- *Recreating situations and relationships as they existed in the past. Although they may not be healthy, they are at least familiar.*

A rectangular box with a blue border and a red header. The header contains the text "Trauma and the Cognitive Triangle". Below the header, there is a paragraph of text followed by four bullet points, all in blue. The text and bullet points are: "For individuals who have experienced trauma these experiences might be true:", "Finding it hard to see the connection between their thoughts, feelings, and behaviors", "Finding it hard to understand or express what they are feeling", "Not accurately reading other people's emotional cues", and "Being extremely reactive to any perceived threat or trauma reminder".

Trauma and the Cognitive Triangle

For individuals who have experienced trauma these experiences might be true:

- Finding it hard to see the connection between their thoughts, feelings, and behaviors
- Finding it hard to understand or express what they are feeling
- Not accurately reading other people's emotional cues
- Being extremely reactive to any perceived threat or trauma reminder

- Increasing the care and attention that they receive - even if it's for problem behaviors.
- Making sure that no one—including parents, friends, partners or even children - gets close enough to hurt them again, either physically or emotionally.
- "Proving" on an unconscious level—that the negative beliefs in their Invisible Suitcases are true ("You can't fool me—sooner or later, you'll get mad and reject me!").
- Venting frustration, anger, or anxiety.
- Protecting themselves.

In fact, many of the troubling behaviors and reactions that we see in individuals who have been through trauma may actually have helped them to survive their traumatic experiences. But those survival coping behaviors can get in the way of learning other equally important skills, including developing and maintaining healthy relationships.

DO: Advance to the next slide

Facilitator Notes:

Slide 11: 7 Minutes

Slide Instructions

DO: Ask for a volunteer to read the quote on the slide. If no one volunteers, one facilitator should read the slide aloud.

"Whenever I feel threatened, I get this feeling that I want to hurt anybody who might try to harm me and my sister. I started cursing at my mom. I wanted her to lose control. I figured that sooner or later she would say something that would hurt me. I wanted to hurt her first. . .

Later I felt depressed. I knew I'd acted out of control. When I get angry, I don't even realize what I do, and I hurt the people around me. . .

I feel sad that I'm not good about expressing myself. I feel like a walking time bomb. I hope my mom learns to handle my anger and help me take control of myself."

SAY: Does this sound familiar? Has your child ever felt like their feelings/behaviors were out of control?

Read Aloud Quote

"Whenever I feel threatened I get this feeling that I want to hurt anybody who might try to harm me and my sister. I started cursing at my mom. I wanted her to lose control. I figured that sooner or later she would say something that would hurt me. I wanted to hurt her first. . .

Later I felt depressed. I knew I'd acted out of control. When I get angry, I don't even realize what I do and I hurt the people around me. . .

I feel sad that I'm not good about expressing myself. I feel like a walking time bomb. I hope my mom learns to handle my anger, and help me take control of myself."

--A.M.

Mahdi, A. (2004, November/December). Am I too angry to love? My foster mom kicked me out after three weeks. Represent: The Voice of Youth in Care. Available at http://www.youthcare.com/story/25/FC/17_2004-11-10.html

DO: Allow **2 minutes** for a response and then continue by drawing a large triangle on a flip chart of white board – label each point as THOUGHT, FEELING or BEHAVIOR. Ask each of the following 3 questions putting responses on the appropriate part of the triangle. Allow **5 minutes** to answer these.

SAY: *Let's look at how A. M.'s experience ties into the Cognitive Triangle.*

1. **What are A. M.'s underlying thoughts?** (Response should include "Something or someone is going to hurt me or my sister")
2. **One of the beliefs in A. M.'s Invisible Suitcase seems to be that "sooner or later" everyone will hurt her. What is she feeling?** (Responses could include anger, fear)
3. **What are her behaviors?** (Responses should include cursing and lashing out)

DO: Advance to the next slide

Facilitator Notes:

Slide 12: 2 Minutes

Slide Instructions

SAY: *With our understanding of the cognitive triangle and of trauma's impact on development - let's explore how we can shape our understanding and response to challenging behaviors. One tool for caring for and responding to children or youth who have experienced trauma is to use a "trauma lens."*

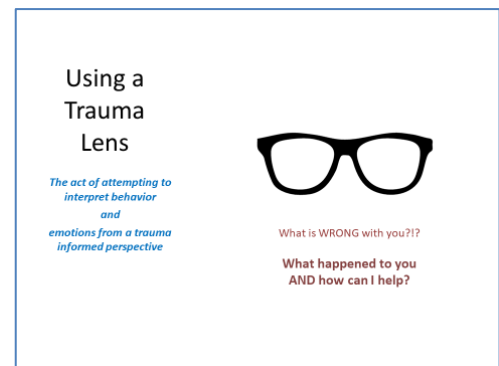
DO: [Click to next animation](#)

SAY: *Using a trauma lens is the act of attempting to interpret behavior and emotions from a trauma-informed perspective.*

DO: [Click to next animation](#)

SAY: *Using a trauma lens shifts the question from "What is wrong with you?" to*

DO: [Click to next animation](#)



SAY: “What happened to you and how can I help?” *This new perspective can generate more effective responses to our children’s challenging behaviors. We respond differently depending on what we believe is the REASON for misbehavior!*

DO: Advance to the next slide

Facilitator Notes:

Slide 13: 12 Minutes

Slide Instructions

SAY: *We respond differently depending on what we BELIEVE is the reason for the behavior. If we DON’T use a TRAUMA LENS we simply REACT or INTERPRET in the same old way!*

DO: [click to next animation](#)



SAY: *How many of you have actually had any of these statements come out of your mouth?!?*

DO: Get a quick show of hands or some other indication that participants are familiar with these statements. Many participants will begrudgingly or with humor admit to saying at least some of these things.

SAY: *How do you FEEL when you say (or believe) these things?*

DO: Allow **1 minute** for responses - Participants will likely say things like: “Irritated, angry, frustrated”

SAY: *As you look at these statements, please consider how you could replace these with more trauma-informed statements. There are no right or wrong answers for this! We are going to spend a few minutes in small groups coming up with NEW statements.*

DO: Break up into pairs or small groups. Assign each group 2 or 3 of the statements to rewrite, using a trauma lens. If the group seems stuck on how to do this, you could do the first one together as a large group. Allow **6 minutes** for the small groups to come up with answers.

DO: When time is up, have each group share their more trauma-informed statements. Allow **5 minutes**.

DO: Advance to the next slide

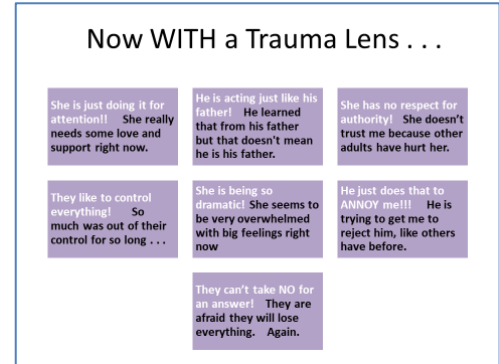
Facilitator Notes:

Slide 14: 5 Minutes

Slide Instructions

SAY: You all came up with great trauma-informed re-writes! Here are a few more. Remember there is not a correct way to do this.

DO: click to next animation and read the answers



*She is just doing it for attention OR **She really needs some love and support right now***

*He is acting just like his father OR **He learned that from his father but that doesn't mean he is his father, or He misses his father so much***

*She has no respect for authority OR **She doesn't trust me because other adults have hurt her***

*They like to control everything OR **So much was out of their control for so long***

*She is being so dramatic OR **She seems to be very overwhelmed with big feelings right now***

*He just does that to ANNOY me OR **He is trying to get me to reject him, like other have before. I am not going to do that.***

*They can't take NO for an answer OR **They are so afraid that they are going to lose everything. Again.***

SAY: *The idea here is to attempt to identify your child's underlying feelings, needs, and perspective:*

How does my child feel?

What does my child need?

What is the need underlying emotion and/or behavior?

SAY/ASK: *How do you imagine you would FEEL with these new trauma-informed statements (versus how you felt with the previous statements)?*

DO: Allow **3 minutes** for this discussion – looking for participants to note a more positive/hopeful feeling and possibly more ideas about how to support their child.

DO: Advance to the next slide

Facilitator Notes:

Slide 15: 5 Minutes

Slide Instructions

DO: Ask for a volunteer to read the quote on the slide. If no one volunteers, one facilitator should read the slide aloud.

SAY: *“Experience is biology . . . Parents are the active sculptors of their children’s growing brains.”*



Using a Trauma Lens and understanding the Cognitive Triangle can help us make sense of our children’s behavior and reactions, but it will take time and patience to change the thoughts, feelings, and behaviors of our children.

This is because traumatic experiences interrupt the experiences of safety and connection. This primes a child’s nervous system for a reaction or for shutting down. As we learned in previous modules, trauma can sculpt the brain in a way that prepares the child for survival in a dangerous and unpredictable world. As we provide new, positive experiences and establish supportive relationships with our children, we can help them to build new neural pathways—sculpting the brain so that we and our children can better understand, express, and control our emotions and behaviors.

SAY: *Let’s watch a brief video called “The Hand Model of the Brain.” This video is another way of thinking about our children’s (and our own) emotional reactions.*

DO: Click on the link in slide to begin brief (2 min 30 second) video Hand Model of the Brain with Dan Siegel or use this link <https://www.youtube.com/watch?v=qFTljLo1bK8&feature=youtu.be>

DO: Advance to the next slide

Facilitator Notes: Advise participants that there is an image of the **Hand Model of the Brain** in Module 6 of their **Participant Workbook**

Siegel, D. J., & Hartzell, M. (2003). *Parenting from the inside out: How a deeper self-understanding can help you raise children who thrive*. NY: Jeremy P. Tarcher/Putnam.

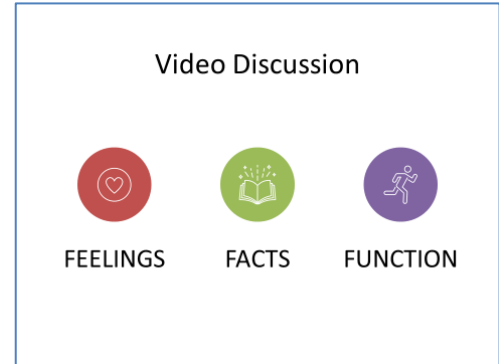
Image by **alexalf2** from **Pixabay**

Slide 16: 5 Minutes

Slide Instructions

SAY: Now that we've seen the video, let's discuss it using the **3 F's of Processing a Video**.

1. **FEELINGS:** The first F is feelings - What emotions/feelings did this video evoke? How did it make you feel? Please refer to the **Feelings Chart** in Module 1 of your **Participant Workbook** to assist you in picking a couple of feelings.
2. **FACTS:** The second F is facts – What information did you learn? What knowledge did you gain?
3. **FUNCTION:** The third F is function - What will you DO with this new information? How will you apply it to your life?



DO: Depending on the size and comfort level of your group, you can do this as a large discussion or break up the group into smaller groups. You could use a circle format, asking each person to answer each of the 3 F's (with option to pass) so that every participant has an opportunity to share. Use your facilitator discretion on how best to go through the 3 F's.

DO: Note these themes from the video that you should mention if the class participants don't:

- *Adults and children can "flip their lid"*
- *Being "online" vs "offline"*
- *You can make repair after conflict*
- *Kids can understand and use this model too!*

DO: Advance to the next slide

Facilitator Notes: Dr. Seigel uses the phrase "name it to tame it" as a way to explain how identifying our emotions is often the first step in self-regulation. However, referring to someone needing to "tame" their emotions could imply that those emotions are somehow not acceptable – particularly for marginalized groups who have been silenced.

Slide 17: 6 Minutes

Slide Instructions

SAY: Now that we have learned about the Hand Model of the Brain it is important to dig a little deeper into how your own emotional responses can cause your lid to flip and impact how you respond to your child. The video is from the International Circle of Security and is called: "Being with and Shark Music."



DO: Watch the "**Being With and Shark Music**" video clip (4 min 34 seconds) by clicking on the title in the slide or using this link: <https://vimeo.com/145329119> From International Circle of Security Parenting

DO: Advance to the next slide

Facilitator Notes:

Image by **Bruno Nascimento** from **Unsplash**

Slide 18: 12 Minutes

Slide Instructions

SAY: The video depicted how all parents experience "shark music" when their own emotional reactions get so loud that it interferes with their best parenting. When referring to shark music, the narrator of the video says:



"Whenever it is triggered, our ability to respond to our children's needs is limited. The good news is, by simply calling it by name, and reflecting on what our children need in the moment, we can turn down our shark music. This is so important because if we can learn to manage our history of negative experiences and perceptions we can respond to the truth of our child's current situation and be with them in it."

SAY: Take a few minutes to think about how and when your Shark Music gets loud (i.e.: during clean up, bedtime, arguing, tantrums, etc.) and then turn to the **Being With and Shark Music** worksheet in Module 6 of your **Participant Workbook**. Write down what makes your shark music get loud as well as the ways that you are able to successfully turn it down and experience "being with" your child or other loved ones.

DO: Allow **4 minutes** for participants to answer the 3 questions on the worksheet for themselves and then break the class up into small groups of 3 or 4 for participants to discuss their answers. Allow another **4 minutes** for discussion and then bring the group back, asking:

SAY: *Are there a few volunteers that would be willing to share about their "shark music" or "being with" in the large group?*

DO: Allow for a brief report out, (**2 minutes**) for a few individuals to volunteer to share their shark music or being with in the large group.

SAY: *We all flip our lids in response to SHARK MUSIC – when it happens, it is CRITICAL that you tend to your feelings, check your red, yellow, and green zone and practice self-regulation before you attempt to help your child with their flipped lid.*

Let's look at how you can practice regulating your emotional responses and feelings.

DO: Advance to the next slide

Facilitator Notes: The worksheet questions are:

1. What makes your "shark music" turn on and grow loud?
2. What strategies do you use to successfully turn it down?
3. What are some of the ways you are able to experience "being with" your child(ren)?

Slide 19: 4 Minutes

Slide Instructions

SAY: Before you can understand the reasons behind your own emotions, you first need to be able to identify them. This is not always as simple as it seems. Following are some concrete ways you can build the skill of identifying your emotions:

DO: Click to next animation 5 times; reading and expanding on each point:



Emotions Identification

- Practice recognizing emotions
- Notice physical responses
- Get curious
- Observe your emotions
- Notice the impact of your emotions on others

Retrieved from: <https://www.edutopia.org/blog/five-social-emotional-learning-lessons-for-adults-elena-aguiar>

- **Practice recognizing emotions.** *This may look like spending some time each day checking in on your own emotions without attaching judgment. Try to do this when you are experiencing positive and/or tolerable stress.*

- **Notice physical responses.** Take note of your physical responses, such as genuine smiling when happy or grateful, butterflies in your stomach when anxious, tensing of your muscles when experiencing certain levels of stress/discomfort, etc.
- **Get curious.** Once you've started noticing and naming your emotions, get curious about them. Investigate. Explore. "Have I always felt this way?"
- **Observe your emotions.** We are not our emotions. They are just temporary states that come and go, and we have some control over them. Notice the impact of your emotions on others. Without getting into self-judgment, start noticing how your emotional states impact others.
- **Notice the impact of your emotions on others.** Without getting into self-judgment, start noticing how your emotional states impact others. The key is to think like a scientist and make comments to yourself such as, "Oh, that's interesting! I never noticed that. Wow, look at what happens to ____ when I am feeling ____."

SAY: When you (and your children) understand the biological (brain) reasons behind emotions, how emotions can manifest in a physical form, thoughts, and behaviors, it can improve self-awareness, self-control, and emotional regulation. It can also reduce or prevent feelings of shame when you have strong emotions.

Now let's explore how sometimes feelings are masked by other feelings.

DO: Advance to the next slide

Facilitator Notes: This information about **Emotions Identification** can be found in Module 6 of the **Participant Workbook**. Aguilar, E. (2014). *5 simple lessons for social and emotional learning for adults*. Retrieved from: <https://www.edutopia.org/blog/five-social-emotional-learning-lessons-for-adults-elena-aguilar>

Slide 20: 8 Minutes

Slide Instructions

DO: Pass out plain white paper for each parent and markers/crayons for each table (or have them on the table ahead of time).

SAY: *Because of past experiences, both children and adults may not see anger as a healthy emotion. Anger gets a bad rap because it is usually associated with aggression, violence, and abuse. However, if identified and expressed in a healthy manner, anger can serve as a positive function, such as a good skill development and positive advocacy like "that did not feel good" or "I did not like that."*

In addition, it is important to remember that many times we tend to "mask" other emotions with anger. These may be emotions that are more difficult to identify or express (such as sadness, embarrassment, fear, shame).

In front of you is a piece of paper, please draw a big angry face on it. Remember, this is not an art class so there is no need to be self-conscious of your artistic abilities.

DO: To model, one facilitator should draw a big angry face on the easel paper pad. Allow **2 minutes** for parents to complete.

SAY: *Now, turn the paper over and think about what emotions, or feelings, that someone may sometimes "mask" with anger. To help you, think about situations where you may have felt angry and/or responded with anger when there were actually one or more underlying feelings.*

DO: Allow **3-5 minutes**. Next, ask for volunteers to identify some of those underlying feelings. Write the feelings they call out underneath the angry face on the flip chart. If the following emotions are not identified, you can share them with the group:

*Hurt
Embarrassed
Powerless
Vulnerable (may need to define)
Jealous
Sad
Confused
Scared
Rejected
Frustrated
Humiliated*



SAY: Sometimes anger is just anger; but other times anger is a “secondary emotion.” Meaning that a person might show anger as a way to protect or MASK themselves from other vulnerable feelings.

DO: Advance to the next slide

Facilitator Notes: Please note that anger is much harder for primarily impacted communities and/or individuals/families with layered marginalized identities.

Image by Tengyart from Unsplash

Slide 21: 2 Minutes

Slide Instructions

SAY: Feeling identification is an important part of practicing self- regulation. We need to know what we are feeling in order to respond to it.

DO: [click for next animation](#) and read the slide:



Adult self-regulation is essential! Being a parent may be the most challenging experience in life. An essential component to navigating this experience is self-regulation. It is the most important thing WE can do to help our children: Heal from their traumatic experiences AND Improve their emotional responses and behavioral challenges. In order to self-regulate, we must first practice identifying our emotions.

SAY: Next, we are going to learn about a specific way to practice our own self-regulation.

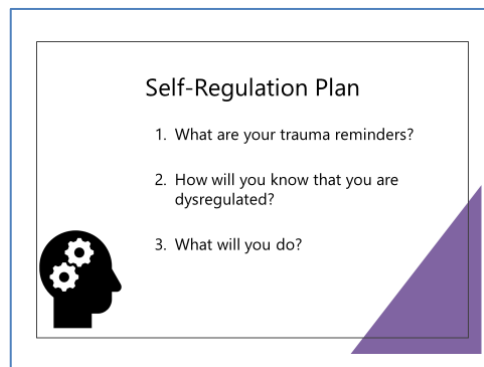
DO: Advance to the next slide

Facilitator Notes:

Slide 22: 2 Minutes

Slide Instructions

SAY: *It is imperative to develop a self-regulation BEFORE you flip our lid! The plan will work best if you are thoughtful about identifying your trauma triggers and make a commitment to follow through with your plan. Please turn to the **Self-Regulation Plan** in Module 6 in your **Participant Workbook**.*



DO: Click to next animation 3 times and read the points on the slide:
These are the three questions that will guide you through developing your self-regulation plan:

1. *What are my trauma reminders?*
2. *How will I know that you are dysregulated (flipped your lid)?*
3. *What will I do?*

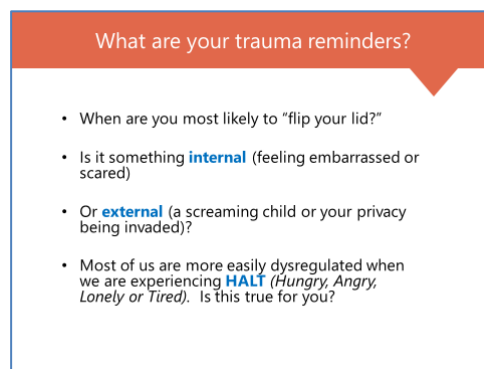
DO: Advance to the next slide

Facilitator Notes:

Slide 23: 2 Minutes

Slide Instructions

DO: Click to next animation 4 times and reach bullet point
Take a moment and think about your responses to the following:



- *When are you most likely to flip your lid?*
- *Is it something internal (feeling embarrassed or scared)?*
- *Or external (screaming child or your privacy being invaded)?*
- *Most of us are more easily dysregulated when we are hungry, angry, lonely, or tired. Is this true for you? This can be especially true for children.*

DO: Advance to the next slide

Facilitator Notes: HALT = Hungry, Angry, Lonely or Tired

Slide 24: 4 Minutes

Slide Instructions

DO: Click to next animation 4 times and reach bullet point:

Take a moment and think about how you will know that you are dysregulated or that you have flipped your lid. What will you notice about yourself?

- **Physical:** *pounding head, sweating, shaking*
- **Behavioral:** *raised voice, pointing finger, stomping your feet*
- **Emotional:** *feeling scared, overwhelmed, confused*
- **Thinking:** *perseverating, imagining yourself getting aggressive, thoughts of running away*

DO: Ask for a few volunteers to share what they notice about themselves. Allow **3 minutes**

DO: Advance to the next slide

Facilitator Notes:



How will you know that you are dysregulated?

What will you notice about yourself:

- Physical** (*pounding head, sweating, shaking*)
- Behavioral** (*raised voice, pointing finger, stomping your feet*)
- Emotional** (*feeling scared, overwhelmed, confused*)
- Thinking** (*perseverating, imagining yourself getting aggressive, thoughts of running away*)

Slide 25: 15 Minutes

Slide Instructions

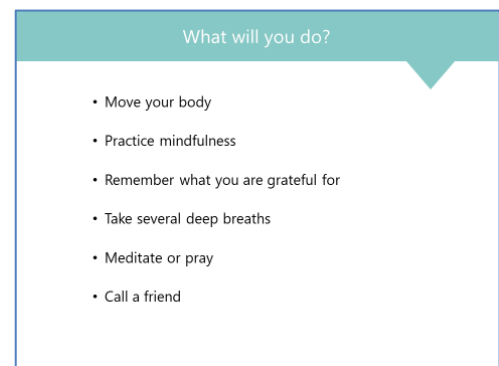
SAY: *Having a compassionate self-care plan for what you will do when you are dysregulated is crucial:*

DO: Click to next animation 6 times and reach bullet point

Here are some examples of things that you could do:

- Move your body*
- Practice mindfulness*
- Remember what you are grateful for*
- Take several deep breaths*
- Meditate or pray*
- Call a friend*

SAY: *Does anyone have additional ideas?*



What will you do?

- Move your body
- Practice mindfulness
- Remember what you are grateful for
- Take several deep breaths
- Meditate or pray
- Call a friend

DO: Allow **2 minutes** for any additional ideas; then direct participants to the **Self-Regulation Plan** in Module 6 of the **Participant Workbook**.

SAY: *Please spend a few minutes developing your own Self-Regulation Plan.*

DO: Allow **5-7 minutes** for this. Walk around the room and support participants as needed. After time is up divide the group into pairs or small groups to share their plans with each other. Advise them that they can ask each other for ideas to fully complete their plans or ask for any feedback they might want. Remember that no one has to share if they don't feel comfortable. Allow **4 minutes** for this.

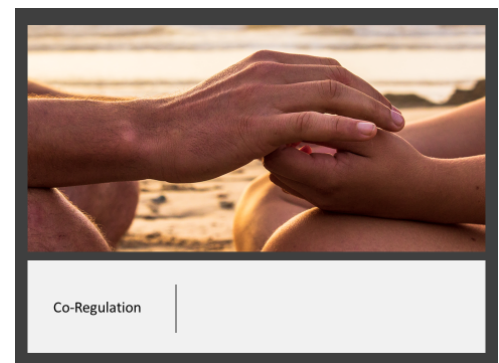
DO: Advance to the next slide

Facilitator Notes:

Slide 26: 8 Minutes

Slide Instructions

SAY: *Have you ever "caught" someone else's anxiety? Or their excitement? Have you ever been in the presence of someone who is so calm and serene that you begin to feel calmer yourself? This is co-regulation. As humans we are neuro-biologically designed to tune in to each other's emotions.*



If a child is emotionally escalated (i.e., flips their lid) it can easily lead to their parent flipping their lid.

DO: While talking about this, hold one of your hands open ("flipped" as in the video) representing the child. Then flip the lid of the parent hand so that both hands are now "flipped."

SAY: *If both of you have flipped lids – nothing good is going to happen!!! As the adult in the situation, this is your opportunity to put your self-regulation plan into place, calm yourself, and get yourself back "online."*

DO: As you say this, slowly close the parent hand.

SAY: *Now that you are calm, your child will be able to join you in your calmness and become calmer themselves.*

DO: Slowly close the child hand and bring the two hands together in a connected way.

SAY: *THIS is the heart of co-regulation. Can anyone share an experience of being able to calm yourself in order to help someone else calm down OR the opposite – a time when someone else’s calm presence calmed you?*

DO: Allow **3 or 4 minutes** for participants to share. Do this in the larger group, taking note of anyone who is typically quiet in class and making sure to offer an opportunity for them to share.

SAY: *In the next few sessions we will explore specific ways you can help co-regulate with your child(ren).*

DO: Advance to the next slide

Facilitator Notes:

Some adults may not have had experiences of co-regulation when they were children, and this is a new concept, experience, and skill for them. "Although it may sound like something internal to an individual, self-regulation develops through interaction with caregivers such as parents, teachers, coaches, and other mentors. Further, self-regulation development is dependent on predictable, responsive, and supportive environments. Because caregivers are vital to self-regulation development, teaching adults in caregiver roles to promote self-regulation can be powerful.

Co-regulation begin when a parent first focuses on their own self-regulation. By paying attention to your own feelings and reactions during stressful interactions with your child(dren) you begin to teach regulation skills through modeling. When you use strategies to self-calm and respond effectively and compassionately you are providing guidance for your child on how they can self-calm. Sometimes this might be taking a moment for deep breaths or practicing positive self-talk. When you respond calmly and practice self- regulation skills you are helping your child’s feelings from escalating. By modeling and practicing your self-regulation skills, you can then begin to teach and practice self-regulation skills with your child. Often children and youth first need to have someone join them in practicing regulation skills before they can do it on their own. Remember self-regulation and co-regulation skill development is to strengthen healthy emotional expression and acknowledgment. All of our emotions are important and should validated and processes in order to heal the traumas we are navigating."

<https://www.acf.hhs.gov/opre/research/project/toxic-stress-and-self-regulation-reports>

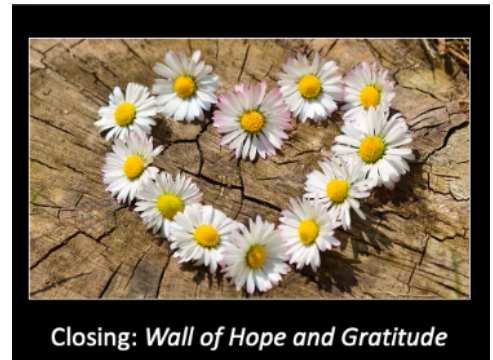
*Image by **Louis Hansel** from **Unsplash***

Slide 27: 10 Minutes

Slide Instructions

SAY: *We have covered a lot of ground today – your mind might be swirling with all kinds of thoughts and ideas OR you might be having some emotions and feelings OR you might have bodily sensations or responses to all that we have discussed today. Or maybe you are experiencing all three at once. These are all common responses. We are going to take a few minutes of silence. During this time, you may do any of the following things:*

- *Take note of what you are thinking and feeling and to what you are experiencing in your body*
- *Reflect on what you have learned today and how you might apply some of it to your life.*
- *Practice mindfulness or meditation or silent prayer*
- *Just sit quietly*



DO: Set a time for **2 minutes**. It is important that the facilitators sit quietly too. Now is not the time to tidy the classroom or read your notes or do anything other than joining the class in your OWN self-reflection. Once 2 minutes have passed you can begin the closing activity.

SAY: *We are now going to begin our closing activity. Please find a couple of sticky notes and a pen/pencil. Take a minute to write down what your **Hopes or Intentions** are for the coming week. Once you have written it down, you will have the opportunity to add it to our **Wall of Hope and Gratitude**. You can write more than one.*

DO: Give participants **2-3 minutes** to write their Hopes or Intentions down. Don't have them put them on the flip chart yet.

SAY: *Now find some more sticky notes and write down any **Appreciations or Gratitude** that you have toward yourself or anyone in this class. You can write more than one.*

DO: Give participants another **2-3 minutes** to write down their Gratitude or Appreciations.

SAY: *Now take all of your sticky notes and add them to the **Wall of Hope and Gratitude** on the flip chat in the classroom. If you would like to easily remember your own Hopes or Intentions – you can re-write it in your Participant Workbook or take a picture of it with your phone. When you are finished putting up your notes, please return to your seat.*

DO: Allow **1 minute** for everyone to add their sticky notes to the wall and return to their seats.

SAY: *As you leave class today, please take a moment to read what others have posted on the wall before you head out. Notice how it felt to write your notes AND what it feels like to read what others wrote. After you read through the notes you are welcome to leave class. At the beginning of our next class, we will re-read the **Wall of Hope and Gratitude**.*

Thank you for attending class and we look forward to seeing you next time!!

Facilitator Notes:

Module 7

FACILITATORS: In preparation to teach this module (specifically the parts about child directed play, attunement, and tuning in by turning it up and turning it down) it is strongly recommended that you take the self-directed online micro learning entitled “*TIPS for Tuning In: Building Resilience in Your Children.*” You may also recommend that participants take this training as well, although it is not a required part of the BPC training. The micro learning will take approximately 1.5 hours to complete.

To access this training, go to <https://blog.uvm.edu/jstrolin/> and then click on *Trauma-Informed Parenting.*

For your added knowledge about the value of play for children, including children who have experienced trauma, consider watching this video from the Center on the Developing Child at Harvard University: <https://youtu.be/pjoyBZYk2zl>

Slide 1: 0 Minutes

Slide Instructions: The purpose of this slide is to provide the course facilitator with information to prepare for this module. Don't show this slide to the class participants.

The module content is timed to take 2.5 hours, but it is suggested that a total of 3.0 hours as set aside for teaching this module to include time for later start, breaks, and/or sharing a meal.

BPC: Navigating Trauma
Across Generations

Facilitator Prep Slide

Module 7: Trauma-Informed Parenting Responses

Materials needed for ALL modules

- Facilitator Guide
- Participant Workbook
- Projector and associated cables
- Internet access
- Name tags
- Sign in or attendance sheet
- Evaluations specific to each module (optional)
- Pens/pencils for participants
- Paper, index cards or sticky notes for participant use
- Tissue boxes
- Flip chart paper, easel and markers OR whiteboard and markers OR chalkboard and chalk
- Group Agreements** – written out on flip chart for Mods 2 - 10
- The **Wall of Hope and Gratitude** from all previous classes

Prep for THIS module:

- Check and Pre-load any videos that will be shown in class today – cue the video up to start after any advertisements (if the video is from YouTube)

- Mindfulness video: "Gratitude Revealed"
- Play by Play video in I SEE YOU
- Other Prep:
 - **Slide 9:** Prep flip chart entitled: "Being an Emotional Container for your Child" and list of things on the slide. Leave room under those things for more specific ideas from the class.
 - **Slide 12:** Prep 2 flip charts
 - One entitled: "Sleep and Bedtime – Why it is a Hot Spot"
 - The other entitled: "Sleep and Bedtime – Successes"
 - **Slide 13:** Prep 2 flip charts
 - One entitled: "Food and Mealtime– Why it is a Hot Spot"
 - The other entitled: "Food and Mealtime – Successes"
 - **Slide 14:** Prep 2 flip charts
 - One entitled: "Physical Boundaries – Why they are a Hot Spot"
 - The other entitled: "Physical Boundaries – Successes"
- Other materials specific to this module:
 - N/A

Participant Workbook Items covered in this module

- Gratitude Practice
- Cool Down Anger and How to Deal with It
- Managing Hot Spots
- TIPS for Tuning In: Building Resilience in Your Children: Link and overview of this additional and optional micro learning for parents
- Turn It Down and Turn It Up skills

Overview of Module:

1. Welcome
2. Mindful Moments
3. Group Agreements
4. Review of previous week
5. What You Will Learn
6. Being an Emotional Container
7. Emotional Hot Spots
8. Child Directed Play and Attunement
9. Tuning in Skills (Turn It Down and Turn It Up)
10. Wall of Hope and Gratitude

Slide 2: 5 Minutes

Slide Instructions

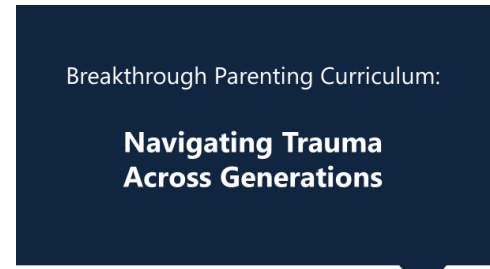
DO: Have this slide showing as people arrive in the classroom. Warmly welcome participants to the class and share any brief logistical information – Let them know this week’s module title. After everyone has arrived and is settled, you can begin.

SAY: *Our last class ended with folks adding **Hopes and Intentions** for themselves as well as **Gratitude and Appreciations** for each other. Let me read what people wrote to remind us of the journey that we are all on.*

DO: Read what is on the **Wall of Hope and Gratitude**. Be thoughtful about reading this in a way that is soothing and attempts to bring participants back to a place of connection.

DO: Advance to the next slide

Facilitator Notes: You might want to group sticky notes with hopes/intentions in one spot and gratitude/appreciation in another OR if there are any themes. Depending on how much people write each week – you might need to add additional flip charts.



Module 7: Trauma-Informed Parenting Responses

Ready Children's Development Center | EDUCATION AND SOCIAL SERVICES | NCTSN | The National Child Traumatic Stress Network

Slide 3: 12 Minutes

Slide Instructions

SAY: *For our mindful moment today, we are going to watch this brief six-minute video about the practice of gratitude*

DO: Click to next slide animation and watch video (6:35 minutes) using the link in the slide or this link here: <https://vimeo.com/135308696>. When the video is over, pause for a moment of silence before inviting participants to write down 3 to 5 things that they are grateful for. Let them know that this is a silent activity and will not be shared with anyone else.



SAY: Please take a moment to turn to **Gratitude Practice** in Module 7 in your **Participant Workbook** and write down (or silently think to yourself) 3 to 5 things that you are grateful for. You will not be sharing this with anyone else.

DO: Allow about **5 minutes** for this. Upon completion, briefly share some of the benefits of having a regular gratitude practice: releases toxic emotions, reduces physical pain, improve the quality of sleep, aids in stress regulation, reduces anxiety and depression.

DO: Advance to the next slide

Facilitator Notes: Benefits are according to PositivePsychology.com and other sources

Slide 4: 3 Minutes

Slide Instructions

DO: Post your class **Group Agreements** on a wall and do a brief review of them as a reminder of how the class participants are holding space for each other.

DO: Advance to the next slide

Facilitator Notes:



Slide 5: 10 Minutes

Slide Instructions

SAY: In the last module we covered the following topics:

- The Cognitive Triangle which looked at the connection between thoughts, feelings, and behaviors
- How to apply a trauma lens
- Using the Hand Model of the Brain



- *Developing your own Self-Regulation Plan*

DO: Ask the following question: *Would anyone like to share a success they experienced with using their trauma lens or self-regulation plan recently?*

DO: Advance to next slide

Facilitator Notes: Depending on group size and/or connection between participants, you could ask each member to answer the question (with option to pass) or ask for a few volunteers or a pair and share with a few reporting back to the whole group. This quick round of check in allows connection between last module's content and this week's as well as allows for participants to ground/reground themselves.

Image by **Danielle Macinnes** from **Unsplash**

Slide 6: 1 Minute

Slide Instructions

DO: Click to next animation 4 times; reading and expanding on each point:

In this module, you will learn to:

1. *Describe ways parents can provide an emotional container for their children*
2. *Develop strategies for a trauma-informed response to emotional hot spots for their children.*
3. *Learn more about the value and importance of play for their children and themselves*
4. *Learn at least 4 ways that parents can attune with their children*

DO: Advance to the next slide

Facilitator Notes:

What Will You Learn?

In this module, you will learn to:

1. Describe ways parents can provide an emotional container for their children
2. Develop strategies for a trauma-informed response to emotional hot spots for their children.
3. Learn more about the value and importance of play for their children and themselves
4. Learn at least 4 ways that parents can attune with their children

Slide 7: 2 Minutes

Slide Instructions

SAY: *In previous classes we have talked about the different ways that trauma impacts someone's beliefs, perspectives, thoughts, and behaviors.*

DO: *Click to next animation 4 times; reading and expanding on each point*

Individuals who have been through trauma may:

- *Have valid fears about their own safety or the safety of loved ones*
- *May have difficulty trusting adults to protect them (children may feel this way)*
- *Be hyperaware of potential threats*
- *Have problems controlling their reactions to perceived threats*

SAY: *Physical safety is not the same as psychological safety.*

- *Your child's definition of "safety" will not be the same as yours.*
- *To help your child feel safe, you will need to look at the world through their "trauma lens."*
- *Often creating safety occurs through your response to your child(ren)'s behaviors*

Last week we talked about the importance of practicing self-regulation. Not only are you creating a safe environment by practicing self-regulation, but you are also role modeling regulation of feelings for your child and can begin to practice co-regulation with your child using the same regulation skills.

DO: Advance to the next slide

Facilitator Notes:

**Trauma's Impact
and Your Parenting Response**

Individuals who have been through trauma may:

- Have valid fears about their own safety or the safety of loved ones
- May have difficulty trusting adults to protect them(children)
- Be hyperaware of potential threats
- Have problems controlling their reactions to perceived threats

Slide 8: 5 Minutes

Slide Instructions

SAY: *As we've learned, individuals who have been through and/or experienced trauma may not have developed the skills to understand, express, and manage their emotions in healthy and helpful ways.*

They may feel overwhelmed by their feelings, particularly in the face of new stresses, strange situations, and reminders of their trauma.

Both children and parents burdened by the negative beliefs and expectations of their Invisible Suitcases may unconsciously try to "confirm" these beliefs by acting out in ways that will provoke the responses they expect from others.

Learning to manage your own emotions as well as serving as an "emotional container" for your children is critical. This occurs by responding calmly and warmly to your child and disproving the negative beliefs about themselves (and caregivers) in your child's Invisible Suitcase.

Being an emotional container is like "emotionally holding" your child. It means:

- *Attempting to understand their behavior through a trauma lens*
- *Reacting in a way that gives a child what s/he needs*
- *And then later teaching them skills so they can ultimately manage their own emotions is "being an emotional container".*

SAY: *Here is an example of a parent being an emotional container to their dysregulated child - Let's imagine that you are a few minutes late to pick up your child from school or a friend's house. Your child calls you multiple times to ensure that you are coming. While on the phone with you they yell and demand that you get there right now!! This gets worse with each phone call. Once you arrive, about 15 minutes late, your child gives you dirty looks and is generally disrespectful.*

Here is how you could respond:

1. **Calm yourself** – *Take a couple of deep breathes and remind yourself that you want to be a responsive and not a reactive parent*
2. **Use the trauma lens or think about their invisible suitcase** – *Remember that they felt abandoned when they moved into foster care (or some other situation)*
3. **Don't take it personally** – *this is about their emotional reaction to a trauma reminder*
4. **Provide an emotional container** – *In a calm voice say something like: "I am so sorry I was late. That must have been scary for you. If I thought my mom wasn't coming to pick me up, I would have been scared too."*



5. **Future planning** – You could also work toward preventing this from happening in the future by:
- Don't give them an exact time that you will arrive
 - Try to arrive early
 - Call them if/when you are going to be late
 - Develop a back-up plan for if/when you are late in the future

DO: Advance to the next slide

Facilitator Notes:

Image by [Lisa Trochez](#) from [Unsplash](#)

Slide 9: 2 Minutes

Slide Instructions

DO: Have the items on this slide pre-written on a flip chart entitled: "Being an Emotional Container for your Child." Leave space at the bottom to add additional ideas (activity on the next slide). Put this on the wall of the classroom.

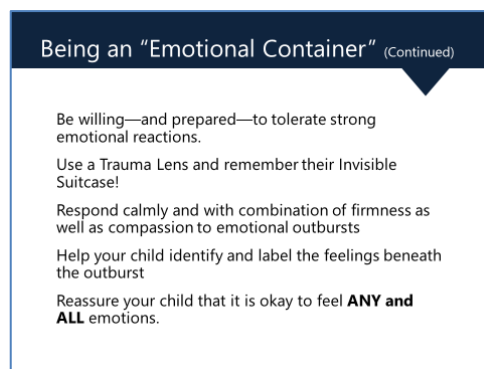
SAY: *Here are a few more things to think about when providing an emotional container.*

DO: Click to next animation 5 times; reading and expanding on each point:

To be an effective emotional container for your child, you will need to:

- *Be willing—and prepared—to tolerate strong emotional reactions.*
- *Use a Trauma Lens and remember their Invisible Suitcase! They may be unconsciously trying to "prove" their beliefs about the world, you, and themselves!*
- *Respond calmly and with combination of firmness as well as compassion to emotional outbursts*
- *Help your child identify and label the feelings beneath the outburst, which can feel overwhelming at times. Suggest and set an example of alternative ways of expressing feelings without damaging things or lashing out at other people*
- *Reassure your child that it is okay to feel **ANY and ALL** emotions.*

DO: Advance to the next slide



Facilitator Notes:

Slide 10: 12 Minutes

Slide Instructions

SAY: *In Module 6 we looked at this same quote through a cognitive triangle lens. Now let's revisit this scenario and look at it through the lens of a parent acting as an emotional container for their child or youth.*

DO: Read the slide:

Read Aloud Quote

"I started cursing at my mom. I wanted her to lose control. I figured that sooner or later she would say something that would hurt me. I wanted to hurt her first . . .

Later I felt depressed. I knew I'd acted out of control. When I get angry I don't even realize what I do and I hurt the people around me. . .

I feel sad that I'm not good about expressing myself. I feel like a walking time bomb. I hope my parents can handle my anger, and help me take control of myself."

-A.M.

Mahdi, A. (2004, November/December). Am I too angry to love? *Represent: The Voice of Youth in Care.*

"I started cursing at my mom. I wanted her to lose control. I figured that sooner or later she would say something that would hurt me. I wanted to hurt her first . . .

Later I felt depressed. I knew I'd acted out of control. When I get angry, I don't even realize what I do, and I hurt the people around me....

I feel sad that I'm not good about expressing myself. I feel like a walking time bomb. I hope my parents can handle my anger and help me take control of myself."

- A. M.

SAY: *A. M. is crying out for an emotional container, someone who can handle their anger and other overwhelming emotions and help them to take control of themselves without hurting other people. Only then can A. M. feel safe.*

SAY: *Let's spend a few minutes talking about what A.M. needs from their parent*

DO: Click to next animation and instruct the class to break up into small groups (2 to 4 in each group). Read the questions on the slide and leave it up for class reference.

Ways for A.M.'s parent be an Emotional Container:

What could the mom do when A.M. starts to curse?

What could she do afterwards (when A.M. is feeling depressed)?

How can she help A.M. "take control of myself?"

Instruct participants to answer each of the questions on the slide as a small group. Allow **8 minutes**. Upon return, ask each group for a report out. Write down participant answers on a pre-prepared flip chart entitled: "Being an Emotional Container for your Child." Allow **4 minutes**

SAY: *In the resource section of Module 7 of your **Participant Workbook** you will find an article entitled "**Cool Down Anger and How to Deal with It.**" This article has some other helpful ideas.*

DO: Advance to the next slide

Facilitator Notes: References and resources for you:

- Mental Health Foundation (2008). *Cool down: Anger and how to deal with it* (pp.1-13)
Retrieved from <https://www.mentalhealth.org.uk/publications/cool-down>
- How to be an emotional container? RPC podcast NCTSN <https://youtu.be/OOirC4CdOnQ>

Slide 11: 3 Minutes

Slide Instructions

SAY: *The practice of being an emotional container for your child will aid you in dealing with the various day to day challenges that arise. As we talked about in a previous module, all families are unique and present with different traumatic experiences. However, many children have challenging responses to a few particular areas. We call these "hot spots." Emotional "hot spots" are events that can bring about an emotional response for you or your child. Often this response is not even be conscious.*

These "hot spots" include:

- **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, privacy issues, and medical exams and procedures that expose or invade the body

These three areas of difficulty are common for all children.

DO: Advance to the next slide

Facilitator Notes:



Slide 12: 10 Minutes

Slide Instructions

SAY: *Why might sleep and bedtime be an emotional "hot spot" for children who have experienced trauma?*

DO: Put pre-prepared flip chart on the wall with "Sleep and Bedtime – Why it is a Hot Spot?" written at the top. Allow **3 to 4 minutes** for parents to share their responses. Write them on the flip chart and be sure to add the items listed below if they don't come up in the discussion (feel free to add your own).

- Child is alone in their room at the end of the day with less distractions, sometimes thoughts/feelings can flood them
- Bedtime may have been when abuse happened
- They might have nightmares
- Their bedroom may have been used as punishment in the past or they were left there for long periods of time (i.e., neglect)
- Mornings can be difficult too – it took them a long time to finally fall asleep and now they have to get up and face the day!!

SAY: *How can you make bedtime feel safer and/or more successful?*

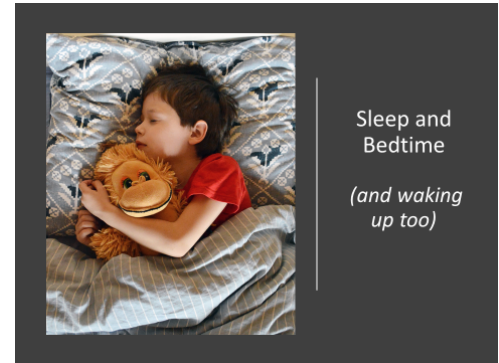
DO: Put up the second flip chart entitled "Sleep and Bedtime – Successes" and break the group up into pairs or small groups.

- Ask them to generate ideas based on their own experiences or what they have learned in class so far about how they can make sleep, bedtime and waking more successful for their child
- Have the groups or pairs write their answers on sticky notes and add them to the flip chart
- Allow **5 minutes** and then read the responses generated on the sticky notes back to the whole group

Add these items if not included in the list generated by participants:

- Acknowledge and respect fears they may have
- Set consistent sleep and wake times with predictable, calming routines (i.e.: reading, bath, songs)
- Help your child to make their bedroom their "own" (painting their own bedroom, letting them pick their own bedspreads, etc.)
- Ask permission to enter their bedroom
- Ask permission to sit on their bed

DO: Advance to the next slide



Facilitator Notes: Take note of who may have literacy issues and partner them with someone who does not, so that person can write responses on the stick notes (or use some other accommodation)

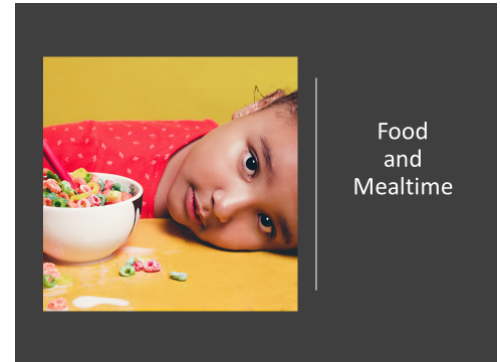
Image by **Victoria Borodina** from **Pexels**

Slide 13: 10 Minutes

Slide Instructions

SAY: *Why might food and mealtime be an emotional "hot spot" for children who have experienced trauma?*

DO: Put pre-prepared flip chart on the wall with "Food and Mealtime – Why it is a Hot Spot" written at the top. Allow **3 to 4 minutes** for parents to share their responses. Write them on the flip chart and be sure to add the items listed below if they don't come up in the discussion:



- A history of family conflict at mealtime
- Perhaps there wasn't enough to eat in the past (or even now) – acknowledge that poverty is not the family's fault
- Being forced to eat in the past (a manifestation of intergenerational poverty might be that children were forced to eat the food they were given – unintentionally resulting in eating challenges for the child)
- A history of being punished with food deprivation

SAY: *How can you make mealtime feel safer and/or more successful?*

DO: Put up the second flip chart entitled "Food and Mealtime– Successes" and break the group up into pairs or small groups.

- Ask them to generate ideas based on their own experiences or what they have learned in class so far about how they can make eating and mealtime more successful for their child
- Have the groups or pairs write their answers on sticky notes and add them to the flip chart
- Allow **5 minutes** and then read the responses generated on the sticky notes back to the group

Add these items if not included in the list generated by participants:

- Set consistent mealtimes
- Involve child in planning, shopping, and making meals
- Keep mealtimes calm and supportive – don't use this time to talk about challenges
- Create and practice rituals – saying grace or "rose and thorns" (each family member says 1 positive and 1 negative thing about their day) or holding hands; expressing gratitude
- Accommodate food preferences, if and when possible

- Avoid battles about how much or what food children should eat

DO: Advance to the next slide

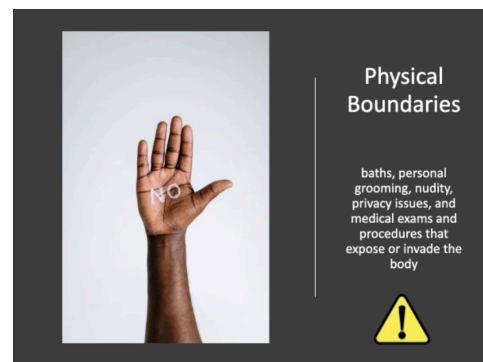
Facilitator Notes:

Image by **Tiago Pereira** from **Pexels**

Slide 14: 10 Minutes

Slide Instructions

Facilitator please note: The concept of physical boundaries can be difficult for some participants to understand, especially for individuals who are concrete thinkers. Take time to make sure they understand this before proceeding with the activity. This topic can also be emotionally difficult for participants to listen to and talk about, especially if they have a history of sexual abuse or boundary violations.



SAY: *Why might physical boundaries be an emotional "hot spot" for children who have experienced trauma?*

DO: Put pre-prepared flip chart on the wall with "Physical Boundaries– Why they are a Hot Spot?" written at the top. Allow **3 to 4 minutes** for parents to share their responses. Write them on the flip chart and be sure to add the items listed below if they don't come up in the discussion (feel free to add your own).

- They may feel disconnected from their bodies due to dissociation from past trauma
- They may never have learned that their bodies should be cared for and protected
- Bathrooms, showers, tubs may have been where they were abused in the past (especially sexual abuse)
- They may believe that staying dirty will keep an abuser away
- Medical procedures seem similar to past abuse
- In cases of sexual abuse, their bodies may have responded in ways that make them feel shame; they might not trust their own bodily responses

SAY: *How can you make children feel safer or more successful in regard to physical boundaries?*

DO: Put up the second flip chart entitled "Physical Boundaries – Successes" and break the group up into pairs or small groups.

- Ask them to generate ideas based on their own experiences or what they have learned in class so far about how they can make sleep, bedtime and waking more successful for their child

- Have the groups or pairs write their answers on sticky notes and add them to the flip chart
- Allow **5 minutes** and then read the responses generated on the sticky notes back to the whole group

Add these items if not included in the list generated by participants:

- Give your child permission to decide if/when they want to be hugged or physically touched by other people. In some families/cultures it is considered “impolite” to refuse a hug or kiss from a family member. This can unintentionally give the message that children are not allowed to say no to physical contact from adults – including sexual abuse.
- Have clear rules and guidelines around bathroom use – only one person at a time, it is okay to lock the door, people must knock before entering, etc.
- When helping younger children bathe, ask permission before touching and washing their genital area. Explain what you are doing and why you are doing it.
- Give them choice about whether or not you enter a doctor’s exam room with them
- Teach them the proper names for body parts (penis, vulva, scrotum, breasts, vagina, etc.)

SAY: Module 7 in your **Participant Workbook** has a handout entitled: **Managing Hot Spots** which you can look at after class for additional ideas.

DO: Advance to the next slide

Facilitator Notes: Trauma Response Warning: *Make sure to check-in with participants and encourage them to check in with their support systems as needed. Remind participants that they can step out of the room for a break if needed.*

Image by [cottonbro](#) from [Pexels](#)

Slide 15: 3 Minutes

Slide Instructions

SAY: *In this module so far, we have been talking about several different ways that you can be trauma-informed in your parenting responses. We just finished talking about how to be an emotional container and ways to navigate host spots. Now we are going to talk about a specific kind of play that can help you attune with your child.*



PLAY is important – specifically Child Directed Play when you allow your child to lead in the play. So often as parents we feel like we need to take the lead, or we sit back and observe them playing. Neither of these are child directed play. Child directed play means that we are engaging more intentionally while allowing the child to lead the play.

Research supports that play:

- *Improves adult/child interactions and child behaviors*
- *It is Important for healthy brain development*
- *Improves social interaction skills*
- *Helps children figure out things for themselves*
- *Allows children to experience the joy of self-discovery*
- *Helps children practice taking risks*
- *Provides practice problem solving*
- *Supports practice of self-regulation*

DO: Advance to the next slide

Facilitator Notes:

Image by **Skitterphoto** from **Pexels**

Slide 16: 3 Minutes

Slide Instructions

SAY: *We talked about the concept of attunement in previous modules. As a reminder, attunement means:*

- *Being aware of, and responsive to another*
- *Being Synchronous and Interactive*
- *A sense of “oneness” with another*
- *Being emotionally connected with each other*

This emotional connection is invaluable and critical when working towards healing from trauma. Child directed, one on one play, is one of the most effective ways of practicing attunement with your child. We call this type of attunement “Tuning In.” Tuning In is a specific Trauma-Informed Parenting skill which focuses on:

1. *Skills for attuning to your child and improving your relationship*
2. *Strategies for managing challenging behaviors*



SAY: There are other specific Trauma-Informed Parenting Skills that you can use to respond to challenging behaviors. If you would like to learn more about these, you can take a free self-directed online micro learning entitled **“TIPS for Tuning In: Building Resilience in Your Children.”** Instructions for accessing this are in Module 7 of your **Participant Workbook**.

The more you tune in with your child through play, the more your relationship will improve, and their challenging behaviors will decrease. We will go into more detail about how to do this in the rest of this module.

DO: Advance to the next slide

Facilitator Notes: TIPS for Tuning In was created by Jessica Strolin-Goltzman, Jennifer Jorgenson, Nicole Breslend, Rex Forehand, and Amy Bielawski-Branch at the University of Vermont

Image by **Nicholas Githiri** from **Pexels**

Slide 17: 2 Minutes

Slide Instructions

SAY: To Tune In with your children there are some things you will need to do LESS of by TURNING DOWN and some things you will need to do MORE of by TURNING UP.

These three things should be done minimally during one-on-one child directed play

DO: Click to next animation 3 times; reading:

Questions

Directions

No, Don't, Stop

SAY: We will talk more about these three things next.

DO: Advance to the next slide

Facilitator Notes:



Slide 18: 5 Minutes

Slide Instructions

SAY: *Why would we want to minimize and/or avoid unnecessary questions when playing?*

DO: Allow parents **2 minutes** to generate responses and be sure that the following are noted:

- They are often indirect commands
- They can be disguised disapproval
- They can make the child feel interrogated
- They can stop the flow of activity or connection
- They distract from being in the moment with child

SAY: *Questions are absolutely appropriate. There are many times that you will need to ask your children questions in your day to day lives. It is a primary way that many of us interact with children. However, often our desire to connect by asking more questions actually shuts down connection and sharing for the reasons we just discussed.*

So, we are not saying that you should NEVER ask questions; what we are saying is that you should avoid asking questions during child directed one on one play. AND to consider asking less unnecessary questions of your children in your daily life. You might be surprised that they actually talk MORE, the less you ask them questions!!

SAY: *How do you think you can become aware of the questions you ask your child(ren)?*

DO: Allow **3 minutes** for a few individuals to share responses.

DO: Advance to the next slide

Facilitator Notes:

*Image by **Marcel Strauß** from **Unsplash***



Slide 19: 3 Minutes

Slide Instructions

SAY: *Why would we want to minimize or avoid directions when playing?*

DO: Allow parents **2 minutes** to generate responses and be sure that the following are noted:

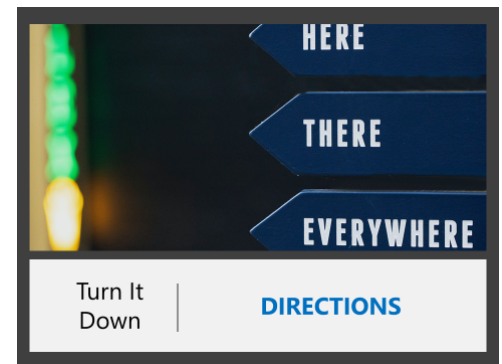
- Interferes with spontaneity
- decreases fun
- can make play feel like a chore
- moves away from child directed play

SAY: *You need to use directions sometimes. When you are intentionally working on “tuning in” through play, we suggest that you stay aware of how often and when you use directions during your focused play time with your child/ren. The goal of this kind of play is to let the child lead . . . And for you to follow.*

DO: Advance to the next slide

Facilitator Notes:

Image by **Rommel Davila** from **Unsplash**



Slide 20: 4 Minutes

Slide Instructions

SAY: *Why would we want to minimize or avoid saying NO when playing?*

DO: Allow parents **2 minutes** to generate responses and be sure that the following are noted:

- Child feels criticized
- Stops the flow of play
- Creates a negative atmosphere
- Interferes with their learning process

SAY: *Sometimes we need to say NO to our children. Especially if something is unsafe or a child is harming themselves or someone else. However, saying NO too often can be problematic. Consistent negative reactions can result in resistance and lead to negative, less healthy interactions between parents*



and children. You can still set boundaries for children that are healthy while minimizing how often you are saying "NO, DON'T, STOP."

The less often you say NO, the more powerful your "NO" becomes.

The next time you are tempted to tell your child NO, consider telling them what you WANT them to do, not what you DON'T WANT them to do.

For example:

- Please come sit next to me versus **stop** jumping on the coach
- Please help me make dinner versus **no** more video games
- Come hold my hand versus **don't** hit your brother

SAY: Does anyone have other examples?

DO: Allow **2 minutes** for a few individuals to share responses.

DO: Advance to the next slide

Facilitator Notes:

Image by **Jose Aragones** from **Unsplash**

Slide 21: 2 Minutes

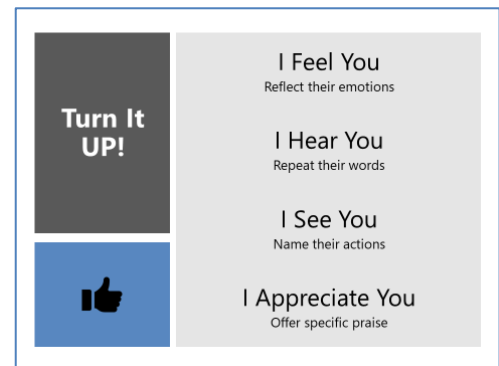
Slide Instructions

SAY: In addition to turning some things down, there are other behaviors for you to TURN UP during one-on-one child directed play. These things will help you attune with your child, improve your relationship with them and increase their positive behaviors.

DO: Click to next animation 4 times; reading:

1. I Feel You - Reflect their emotions
2. I Hear You - Repeat their words
3. I See You - Name their actions
4. I Appreciate You - Offer specific praise

SAY: We will expand on these 4 things next.



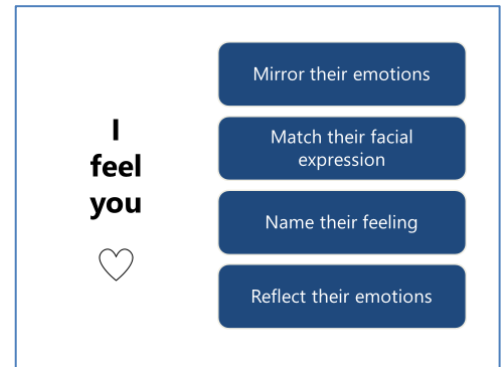
DO: Advance to the next slide

Facilitator Notes:

Slide 22: 10 Minutes

Slide Instructions

SAY: *The first **Turn It Up** Skill is **I FEEL YOU**. This is where you mirror your child's emotion, match their facial expression, and name the feeling that you are observing or hearing them share with you. It is **VERY IMPORTANT** to name and reflect their emotions.*



We do this naturally with babies . . . When they are crying, we might make a sad face and say something like "My sweet baby is crying" and then gradually shift our facial expression and tone of voice to more calm or happy. As children get older, we tend to move away from this level of matching expression, but they actually still need it.

We are now going to do a brief activity to practice "mirroring" another person. Please stand (if you are able) and turn to the person next to you – everyone needs to have one partner.

DO: Provide instructions for this activity:

1. Have people pair up and stand face to face
2. One person leads – moving their body, arms, legs – the other person has to "mirror" them. They should stay in place – no walking around the room
3. Do this for **1 minute**
4. Switch roles and do it for **1 more minute**
5. Process with the group

SAY: *Now that you had an opportunity to be both the leader and the one mirroring:*

What did you notice?

What was it like to be the mirror?

What was it like to be the one leading?

DO: Lead the group in **5 minutes** of sharing. In debriefing the exercise be sure to name the following if not shared by the group:

As the one mirroring:

- 1. You have to pay close attention to what the other person is doing in order to mirror
- 2. You have to be very present
- 3. In order to mirror correctly you had to wait, watch and allow the other person to lead BEFORE responding

As the one leading:

- 1. It maybe felt uncomfortable for someone to pay so much attention to me
- 2. It felt awkward/silly/vulnerable
- 3. I rarely have someone pay so much attention to what I am doing and actually mirror back to me what I am expressing, and it felt nice

SAY: *We are not suggesting that you go home and do this exercise with your child, although that might be fun to try out!*

The purpose of this activity is to recognize how much focus and attention it takes to be attuned with another person.

It is important to note that sometimes younger children may say one feeling and mean another. As a parent you still need to be curious and patient when trying to name feelings with a younger child.

*Practicing **I FEEL YOU** in playful interactions with your child might look/sound like the following:*

Making a sad or a happy face when they are clearly sad or happy themselves OR saying:

"You are frustrated that the pieces don't fit the way you would like for them to"

"You are disappointed that the tower you built fell over"

"I can tell how proud you are of yourself right now"

"You must have felt so brave when you did that"

DO: Advance to the next slide


Facilitator Notes:

Slide 23: 10 Minutes

Slide Instructions

SAY: *The second **Turn It Up** Skill is **I HEAR YOU**. This is when you, verbally and non-verbally, acknowledge that you hear what your child is saying and repeat it back to them.*

**I
hear
you**



- Acknowledge what your child says
- Say it back to them
- Let them know you are listening to them
- Repeat their words

We are going to do an activity to practice **I HEAR YOU**. Please partner with a new person (different than from the mirror activity). This time you can remain seated, but please turn your chairs to face each other. Please:

DO: Give CLEAR instructions first:

1. Once everyone has a partner, have them choose a Talker and a Listener
2. Talker spends **2 minutes** telling Listener about their day
3. Listener JUST LISTENS
4. When TIME IS UP, Listener repeats back what they said to the Talker (**1 minute**)
5. SWITCH (should take another **3 minutes**)
6. Process as group
 - ▶ How was it for Listener?
 - ▶ How was it for Talker?

DO: Allow **4 minutes** for the discussion. Two themes that you are looking for in this conversation are (1) the need to really focus on what the other person is saying and (2) how nice it feels to be listened to.

SAY: *Just like with our **I FEEL YOU** activity, we are not asking for you to go home and do this listening activity with your child(ren). This paired practice was for you to explore and reflect on how it feels to listen and to be fully heard.*

*When you practice the **I HEAR YOU** skills in interactive and engaged play with your child it might look/sound like the following:*

The child says: "I am building a tower" and YOU say "You ARE building a tower"

The child says: "This playdough is squishy" and YOU say "The playdough is squishy"

DO: Advance to the next slide

Facilitator Notes:

Slide 24: 5 Minutes

Slide Instructions

SAY: The third **Turn It Up** Skill is **I SEE YOU**. This is where you notice what your child is doing, narrate their play and offer non-verbal awareness. It can sound like a sports announcer doing a play by play. Sometimes children do this naturally as it helps them organize their play and sustain attention. Let's listen to this audio tape for a silly example of narrating play.



DO: Play the following 30 second video BUT DON'T SHOW THE IMAGE – AUDIO ONLY – Tell them that it is a silly example of a play by play – can they guess what is happening? Play it once with no video and then a second time with the video. You can click on the EYEBALL image in the slide or copy and paste the link here: <https://youtu.be/bFLbWfu0Qs>

SAY: The video is a silly example of doing a play-by-play report of what two dogs are doing. You would do something similar with children. For younger children this might look/sound like you saying the following during play with your child:

"You are putting the green block on top of the yellow block"

"Now you are lining all the animals up behind the fence."

"You put eyeballs on the Potato head."

"I see that you are drawing a house next to a mountain."

Older children (over age 7 or 8) and teens may not respond well to this play-by-play narration. For them you would want to say different things to acknowledge that you are noticing them:

"That took a lot of coordination to do that trick on the trampoline!"

"I noticed that your drawings are getting more complex."

"I saw how patient you were with the puppy today."

SAY: This Turn It Up skill can feel awkward for some parents. Over time you will find that your child will appreciate your focus on what they are doing, and you will find it coming more naturally in your interactive play. This out loud narration during play helps children and youth maintain greater focus, organizes play and thoughts, builds vocabulary, and MOST Importantly creates connection and attunement.

Remember that **THE MORE ATTENTION WE GIVE SOMETHING ~ THE MORE LIKELY IT IS TO OCCUR AGAIN!! TUNE IN to those things you want your child to do more of!!**

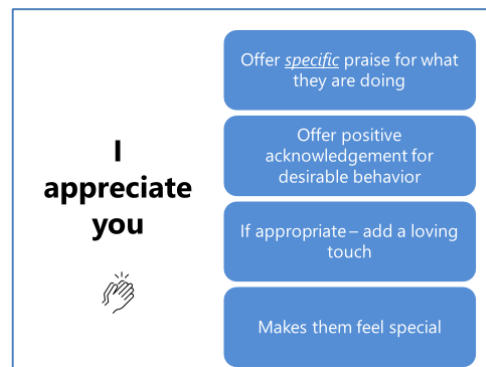
DO: Advance to the next slide

Facilitator Notes:

Slide 25: 6 Minutes

Slide Instructions

SAY: *The fourth and final Turn It Up Skill is I APPRECIATE YOU. This can be by offering specific praise for what your child is doing, through positive acknowledgement for desired behavior and if and when appropriate through loving touch. It will become contagious. Increasing your appreciation and praise will improve empathy. It increases connection and as a result it increases the chances that your child will do it again.*



Think about the last time you tried learning a new task/talent.

DO: Ask these questions allowing participants **4 minutes** to answer these 4 questions:

1. *How do you know if you are doing a good job or really understanding it?*
2. *What do you want to hear from the person teaching you?*
3. *What do you NOT want to hear from the person teaching you?*
4. *What motivates you to continue learning?*

DO: Be sure to make the connection between adult’s responding well to sincere specific appreciation (i.e.: praise) as opposed to general or vague praise (or no praise at all).

SAY: *When practicing I APPRECIATE YOU with younger children, this might look like:*

- "You are being so gentle when you put all of the toys back in the box."*
- "It takes a lot of concentration to stack all of those blocks so high."*
- "You stayed so patient while you were trying to connect those two pieces."*
- "I like it when you share toys during play time."*

Older children and teens love positive attention as much as younger children, just in a different way. Think about what might work best for your child. Some ideas to consider:

- *fist bumps*
- *sincere look in the eyes*
- *leave them a note of specific praise in their lunch or room*
- *thumbs up after they have done a chore well*
- *journal writing back and forth*
- *high fives after a big accomplishment*
- *a silly text message from you offering specific praise*
- *saying "I am so proud of how you _____fill in the blank with the specific praise".*

DO: Advance to the next slide

Facilitator Notes:

Slide 26: 2 Minutes

Slide Instructions

SAY: *When practicing these skills during one-on-one child directed play, the most important thing is to HAVE FUN! If you are genuinely having fun and being in the moment ~ it will increase connection AND improve behavior.*

DO: Click to next animation 6 times to show some images of parents and children having fun together.

SAY: *If you would like to learn more about **Trauma-Informed Parenting Skills**, please refer to Module 7 in the **Participant Workbook**. It includes a summary of the Tuning in Skills that we have just gone through, as well as a link to a free online course. An additional thing to note is that the skills we have talked about work well with ALL children, not just children who have experienced trauma.*

DO: Advance to the next slide

Facilitator Notes:

Image by **Artem Kniaz** from **Unsplash**

Image by **National Cancer Institute** from **Unsplash**

Image by **Markus Spiske** from **Unsplash**

Image by **Yogendra Singh** from **Unsplash**

Image by **William Fortunato** from **Pexels**

Image by **Ketut Subiyanto** from **Pexels**

Image by **Kamaji Ogino** from **Pexels**



Slide 27: 10 Minutes

Slide Instructions

SAY: *We have covered a lot of ground today – your mind might be swirling with all kinds of thoughts and ideas OR you might be having some emotions and feelings OR you might have bodily sensations or responses to all that we have discussed today. Or maybe you are experiencing all three at once. These are all common responses.*



Closing: Wall of Hope and Gratitude

We are going to take a few minutes of silence. During this time, you may do any of the following things:

- *Take note of what you are thinking and feeling and to what you are experiencing in your body*
- *Reflect on what you have learned today and how you might apply some of it to your life.*
- *Practice mindfulness or meditation or silent prayer*
- *Just sit quietly*

DO: Set a time for **2 minutes**. It is important that the facilitators sit quietly too. Now is not the time to tidy the classroom or read your notes or do anything other than joining the class in your OWN self-reflection. Once 2 minutes have passed you can begin the closing activity.

SAY: *We are now going to begin our closing activity. Please find a couple of sticky notes and a pen/pencil. Take a minute to write down what your **Hopes or Intentions** are for the coming week. Once you have written it down, you will have the opportunity to add it to our **Wall of Hope and Gratitude**. You can write more than one.*

DO: Give participants **2-3 minutes** to write their Hopes or Intentions down. Don't have them put them on the flip chart yet.

SAY: *Now find some more sticky notes and write down any **Appreciations or Gratitude** that you have toward yourself or anyone in this class. You can write more than one.*

DO: Give participants another **2-3 minutes** to write down their Gratitude or Appreciations.

SAY: *Now take all of your sticky notes and add them to the **Wall of Hope and Gratitude** on the flip chart in the classroom. If you would like to easily remember your own Hopes or Intentions – you can re-write it in your Participant Workbook or take a picture of it with your phone. When you are finished putting up your notes, please return to your seat.*

DO: Allow **1 minute** for everyone to add their sticky notes to the wall and return to their seats.

SAY: *As you leave class today, please take a moment to read what others have posted on the wall before you head out. Notice how it felt to write your notes AND what it feels like to read what others wrote. After you read through the notes you are welcome to leave class. At the beginning of our next class we will re-read the **Wall of Hope and Gratitude**.*

Thank you for attending class and we look forward to seeing you next time!!

Facilitator Notes:

Module 8

Slide 1: 0 Minutes

Slide Instructions: The purpose of this slide is to provide the course facilitator with information to prepare for this module. Don't show this slide to the class participants.

The module content is timed to take 2.5 hours, but it is suggested that a total of 3.0 hours as set aside for teaching this module to include time for later start, breaks, and/or sharing a meal.

BPC: Navigating Trauma
Across Generations

Facilitator Prep Slide

Module 8: Connections and Healing

Materials needed for ALL modules

- Facilitator Guide
- Participant Workbook
- Projector and associated cables
- Internet access
- Name tags
- Sign in or attendance sheet
- Evaluations specific to each module (optional)
- Pens/pencils for participants
- Paper, index cards or sticky notes for participant use
- Tissue boxes
- Flip chart paper, easel and markers OR whiteboard and markers OR chalkboard and chalk
- Group Agreements**– written out on flip chart for Mods 2 - 10
- The **Wall of Hope and Gratitude** from all previous classes

Prep for THIS module:

- Check and Pre-load any videos that will be shown in class today – cue the video up to start after any advertisements (if the video is from YouTube)
 - Regulation for Trauma Triggers video
- Other Prep:
 - **Slide 3:** Mindful Moments – gather items from nature of this activity before class starts
 - **Slide 9 & 10:** Prep 3 flip charts
 - **Flip Chart #1:** *How do you currently maintain those connections?*
 - **Flip Chart #2:** *How can you strengthen healthy connections for you and your children?*
 - **Flip Chart #3:** *What new connections would you like to build in your life AND your children's lives?*
 - **Slide 11:** Prep flip chart – Helpful Responses When Talking About Trauma
 - Other materials specific to this module:
 - N/A

Participant Workbook Items covered in this module

- Web of Connections
- Mei's Story
- Stress Busters Worksheet
- The 5Rs

Overview of Module:

1. Welcome
2. Mindful Moments
3. Group Agreements
4. Review of previous week
5. What You Will Learn
6. Web of Connections
7. Talking About Trauma
8. Identifying Trauma Reminders
9. Mei's Story
10. Regulation for Trauma Triggers
11. Wall of Hope and Gratitude

Slide 2: 5 Minutes

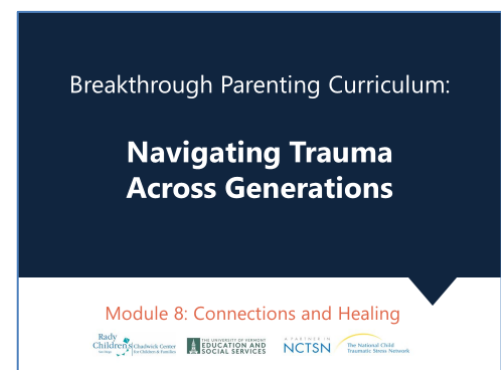
Slide Instructions

DO: Have this slide showing as people arrive in the classroom. Warmly welcome participants to the class and share any brief logistical information – Let them know this week's module title. After everyone has arrived and is settled, you can begin.

SAY: *Our last class ended with folks adding **Hopes and Intentions** for themselves as well as **Gratitude and Appreciations** for each other. Let me read what people wrote to remind us of the journey that we are all on.*

DO: Read what is on the **Wall of Hope and Gratitude**. Be thoughtful about reading this in a way that is soothing and attempts to bring participants back to a place of connection.

DO: Advance to the next slide



Facilitator Notes: You might want to group sticky notes with hopes/intentions in one spot and gratitude/appreciation in another OR if there are any themes. Depending on how much people write each week – you might need to add additional flip charts.

Slide 3: 5 Minutes

Slide Instructions

DO: It is important to prep for this ahead of time!!! Gather enough leaves (or other nature items – stones, shells, sticks) for each member of the class. Put nature items on each table, accessible to all participants.

SAY: *On the table in front of you there are some items from nature, please CHOOSE one that you like.*

The goal over the next few minutes is to focus on your item only. Do what you can to forget whatever happened before class or what you might have to do after class. Hold the item; notice its shape, color, texture, smell, weight. Notice the qualities it might suggest such as strength or movement or stillness.

DO: Set timer for **3 minutes**; and then begin brief discussion.

SAY: *What did you observe about your item? What did you observe about yourself while focusing on the item? Or do you have other observations?*

DO: Allow **2 minutes** for responses

DO: Advance to the next slide

Facilitator Notes:



Slide 4: 3 Minutes

Slide Instructions

DO: Post your class **Group Agreements** on a wall and do a brief review of them as a reminder of how the class participants are holding space for each other.

DO: Advance to the next slide



Facilitator Notes:

Slide 5: 10 Minutes

Slide Instructions

SAY: *In the last module we covered the following topics:*

Ways parents can help their child develop emotional skills

How to be an Emotional Container

Understanding and responding to HOT SPOTS

How to tune in using Turn It Down and Turn It Up skills



TURN IT DOWN – *Do less of these*

No

Don't

Stop

TURN IT UP – *Do more of these*

I feel you

I hear you

I see your

I appreciate you

DO: Ask the following question: *Would anyone like to share a success they had this past week using any of the Turn It Up Skills? (Or being an emotional container in response to challenging behaviors?)*

DO: Advance to next slide

Facilitator Notes: Depending on group size and/or connection between participants, you could ask each member to answer the question (with option to pass) or ask for a few volunteers or a pair and share with a few reporting back to the whole group. This quick round of check in allows connection between last module's content and this week's as well as allows for participants to ground/reground themselves.

Image by **Danielle Macinnes** from **Unsplash**

Slide 6: 2 Minutes

Slide Instructions

SAY: *In this module, you will learn to:*

DO: *click for next slide animation 3 times*, reading each of the points as you go:

1. *Identify at least three important connections in you and your child's life and ways you can support and maintain these connections*
2. *Identify and support your child when trauma reminders become overwhelming*
3. *Use the 5 Rs to regulate the emotional and behavioral response to trauma reminders in you and your child.*

DO: Advance to the next slide

Facilitator Notes:

Slide 7: 2 Minutes

Slide Instructions

DO: Ask for a volunteer to read the quote on the slide. If no one volunteers, a facilitator should read it aloud.

*"When you feel connected to something, that connection immediately gives you a purpose for living."
- Jon Kabat-Zinn, PhD*

SAY: *The desire for connection is one of the most universal human needs. This module will look at respecting and supporting positive, stable, and enduring relationships in the life of your child, yourself, and your family.*

You and your child may have strong connections with siblings, relatives, extended family members, and other adults and children from your communities including neighbors and possibly foster or kin caregivers. Your community also includes your cultural or racial identity; religious or spiritual practices; groups, clubs or athletic teams or hobbies and traditions.

By supporting healthy attachments to others and talking with your child about these healthy attachments you can help them feel safely connected to others.

What Will You Learn?

In this module, you will learn to:

1. Identify at least three important connections in your and your child's life and ways you can support and maintain these connections
2. Identify and support your child when trauma reminders become overwhelming
3. Use the 5 Rs to regulate the emotional and behavioral response to trauma reminders in you and your child.



DO: Advance to the next slide

Facilitator Notes:

Image from **Pexels Free**

Slide 8: 5 Minutes

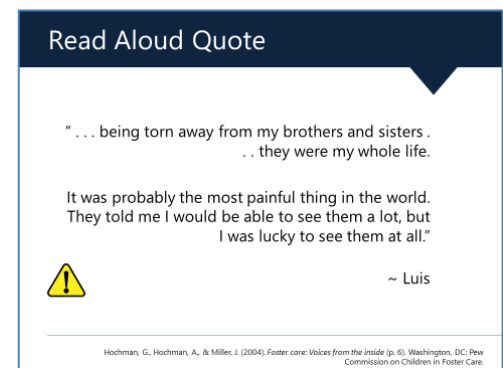
Slide Instructions

DO: Ask for a volunteer to read the quote on the slide. If no one volunteers, a facilitator should read it aloud.

" . . . being torn away from my brothers and sisters . . . they were my whole life.

It was probably the most painful thing in the world.

They told me I would be able to see them a lot, but I was lucky to see them at all."



SAY: *What is your reaction when you hear what Luis has to say?*

DO: Allow up to **4 minutes** for responses. Bring up the following responses if class participants do not:

- *feelings of sadness*
- *possible feelings of shame*
- *remembering your own sibling connections/bonds*
- *feeling that it is wrong for the system to separate siblings and probably more traumatizing to them*

SAY: *The maintenance of sibling relationships are very important for children. Connection with siblings and other significant relationships are sometimes difficult to sustain before, during or after a family's involvement with the child welfare system. Positive connections with these people are essential for healing from trauma.*

DO: Advance to the next slide

Facilitator Notes: Retrieved from

http://www.pewtrusts.org/~media/legacy/uploadedfiles/wwwpewtrustsorg/reports/foster_care_reform/fostercarevoices021804pdf.pdf

Trauma Response Warning: Make sure to check-in with participants and encourage them to check-in with their support systems as needed. Remind participants that they can step out of the room for a break if needed.

Slide 9: 8 Minutes

Slide Instructions

SAY: Trauma can impact a children’s sense of themselves and their life story. Often, children come to define themselves only by their trauma, seeing themselves as damaged goods, or unlovable. This is a very common experience of children who have experienced trauma.

When you help your child sustain relationships and build healthy new connections, they can begin to put their traumatic past into the larger perspective of the ongoing stories of their lives.

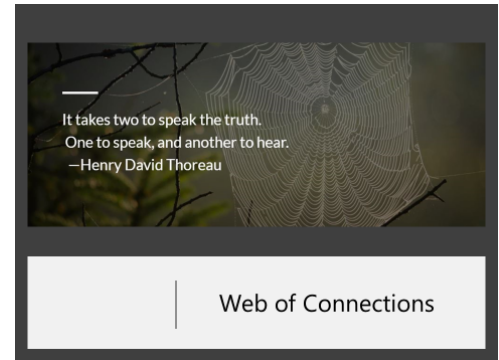
You can help you and your child(ren) maintain important connections and build positive new connections. Let’s begin by exploring healthy attachments in your and your children’s web of connections. Please turn to the worksheet called **Web of Connections** in Module 8 of the **Participant Workbook** and fill it out just the first section (#1).

DO: Allow up to **7 minutes** for participants to fill it out.

DO: Advance to the next slide

Facilitator Notes:

Image by **Pixabay free**



Slide 10: 15 Minutes

Slide Instructions

DO: After participants have filled out their individual worksheets you will lead them in a group activity where participants move as a group around the room answering a set of three questions on flip charts posted throughout the room. Have the group count off by 3's and send each of the 3 groups to a separate flip chart. Only one group will start at the first flip chart – they do not have to go in order.

SAY: *Now that you are in groups, you will have 3 minutes at each station to read, discuss and answer the question on the flip chart. After 3 minutes you will move as a group to the next question.*

DO: Click to next animation and read the instructions on the slide. Leave the instructions up during the activity as a reminder.

At your 1st flip chart:

- Share your worksheet answers with the group
- Read and discuss the question
- Write your answers as individuals or a group

At your 2nd and 3rd flip chart:

- Read and discuss the question
- Read and discuss what the previous group wrote
- Write your answers as individuals or a group

SAY: *It might be helpful to identify a person in your small group that is willing to write down the group's answers on the flip chart.*

DO: Give each group a few markers. Keep track of time and move the group from flip chart to flip chart – **3 minutes** for each question, for a total of **9 minutes**. Following are the flip chart questions:

Flip Chart #1: *How do you currently maintain those connections?*

Flip Chart #2: *How can you strengthen healthy connections for you and your children?*

Flip Chart #3: *What new connections would you like to build in your life & your children's lives?*

DO: During this activity, listen for the common themes so you can summarize for the group. After the final station, ask participants to return to their seats. Read some of the responses from each flipchart summarizing the key connections and highlighting positive connection that promote healing for their children. Notice if participants identify ways that they would like to remain connected with this group. Be ready to facilitate a conversation about this. Spend about **4 minutes** on this.

Web of Connections

At your 1st flip chart:

- Share your worksheet answers with the group
- Read and discuss the question
- Write your answers as individuals or a group

At your 2nd and 3rd flip chart:

- Read and discuss the question
- Read and discuss what the previous group wrote
- Write your answers as individuals or a group

SAY: *Knowing the type of connections that are most supportive of healing, and then seeking out those connections is a gift that you can give to your children and yourselves.*

DO: Advance to the next slide

Facilitator Notes:

Slide 11: 13 Minutes

Slide Instructions

SAY: *In addition to helping our children have better connections in their lives, there are times that they will want to talk with us about some of their difficult experiences. In particular, as your child becomes more comfortable with your new way of parenting, it is possible—indeed likely—that they will want to talk about past traumatic experiences.*

First, I would like you to consider how it has been for YOU to talk about difficult things.

Think about a time that when you told someone (a friend, family member or therapist) something that was personal and difficult to share. Take a moment to think about how it felt for you to share the information – perhaps you were worried about the other person’s response or were afraid that they would think differently about you. Also think about how they responded to you - what did they do, say, or not say or do that was helpful, supportive, or healing? Did you feel heard? Believed?

DO: Allow **2 minutes** for individuals to reflect on (1) what it was like to share something personal and difficult to share and (2) what response was most helpful.

Then lead a large group discussion with an emphasis on the helpful responses. Participants might also bring up unhelpful responses from others - use this as an opportunity to brainstorm ideas about more helpful responses. Write responses on a flip chart entitled: **Helpful Responses When Talking About Trauma**. Allow **5 minutes** for the large group discussion.

SAY: *Now let's connect your personal experience of sharing something hard and feeling supported to how YOU can respond to your child when they talk to you about THEIR experiences (hard, difficult, trauma etc.)*

DO: Advance to the next slide

Facilitator Notes:

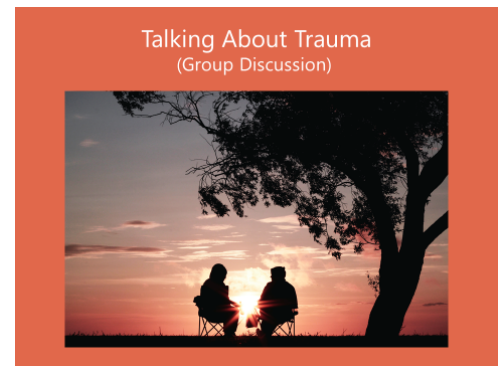


Image by **Harli Marten** from **Unsplash**

Slide 12: 10 Minutes

Slide Instructions

SAY: *Considering the ideas that were just generated, let's get a bit more specific about supporting your children when they talk about trauma.*

Remember to draw on your own self-regulation strategies as you prepare to listen and talk about trauma with your child. Also remember our discussions about being an emotional container for your child, sitting with your child, listening, and remaining calm especially when they are unable to be calm.

Here are some things to consider:

- 1. Expect the unexpected as these disclosures may come when you least expect them. A child may tell you something disturbing in a very casual way, as if not upset by it at all, or may only tell you when very upset over something that seems unrelated.*
- 2. When your children begins to talk to you about trauma, your reactions—spoken and unspoken—will send powerful messages to them about whether it is safe and acceptable to talk about past pain. Be aware of what you are conveying—both verbally and in your body language. It's okay to let children know that you feel sad or sorry about what's happened to them, as long as you don't overwhelm the child with your own emotions.*
- 3. Avoid "shutting down" your child by asking too many questions. Let them set the pace. Follow their lead. Don't make assumptions.*
- 4. Be ready to listen and talk openly with your child, rather than avoiding the topic. Creating a safe space to share can deepen trust and connections.*

It is really important to not excuse what someone did to them, to not blame, and to not shame your child. It's also important to not blame or shame yourself either - these conversations are hard, and you might feel guilty for not knowing or trusting their story before.

SAY: *This is the time to hear about your child's experiences and feelings, empathize with your child, and take responsibility for any part you may have played. Last week we talked about Tuning In through Turn It Down and Turn It Up skills, what other strategies do you think might be effective to encourage open dialogue about past trauma?*

DO: Allow **7 minutes** for large group discussion. Refer to the answers from **Helpful Responses When Talking About Trauma** from the last slide activity. Add any of the following ideas if they don't come up in the discussion.

- Stop what you are doing and make eye contact (but do not FORCE your child to make eye contact)



- Ask if you can be next to them while they share; sometimes it is easier for the child to talk without having you stare at them. This can also help you practice your regulation strategies.
- Listen quietly
- Provide simple, encouraging remarks in a calm tone of voice
- Offer comfort without being unrealistic (for example don't make promises that you can't keep or don't have control over)
- Praise the child's efforts to tell what happened
- If child thinks trauma is his or her fault or could have prevented it, provide accurate information and feedback that focuses on the behavior of the person involved (whether that was you or someone else)
- Practicing the Tuning in Skills: Turn It Down and Turn It Up can be very helpful

SAY: *Remember it will take time for your child to heal from these trauma wounds.*

DO: Advance to the next slide

Facilitator Notes:

Image by **Belinda Fewings** from **Unsplash**

Image by **Caleb Woods** from **Unsplash**

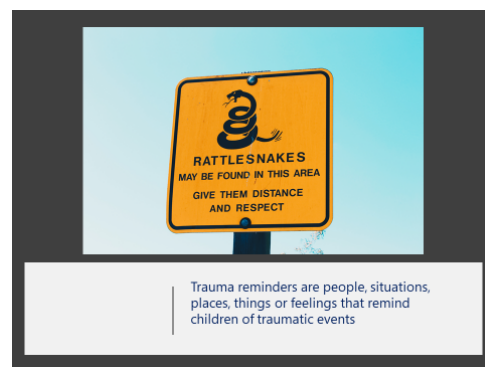
Image by **Morgan Pelinsky** from **Unsplash**

Image by **Brett Jordan** from **Unsplash**

Slide 13: 2 Minutes

Slide Instructions

SAY: *As a reminder, trauma reminders are situations, places, things, or feelings that remind children of traumatic events. Even if a child is physically safe (now), they might not FEEL safe. Psychological safety is about helping a child feel safe. This is sometimes called "felt safety." Psychological safety, or the sense of feeling safe, comes not only from having a sense of control over your outside world, but also from having a sense of control over what goes on inside yourself. Trauma reminders can cause physical and emotional reactions that threaten a child's sense of safety.*



As we discussed earlier in this training, during a traumatic event, sights, smells, sounds, things, places, people, words, colors, even a child's own feelings—can become linked with the trauma. Afterward,

exposure to any of the things that have become associated with the trauma in the child's mind can bring up intense and terrifying feelings, similar to those felt during the trauma itself. Sometimes the child may understand what's happening, but, more often than not, the reaction is completely unconscious—which can make it even more terrifying.

Exposure to trauma reminders can prompt children to behave in ways that may seem out of place in the current situation, but that made sense—and may even have been helpful—at the time of the original traumatic event. People who have been exposed to trauma may feel as if danger is everywhere and they are never safe.

DO: Advance to the next slide

Facilitator Notes:

Image by **Zach Savinar** from **Unsplash**

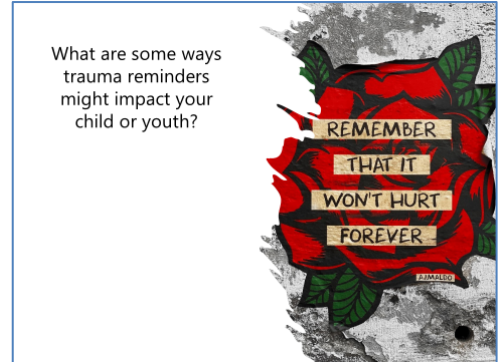
Slide 14: 5 Minutes

Slide Instructions

SAY: *What are some ways trauma reminders might impact your child or youth?*

DO: Allow **5 minutes** for the group to respond to the question. If you need an example or two to get the group started, select from this list and/or add these to the discussion if they are not named by class participants:

- keep a child in a chronic state of emotional upset
- others might think that the child is overreacting or reacting strangely to ordinary events
- a child may become isolated
- a child who is having frequent reactions may avoid other people or activities because that is the only way to feel safe
- children—particularly adolescents—can be embarrassed when others notice their reactions to trauma reminders. For example, a teenaged boy who jumps in class every time someone drops a book or slams a locker door may worry that his friends will make fun of him, or think he is "too on edge" or "oversensitive"



DO: Advance to the next slide

Facilitator Notes: It is important to acknowledge the reality of how hypermasculine our society is and that boys/young men should be able to experience fear, anxiety, sadness, and other emotions without shame/judgement.

Image by **Jennifer Griffin** from **Unsplash**

Slide 15: 2 Minutes

Slide Instructions

SAY: *A child who is having frequent reactions to trauma reminders may need trauma-focused psychotherapy to help identify reminders and reduce the intensity of reactions. No one expects you to be your child's therapist. (We will be talking more about this in Module 9: Becoming an Advocate.) That said, there are things you can do. Be observant. Since your child may be unaware of what is causing the reactions, you may have to play detective to make the connection between a reminder and the trauma.*

Identifying Trauma Reminders

When your child or adolescent has a reaction, look for patterns and pay attention to:

- When** (time of day, what was happening right before the child reacted)
- Where** (location)
- What/Who** was around at the time? (Sounds, smells, people, objects, etc.)

When possible, **reduce exposure.**

Share your observations with your child's caseworker and other providers (e.g., foster parent, therapist).

DO: click to next animation 5 times; reading and expanding on each point:

When your child has a reaction look for patterns and pay attention to:

- **When** the reaction occurred: *Has your child had similar reactions at the same time of day? What happened right before the reaction?*
- **Where** the reaction occurred: *School? Home? A particular room? A particular place in the room?*
- **What/Who was around at the time?** *Try to identify the people, sights, sounds, and other cues that might have been trauma reminders for your child. Remember that the reminder may be something obviously related—such as loud noises for a child who was witness to a shooting or something that just happened to be present when a traumatic event occurred— such as the song that was playing on the radio.*
- *Once you've identified potential trauma reminders, it may be possible to **reduce your child's exposure** by avoiding whatever seems to trigger them. In the beginning—especially with children too young to comprehend the relationship—the best way to help may be to manage the environment to reduce exposure. In the long run, we want to help our children to manage their reactions to trauma reminders. This is not an easy task. It is important that you take time and practice patience and self-compassion with yourself.*

- **Share your observations** - it is important to let your team know what you are observing, this might be a therapist, case worker, foster parent, or other community providers.

DO: Advance to the next slide

Facilitator Notes:

Slide 16: 8 Minutes

Slide Instructions

SAY: Now we will try identifying the trauma reminders for a specific child named Mei (pronounced May). Please turn to **Mei's Story** in Module 8 in your **Participant Workbook**

DO: One facilitator should read Part 1 (only) of Mei's story



“Mei, 6 years old, was sexually abused by her mother’s ex-partner between the ages of 5 and 6 and witnessed domestic violence between them. Her mother’s ex-partner is currently in prison and Mei has supervised visitations with her mother. She is now living with her biological father, Chen, his current wife/Mei's stepmother, Xiu (pronounced "Shu"), and their two children, all who have been supportive and protective. Mei has had a very difficult time sleeping. She has difficulty falling asleep, has frequent nightmares, and tends to argue about going to bed as well as waking up in the morning. Mei also expressed fears over monsters. Chen and Xiu assure her that monsters do not exist.

One night, Mei became so upset and distraught that she started crying uncontrollably, undoing her bed, and throwing all the sheets, blankets, and pillows on the floor.

DO: Click for next slide animation

SAY: Consider what we said in the last slide about identifying trauma reminders – what do we know about:

- When
- Where
- What
- Who

DO: Allow **5 minutes** for discussion about what Mei was reacting to. Assist the class in making guesses about possible trauma reminders for Mei. Add the following if participants do not come up with them on their own:

- the dark
- any noise she may hear at night
- hearing arguing or loud discussions between parents
- thinking the perpetrator has come back to hurt her for disclosing
- any person, including her father, coming too close to her bed at night

SAY: *Let me tell you a little more of the story - What Mei's parents did not know is that Mei was being covered by the same blanket that she was covered with during the sexual abuse and that the perpetrator had threatened to "hurt" her if she ever told anyone about the sexual abuse." Let's see what happens next.*

DO: Advance to the next slide

Facilitator Notes: Trauma Response Warning: *Make sure to check-in with participants and encourage them to check-in with their support systems as needed. Remind participants that they can step out of the room for a break if needed.*

Image by **Mohammed Alherz** from **Unsplash**

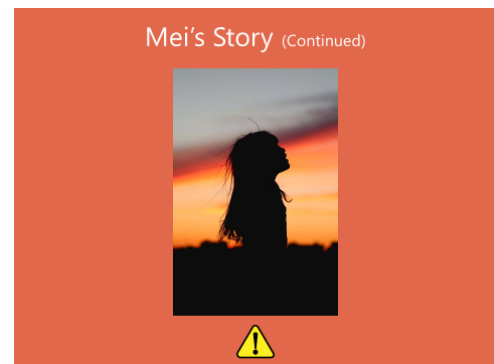
Slide 17: 3 Minutes

Slide Instructions

SAY: *Let's see what Mei's father and stepmother Xiu did to help her with her trauma reminders. Please turn to your **Participant Workbook**, we will be reading Part 2 of **Mei's Story**.*

DO: Ask for a volunteer to read the following paragraph. If no one volunteers, one of the facilitators should read it aloud

"Mei became upset and distraught and cried uncontrollably, undoing her bed and throwing all the sheets, blankets, and pillows on the floor several times before Chen (dad) and Xiu (stepmom) sat down to try to figure out what was going on. They remained calm in her room while they labeled her feelings, telling her that she looked very upset and scared. They reminded her that she is safe with them and that they would



do anything in their power to keep her safe. They described that she was in her home with them, identified themselves, her two half-siblings, and the location of the home. Once she had calmed down a little, Chen hugged her and sat next to her on the bed asking her to tell him what had happened, that he really wanted to know so that he could help her. Mei was finally able to tell Chen about the blanket and how it reminded her of the sexual abuse. Chen and Xiu immediately got rid of the blanket. At that time, they talked with her about trauma reminders and discussed a plan of what she can do the next time that she has a trauma reminder."

DO: Advance to the next slide

Facilitator Notes: The next slide leads a discussion about the second part of Mei's story

Trauma Response Warning: Make sure to check-in with participants and encourage them to check-in with their support systems as needed. Remind participants that they can step out of the room for a break if needed.

Slide 18: 17 Minutes

Slide Instructions

SAY: Continuing with what we learned from Mei's story, lets now think about how we can help children cope with trauma reminders.

DO: You will now lead a 3-part activity by breaking the class into pairs or triads. They will meet for 2-3 minutes each time answering a different question. After each small group ask

Question #1

Small group question (2-3 minutes) "How did Mei's parents ensure safety?"

Followed by facilitator response **(2 minutes):**



SAY: The most important thing is to ensure your child's physical safety by making sure your child won't get hurt because of panic, distress, or dissociation.

Reorient your child to the here and now. You can do this by focusing your child's attention on something in the present. Some children like being touched at this time, others don't. You can give your child something to do to ground them in the present.

For example, you can give your child a rock or a teddy bear to hold onto or offer him/her a cold drink of water. As your child begins to calm down, provide firm and specific reassurances of safety. Give them a chance to tell you what happened. Encourage your child to describe physical sensations as well as emotions.

Coping with Trauma Reminders:
What Parents Can Do

- Ensure physical safety
- Reorient
- Reassure
- Help define what's happened
- Respect and normalize your child's experience
- Differentiate past from present



Help your child define what happened. It can be helpful to repeat or rephrase their words to affirm that you understand. Respect and normalize your child's experience by acknowledging how real and overwhelming it felt. Remind your child that reactions to trauma reminders are normal. It's the way our brains protect us from danger—they just sometimes keep reacting even when the danger is past.

Question #2

Small group question (2-3 minutes) "How did Mei's father, Chen and Step-mother Xiu (pronounced "Shu"), help Mei understand what happened and differentiate the past from the present?"

Followed by facilitator response **(2 minutes)**:

SAY: *Reassure your child that the intensity of reactions to reminders usually lessens over time, especially as they become aware of what's causing these reactions. Help your child understand that the present situation is different from past experiences. Even though the trauma reminder may make your child feel as if bad things are still happening, those events are over, and now you are there to protect and help.*

Question #3

Small group question (2-3 minutes) "How did Mei's parents' give her new options of coping with a reminder?"

Followed by facilitator response **(2 minutes)**:

SAY: *When it comes to building a safe place, this should be our goal— not just at bedtime, but in every aspect of our children's lives. When children who've experienced trauma feel safe in our homes and believe that they can trust us to protect them, it is easier for the healing process to begin. Next, we will learn a strategy for helping your child cope with trauma reminders called the 5 Rs.*

*There is a link to an article titled, **Coping with Trauma Reminders**, that can be found in the Additional Resources section for this module in the **Participant Workbook** that provides more information on these tips and others.*

DO: Advance to the next slide

Facilitator Notes:

Trauma Response Warning: Make sure to check-in with participants and encourage them to check-in with their support systems as needed. Remind participants that they can step out of the room for a break if needed.

Slide 19: 5 Minutes

Slide Instructions

SAY: **SOS** is a Morse Code used to signal distress. When you are noticing your child struggling and sending an SOS signal, it is helpful to have some stress busters in mind. A stress buster is kind of like a distraction or a way to transfer energy. Here are a few examples of stress busters:

DO: Click to next animation 4 times; reading each point

- Activities (running, playing a particular song)
- Things (a toy, a stuffed animal, a picture, a favorite blanket, a particular food)
- Places (a spot in the yard or a park, a room)
- People
- A specific thought, phrase, or prayer

Let's identify some stress busters for your child. What are the items in your child's life that help the stress melt away?

DO: Wait for some responses – allow **5 minutes** for some responses

SAY: In Module 8 of your **Participant Workbook** there is a worksheet entitled **Stress Busters Worksheet** to do with your child outside of class. It helps them come up with their own ideas for "busting stress"

DO: Advance to the next slide

Facilitator Notes: Although SOS officially is just a distinctive Morse code sequence that is not an abbreviation for anything, in popular usage it is associated with phrases such as "Save Our Souls" and "Save Our Ship".^[2] Moreover, due to its high-profile use in emergencies, the phrase "SOS" has entered general usage to informally indicate a crisis or the need for action. (Wikipedia)

SOS: Identifying Stress Busters

- Activities (running, playing a particular song)
- Things (a toy, a stuffed animal, a picture, a favorite blanket, a particular food)
- Places (a spot in the yard or a park, a room)
- People
- A specific thought, phrase, or prayer

Slide 20: 2 Minutes

Slide Instructions

SAY: *We are going to spend a few minutes talking through a model for supporting children and youth through emotional or behavioral responses to a trauma reminder. We call this "Regulation for Trauma Reminders" or "the 5Rs."*

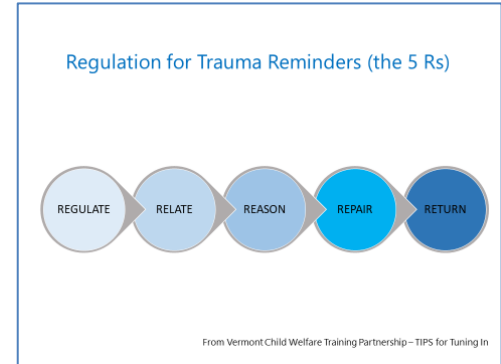
Regulation for Trauma Reminders – *At times children/youth will seem to lose control or act out in significant ways that are not just rule breaking or non-compliance. Some parents have described this as "flipping out" or "losing it." Dan Seigel refers to it as "flipping their lid." During this time, the child/youth is no longer using the thinking "Wizard" part of their brain – they are reacting from the more primitive "Lizard" parts of their brain.*

In this emotional state - they will not understand directions and will not care about consequences. In fact, talking about consequences will probably increase their feelings of distress. Their behavior may warrant an apology or a consequence at a later time when both of you are in a calm state.

It is important to remind them that you love them, and care about them and they are not "bad" and that we do sometimes need to apologize for things we said, or did that were hurtful even when we were not in our "thinking brain." These 5 steps can work in MOST situations, not just trauma reminders. When in doubt – assume that it is trauma reminder.

DO: Advance to the next slide

Facilitator Notes: You will go through the next 5 slides, explaining each of the steps. Try not to allow a lot of conversation or questions until you get the summary slide (which is identical to this one) and THEN open it up for discussion.



Slide 21: 2 Minutes

Slide Instructions

SAY: Remember that earlier in the course you created a self-regulation plan. Similarly, the first step of the 5Rs is to **REGULATE:** With infants, we tend to do this quite naturally. When they are upset, we pick them up and hold them close. We lower the volume of our voice – speaking in soft or a sing-songy voice. We rock them gently; telling them that we love them and that everything is going to be okay. As our heart rates and breathing tempo lowers and levels out – the baby naturally follows suit.

DO: [Click to next animation](#)

Adult First - The very first thing you must do is regulate yourself. This might be extremely difficult to do, especially if the child or youth is doing something particularly upsetting or you are in public and feeling embarrassed or you are dealing with your own stress. However, this step is essential.

DO: [Click to next animation](#)

Child Next - The next goal is to support the child or youth in emotionally regulating themselves through co-regulation.

Co-regulation – Get on their level physically, lower the volume of your voice, speak in a hushed tone, lower your breathing pace. If the child or youth will allow you – look into their eyes. As you present a calm self – they will follow suit.

This is NOT spoiling or giving into the child or youth – this is giving them (and you) the best chance for learning and changing their behavior. It is also the practice of co-regulation that we talked about. It's showing your child that you are there for them and that they can trust you to help them get back into a regulated state without being yelled at or shamed.

It might take a while for you both to feel in a regulated or calm state. That's okay and completely normal.

DO: As the course facilitator, you might want to hold up your hands at this point – and remind folks of the Hand Model of the Brain – showing how as one hand calms, the other will follow.


DO: Advance to the next slide

Facilitator Notes:

#1 - REGULATE

First yourself
Remember the Mirror Neurons:
as you calm, so will they

THEN the child/youth
No learning or behavioral change
will take place while
a child is dysregulated
(up or down)



Slide 22: 2 Minutes

Slide Instructions

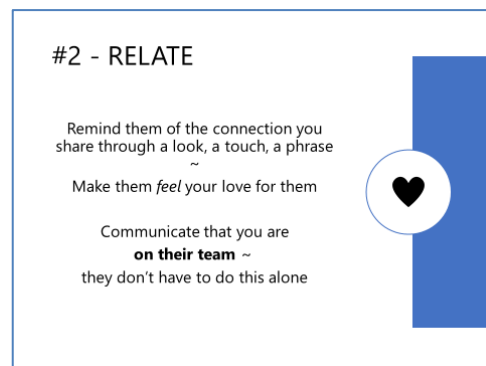
SAY: *The next step is RELATE*

DO: *click to the next animation*

SAY: *Once you are calm and the child is calm, take a moment to remind them of the emotional bond/connection that you share. Some examples – tell them that you love them or remind them that you are “in their corner” or give a warm touch on the hand or shoulder. This can be brief, but it is an important step for children/youth who may fear that they have lost your care/safety/placement due to their misbehavior.*

DO: Advance to the next slide

Facilitator Notes:



Slide 23: 2 Minutes

Slide Instructions

SAY: *The third step is REASON*

DO: *Click to next animation #1*

SAY: *Now that YOU are calm*

DO: *Click to next animation #2*

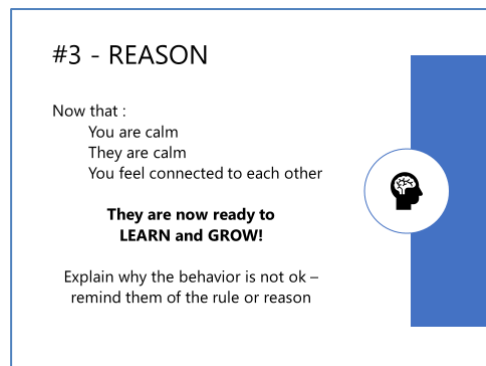
SAY: *THEY are calm*

DO: *Click to next animation #3*

SAY: *You feel connected to each other*

DO: *Click to next animation #4*

SAY: *They are now ready to learn and grow! Depending on your child's developmental and/or chronological age this may be very brief or more drawn out. Now the child is ready to listen, learn and act. This is where you remind them of the rule they broke or problem with their behavior. It can be helpful*



to name the feelings they were having - Naming feelings actually shift the level of fear and anger because the brain shifts from **lizard** to **wizard**. Some examples:

"It is important to be gentle with your own body, just like you are gentle with other people's bodies."

"It is not okay to break other people's belongings"

"It is okay to feel angry - It is not okay to throw all your toys out the window."

DO: Advance to the next slide

Facilitator Notes:

Slide 24: 2 Minutes

Slide Instructions

SAY: *The 4th step is REPAIR.*

DO: Click to next animation

SAY: *Work with your child to develop a plan to apologize and/or make amends. This is a very important step in helping them to practice taking responsibility and can go a long way towards reducing shame for their misbehavior. If your child is able to generate their own idea about how to repair, that is ideal. A repair can be an apology and/or a consequence. Ideally your consequences are action based (versus taking something away and related to the situation).*

DO: Click to next animation

SAY: *Some children may not be able to repair on their own. If this is the case, do it **with** them. Some examples - Walk with them to make the apology to their friend; fix the hole in the wall together; help them pick up the toys that they threw all over the house.*

DO: Click to next animation

SAY: *For other children or youth (and in some situations) the shame is too deep for them to be able to make repair, even with your help. In this instance, you will need to **do it for them**, explaining that this is what people need to do when they make a mistake. They will eventually learn through your role modeling. In this case you would fix the hole in the wall; apologize on behalf of your child; put the toys away. It is important that you work with these kids to then do a **general act of kindness** – to alleviate the underlying shame (i.e., bake cookies for the neighbor; rake the leaves for a friend; draw a picture for a sibling) within a short time after the incident.*

#4 - REPAIR

Come up with a plan to apologize and/or make amends

If they are not able to repair on their own ~ **do it together**

If they are not able to repair, even with you:
Do it for them, explaining that this is what people need to do when they make a mistake. They will eventually learn through your role modeling.

Help them do some kind of general act of kindness ~ to alleviate the underlying shame

DO: Advance to the next slide

Facilitator Notes: Parents can get stuck if their child refuses to apologize or make a repair. Support them in understanding the issue of underlying shame.

Slide 25: 2 Minutes

Slide Instructions

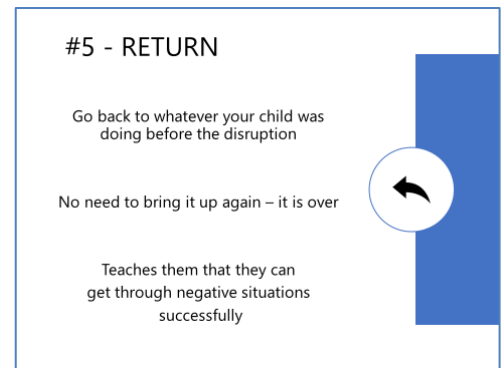
SAY: *The final step is RETURN*

DO: Click to next animation

SAY: *You are done. It is now time to move on and get back to normal. May need to develop a re-entry plan if other children were involved in the situation.*

DO: Advance to the next slide

Facilitator Notes:

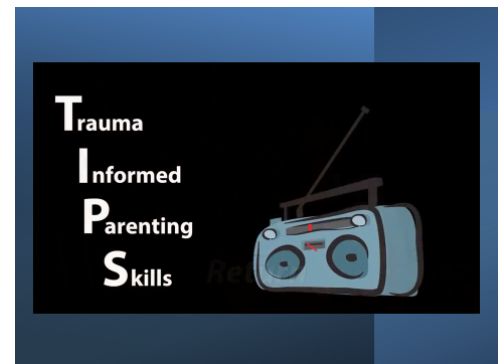


Slide 26: 4 Minutes

Slide Instructions

SAY: *Now that we have learned the 5 Rs, let's watch this brief video of a parent practicing the 5 Rs with a teen.*

DO: Play video 2 min 57 seconds by pushing play on the slide
OR use this link: <https://youtu.be/XBdXsYw4qc>



SAY: *These are actors and not real life. In real life it would be bumpier than this. It's clear in the video that this parent and youth have done this before and have had practice. It can take practicing this many times before you might see significant results. It is important to note that this is not a QUICK FIX and it might feel frustrating if you try this and it seems like it doesn't work. Some children are unable to process immediately after an event and need time, even a day or two for their nervous system to get to a fully relaxed state needed to move through the 5 Rs. Sometimes overprocessing too soon can quickly re-escalate a situation.*

Between now and the next time we are together, consider practicing the 5 Rs when you are presented with challenging behaviors/situations with your child(ren) this next week.

DO: Advance to next slide

Facilitator Notes: In preparation for Module 7 you should have completed the online TIPS (Trauma-Informed Parenting Skills) e-learning, this video is from a larger video that shows using the 5 Rs with a school aged child as well.

Here is a direct link to that video if your group is comprised of parents of younger children:

<https://youtu.be/AhTfaOGpuaU>

Slide 27: 4 Minutes

Slide Instructions

DO: Lead a discussion asking if any participants have questions or need clarification. Let participants know that there is a summary of the **5Rs** in their **Participant Workbook**.

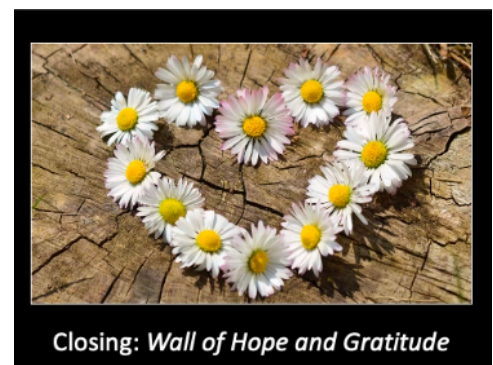
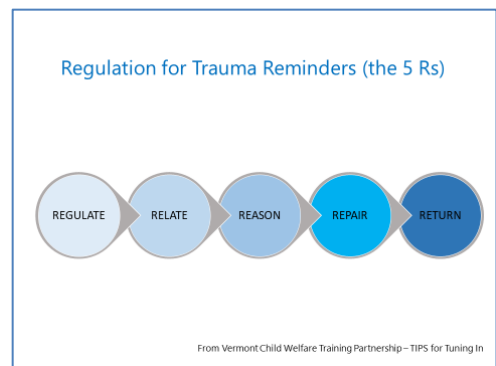
DO: Advance to the next slide

Facilitator Notes:

Slide 28: 10 Minutes

Slide Instructions

SAY: *We have covered a lot of ground today – your mind might be swirling with all kinds of thoughts and ideas OR you might be having some emotions and feelings OR you might have bodily sensations or responses to all that we have discussed today. Or maybe you are experiencing all three at once. These are all common responses.*



We are going to take a few minutes of silence. During this time, you may do any of the following things:

- Take note of what you are thinking and feeling and to what you are experiencing in your body
- Reflect on what you have learned today and how you might apply some of it to your life.
- Practice mindfulness or meditation or silent prayer
- Just sit quietly

DO: Set a time for **2 minutes**. It is important that the facilitators sit quietly too. Now is not the time to tidy the classroom or read your notes or do anything other than joining the class in your OWN self-reflection. Once 2 minutes have passed you can begin the closing activity.

SAY: We are now going to begin our closing activity. Please find a couple of sticky notes and a pen/pencil. Take a minute to write down what your **Hopes or Intentions** are for the coming week. Once you have written it down, you will have the opportunity to add it to our **Wall of Hope and Gratitude**. You can write more than one.

DO: Give participants **2-3 minutes** to write their Hopes or Intentions down. Don't have them put them on the flip chart yet.

SAY: Now find some more sticky notes and write down any **Appreciations or Gratitude** that you have toward yourself or anyone in this class. You can write more than one.

DO: Give participants another **2-3 minutes** to write down their Gratitude or Appreciations.

SAY: Now take all of your sticky notes and add them to the **Wall of Hope and Gratitude** on the flip chart in the classroom. If you would like to easily remember your own Hopes or Intentions – you can re-write it in your Participant Workbook or take a picture of it with your phone. When you are finished putting up your notes, please return to your seat.

DO: Allow **1 minute** for everyone to add their sticky notes to the wall and return to their seats.

SAY: As you leave class today, please take a moment to read what others have posted on the wall before you head out. Notice how it felt to write your notes AND what it feels like to read what others wrote. After you read through the notes you are welcome to leave class. At the beginning of our next class, we will re-read the **Wall of Hope and Gratitude**.

Thank you for attending class and we look forward to seeing you next time!!

Facilitator Notes:

Module 9

Slide 1: 0 Minutes

Slide Instructions: The purpose of this slide is to provide the course facilitator with information to prepare for this module. Don't show this slide to the class participants. The module content is timed to take 2.5 hours, but it is suggested that a total of 3.0 hours as set aside for teaching this module to include time for later start, breaks, and/or sharing a meal.

BPC: Navigating Trauma
Across Generations

Facilitator Prep Slide

Module 9: Becoming an Advocate

Materials needed for ALL modules

- Facilitator Guide
- Participant Workbook
- Projector and associated cables
- Internet access
- Name tags
- Sign in or attendance sheet
- Evaluations specific to each module (optional)
- Pens/pencils for participants
- Paper, index cards or sticky notes for participant use
- Tissue boxes
- Flip chart paper, easel and markers OR whiteboard and markers OR chalkboard and chalk
- Group Agreements** – written out on flip chart for Mods 2 - 10
- The **Wall of Hope and Gratitude** from all previous classes

Prep for THIS module:

- Check and Pre-load any videos that will be shown in class today – cue the video up to start after any advertisements (if the video is from YouTube)
 - Resource Family Works with Birth Parent
 - Story of Racial Injustice
- Other Prep:
 - **Slide 13:** You will need to prep for this activity prior to class starting. Make extra copies of the **Tips for Trauma-Informed Advocacy for Your Child** worksheet from Module 9 of the Participant Workbook – enough copies so that there is one for each group. Cut the worksheet into 6 strips, so that there is one tip on each strip. Give a full set to each small group (you might want to put each set into a separate envelope).
 - **Slide 14:** Prep Flipchart with *“Who is on my family’s team?”* on top of page
- Other materials specific to this module:
 - Raisins/Hershey kisses

Participant Workbook Items covered in this module

- Tips for Trauma-Informed Self-Advocacy
- Tips for Trauma-Informed Advocacy for Your Child
- Knowing Your Family's Team: Eco-Map
- Resources for Members of Your Child's Team – in resource section
- Developing Your Advocacy Skills
- Family Time Tips
- NCTSN website link – in resource section
- PCIT (Parent Child Interactive Child Therapy) – 2 parent's perspectives
- Know Your Rights
- Making the Most of time with your child while placed out of the home
- ASK

Overview of Module:

1. Welcome
2. Mindful Moments
3. Group Agreements
4. Review of previous week
5. What You Will Learn
6. Advocacy Overview
7. Self-Advocacy
8. Systems Advocacy
9. Trauma-Informed Advocacy
10. Your Family's Team
11. Shared Parenting
12. Trauma Informed Treatment
13. Advocacy Role Play
14. What is Your Calling?
15. Wall of Hope and Gratitude

Slide 2: 5 Minutes

Slide Instructions

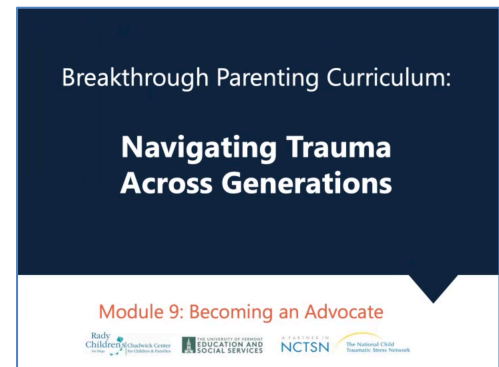
DO: Have this slide showing as people arrive in the classroom. Warmly welcome participants to the class and share any brief logistical information – Let them know this week’s module title. After everyone has arrived and is settled, you can begin.

SAY: *Our last class ended with folks adding **Hopes and Intentions** for themselves as well as **Gratitude and Appreciations** for each other. Let me read what people wrote to remind us of the journey that we are on.*

DO: Read what is on the **Wall of Hope and Gratitude**. Be thoughtful about reading this in a way that is soothing and attempts to bring participants back to a place of connection.

DO: Advance to the next slide

Facilitator Notes: You might want to group sticky notes with hopes/intentions in one spot and gratitude/appreciation in another OR if there are any themes. Depending on how much people write each week – you might need to add additional flip charts.



Slide 3: 5 Minutes

Slide Instructions

DO: Get raisins ahead of time!!!! Pass one raisin out to each person OR you can do this same activity with a Hershey Kiss – guiding the class with the script below or using your own words!!

SAY:

1. *First, take a raisin and hold it in the palm of your hand or between your finger and thumb*
2. *Take time to really focus on it; gaze at the raisin with care and full attention—imagine that you've just dropped in from Mars and have never seen an object like this before in your life. Let your eyes explore every part of it, examining the highlights where the light shines, the darker hollows, the folds and ridges, and any asymmetries or unique features*
3. *Turn the raisin over between your fingers, exploring its texture. Maybe do this with your eyes closed if that enhances your sense of touch.*



4. *Hold the raisin beneath your nose. With each inhalation, take in any smell, aroma, or fragrance that may arise. As you do this, notice anything interesting that may be happening in your mouth or stomach*
5. *Now slowly bring the raisin up to your lips, noticing how your hand and arm know exactly how and where to position it. Gently place the raisin in your mouth; without chewing, noticing how it gets into your mouth in the first place. Spend a few moments focusing on the sensations of having it in your mouth, exploring it with your tongue*
6. *When you are ready, prepare to chew the raisin, noticing how and where it needs to be for chewing. Then, very consciously, take one or two bites into it and notice what happens in the aftermath, experiencing any waves of taste that emanate from it as you continue chewing. Without swallowing yet, notice the bare sensations of taste and texture in your mouth and how these may change over time, moment by moment. Also pay attention to any changes in the object itself.*
7. *When you feel ready to swallow the raisin, see if you can first detect the intention to swallow as it comes up, so that even this is experienced consciously before you actually swallow the raisin.*
8. *Finally, see if you can feel what is left of the raisin moving down into your stomach, and sense how your body as a whole is feeling after you have completed this exercise.*

DO: Advance to the next slide

Facilitator Notes: Make sure you are aware of dietary restrictions/allergies ahead of the class. Having two different options for participants is useful.

Slide 4: 3 Minutes

Slide Instructions

DO: Post your class **Group Agreements** on a wall and do a brief review of them as a reminder of how the class participants are holding space for each other.

DO: Advance to the next slide

Facilitator Notes:



Slide 5: 10 Minutes

Slide Instructions

SAY: *In the last module we covered the following topics:*

- *Important connections in you and your child's life and ways you can support and maintain these connections*
- *Ways support your child when trauma reminders become overwhelming*
- *How to Use the 5 Rs to regulate the emotional and behavioral response to trauma reminders in you and your child.*



DO: Ask the following question: *Would anyone like to share an experience they had using the 5 Rs? Or steps that you took to support/maintain connections?*

DO: Advance to next slide

Facilitator Notes: Depending on group size and/or connection between participants, you could ask each member to answer the question (with option to pass) or ask for a few volunteers or a pair and share with a few reporting back to the whole group. This quick round of check in allows connection between last module's content and this week's as well as allows for participants to ground/reground themselves.

Image by **Danielle Macinnes** from **Unsplash**

Slide 6: 2 minutes

Slide Instructions

SAY: *In this module, you will learn to:*

DO: click for next slide animation 6 times, reading each of the points as you go:

1. *Learn the definition and types of Advocacy*
2. *Identify tips for Trauma-informed advocacy for yourself and your child(ren)*
3. *Understand basics of trauma-informed treatment*
4. *Practice trauma-informed advocacy*
5. *Identify your advocacy next steps and/or intentions*

DO: Advance to next slide

What Will You Learn?

In this module, you will:

1. Learn the definition and types of Advocacy
2. Identify tips for Trauma-informed advocacy for yourself and your child(ren)
3. Understand basics of trauma-informed treatment
4. Practice trauma-informed advocacy
5. Identify your advocacy next steps and/or intentions

Facilitator Notes:

Slide 7: 2 Minutes

Slide Instructions

SAY: *We've spent the last eight modules exploring how trauma affects children and how you, as parents, can help them to heal from within your families. Now it's time to look beyond, into the broader world that your children inhabit. As we progress through this module you will be learning how to be an advocate for your child; including how to promote and support trauma-informed treatment.*

Specifically, we're going to talk about your role within the team of people who are involved in your child's life. We'll be looking at how you can serve as advocates for yourselves and your children to ensure that you get the help and support you need to heal from the effects of trauma.

As we go through this module, please keep in mind that each family team is unique in how they collaborate. There are many factors that can assist in trauma-informed advocacy in addition to challenges that can act as barriers to effective collaboration. It is important to learn how you can effectively advocate for your child and yourself as a member (and sometimes facilitator) of your child's team.

As a reminder, please be aware of your yellow and red zones as well as your Compassionate Self-Care Plan for ways to de-stress during and after the module.

DO: Advance to the next slide

Facilitator Notes:

Image by **Pixabay**



Slide 8: 3 Minutes

3 Minutes

Slide Instructions

SAY: *The first person that you need to advocate for is yourself. Self-advocacy is the ability to communicate your needs. People who self-advocate are more likely to thrive in school, work, and life. Self-advocacy skills can be learned at any age.*



Self-advocacy skills include a person understanding themselves, their rights, and their needs, and communicating that understanding.

Some of the ways that you might advocate for yourself are on the slide:

Speaking up for yourself

Staying informed

Knowing your rights

Finding support

Problem solving

Self determination

Asking for help

DO: Advance to the next slide

Facilitator Notes: One place that some parents might self-advocate is in relation to family time or visitation. Please refer participants to this: RISE Magazine (2017). *How to self-advocate*. Available at: <http://www.risemagazine.org/wp-content/uploads/2017/03/Rise-Visiting-TIPS-All.pdf>.

Slide 9: 8 Minutes

Slide Instructions

SAY: *As we have discussed, being involved in the child welfare system can be emotionally and physically overwhelming with multiple requirements and constraints on your time. That's where becoming a trauma-informed advocate comes in. Please refer to **TIPS for Trauma-Informed Self-Advocacy** in Module 9 of your **Participant Workbook**. Would anyone like to volunteer to read the Trauma-Informed Self Advocacy Tips?*

DO: If no one volunteers, one facilitator should read.

DO: Click to next animation 6 times; reading and expanding on each point

Tips for Trauma-Informed Self-Advocacy

1. Understand and communicate how your own trauma reminders may impact situation
2. Share what you may need to feel psychologically safe
3. Seek clarity and ask questions when something is unclear
4. Maintain your positive team connections and activate your support system when you need to
5. Focus on your strengths and the positive progress you have made, both within yourself and when you communicate with others
6. Utilize the tools you learned in module 6 to link your thoughts, feelings, and behaviors and communicate your needs in a productive way

1. **Understand and communicate how your own trauma reminders may be getting activated by a specific situation:** *Sometimes, interaction with the child welfare system can remind you of your own experiences and can trigger your "survival coping behaviors," which can make us angry, frustrated, or just want to "check out" from it all with feelings of helplessness or hopelessness. However, you do have more power than you think and your voice as your child's parent is critical in this process.*
2. **Share your observations on what you may need to feel psychologically safe:** *Be proactive about addressing the agency's safety concerns and accept help and services that address trauma if you know your family needs it.*
3. **Seek clarity and ask questions when something is unclear:** *When we have a clearer understanding of what is going to happen, it helps us feel safer and more prepared to handle the next steps. Ask as many questions as it takes to understand your case and your service plan. It's your family's future. If you are still confused, ask for a conference or meeting.*
4. **Maintain your positive team connections and activate your support system when you need to:** *Link to your allies who can support you in this process and ask if your agency or legal agency has a parent advocate or peer support group.*
5. **Focus on your strengths and the positive progress you have made, both within yourself and when you communicate with others:** *Write down all of the positive things and progress you've made throughout your case and bring them to the attention of your lawyer, caseworker and the judge.*
6. **Utilize the tools you learned in Module 6 to link your thoughts, feelings, and behaviors and communicate your needs in a productive way:** *Interactions with child*

welfare can trigger our feelings of shame and potentially remind us of things that happened to us in the past. Incorporating what we've learned in module 6 and managing your emotions, particularly in times of stress, will make the meetings and interactions much more productive and better serve your long-term goals.

SAY: Take a moment to think about these tips and consider the following questions:

1. Which tip for Trauma-Informed Self-Advocacy have you had success practicing in the past?
2. Which tip do you struggle with?
3. Which is one that you would like to practice more of?

DO: Have participants pair up to share their thoughts/answers to these three questions. The questions are also written in their Participant Workbook. Allow **5 minutes** for paired sharing.

DO: Advance to the next slide

Facilitator Notes: Adapted from RISE Magazine (2015). *Getting started on service planning*. Available from: <http://www.risemagazine.org/wp-content/uploads/2019/05/Rise-TIPS-ServicePlan-ALL.pdf>

Slide 10: 5 Minutes

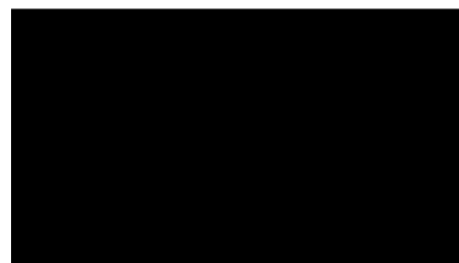
Slide Instructions

SAY: We have talked about self-advocacy and advocating for your child throughout this module. This is advocacy which impacts your own family directly – it is micro level of advocacy. Another type of advocacy is macro-level advocacy. This is advocacy that attempts to change systems. The legal system, the child welfare system, as well as other societal systems impact all of our lives.

Sometimes you can do everything right and the situation can still feel unfair due to:

- Health disparities
- System inequities
- Bias regarding your race, culture, gender, sexual orientation, among others
- Specific details of your case and how it unfolded

Imani Worthy's Story of Racial Injustice



Advocacy can take many forms and there may be many things that you need to advocate for. Racial injustice is one of those things which impacts many families.

In this 4-minute-long video, you will meet Imani Worthy, who learned to advocate for her own rights when she was a target of class and racial bias in the child welfare system in New York City. In this video she is speaking about her experience graduating from a particular program and her intentions and actions to advocate at a more macro systems level change.

DO: Click the black box to begin the video: <https://vimeo.com/475098981>

DO: Advance to the next slide

Facilitator Notes: Use this video to discuss racism and classism in the child welfare system and how to advocate for fair and equitable treatment.

This is an article that participants can reference about Imani's story
<https://www.risemagazine.org/2021/04/targeted-by-two-systems/>

Slide 11

10 Minutes

Slide Instructions

SAY: Now that we've seen the video, let's discuss it using the **3 F's of Processing a Video**.

1. **FEELINGS:** The first F is feelings - What emotions/feelings did this video evoke? How did it make you feel? Please refer to the **Feelings Chart** in Module 1 of your **Participant Workbook** to assist you in picking a couple of feelings.
2. **FACTS:** The second F is facts – What information did you learn? What knowledge did you gain?
3. **FUNCTION:** The third F is function - What will you DO with this new information? How will you apply it to your life?

Video Discussion



FEELINGS



FACTS



FUNCTION

DO: Depending on the size and comfort level of your group, you can do this as a large discussion or break up the group into smaller groups. You could use a circle format, asking

each person to answer each of the 3 F's (with option to pass) so that every participant has an opportunity to share. Use your facilitator discretion on how best to go through the 3 F's.

Facilitator Notes: Some participants are likely to have experienced unfairness or systemic racism or classism and will want to share these experiences with each other. This processing time is important to validate the experiences of all class participants. After sharing, guide participants towards action steps (the F in Function) so that the class doesn't get stuck in only talking about their challenges with the system.

Slide 12: 3 Minutes

Slide Instructions

SAY: *Advocacy is not always trauma informed. For example, a parent of a child without a trauma history might advocate for the educational needs of their child. This looks and IS different than a parent of a child with a trauma history advocating for the educational needs of their child.*



You have gained much knowledge and many skills throughout the previous modules that will help you in practicing trauma-informed advocacy (such as understanding trauma, the impact of trauma, the cognitive triangle, how trauma reminders impact a child, using a trauma lens, and trauma-informed parenting skills to name a few).

The basic elements of trauma-informed advocacy parallel those of trauma-informed parenting. Now that you are becoming a trauma-informed parent, you can be a better advocate for both yourself and your child by . . .

DO: Click to next animation 3 times; reading and expanding on each point

- **Helping others appreciate your family's strengths** and make the connection between a child's thoughts, feelings, and problem behaviors (the Cognitive Triangle) and their trauma history. If other team members become frustrated, impatient, or punitive, you can offer constructive suggestions about how to work with your child. Trauma's effects can be wide-ranging and can affect brain development as well as the development of beliefs about oneself and the world. Teachers and school personnel, for example, might not understand the impact trauma can have

on a child's ability to pay attention in class or behave on the playground. Mental health providers might misdiagnose a child if they fail to consider his or her trauma history.

•**Promoting the importance of psychological safety and well-being.** Share your observations about what you and your child need to feel psychologically safe, including what you know about your child's trauma reminders. Because of the responsibilities of their jobs, others on the family's team might focus only on physical safety, without considering the importance of psychological safety.

•**Supporting positive, stable relationships** and enduring connections, whether it is with immediate or extended family members, keeping your child in the same school among similar supports, or identifying and supporting other key relationships in your child and family's life is key to healing from trauma.

DO: Advance to the next slide

Facilitator Notes:

Images by **Nathan Dumlao & Caroline Hernandez** and **Matthew Waring** from **Unsplash**

Slide 13: 12 Minutes

Slide Instructions

SAY: As you become more comfortable advocating for yourself, you will become more effective at advocating for your child to ensure that their needs are met as well. Would anyone like to volunteer to read the **Tips for Trauma-Informed Advocacy for Your Child** located in Module 9 of your **Participant Workbook**?

DO: If no one volunteers, one facilitator should read.

DO: Click to next animation 6 times; reading and expanding on each point

1. **Understand and communicate how a certain situation may be activating your child's trauma reminders** – Sometimes it can be difficult for team members to understand how a child's behavior may be the result of a trauma reminder, especially if they don't understand what your child has experienced. You can be helpful in sharing information that can better assist team members in understanding and supporting your child. (for example: Based on

Tips for Trauma-Informed Advocacy for Your Child

1. Understand and communicate how a certain situation may be activating your child's trauma reminders
2. Support continuity of relationships and connection in your child's life
3. Share your observations on what your child needs to feel psychologically safe
4. Help others to make the connection between your child's thoughts, feelings, and problem behaviors (the Cognitive Triangle) and their trauma history
5. Help others appreciate your child's areas of strength and resilience
6. Advocate for the trauma-specific services your child needs

what has occurred for my child, they may be fearful around water). You do not need to share all of the details of what your child has experienced.

2. **Support continuity of relationships and connection in your child's life** - Remember that if your child lived in a foster home, they very likely might have made positive connections with adults and other children in that home. Keeping those connections could be helpful to your child. Although this may be challenging, remember that a foster/resource parent would never replace you as a parent!
3. **Share your observations on what your child needs to feel psychologically safe** – Your child may need a specific blanket or have a specific “comfort” food that helps them feel safe. Sharing that information with team members can help your child feel safe, even when they are not with you.
4. **Help others to make the connection between your child's thoughts, feelings, and problem behaviors (the Cognitive Triangle) and their trauma history** – Sometimes other members of the team may not know what has happened and may not understand how your child's thoughts, feelings, and behaviors are related to their trauma history. You are in the best situation to understand why your child might be behaving in a certain way and for explaining it to the team.
5. **Help others appreciate your child's areas of strength and resilience** – Your child has many strengths that can sometimes be overlooked when managing difficult or challenging behaviors. Point out your child's strengths and resilience whenever there is an opportunity to do so to other members of your team. You are your child's best advocate!
6. **Advocate for the trauma-specific services your child needs** - Including trauma-informed mental health services, special accommodations at school, or additional support from the caseworker or other team members.

DO: You are now going to lead the class in a small group (3 – 4 people per group) activity. You will need to prep for this activity prior to class starting. Make extra copies of the **Tips for Trauma-Informed Advocacy for Your Child** worksheet from the Participant Workbook – enough copies so that there is one for each group. Cut the worksheet into 6 strips, so that there is one tip on each strip. Give a full set to each small group (you might want to put each set into a separate envelope).

SAY: *Your small group has each of the 6 Tips for Trauma-Informed Advocacy for Your Child. Please work with your group to put the tips in order – this could be order of most important to least important OR easiest to hardest to do OR some other order. Work with your group to come to an agreement about the order you want them in.*

DO: Allow **5 minutes** for this activity. Walk around and assist any groups that have questions. At the end of the small group discussion, pull the large group back together and ask for a report out from each group. Allow **5 minutes**

DO: Advance to the next slide

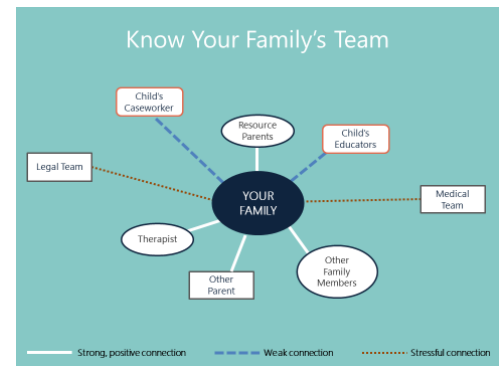
Facilitator Notes: Adapted from RISE Magazine (2015). *Getting started on service planning*. Available from: <http://www.risemagazine.org/wp-content/uploads/2019/05/Rise-TIPS-ServicePlan-LL.pdf>

Slide 14: 18 Minutes

Slide Instructions

DO: Prepare the whiteboard/flipchart with the questions: *Who is on my family's team?*

SAY: *Who might you turn to help you with Advocating, Supporting Treatment and Services, Knowing Your Rights? What are some of their roles? For example, a friend, pediatrician, counselor, your own parent...*



DO: Pause for participants to respond. Allow **2 minutes** for large group sharing. Record answers from the group on the Flip Chart Paper- making sure they include:

- Themselves, their child
- Other members of your family, such as grandparents, siblings, and aunts and uncles
- Foster parents or kinship caregivers
- Child welfare, mental health, education, and medical professionals, including caseworkers, therapists, physicians, daycare workers, teachers, tutors, and other members of the educational system
- Members of the legal system, including judges, legal guardians, and court-appointed special advocates

Use slide animations to show all of the circles in the ECO MAP on the slide once the group discussion is completed.

SAY: *Many of these people listed will make up you, your family's or one or more of your children's teams. On the slide is an example of one family's team. We call this an Eco-Map.*

DO: Click to next animation 8 times; to show the various team members (*FYI: Resource Parents = foster, kin, guardians*). Make sure you note the distance from the center that various team members are (as some members of a team are closer than others) and the type of relationship (see bottom of slide key)

SAY: Now let's get more specific about YOUR team. Please turn to Module 9 in the **Participant Workbook**, to the **Knowing Your Family's Team** Worksheet. Once there, think about your family in the center blue circle - this may be just you and your child, or it may include a partner or other children. In the outer circles please write the names and/or roles of the people who are surrounding and supporting your own family.

DO: Provide **4 minutes** for participants to fill in the circles of the eco-map

SAY: Now that you have entered the names into the circles think about what sort of connections each has with your family?

As shown on the slide:

Draw a solid line for those connections that are strong, positive connection

Draw a dashed line for weak connections

Draw a dotted line for stressful connections

For instance, in the ecomap shown here, the family has a weak connection with teacher and caseworker, a stressful connection with the medical team, but a strong relationship with the resource/foster family. Use the correct types of lines/connections for YOUR family on your worksheet.

DO: Provide **4 minutes** for participants to complete their eco-maps with the lines of connection

SAY: Take a minute to reflect and look at how many strong positive connections your family has compared to weak or stressful ones. Would anyone like to share about your reactions to this exercise or what you notice about your team?

DO: Give **8 minutes** to share

DO: Advance to the next slide

Facilitator Notes: In some situations, there will only be one team, in others there may be multiple teams.

Slide 15: 3 Minutes

Slide Instructions

SAY: *Members of your family's team:*

1. *Have distinct roles and responsibilities in your family's life*
2. *Relate to your family in different ways - some members of the team may have close, positive relationships with your family, others may not be very active or engaged with your family, and others may be a source of conflict and stress*
3. *Are not likely to be equally trauma-informed - many professionals involved with your children are not trained to understand trauma or view your family through a "trauma lens." In fact, some members of the team may have trauma histories of their own or they might be experiencing secondary traumatic stress. As you may remember from the first module, we are referring to secondary traumatic stress as the emotional effects of close, constant contact with individuals (like your children) who have experienced trauma and/or exposure to the details of their trauma and their trauma reactions.*

SAY: *Your family's team can include many adults who will share in parenting and caring for your child. Specifically, it can include the people involved in your family's life who share a commitment to your child's safety and well-being – this could be foster caregivers or adoptive parents or extended family members.*

As we consider your family's team, you may have heard the term "shared parenting." For some parents, this can be an uncomfortable term, however others find it beneficial because it helps children when the primary adults in their lives SHARE PARENTING and work together in a similar way to support a child's healing, growth, and development.

DO: Advance to the next slide

Facilitator Notes: To help members of your child's team understand the trauma-informed perspective better, please feel free to share the websites located on the **Resources for Members of Your Child's Team** document located in Module 9 of your **Participant Workbook**. For more information on how to advocate for your child within their team, see the article **Developing Your Advocacy Skills** in your **Participant Workbook**.

Image by **Sharon Rounce** from **Unsplash**



Slide 16: 2 Minutes

Slide Instructions

Facilitator Notes: Not all participants will have children in out of home placements. Be sensitive as this material might not apply to everyone.

SAY: *Some of your children are living with other families. These may be foster families or other relatives caring for your children or they may be in a residential setting. There may be a clear plan for reunification, or the plan may be for your child to live long term or permanently somewhere else. This is a tough situation for everyone involved. There can be tension or even hostility between the various adults who are caring for your child(ren). When the tension or hostility is extreme or ongoing it will negatively impact your children with confusion, fear, sadness, split loyalties, and possible trauma reminders which can lead to emotional upset or behavioral challenges as children try to make sense of what is happening.*

One way of reducing this impact on children who do not live with their biological parents is something called "shared parenting."

Some of you may have your children living with you, so some of this might not apply to you. For this part of the module consider the other adults who play a primary role in your child's life – this could be a daycare provider or another family member who is active in your child's life or if you are separated/divorced from your child's other parent. The information presented here is applicable to those people as well.

DO: [click for next animation](#) and then read slide:

Shared parenting is a collaborative practice, based on trust, in which parents and other caregivers cultivate positive, supportive relationships in the best interest of the child.

In the next slide we will watch a 2-minute video of a mom talking about her relationship with the foster family of two of her children.

DO: Advance to the next slide

Facilitator Notes: North Carolina Division of Social Services & Family and Children's Resource Program. (2010). Parent-child Visits and shared parenting. *Fostering Perspectives*. Retrieved from <http://www.fosteringperspectives.org/fpv15n1/s-p.htm>

*Images by **Tristan leigh**, **August de Richelieu**, **RODNAE Productions** from **Pexels Free** and **DeniseOfPa** from **Pixabay***



Slide 17: 3 Minutes

Slide Instructions

DO: Play the video (2:23 minutes long) by clicking on the image in the slide or on this link: <https://youtu.be/74BOjGzF8tE>

DO: Refer to the Participant Workbook for TIPS for Family Time

DO: Advance to the next slide

Facilitator Notes: Family time, also known as parent-child visits, is a key factor in promoting family bonding and setting the stage for successful reunification after a child has been placed in out-of-home care.

South Carolina Foster Parent Association. (2012). *Foster/Resource family works closely with birth parent.*



Slide 18: 10 Minutes

Slide Instructions

SAY: *The video is showing just one example of a positive shared parenting situation. We know that it is not always possible for this type of relationship between a parent and their child's caregiver, HOWEVER when it is possible, it is always beneficial for the children. The mother in the video said:*



DO: click for next animation and read the slide (or ask for a volunteer):

"Whenever the kids see me and their foster parents are interacting together, the way that we do, it makes the kids feel more relaxed, more comfortable. They seem to enjoy themselves. I think that it's made it a lot easier"

SAY: *Does anyone have an example of a positive relationship you have (now or in the past) with your child's caregiver?*

DO: Allow up to **3 minutes** for a response from the large group and then break the up into the same small groups of 3 or 4 for small group discussion.

DO: *Click for next slide animation 3 times;* reading each question before breaking up into the group. Allow **4 minutes** for the small group discussion. Make sure you coach each group to give time for each participant to answer the questions.

What are your hopes for your relationship with your child's caregivers?

What obstacles are in the way?

What is one thing that you could do to improve the relationship?

DO: After the small group discussion, ask for a report out from the group – focusing on the last question and having participants identify steps they can take. Allow **3 minutes**

DO: Advance to the next slide

Facilitator Notes: It would be helpful to acknowledge that much of the relationship with their child's caregiver might be out of class participant's control. The purpose of this discussion is to empower participants to identify what is in their control and take even tiny steps toward relationship building with their child's caregiver.

Adjust the questions if there are participants whose children are currently living with them.

Slide 19: 3 Minutes

Slide Instructions

SAY: *Another important part of advocating for yourself and your child is advocating for specific services and treatment needed. There is no “one size fits all” when it comes to treatments for children who have experienced trauma. However, research has shown that most effective trauma-informed treatments include some common elements.*

DO: Click to next animation 4 times; reading and expanding on each point:

1. **Scientifically based, we know that it works:** *They are based on **scientific evidence** rather than just someone’s idea about what works. This means that these treatments have been systematically studied, and data demonstrating their effectiveness have been published. We know that these treatments WORK if they are followed.*
2. **Includes comprehensive trauma assessment:** *They include a comprehensive trauma assessment to determine the child and family’s trauma history and trauma-related needs.*
3. **Based on a clear plan that involves parents and/or other caregivers in the process:** *After the assessment, the provider proposes a treatment plan, which directs the process of treatment. Parent and caregiver involvement in trauma-informed therapy is essential. This may include your participation, and/or the involvement of other parents, family members, and/or caregivers*
4. **Trauma-focused therapy that actively addresses the child’s traumatic experiences and traumatic stress symptoms:** *Trauma-focused therapy actively addresses the child’s traumatic experiences and traumatic stress symptoms. There are different types of treatment that have been proven effective for children of every age, from infants and toddlers to teenagers. It is never “too late” for a child (or an adult) to seek treatment for trauma-related problems.*

*Included as a resource in Module 9 of your **Participant Workbook** is a link to the **National Child Traumatic Stress Network’s (NCTSN)** website, which is a great resource for learning about trauma-informed, evidence based and promising practices. You can learn more about specific interventions/trauma treatments. It is important for you to be informed so that you can advocate for the therapy that is best for you and your child. You can also read about two parents’ experiences with **Parent-Child Interactive Therapy (PCIT)** in Module 9 of your **Participant Workbook**. PCIT is one kind of effective treatment for children/families who have been impacted by trauma.*

DO: Advance to the next slide

Facilitator Notes:

The Basics of Trauma-Informed Treatment

Common elements of effective trauma-informed treatments:

1. Scientifically-based, we know that it works
2. Includes comprehensive trauma assessment
3. Based on a clear plan that involves parents and/or other caregivers in the process
4. Trauma-focused therapy that actively addresses the child’s traumatic experiences and traumatic stress symptoms

Slide 20: 3 Minutes

Slide Instructions

SAY: *As a trauma-informed parent and as “the anchor” on your child’s team, you are in a special position to advocate for your child so that they can receive appropriate trauma-informed treatment. To effectively advocate for trauma-informed treatment, you will need to:*

First, remember that you, as a parent, should seek your own help when you feel overwhelmed by your own trauma reactions or those of your child. Taking care of yourself allows you to take care of your child. You also should seek help when your child:

DO: Click to next animation 8 times; reading and expanding on each point

SAY:

- *Displays reactions that interfere with the ability to function in school and at home*
- *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.*
- *Asks to talk to someone about a traumatic experience*
- *Talks over and over again about the trauma, or seems “stuck” on a particular part of it*
- *Seems plagued by guilt or self-blame*
- *Expresses feelings of helplessness or hopelessness*

DO: Advance to the next slide

Facilitator Notes:

When to seek trauma-informed help

For yourself: When you feel overwhelmed

For your child: When they . . .

- 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
- Ask to talk to someone about their trauma
- Talk over and over again about the trauma or is “stuck”
- Seems plagued by guilt or self-blame
- Expresses feelings of helplessness or hopelessness

Slide 21: 20 Minutes

Slide Instructions

SAY: *A lot of information about advocacy has been shared today. We are now going to do a role-playing activity with our whole group to practice some of these skills. I need 2 volunteers to act out a parent and a foster parent or a social worker.*

- DO:** Present this in an engaging and lighthearted way. You might want to request that 2 of the more outgoing class participants partake in this role play. Instructions:
- The role play will be done as a “fishbowl:” with the two volunteer actors sitting in the middle or front of the room.
 - The person playing the parent gets to choose which scenario to do first
 - They will ad-lib the role play with class participants observing.
 - If/when they get stuck – stop the role play and ask the group for ideas to help coach the parent. You might do this several times for one scenario. If time – do a second scenario. It can be a lot of fun and very informative for all. Add your own thoughts, questions, observations along the way.
 - Encourage the foster parent or social worker to be uncooperative initially – but to eventually agree to what the parent requested - you want the role play to end in success!
 - Clap for and thank the actors after the role play.
 - If you have time, do the other scenario with the same or different volunteer actors


DO: Advance to the next slide

Facilitator Notes: If these 2 scenarios don't apply to your participants, you could consider alternative scenarios such as: requesting a change to a case plan, advocate for a school assessment, or a specific trauma informed treatment. You can also pick any relevant topic that allows for practicing advocacy skills.

Role Play Activity

Scenario #1: You are meeting your child's new caregiver for the first time and want to let them know about your child.

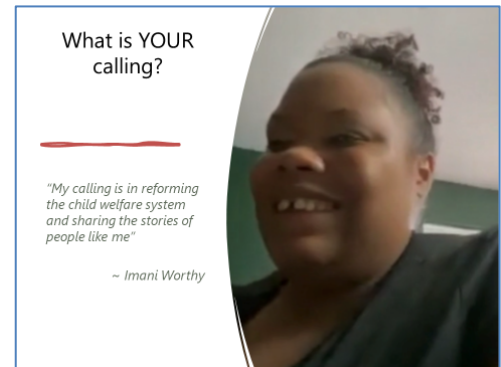
Scenario #2: You would like to request a change to your Family Time (a new location or activity that you would like to do with your child).



Slide 22: 10 Minutes

Slide Instructions

SAY: *Think back to Imani's story when she talked about her "calling" to advocate for child welfare system reform. Sometimes advocating for yourself and your child is more than you feel that you can take on. This is OK! Someday you might find yourself in a different situation with capacity and a desire to advocate for systems change to support other parents in having different experiences. Take a few moments and in pairs discuss what types of intentions, ideas, and next steps you have about advocating at a systems level similar to that of Imani.*



SAY: *Imani said: "My calling is in reforming the child welfare system and sharing the stories of people like me." What is YOUR calling?*

DO: Allow pairs to discuss for **5 minutes** and then facilitate a larger group share for **5 minutes**. Refer participants to the **Know Your Rights** handout in Module 9 of the **Participant Workbook**

DO: Advance to next slide

Facilitator Notes: Remember to be mindful that some folks in the room may not feel like they have the capacity to advocate beyond that of advocating for their child's needs. This is OK! Many parents have had very different experiences and could have strong reactions to this video based on their experience within the child welfare system. It is important to acknowledge and validate all of the participants' experiences.

Slide 23: 10 Minutes

Slide Instructions

SAY: *We have covered a lot of ground today – your mind might be swirling with all kinds of thoughts and ideas OR you might be having some emotions and feelings OR you might have bodily sensations or responses to all that we have discussed today. Or maybe you are experiencing all three at once. These are all common responses.*

We are going to take a few minutes of silence. During this time, you may do any of the following things:

- *Take note of what you are thinking and feeling and to what you are experiencing in your body*
- *Reflect on what you have learned today and how you might apply some of it to your life.*
- *Practice mindfulness or meditation or silent prayer*
- *Just sit quietly*

DO: Set a time for **2 minutes**. It is important that the facilitators sit quietly too. Now is not the time to tidy the classroom or read your notes or do anything other than joining the class in your OWN self-reflection. Once 2 minutes have passed you can begin the closing activity.

SAY: *We are now going to begin our closing activity. Please find a couple of sticky notes and a pen/pencil. Take a minute to write down what your **Hopes or Intentions** are for the coming week. Once you have written it down, you will have the opportunity to add it to our **Wall of Hope and Gratitude**. You can write more than one.*

DO: Give participants **2-3 minutes** to write their Hopes or Intentions down. Don't have them put them on the flip chart yet.

SAY: *Now find some more sticky notes and write down any **Appreciations or Gratitude** that you have toward yourself or anyone in this class. You can write more than one.*

DO: Give participants another **2-3 minutes** to write down their Gratitude or Appreciations.

SAY: *Now take all of your sticky notes and add them to the **Wall of Hope and Gratitude** on the flip chat in the classroom. If you would like to easily remember your own Hopes or Intentions – you can re-write it in your Participant Workbook or take a picture of it with your phone. When you are finished putting up your notes, please return to your seat.*

DO: Allow **1 minute** for everyone to add their sticky notes to the wall and return to their seats.

SAY: *As you leave class today, please take a moment to read what others have posted on the wall before you head out. Notice how it felt to write your notes AND what it feels like to read what others wrote. After*



*you read through the notes you are welcome to leave class. At the beginning of our next class, we will re-read the **Wall of Hope and Gratitude**.*

Thank you for attending class and we look forward to seeing you next time!!

Facilitator Notes:

Module 10

Slide 1: 0 Minutes

Slide Instructions: The purpose of this slide is to provide the course facilitator with information to prepare for this module. Don't show this slide to the class participants. The module content is timed to take 2.5 hours, but it is suggested that a total of 3.0 hours is set aside for teaching this module to include time for later start, breaks, and/or sharing a meal.

BPC: Navigating Trauma
Across Generations

Facilitator Prep Slide

Module 10: Tree of Life

Materials needed for ALL modules

- Facilitator Guide
- Participant Workbook
- Projector and associated cables
- Internet access
- Name tags
- Sign in or attendance sheet
- Evaluations specific to each module (optional)
- Pens/pencils for participants
- Paper, index cards or sticky notes for participant use
- Tissue boxes
- Flip chart paper, easel and markers OR whiteboard and markers OR chalkboard and chalk
- Group Agreements** – written out on flip chart for Mods 2 - 10
- The **Wall of Hope and Gratitude** from all previous classes

Prep for THIS module:

- Check and Pre-load any videos that will be shown in class today – cue the video up to start after any advertisements (if the video is from YouTube)
- No videos
- Other Prep:
 - **Prep the Tree of Life:** This activity will go more smoothly if you have prepared a sample Tree of Life ahead of time. Additionally, providing participants with nice markers, crayons, colored pencils, and a piece of paper that is larger and thicker than a standard copy piece of paper as this something that participants may want to keep.
 - **Slide 16:** Prepare 5 flip charts ahead of time with the following questions (1 per flip chart and numbered sequentially)
 1. As a more trauma-informed parent, I will . . .
 2. Now that I know, what I didn't know then, I forgive myself for...
 3. I am grateful for . . .
 4. I never realized that . . .

5. My kids are . . .

- Other materials specific to this module:
 - 1 ball of yarn for Web of Connections activity
 - Optional: Certificate and/or other celebratory symbol of their achievement and/or reminder of their goals

Participant Workbook Items covered in this module

- Tree of Life – room for self-comments
- The Past 10 Weeks – a brief summary of material covered in the course
- Questions to Ponder
- Web of Connections

Overview of Module:

1. Welcome
2. Mindful Moments
3. Group Agreements
4. Review of previous week
5. What You Will Learn
6. Tree of Life Activity
7. 5 Questions to Ponder
8. Web of Connections Activity
9. PARTY!!

Slide 2: 5 Minutes

Slide Instructions

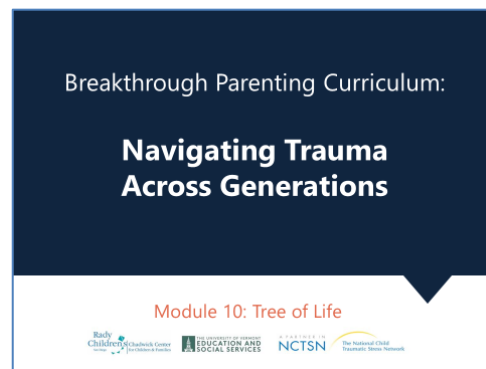
DO: Have this slide showing as people arrive in the classroom. Warmly welcome participants to the class and share any brief logistical information – Let them know this week’s module title. After everyone has arrived and is settled, you can begin.

SAY: *Our last class ended with folks adding **Hopes and Intentions** for themselves as well as **Gratitude and Appreciations** for each other. Let me read what people wrote to remind us of the journey that we are all on.*

DO: Read what is on the **Wall of Hope and Gratitude**. Be thoughtful about reading this in a way that is soothing and attempts to bring participants back to a place of connection.

DO: Advance to the next slide

Facilitator Notes:



Slide 3: 4 Minutes

Slide Instructions

SAY: *This is our final mindful moment. We will watch this short video to remind us of how "Mindfulness is a Superpower."*

DO: *Click for next animation* to show this brief (2:45 minute) video; "Why Mindfulness is a Superpower" from Happify.

DO: Lead a brief large group discussion asking some/all of the following questions:

- *What positive effects has anyone seen or experienced from practicing mindfulness since this class began?*
- *How do you think you will use this for yourself or with your children after this class ends?*

DO: Advance to the next slide

Facilitator Notes:

Image by Lexi Hu from Unsplash



Slide 4: 3 Minutes

Slide Instructions

DO: Post your class **Group Agreements** on a wall and do a brief review of them as a reminder of how the class participants are holding space for each other.

DO: Advance to the next slide

Facilitator Notes:



Slide 5: 10 Minutes

Slide Instructions

SAY: *In the last module we covered the following topics:*

- *The importance of advocacy for yourself and your child*
- *Created an eco-map of your family's team*
- *Effective Shared Parenting and Family Time with your child(ren)*
- *System wide advocacy*



DO: Ask the following question: *Does anyone have an example to share of a way you were able to advocate for yourself or your child(ren) this past week?*

DO: Advance to next slide

Facilitator Notes: Depending on group size and/or connection between participants, you could ask each member to answer the question (with option to pass) or ask for a few volunteers or a pair and share with a few reporting back to the whole group. This quick round of check in allows connection between last module's content and this week's as well as allows for participants to ground/reground themselves.

*Image by **Danielle Macinnes** from **Unsplash***

Slide 6: 1 Minute

Slide Instructions

SAY: *In this module, you will learn to:*

DO: *click for next slide animation 2 times, reading each of the points as you go:*

1. *How to build connections across the disruptions in your and your child's lives*
2. *Allow time for reflection of the kind of person and parent you want to be moving forward*

DO: Advance to next slide

Facilitator Notes:

What Will You Learn?

In this module, you will learn:

1. How to build connections across the disruptions in your and your child's lives
2. Allow time for reflection of the kind of person and parent you want to be moving forward

Slide 7: 7 Minutes

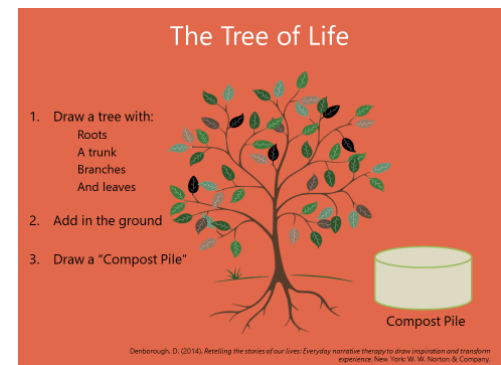
Slide Instructions

DO: Provide parents with a white piece of paper and markers/crayons and pencils. Consider offering larger and/or thicker pieces of paper as this is something that participants may want to keep.

SAY: *Now, let's do an activity that will allow you to look into your future, as an emotionally healthy person and as a supportive parent.*

The Tree of Life is a visual metaphor in which a tree represents your life and the various elements that make it up - past, present, and future. By labeling these parts, you not only begin to discover (or perhaps rediscover) aspects of yourself shaped by the past, but you can then begin to actively cultivate your tree to reflect the kind of person and parent you want to be moving forward.

1. *Please draw a tree with roots, a trunk, branches, and leaves.*
2. *You should also add the ground.*
3. *Make some room on the right or left side of the trunk to draw a "Compost Pile." In case you don't know, a compost pile is a collection of organic and kitchen scraps set up so that it decomposes or decays. Often compost once broken down is used as fertilizer to support new growth.*



This is not an art class, you will not be graded, and that you will not be required to share the drawing of your tree with anyone else.

DO: Allow **5 minutes** to complete drawing the tree. Walk around the room and offer encouragement and praise for their efforts.

DO: Advance to the next slide

Facilitator Notes: Having a representative model done ahead of time along with the generic one on the slide would be best practice to assist the participants to envision the purpose and directions of this activity. This would require a brief synopsis of each part of your tree and say you all will be doing the same thing in this activity. Denborough, D. (2014). *Retelling the stories of our lives: Everyday narrative therapy to draw inspiration and transform experience*. New York: W. W. Norton & Company.

Slide 8: 5 Minutes

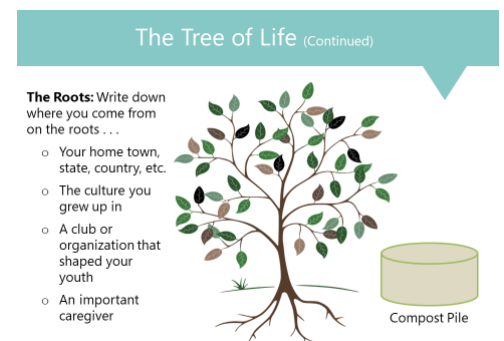
Slide Instructions

SAY: *The Roots: Write down where you come from on the roots. This can be your hometown, state, country, etc. You could also write down the culture you grew up in, a club or organization that shaped your youth, or an important caregiver.*

DO: Allow for up to **5 minutes**. Walk around the room and gauge the time needed for everyone to complete this part. Announce that there is 1-minute remaining prior to the end of the allotted time. Make the connection of the roots portion of the Tree of Life to Module 3 (Trauma 101) the early childhood experiences, specifically intergenerational trauma, and healing.

DO: Advance to the next slide

Facilitator Notes: *Be sure that participants know that the facilitator is working around to make sure that folks have what they need, NOT to monitor their artistry.*



Slide 9: 5 Minutes

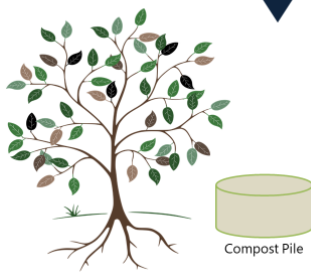
Slide Instructions

SAY: *The Ground:* Write down the things you choose to do on a weekly basis on the ground. These should not be things you are forced to do, but rather things you have chosen to do for yourself. Think about your self-care plan or what you are doing differently to be the parent that you want to be.

The Tree of Life (Continued)

The Ground: Write down the things you choose to do on a weekly basis on the ground . . .

- Should not be things you are forced to do, but rather things you have chosen to do for yourself
- Think about your Self-Care plan or what you are doing differently to be the parent that you want to be



Compost Pile

The diagram shows a tree with a brown trunk and roots, green leaves, and some brown leaves. To the right of the tree is a green cylindrical compost pile.

DO: Allow for up to **5 minutes**. Walk around the room and gauge the time needed for everyone to complete this part. Announce that there is 1-minute remaining prior to the end of the allotted time. Make the connection of the grounds portion of the Tree of Life to Module 2 (Taking Care of Yourself), specifically self-care.

DO: Advance to the next slide

Facilitator Notes:

Slide 10: 5 Minutes

Slide Instructions

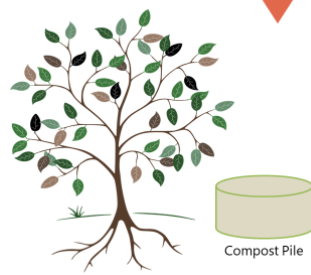
SAY: *The Trunk:* Write your skills and values on the trunk. What strengths do you possess? What has made you resilient? What do you know now about trauma and parenting your child?

DO: Allow for up to **5 minutes**. Walk around the room and gauge the time needed for everyone to complete this part. Announce that there is 1-minute remaining prior to the end of the allotted time.

The Tree of Life (Continued)

The Trunk: Write your skills and values on the trunk . . .

- What strengths do you possess?
- What has made you resilient?
- What do you know now about trauma and parenting your child?



Compost Pile

The diagram shows a tree with a brown trunk and roots, green leaves, and some brown leaves. To the right of the tree is a green cylindrical compost pile.

Make the connection of the trunk portion of the Tree of Life to modules that encouraged hope, growth, and resilience

DO: Advance to the next slide

Facilitator Notes:

Slide 11: 5 Minutes

Slide Instructions

SAY: *The Branches: Write down your hopes, dreams, and wishes on the branches. These can be personal, communal, or general to all of mankind. Think both long and short term. Spread them around the various branches.*

DO: Allow for up to **5 minutes**. Walk around the room and gauge the time needed for everyone to complete this part. Announce that there is 1-minute remaining prior to the end of the allotted time.

Make the connection of the branches portion of the Tree of Life to goals set with the Invisible Suitcase in Module 5 or micro or macro level advocacy in Module 9



DO: Advance to the next slide

Facilitator Notes:

The Tree of Life (Continued)

The Branches: Write down your hopes, dreams, and wishes on the branches . . .

- These can be personal, communal, or general to all of mankind
- Think both long and short term
- Spread them around the various branches



Slide 12: 5 Minutes

Slide Instructions

SAY: *The Leaves: Write down the names of those who are significant to you in a positive way: Your friends, family, pets, heroes, etc. Add anyone that has made a difference in your life.*

DO: Allow for up to **5 minutes**. Walk around the room and gauge the time needed for everyone to complete this part. Announce that there is 1-minute remaining prior to the end of the allotted time.

Make the connection of the leaves portion of the Tree of Life to Module 8, specifically building new connections and healing.



DO: Advance to the next slide

Facilitator Notes:

The Tree of Life (Continued)

The Leaves: Write down the names of those who are significant to you in a positive way . . .

- Your friends, family, pets, heroes, etc.
- Don't forget to add anyone that has made a difference in your life through this journey



Slide 13: 5 Minutes

Slide Instructions

SAY: Now please draw a basket of flowers and seeds somewhere in their paper. Write down the legacies you wish to leave to others on the flowers and seeds. Think about breaking the intergenerational cycle of violence. What kind of relationships do you want your children to have when they become adults? What kind of parents do you want them to be? What do you want them to remember about you?

DO: Allow for up to **5 minutes**. Walk around the room and gauge the time needed for everyone to complete this part. Announce that there is 1-minute remaining prior to the end of the allotted time. Make the connection of the basket of flowers and seeds in the Tree of Life back to Modules 7 & 9, providing emotional containment, Tuning in and Advocacy.

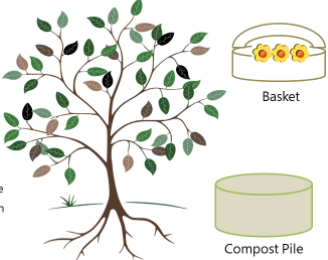
DO: Advance to the next slide

Facilitator Notes:

The Tree of Life (Continued)

A basket of flowers and seeds: Write down the legacies you wish to leave to others on the flowers and seeds . . .

- Breaking the intergenerational cycle of violence
- Kinds of relationships you want your children to have as adults
- Kind of parents do you want them to be
- What you want them to remember about you



The diagram shows a tree with a brown trunk and branches, green leaves, and some brown leaves. To the right of the tree is a basket containing three yellow flowers and three seeds. Below the basket is a green cylindrical compost pile. The entire diagram is enclosed in a blue border.

Slide 14: 5 Minutes

Slide Instructions

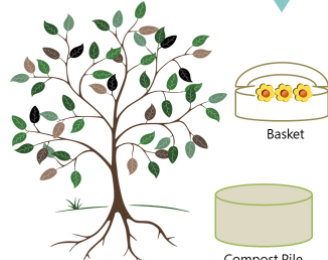
SAY: Last, please look at your "Compost Pile." Remember that a compost pile is a collection of organic and kitchen scraps set up so that it decomposes, or decays. Remember that compost once broken down is often used as fertilizer for new growth. Please write down things that would normally go in the parts of the tree, but which are now things you no longer want to be defined by. Compost items could be sources of trauma, abuse, cultural standards of normality/beauty/etc. or anything else that shapes negative thoughts about yourself. Of course, we can never erase the trauma, but we can shed/compost some of the impact of trauma such as: perceptions, survival coping behaviors, negative beliefs of ourselves, other people, and the world, etc. These can be places, people, problems, or experiences.

DO: Allow for up to **5 minutes**. Walk around the room and gauge the time needed for everyone to complete this part. Announce that there is 1-minute remaining prior to the end of the allotted time.

The Tree of Life (Continued)

Compost Pile: Write down things that you no longer want to be defined by . . .

- Sources of trauma, abuse, cultural standards of normality/beauty, etc.
- Anything else that shapes negative thoughts about yourself in your minds
- They can be places, people, problems, or experiences



The diagram shows a tree with a brown trunk and branches, green leaves, and some brown leaves. To the right of the tree is a basket containing three yellow flowers and three seeds. Below the basket is a green cylindrical compost pile. The entire diagram is enclosed in a blue border.

DO: Advance to the next slide

Facilitator Notes:

Slide 15: 15 Minutes

Slide Instructions

SAY: *Now that you are done, please take a few minutes to look at your Tree of Life and reflect on what you have drawn and written down. Consider the questions on the slide.*

What parts of your Tree of Life make you feel:

- *Happy?*
- *Sad?*
- *Hurt?*
- *Hopeful?*

What else stands out for you on your Tree of Life?



DO: Depending on the size of your group and/or the comfort level of the group you could either go around and ask each participant to share their Tree of Life (with the option to pass) OR ask for a few volunteers to share. Make sure that you validate and reflect any of the sharing. Allow up to **15 minutes** for this sharing.

SAY: *Remember your Tree of Life can help you to remember the kind of parent you want to be moving forward. If you ever begin to lose direction, you can refer back to your Tree of Life.*

DO: Advance to the next slide

Facilitator Notes:

Slide 16
19 Minutes

Slide Instructions

DO: As this is the last class, the final activity is modified from previous closing activities. **(1)** First you will do a brief review of what was learned over the 10 weeks, **(2)** then the same 2



minutes of silence from previous weeks, **(3)** Questions to Ponder activity

(1) Brief review of course material

SAY: *We have covered a lot of ground over the past 10 weeks! **We talked about:***

- *What trauma-informed parenting is and how it can help you be the best parent you can be to your child(ren)*
- *The importance of practicing compassionate self-care and the warning signs of stress*
- *Ways to build resilience in yourself and in your children and how resilience can contribute to growth and healing in children*
- *The different types of trauma including developmental trauma and intergenerational and racial trauma*
- *Why trauma reminders happen and how they may show up in your or your child's emotions or behaviors*
- *How experience grows the brain (the snake in the park activity)*
- *The impact of trauma on development and attachment and how to attune with children as a way to heal from this*
- *How experiencing early childhood trauma impacts a child's beliefs and expectations about themselves, caregivers, and the world in general (it is like carrying an invisible suitcase)*
- *The impact of your childhood on your parenting*
- *ACEs (Adverse Childhood Experiences) impact on long term health outcomes and the protectiveness of Benevolent Childhood Experiences*
- *Why some people develop survival coping behaviors and what to do about them*
- *Identifying what is in your own Invisible Suitcase and how to unpack and repack it*
- *How thoughts or beliefs impact feelings and behaviors as in the Cognitive Triangle*
- *Supporting your children in talking about trauma*
- *How to respond to trauma reminders in your children*
- *Becoming an advocate for yourself, your child(ren) and your family*
 - *Working with a team*
 - *How to have effective/supportive shared parenting*
 - *Understanding your rights*
 - *Considering ways to advocate for system wide change*

Skills Learned:

- *Various ways of practicing mindfulness*
- *Emotion Identification*
- *Stress Continuum: Red, Yellow and Green Zones*
- *Ways of unpacking and repacking our own and our child(ren)'s Invisible Suitcase*
- *Using a Trauma Lens to interpret behaviors*
- *Developing and practicing your own self-regulation plan*
- *Being an Emotional Container and managing Hot Spots*
- *Practicing attunement through one-on-one child directed play: Turn it Down and Turn it Up*

- *Turn It Down: No, Don't, Stop*
- *Turn It Up: I feel you, I see you, I hear you, I appreciate you*
- *The 5Rs (Regulation for Trauma Triggers)*

(2) Two Minutes of Silence

SAY: *Your mind might be swirling with all kinds of thoughts and ideas OR you might be having some emotions and feelings OR you might have bodily sensations or responses to all that we have discussed today and over the past 10 weeks. Or maybe you are experiencing all three at once. These are all common responses. We are going to take a few minutes of silence. During this time, you may do any of the following things:*

- *Take note of what you are thinking and feeling and to what you are experiencing in your body*
- *Reflect on what you have learned today and how you might apply some of it to your life.*
- *Practice mindfulness or meditation or silent prayer*
- *Just sit quietly*

DO: Set a time for **2 minutes**. It is important that the facilitators sit quietly too. Now is not the time to tidy the classroom or read your notes or do anything other than joining the class in your OWN self-reflection. Once 2 minutes have passed you can begin the closing activity.

(3) Closing Activity – Questions to Ponder

DO: To prepare for this activity ahead of time – write one question on each flip chart (make sure to write the corresponding number somewhere on the flip chart). ***This activity should be done in SILENCE!!***

- ▶ *Click for next animation*
 1. *As a more trauma-informed parent, I will . . .*
 2. *Now that I know, what I didn't know then, I forgive myself for . . .*
 3. *I am grateful for . . .*
 4. *I never realized that . . .*
 5. *My kids are . . .*
- ▶ Ask people to write down their responses to each question on individual post-it notes. **Make sure people put numbers on the post-its so they know which flip chart to put it on.**
- ▶ After they are done writing, they should stick them on the appropriate flip chart. Then sit back down.
- ▶ When everyone is done, have participants do a **silent** walk around so everyone can see what is written.

It is strongly recommended that you do NOT talk about what folks wrote or read – it gives the activity more power and puts people in a very nice space for ending the class. This activity should take **12 – 15 minutes**

DO: Advance to the next slide

Facilitator Notes:

Slide 17: 15 Minutes

Slide Instructions

Web of Connections Activity:

SAY: *To build off the Web of Connections activity in Module 8 and provide some closure while highlighting the connections within the group, we are going to build a web of connections together (yarn toss).*



DO: Begin with participants standing in a circle and the facilitator explaining how the closing activity will run.

The facilitator names a hope, intention, or main take away from the class then they will gently toss the ball of yarn WHILE still holding on to their yarn, this continues until each person is holding a piece of the yarn and a web is created. Note the web of connections within this group and then have each participant cut and keep a piece of the web (yarn) with them that holds the knowledge, experiences, and wisdom from the group.

Validate that there may have been parents that built positive relationships within this workshop and/or that have found this workshop to be a support system for them. Create space for the group to explore/discuss how they might want to stay connected with the group ongoing. As a result, there may be mixed emotions from feeling proud, hopeful, and relieved to sad, anxious, and lonely. Remind them that there are professionals out there that can continue the support that they may need.

Facilitator Notes: Allocate an additional 30 minutes at the end for a closing activity, such as a potluck or funded luncheon/dinner/snack celebration. You may provide some other type of giveaway for completing the workshop, including gift cards for self-care activities or items to help manage stress.

Optional: Pass out a Certificate of Completion to each Parent and/or a celebratory symbol of their achievement.

References and Resources

Aarons, G. A., Hurlburt, M., & Horwitz, S. M. (2011). Advancing a conceptual model of evidence-based practice implementation in public service sectors. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(1), 4-23.

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

Lindsey, R.B. (2016). 9 Questions to Guide Your Cultural Proficiency. Retrieved from: <https://corwin-connect.com/2016/03/9-questions-guide-cultural-proficiency/>.

McKay, M. (n.d.). Engaging families & supporting young children training tool kit. Retrieved from [http://nysecac.org/files/7913/8115/3019/McKay-Engaging Families Supporting Young Children Training Tool Kit FINAL.pdf](http://nysecac.org/files/7913/8115/3019/McKay-Engaging_Families_Supporting_Young_Children_Training_Tool_Kit_FINAL.pdf)

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Evaluation Appendix

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Evaluation Overview

As noted in the main body of the BPC Facilitator's Guide, the collection and use of evaluation data is a key foundational component for successful implementation, sustainment, and future funding of the BPC. If sites implementing the BPC are able to conduct a rigorous evaluation, the BPC training program may become eligible for federal funding and be placed on the [Title IV-E Prevention Services Clearinghouse](#). As such, we are suggesting that sites engage in **research-practice partnerships** with local universities to conduct strong evaluations that can expand the field's understanding of the program's effectiveness. In the following pages of the evaluation appendix, you will find an overview of types of evaluation you may want to conduct. Specifically, we review (a) Implementation/Process evaluations and (b) outcome evaluations. In addition, we include several evaluation resources and tools including sample instruments that can be used, or adapted, to meet your evaluation needs.

Process/Implementation Evaluation

A process evaluation will help you understand how well the BPC is working, the extent to which it is being implemented as designed, and how well your BPC program has reached the intended target population. Findings from a process/implementation evaluation will help you understand how to improve on future implementation of the training curriculum. Specifically, a process/implementation evaluation will present information such as the participant population (demographics; parenting role, etc), the number of participants completing all or part of the BPC, location and timing of training, barriers, facilitators, and satisfaction with training modules, and implementation fidelity.

Workshop Delivery

- ▶ Information collected on *referrals and participant eligibility* could include the number of referrals received for the workshop, number of individuals screened for the workshop, the number enrolled in the workshop, and the percentage of individuals screened who were enrolled. These indicators can provide valuable information on the flow of referrals and the "appropriateness" of the referrals for the workshop.
- ▶ Information collected on *attendance* could include the number (and percentage) of participants who attended the first module, the number (and percentage) of participants who attended all modules, and so forth. These indicators can provide important information on client engagement and retention.
- ▶ Information on *services provided* could include the number of workshops conducted by an agency in a given time period, the number of individuals served, the number of facilitators involved in conducting the workshops, and so forth. Tracking this type of information can provide documentation of completed activities and achievement of targets (e.g., for agency goals, funding requirements)

Satisfaction

- ▶ Feedback on various aspects of the workshop can be obtained from the participants and facilitators. Satisfaction surveys, or feedback forms, can be valuable tools for identifying strengths and areas for improvement. For workshop participants, this can include collecting information on perceptions of the utility of the topics covered, the delivery of the content, and the workshop materials and activities. Evaluation surveys for workshop participants to complete at the end of each module are provided.
- ▶ For workshop facilitators, feedback can likewise be obtained with paper and pencil surveys. “Debriefing” meetings with facilitators and other agency staff can also be a useful vehicle to gather information on facilitator perceptions of what did and did not go well in the workshop and to discuss potential changes to the delivery of the program (e.g., offering the workshop at a different time of day and/or a different location). It can also be helpful to review results of participant surveys at these “debriefing” meetings.

Fidelity

- ▶ Approaches to assessing fidelity include facilitator reports, observation of modules, or review of module recordings, if available. Fidelity tools were developed for the RPC and adapted for use with this workshop. Agencies choosing to collect information on the fidelity are welcome to use the adapted Implementation fidelity measures found in the appendix.

Outcome/Effectiveness Evaluation

For those interested in conducting an outcome evaluation and assisting with assessing the appropriateness of the BPC as a promising or evidence-based prevention practice, we strongly suggest that you engage in a research-practice partnership with a university and follow guidance found in the Title IV-E Prevention Services Clearinghouse Handbook (Wilson et al, 2021). A research-practice partnership is currently underway in Vermont to assess the effectiveness of the first BPC pilot. On the last page of this appendix you will find a list of possible outcomes variables of interest related to safety, permanency, child well-being, and parent well-being, knowledge, and skills. The handbook can be found online and provides more detailed guidance for developing a robust evaluation plan.

https://preventionservices.acf.hhs.gov/themes/ffc_theme/pdf/psc_handbook_v1_final_508_compliant.pdf

Sample A: Post Module Feedback Forms

Module 1

1. *What was most helpful part of training?*

2. *What could be improved?*

3. *How will I apply what I learned?*

4. *Activity Ranking:*

Below are the titles of the main activities from the module. Please rank these in order of helpfulness with 1 being most helpful. There should only be one activity rated #1, one rated #2, and so on to #5. If you do not remember an activity or did not complete it please write "N/A".

| Name of Activity | Rank # |
|--|---------------|
| Developing Ethos/Guiding Principles | |
| Review the Essential Elements of Trauma Informed Parenting | |
| Definition of toxic stress and video: "Be the Parents We Want to Be" | |
| Stress Continuum Worksheet (Green, Yellow, Red Zones) | |
| "What Got You Through the Difficult Things in Your Life" activity | |

Module 2

1. *What was most helpful part of training?*

2. *What could be improved?*

3. *How will I apply what I learned?*

4. *Activity Ranking:*

Below are the titles of the main activities from the module. Please rank these in order of helpfulness with 1 being most helpful. There should only be one activity rated #1, one rated #2, and so on to #5. If you do not remember an activity or did not complete it please write "N/A".

| Name of Activity | Rank # |
|---|---------------|
| Learning about Self Compassion | |
| "The Power of Empathy" video from Brene Brown | |
| Compassionate Self Care Check Up activity | |
| The Story of Betty's Family discussion | |
| Creating a Compassionate Self Care Plan | |

Module 3

1. *What was most helpful part of training?*

2. *What could be improved?*

3. *How will I apply what I learned?*

4. *Activity Ranking:*

Below are the main activities from the module. Please rate these in order of helpfulness with 1 being most helpful and 5 being least helpful. There should only be one activity rated #1, one rated #2, and so on until #5.

| Name of Activity | Rank # |
|---|---------------|
| Learning about the various types of trauma | |
| Learning about how people respond to trauma | |
| Javier's story - learning about his trauma responses and strengths/resilience | |
| Learning about the 5 Protective Factors (Resilience) | |
| "Journey to Resilience" video | |

Module 4

1. *What was most helpful part of training?*

2. *What could be improved?*

3. *How will I apply what I learned?*

4. *Activity Ranking:*

Below are the main activities from the module. Please rate these in order of helpfulness with 1 being most helpful and 5 being least helpful. There should only be one activity rated #1, one rated #2, and so on until #5.

| Name of Activity | Rank # |
|---|---------------|
| ACES video | |
| Learning about Benevolent Childhood Experiences | |
| Videos of mother's talking about intergenerational trauma | |
| Survival Coping Behaviors activity | |
| YOUR Invisible Suitcase activity | |

Module 5

1. *What was most helpful part of training?*

2. *What could be improved?*

3. *How will I apply what I learned?*

4. *Activity Ranking:*

Below are the main activities from the module. Please rate these in order of helpfulness with 1 being most helpful and 5 being least helpful. There should only be one activity rated #1, one rated #2, and so on until #5.

| Name of Activity | Rank # |
|--|---------------|
| Snake in the Park activity | |
| Learning about trauma's impact on development | |
| "5 Steps for Brain Building" video | |
| Learning about trauma's Impact on Attachment and Ways to Attune with my child activity | |
| The Invisible Suitcase activity | |

Module 6

1. *What was most helpful part of training?*

2. *What could be improved?*

3. *How will I apply what I learned?*

4. *Activity Ranking:*

Below are the main activities from the module. Please rate these in order of helpfulness with 1 being most helpful and 5 being least helpful. There should only be one activity rated #1, one rated #2, and so on until #5.

| Name of Activity | Rank # |
|---|---------------|
| "What If Activity" and Cognitive Triangle | |
| Using a Trauma Lens activity | |
| "Hand Model of the Brain" and "Being With and Shark Music" videos and activity/discussion | |
| Feelings Mask Activity | |
| Writing a Self Regulation Plan | |

Module 7

1. *What was most helpful part of training?*

2. *What could be improved?*

3. *How will I apply what I learned?*

4. *Activity Ranking:*

Below are the main activities from the module. Please rate these in order of helpfulness with 1 being most helpful and 5 being least helpful. There should only be one activity rated #1, one rated #2, and so on until #5.

| Name of Activity | Rank # |
|--|---------------|
| Being an Emotional Container discussion and activity | |
| Emotional Hot Spots discussion and activity | |
| Learning about the importance of attunement through one on one child directed play | |
| Turn it Down Skills | |
| Turn it Up Skills | |

Module 8

1. *What was most helpful part of training?*

2. *What could be improved?*

3. *How will I apply what I learned?*

4. *Activity Ranking:*

Below are the main activities from the module. Please rate these in order of helpfulness with 1 being most helpful and 5 being least helpful. There should only be one activity rated #1, one rated #2, and so on until #5.

| Name of Activity | Rank # |
|---|---------------|
| Web of Connections activity | |
| Talking about Trauma with children discussion | |
| Mei's story discussion and learning more about trauma reminders | |
| Identifying Stress Busters (SOS) | |
| Learning about Regulation for Trauma Triggers | |

Module 9

1. *What was most helpful part of training?*

2. *What could be improved?*

3. *How will I apply what I learned?*

4. *Activity Ranking:*

Below are the main activities from the module. Please rate these in order of helpfulness with 1 being most helpful and 3 being least helpful. There should only be one activity rated #1, one rated #2, and so on until #3.

| Name of Activity | Rank # |
|---|---------------|
| Discussion about my child/family's team | |
| Learning about trauma informed advocacy | |
| Video about racial injustice | |

Module 10

1. *What was most helpful part of training?*

2. *What could be improved?*

3. *How will I apply what I learned?*

4. *Activity Ranking:*

Below are the main activities from the module. Please rate these in order of helpfulness with 1 being most helpful and 3 being least useful. There should only be one activity rated #1, one rated #2, and so on until #3.

| Name of Activity | Rank # |
|--|---------------|
| Tree of Life Activity | |
| Hope/Intentions for participants going forward | |
| Closure Web of Connections Activity | |

Sample B: Implementation Fidelity Monitoring Tool*

Directions: This checklist will be used to monitor and assess implementation of the BPC at each location. Each workshop facilitator will submit data independently. For all No responses, please provide details in the notes column.

Workshop Location (City, State): _____

Facilitator Type (please circle): MH Facilitator Co-Facilitator

| Criteria | Yes | No | Details | Notes |
|--|-----|----|--|-------|
| Please answer the following within 3 business days of workshop conclusion | | | | |
| Was all content presented within 10 sessions? | | | # sessions: ____ | |
| Was a minimum of one week and a maximum of two-weeks' time allotted between sessions? | | | minimum time between sessions: ____ maximum time between sessions: ____ | |
| Was the total instructional time between 200-300 hours? | | | Instructional hours: _____ Breaks/Social hours __ | |
| Was audience limited to: - Were all participating Birth parents involved in DCF? | | | Total # of participants: | |

*Adapted from the RPC fidelity checklist. Citation: Coatsworth, L, Richardson, L. M, and the Child Welfare Practice Lab, National Child Traumatic Stress Network 2014.

| Criteria | Yes | No | Details | Notes |
|---|-----|----|--|-------|
| <p>Provider Characteristics Was this workshop led by a MH professional and a co-facilitator with lived experience?</p> | | | <p><u>MH professional credentials</u></p> <p><input type="checkbox"/> MSW</p> <p><input type="checkbox"/> MA/ MS, Psych</p> <p><input type="checkbox"/> Related field,</p> <p>Please specify: Licensed Clinical Mental Health Counselor</p> <p>Co-Facilitator Credentials: Licensed Psychologist-Masters</p> <p>Parent with lived experience</p> | |
| <p>Provider Training</p> <p>Did the MH facilitator complete a train the trainer session?</p> <p>Has the co-facilitator (with lived experience) attend a train the trainer session?</p> | | | <p><u>Additional Information: MH facilitator:</u></p> <p># of sessions conducted: _____</p> <p><u>Co-facilitator:</u></p> <p># of sessions conducted: _____</p> | |
| <p>*Adapted from the RPC fidelity checklist. Citation: Coatsworth, L, Richardson, L. M, and the Child Welfare Practice Lab, National Child Traumatic Stress Network 2014</p> | | | | |

Session 1

| Activities | Rating | Notes |
|---|--------------------------------|--|
| <i>Please rate whether each topic/activity below was covered in the session:</i> | 0 – Not covered 1 – Covered | <i>Please describe participant reactions to content, if covered, or if not covered, why?</i> |
| 1. Welcome & Course Overview | | |
| 2. Ethos/Guiding Principles | | |
| 3. Getting to Know Each Other | | |
| 4. Mindful Moments | | |
| 5. Why Is It Important to Address Unresolved and Ongoing Parent Trauma and Child Trauma | | |
| 6. The Essential Elements of Trauma Informed Parenting | | |
| 7. Privacy and Confidentiality | | |
| 8. Emotions/Feelings Chart | | |
| 9. Stress | | |
| 10. Green, Yellow, Red Zones | | |
| 11. Trauma | | |
| 12. Resilience | | |
| 13. Wall of Gratitude and Hope | | |

Comments/recommended changes to Session curriculum:

Session 2

| Activities | Rating | Notes |
|--|--------------------------------|--|
| <i>Please rate whether each topic/activity below was covered in the session:</i> | 0 – Not covered 1 – Covered | <i>Please describe participant reactions to content, if covered, or if not covered, why?</i> |
| 1. Welcome | | |
| 2. Mindful Moments | | |
| 3. Ethos/Guiding Principles Discussion | | |
| 4. Review of previous week | | |
| 5. What You Will Learn | | |
| 6. Learning To Take Care of Yourself, Self Compassion, and Empathy | | |
| 7. Warning Signs of Stress | | |
| 8. Compassionate Self-Care Check Up | | |
| 9. The Story of Betty's Family | | |
| 10. Your Child's Trauma | | |
| 11. Compassionate Self Care Plan | | |
| 12. Resources | | |
| 13. Wall of Gratitude and Hope | | |

Comments/recommended changes to Session curriculum:

Session 3

| Activities | Rating | Notes |
|--|--------------------------------|--|
| <i>Please rate whether each topic/activity below was covered in the session:</i> | 0 – Not covered 1 – Covered | <i>Please describe participant reactions to content, if covered, or if not covered, why?</i> |
| 1. Welcome | | |
| 2. Mindful Moments | | |
| 3. Review of previous week | | |
| 4. What You Will Learn | | |
| 5. Types of Trauma | | |
| 6. How Individuals Respond to Trauma | | |
| 7. What You Might See: Reactions to Trauma | | |
| 8. Javier's Story | | |
| 9. The Science of Resilience video | | |
| 10. Wall of Gratitude and Hope | | |

Comments/recommended changes to Session curriculum:

Session 4

| Activities | Rating | Notes |
|--|--------------------------------|--|
| <i>Please rate whether each topic/activity below was covered in the session:</i> | 0 – Not covered 1 – Covered | <i>Please describe participant reactions to content, if covered, or if not covered, why?</i> |
| 1. Welcome | | |
| 2. Mindful Moments | | |
| 3. Review of previous week | | |
| 4. What You Will Learn | | |
| 5. ACES and Benevolent Childhood Experiences | | |
| 6. Help and Hope Videos | | |
| 7. Survival Coping Behaviors | | |
| 8. Your Invisible Suitcase | | |
| 9. Wall of Gratitude and Hope | | |

Comments/recommended changes to Session curriculum:

Session 5

| Activities | Rating | Notes |
|--|--------------------------------|--|
| <i>Please rate whether each topic/activity below was covered in the session:</i> | 0 – Not covered 1 – Covered | <i>Please describe participant reactions to content, if covered, or if not covered, why?</i> |
| 1. Welcome | | |
| 2. Mindful Moments | | |
| 3. Review of previous week | | |
| 4. What You Will Learn | | |
| 5. We Learn By Experience (Snake in the Park) | | |
| 6. Trauma Derails Development | | |
| 7. Trauma Impacts Attachment | | |
| 8. Getting Attachment and Development Back on Track | | |
| 9. Invisible Suitcase | | |
| 10. Wall of Gratitude and Hope | | |

Comments/recommended changes to Session curriculum:

Session 6

| Activities | Rating | Notes |
|--|--------------------------------|--|
| <i>Please rate whether each topic/activity below was covered in the session:</i> | 0 – Not covered 1 – Covered | <i>Please describe participant reactions to content, if covered, or if not covered, why?</i> |
| 1. Welcome | | |
| 2. Mindful Moments | | |
| 3. Review of previous week | | |
| 4. What You Will Learn | | |
| 5. Seeing Below the Surface | | |
| 6. The Cognitive Triangle | | |
| 7. Using a Trauma Lens | | |
| 8. The Hand Model of the Brain | | |
| 9. Being With and Shark Music | | |
| 10. Feelings Mask | | |
| 11. Adult Self Regulation | | |
| 12. Co-Regulation | | |
| 13. Wall of Gratitude and Hope | | |

Comments/recommended changes to Session curriculum:

Session 7

| Activities | Rating | Notes |
|--|--------------------------------|---|
| <i>Please rate whether each topic/activity below was covered in the session:</i> | 0 – Not covered 1 – Covered | <i>Please describe participant reactions to content, if covered, or if no covered, why?</i> |
| 1. Welcome | | |
| 2. Mindful Moments | | |
| 3. Review of previous week | | |
| 4. What You Will Learn | | |
| 5. Being an Emotional Container | | |
| 6. Emotional Hot Spots | | |
| 7. Child Directed Play and Attunement | | |
| 8. Tuning In Skills (Turn It Down and Turn It Up) | | |
| 9. Wall of Gratitude and Hope | | |

Comments/recommended changes to Session curriculum:

Session 8

| Activities | Rating | Notes |
|--|--------------------------------|--|
| <i>Please rate whether each topic/activity below was covered in the session:</i> | 0 – Not covered 1 – Covered | <i>Please describe participant reactions to content, if covered, or if not covered, why?</i> |
| 1. Welcome | | |
| 2. Mindful Moments | | |
| 3. Review of previous week | | |
| 4. What You Will Learn | | |
| 5. Web of Connections | | |
| 6. Talking About Trauma | | |
| 7. Identifying Trauma Reminders | | |
| 8. Mei's Story | | |
| 9. Regulation for Trauma Triggers | | |
| 10. Wall of Gratitude and Hope | | |

Comments/recommended changes to Session curriculum:

Session 9

| Activities | Rating | Notes |
|--|--------------------------------|--|
| <i>Please rate whether each topic/activity below was covered in the session:</i> | 0 – Not covered 1 – Covered | <i>Please describe participant reactions to content, if covered, or if not covered, why?</i> |
| 1. Welcome | | |
| 2. Mindful Moments | | |
| 3. Review of previous week | | |
| 4. What You Will Learn | | |
| 5. Advocacy Overview | | |
| 6. Self-Advocacy | | |
| 7. Systems Advocacy | | |
| 8. Trauma Informed Advocacy | | |
| 9. Your Family's Team | | |
| 10. Shared Parenting | | |
| 11. Trauma Informed Treatment | | |
| 12. Advocacy Role Play | | |
| 13. What is your calling? | | |
| 14. Wall of Gratitude and Hope | | |

Comments/recommended changes to Session curriculum:

Session 10

| Activities | Rating | Notes |
|--|--------------------------------|--|
| <i>Please rate whether each topic/activity below was covered in the session:</i> | 0 – Not covered 1 – Covered | <i>Please describe participant reactions to content, if covered, or if not covered, why?</i> |
| 1. Welcome | | |
| 2. Mindful Moments | | |
| 3. Review of previous week | | |
| 4. What You Will Learn | | |
| 5. Tree of Life Activity | | |
| 6. 5 Questions to Ponder | | |
| 7. Web of Connections Activity | | |
| 8. PARTY!! | | |

Comments/recommended changes to Session curriculum:

FOR USE BY EVALUATION STUDY STAFF

For each fidelity area, please indicate if you believe the workshop met the minimum fidelity requirements.

Note: Minimum fidelity score should be between 60-80% (Sanetti & Kratochwill, 2009). See below for how to calculate % completion.

| Component | % activities completed | Yes | No |
|------------------|-------------------------------|------------|-----------|
| Session 1 | | | |
| Session 2 | | | |
| Session 3 | | | |
| Session 4 | | | |
| Session 5 | | | |
| Session 6 | | | |
| Session 7 | | | |
| Session 8 | | | |
| Session 9 | | | |
| Session 10 | | | |

Calculating % completion: % activities can be calculated by dividing the number of completed activities by the total number of planned activities in curriculum. For example in Session 1 there are 13 key planned activities. If a group covered 11 of them the % completed would equal $11/13 = .85 = 85\%$.

Outcome Evaluation Resources

For those interested in conducting an outcome evaluation and assisting with assessing the appropriateness of the BPC as a promising or evidence-based prevention practice, we strongly suggest that you partner with appropriate evaluator and follow guidance found in the Title IV-E Prevention Services Clearinghouse Handbook (Wilson et al, 2021).

The handbook can be found online and provides more detailed guidance for developing a robust evaluation plan.

https://preventionservices.acf.hhs.gov/themes/ffc_theme/pdf/psc_handbook_v1_final_508_compliant.pdf

Outcome effectiveness studies may include the following variables:

Demographics

1. Age
2. Race/ethnicity
3. Education
4. Poverty indicator

Child Safety and Permanency

1. Length of time out of home
2. Reunification

Child Well-being

1. *Behavioral and Emotional Functioning*
2. *Social Functioning*
3. *Educational Achievement and Attainment.*

Adult Well-being

1. *Positive Parenting Practices*
2. *Parenting self-efficacy*
3. *Perceptions of parenting*
4. *Parent stress*
5. *Resilience*

Pre/post Scales used in BPC pilot evaluation

- *Demographics Variables* included items such as age, gender, race/ethnicity, marital status, education, SES, number of children under 18, placement status of children.
- *Knowledge/skills inventory*
- *Brief Resilience Scale* (Smith, et al, 2008)
- *Parenting Self Efficacy Scale* (PSES) (Layne & Barber, 1999).
- *Parental Stress Scale* (PSS; Berry & Jones, 1995).
- *WHO-5 Well Being Index* (Bech, 2004)
- *Weekly assessment of child behavior-positive* (WACB-P; Forte, Boys, & Timmer, 2013)
- *Strengths and Difficulties Questionnaire* (SDQ)