


Breakthrough Parenting Curriculum:

Navigating Trauma Across Generations

Participant Workbook



Module 1: Trauma-Informed Parenting

Slides



BPC: Navigating Trauma Across Generations

Facilitator Prep Slide


Module 1: Trauma-Informed Parenting

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Breakthrough Parenting Curriculum:

Navigating Trauma Across Generations

Module 1: Trauma-Informed Parenting



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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

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Getting to Know Each Other: Class Introductions

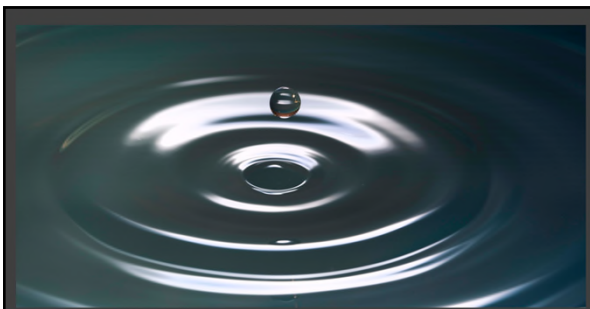


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Getting to Know Each Other: Group Agreements



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Mindful Moments

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Why Is It Important to Address Unresolved and Ongoing Parent Trauma and Child Trauma?
(continued)

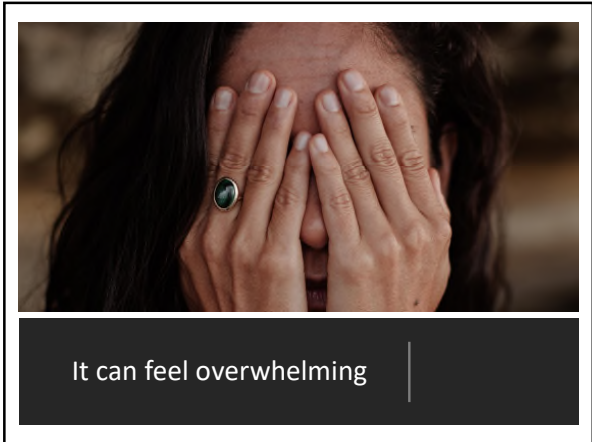
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Why Is It Important to Address Unresolved and Ongoing Parent Trauma and Child Trauma?
(continued)

The experience of trauma can lead to traumatic stress reactions that can be confusing, frustrating and overwhelming for both parents and children

Caring for a child who has experienced trauma can be very difficult, especially when you may have had similar traumatic experiences

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Essential Elements of Trauma-Informed Parenting

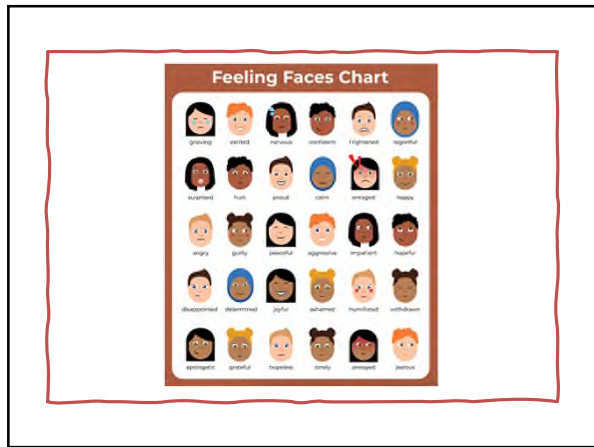
1. Take care of yourself
2. Recognize the impact that trauma has had on you and your child
3. Help you and your child to understand and manage overwhelming emotions
4. Help you and your child to understand and modify problem behaviors
5. Help you and your child to feel safe
6. Be an advocate for you 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

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Not all stress is bad . . .
But some stress is **toxic**

Positive Stress Response
Normal and Essential

Tolerable Stress Response
Ok if time limited and buffered by
supportive relationship

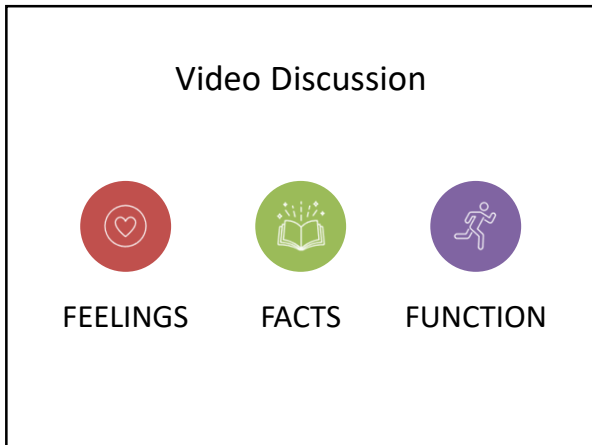
Toxic Stress Response
Can disrupt development of brain
architecture and increase risk of
health problems

Center on the Developing Child at Harvard University

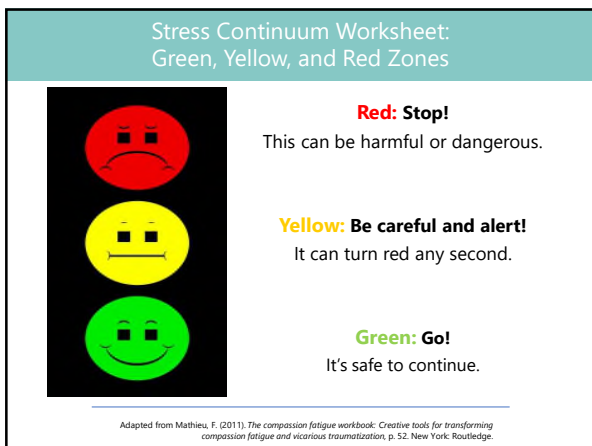
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Stress Continuum Worksheet:
Green, Yellow, and Red Zones

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.

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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

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Resilience

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Ways to Build Resilience in Your Children

1. Competence
2. Confidence
3. Connection
4. Character
5. Contribution
6. Coping
7. Control

Dr. Kenneth Ginsburg

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Trauma Across Generations

Racial Trauma
Historical Trauma
Intergenerational Trauma

"If we carry intergenerational trauma
(and we do),
then we also carry
intergenerational wisdom.
It is in our genes and in our DNA."
-Kazu Haga


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

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Closing: *Wall of Hope and Gratitude*

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Module 1: Trauma-Informed Parenting

Materials Used in this Session

Ethos: Guiding Principles

Ethos refers to a specific group's culture, values or practices that distinguish it from other groups. 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 **Guiding Principles** which will begin to build a foundation of trust as we discuss these challenging topics in class.

. Some questions to consider as we develop our class guiding principles:

1. When you have been in groups before, what has helped you feel comfortable?
2. What has made it 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?

The Essential Elements of Trauma-Informed Parenting

1. Take care of yourself.

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

2. Recognize the impact trauma has had on you and your child.

Individuals who have survived trauma can present incredible challenges. But when you view an individual's behaviors and reactions through the "lens" of their traumatic experience, many of these behaviors and reactions begin to make sense. Using an understanding of trauma as a foundation, you can work with other members of your family's team to come up with effective strategies to address challenging behaviors and help you and your child develop new, more positive coping skills.

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

Trauma can cause such intense fear, anger, shame, and helplessness that individuals are overwhelmed by their feelings. In addition, trauma can derail development so that children fail to learn how to identify, express, or manage their emotional states. For example, babies learn to regulate and tolerate their shifting feelings by interacting with caring adults. Older children who did not develop these skills during infancy may seem more like babies emotionally. By providing calm, consistent, and loving care, you can set an example for your children and teach them how to define, express, and manage their emotions, while also being able to define and express your own emotions.

4. Help you and your child to understand and modify problem behaviors.

Overwhelming emotion can have a very negative impact on an individual's behavior, particularly if they cannot make the connection between feelings and behaviors. Because trauma can derail development, children who have experienced trauma may display problem behaviors more typical of younger children. For example, during the school-age years, children learn how to think before acting. Adolescents who never learned this skill may be especially impulsive and apt to get into trouble. As a trauma-informed parent, you can help your children to understand the links between their thoughts, feelings, and behaviors, and to take control of their behavioral responses.

5. Help you and your child to feel safe.

Safety is critical for individuals who have experienced trauma. Many have not felt safe or protected in the past, and are on a constant state of alert for the next threat to their well-being. Children who been through trauma may be physically safe and still not feel safe. By keeping your child's trauma history in mind, you can establish an environment that is physically safe and work with your child to understand what it will take to create psychological safety.

6. Be an advocate for you and your child.

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

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

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

8. Respect and support positive, stable, and enduring relationships in your family's life.

Individuals learn who they are and what the world is like through the connections they make, including relationships with other people. These connections help individuals define themselves and their place in the world. Positive, stable relationships play a vital role in helping individuals heal from trauma. People who have been abused or neglected often have insecure attachments. These attachments are often disrupted or even destroyed when they come into care. As a trauma-informed parent, you can help both you and your child to hold on to what is good about these connections, reshape them, make new meaning from them, and build a new, healthier relationship with you and others as well.

9. Help you and your child develop a strengths-based understanding of their life story.

In order to heal from trauma, individuals need to develop a strong sense of self, to put their trauma histories in perspective, and to recognize that they are worthwhile and valued individuals. Unfortunately, many people who have experienced trauma live by an unwritten rule of "Don't tell anyone anything." They may believe that what happened to them is somehow their fault because they are bad, or damaged, or did something wrong. You can help both you and your child to overcome these beliefs by being a safe listener when your child shares, working with your child to build bridges across any disruptions in their lives, and helping your child to develop a strength-based understanding of their own personal life stories.

Feeling Faces Chart



grieving



excited



nervous



confident



frightened



regretful



surprised



hurt



proud



calm



enraged



happy



angry



guilty



peaceful



aggressive



impatient



hopeful



disappointed



determined



joyful



ashamed



humiliated



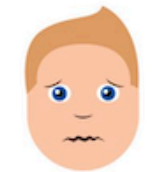
withdrawn



apologetic



grateful



hopeless



lonely



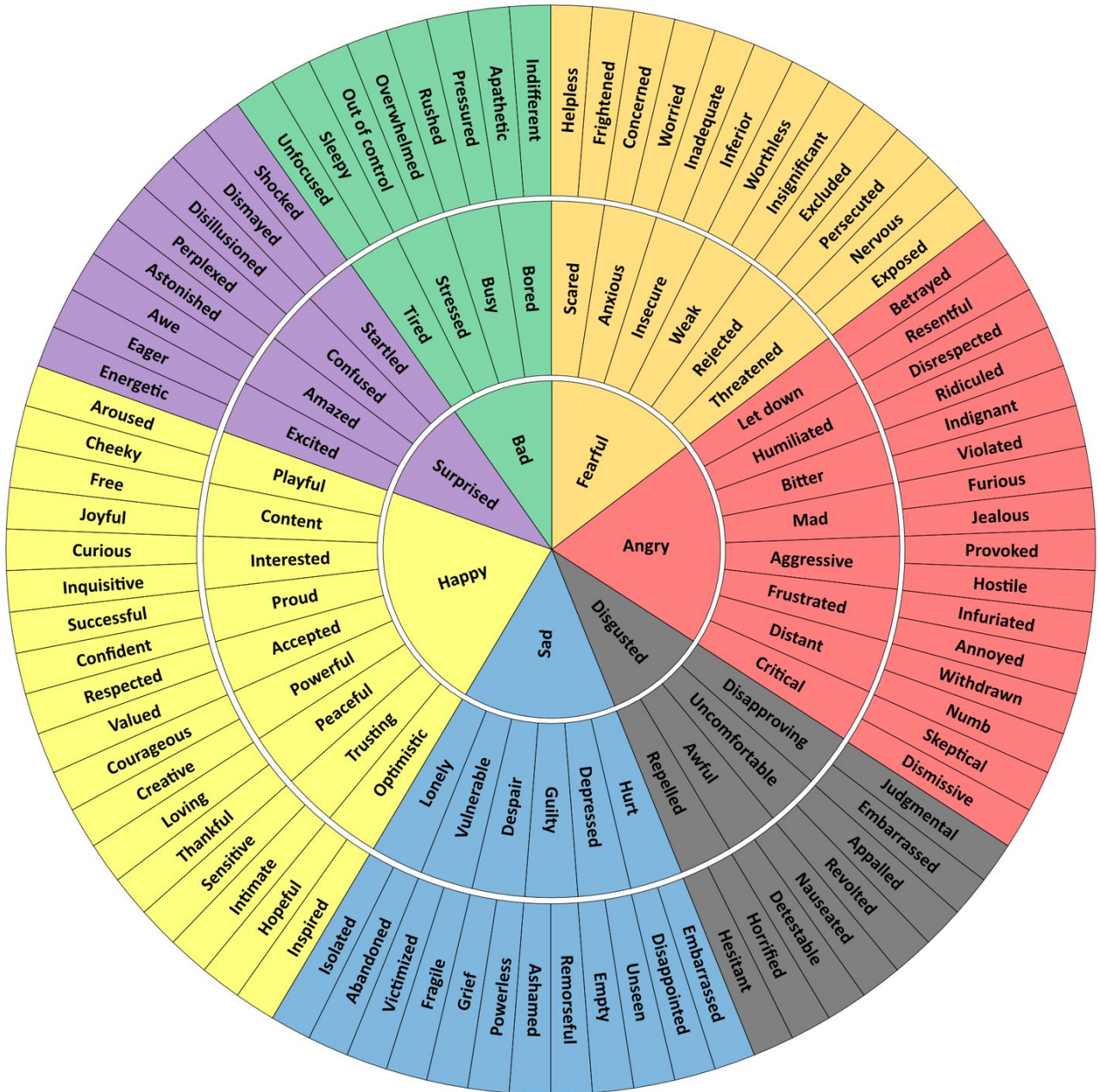
annoyed



jealous

Emotional Word Wheel (from Geoffrey Roberts)

Printed with permission



Stress Continuum Worksheet: Green, Yellow, & Red Zones

We all experience stress in our lives. It is a normal part of life. 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. Learning to identify signs in a specific zone is important so that you can steer away from landing in the red zone by decreasing your stress level.

Imagine your stress level as a stoplight.

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

It's important to consider **physical signs** like tension in your back, stomach or headaches or **emotional signs**- feeling fatigue, worry, or feeling down or even **behavioral signs**- not eating or sleeping enough or sleeping too much. These signs are different for each one of us and, therefore, it is important to pay attention to our bodies, feelings, and behaviors.

Continue to the next page to note your own stoplight colors.

The **GREEN ZONE** is when you are completely relaxed- maybe you are reading a book or watching a good movie or out for dinner with friends...

What does the green zone look like for you?
Physical:
Emotional:
Behavioral:

As you head to the **YELLOW ZONE**, you may be experiencing some challenges but overall still feel that you are managing your stress well.

What does the yellow zone look like for you?
Physical:
Emotional:
Behavioral:

When you are heading toward the **RED ZONE**, there are usually signs that you can start to recognize. **At this point, you are no longer in control of your emotions and reactions and you may explode.**

What does the red zone look like for you?
Physical:
Emotional:
Behavioral:

What Got YOU Through?


What Got You Through The Difficult Things In Your Life?

Many of us have experienced very difficult things, during childhood and/or in adulthood. What helped you get through those difficult things-in the past or currently? Feel free to be specific about what helped.

Things inside of you (faith, self-talk, beliefs, etc.)

Things you did or didn't do (cried, wrote in a journal, lifted weights, etc.)

Things outside of you (family, friends, therapist, etc.)



Module 2: Taking Care of Yourself



Slides

BPC: Navigating Trauma
Across Generations

Facilitator Prep Slide

Module 2: Taking Care of Yourself

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Breakthrough Parenting Curriculum:

**Navigating Trauma
Across Generations**

Module 2: Taking Care of Yourself

Rady Children's Hospital at The University of Michigan EDUCATION AND SOCIAL SERVICES A PARTNER IN NCTSN The National Child Traumatic Stress Network

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Mindful Moments

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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

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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.**

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Empathy: The Good and the Bad



Video: The Power of Empathy
Dr. Brené Brown

Royal Society for the encouragement of Arts, Manufactures and Commerce (Producer), Davis, K. (Director), & Brown, B. (Speaker). (2013, December 10). *Brené Brown on empathy: The power of empathy*. Available from <https://www.royalsociety.org/productions/2013/12/10/brene-brown-on-empathy>

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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

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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

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Group Activity: Compassionate Self-Care Checkup



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The Story of Betty's Family



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The Story of Betty's Family (part 1)

Why do you think Betty is responding the way she is?

What are some of the reasons that Lily is having such a hard time?

What would you do if you were Betty?

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The Story of Betty's Family (The Next Day)

What is going on for Betty and Lily?

What can Betty do to help herself?

What can she do to help Lily?

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Stress and Exposure to Child's Trauma

You may be exposed to your child's trauma through:

- 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
- Media reports, records, etc.

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Compassionate Self-Care Behaviors



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Creating a Compassionate Self-Care Plan

Maintaining Balance

Activities that you do for FUN!

Regular Stress Management

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Committing to Taking Care of Yourself



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Support Systems

- It is important to know who your support systems are.
- Who can you turn to when you need help?
- How can you strengthen your support system?

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Compassionate Self-Care Plan In Action



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Resources




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Closing: Wall of Hope and Gratitude

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Module 2: Taking Care of Yourself

Materials Used in this Session

Self-Compassionate Beliefs

1. **No matter what I've done or haven't done, I'm worthy of love.** A person with a high sense of self-compassion takes responsibility for their mistakes but does not degrade themselves for making them. If they goof, they say, "I did a bad thing" instead of "I am bad." They say sorry when they need to and do what they can to make things right.
2. **I am allowed to feel whatever I'm feeling.** People with self-compassion are not "always happy." They feel all the same feelings that anyone else feels. The difference is that a person with a solid sense of self-compassion creates space for their emotions without feeling guilty about them. They understand that their emotions are just tools that are helping them pay attention. They notice their emotions and allow them to be as they are. Then, when this person no longer needs those emotions, they simply let them go.
3. **It's not about what happens; it's about how I respond to what happens.** People who have a high sense of self-compassion haven't had easier lives than people who don't. They simply remember that only they are responsible for their feelings, thoughts, and actions. Rather than getting stuck in what's "wrong" right now, there is a more powerful way to approach obstacles and the resulting negative feelings. We can choose to acknowledge these feelings, forgive ourselves for whatever we labeled as "wrong," and move forward with the new information we have gathered because of these experiences.
4. **I see myself in others.** Self-compassion requires the belief that the world is a like a mirror. If people are judging you, it's because you are reflecting a part of them that they have yet to accept. Sure, their judgment may hurt — but ultimately, it's about them. It doesn't have to become your truth. And their judgment can only hurt you to the extent that you hold that judgment against yourself, as well. The same is true for when you judge others. Whatever you see in someone else is something you have in you. To this end, self-compassionate people are thankful for the challenging people in their lives because they see them as opportunities to learn more about themselves.
5. **Every day, I find things to be grateful for.** - Gratitude is a daily practice for people with high self-compassion. These people appreciate the small and big gifts of life, and express appreciation whenever and however they can. It's pretty easy to feel grateful when things seem to be going well. A true challenge is to find things you can say "thank you" for even when you are dealing with one of the greatest challenges of your life. You can only do this if you are willing to detach your sense of worthiness from your achievements and your external circumstances.
6. **The story I tell about my life means everything.** - The way you think influences the way you live. If you can believe this statement, and start changing your thoughts based on your belief, expect to experience some serious self-growth, new opportunities, and a deepening and hugely empowering sense of self-love.

Signs That You Are Stressed

Physical Signs of Stress include:

- ▶ Upset stomach
- ▶ Headaches
- ▶ Low energy
- ▶ Aches, pains, and tense muscles
- ▶ Chest pain and rapid heartbeat
- ▶ Insomnia
- ▶ Frequent colds and infections
- ▶ Loss of sexual desire and/or ability
- ▶ Nervousness and shaking, ringing in the ear
- ▶ Cold or sweaty hands and feet
- ▶ Excess sweating
- ▶ Dry mouth and difficulty swallowing
- ▶ Clenched jaw and grinding teeth

Emotional Signs of Stress include:

- ▶ Becoming easily agitated, frustrated and moody
- ▶ Feeling overwhelmed, like you are losing control or need to take control
- ▶ Feeling like crying
- ▶ Having difficulty relaxing and quieting your mind
- ▶ Feeling bad about yourself (low self-esteem), lonely, worthless, and depressed
- ▶ Avoiding others

Behavioral Symptoms of Stress include:

- ▶ Changes in appetite - either not eating or eating too much
- ▶ Procrastinating and avoiding responsibilities
- ▶ Use of alcohol, drugs, or cigarettes to relax
- ▶ Exhibiting more nervous behavior, such as nail biting, fidgeting, and pacing
- ▶ Snapping easily at others
- ▶ Isolating yourself from others
- ▶ Sleeping too much or too little

Compassionate Self-Care Checkup

It's easy to lose track of your own needs when caring for children who have experienced trauma.

But not taking care of yourself and your time and priority not only sets a bad example for your children, it also sets you up for compassion fatigue. To get a sense of where you fall on the compassionate self-care spectrum, try this highly unscientific little compassionate self-care checkup.

1. How often do you eat breakfast?

- A. Most days
- B. Once or twice a week
- C. Every month or so
- D. What's breakfast?

2. When was the last time you had a really good laugh?

- A. Sometime in the last couple of days
- B. Last week
- C. Last month
- D. 1972

3. How often do you spend social time with a friend (or friends)?

- A. Most days
- B. Once or twice a week
- C. Every month or so
- D. When I run into someone at the store

4. How frequently do you connect with other parent(s)?

- A. Most days
- B. Once or twice a week
- C. Every month or so
- D. Rarely

5. How often do you watch a movie or TV show that YOU want to see?

- A. Most days
- B. Once or twice a week
- C. Every month or so
- D. Can't remember

6. When was the last time you said “No” to something that you really didn’t want to do (or feel able to do)?

- A. This morning
- B. Last week
- C. Last month
- D. It’s never occurred to me!

7. When was the last time you let someone take care of you?

- A. Yesterday
- B. Last week
- C. Sometime this year
- D. 1983

8. How often do you sleep enough to be rested during the day?

- A. Most nights
- B. Once or twice a week
- C. Every month or so
- D. Too tired to remember

9. When was the last time you read something just for fun?

- A. Today
- B. Last week
- C. Last month
- D. Third grade

10. How often do you pray and/or mediate?

- A. Most days
- B. Once or twice a week
- C. Every month or so
- D. Rarely

11. How often do you take time to be sexual?

- A. Most days
- B. Once or twice a week
- C. Every month or so
- D. What’s sex?

12. How often do you exercise or engage in physical activity that you enjoy?

- A. Most days
- B. Once or twice a week
- C. Every month or so
- D. Does housecleaning count?

Scoring

Give yourself points for each answer

A = 3 points

B = 2 points

C = 1 point

D = 0 points

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.

The Story of Betty's Family

Betty is a 30-year-old Caucasian 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.

The Story of Betty's Family – The Next Day

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.

Compassionate Self-Care Behaviors

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, marijuana, or recreational drug use: Use alcohol/other substances 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 manage challenging feelings & 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.

~ Continued on the next page ~

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!

Other Ideas for Compassionate Self-Care: Write them here ~

My Compassionate Self-Care Plan

WHAT CAN I DO DAILY?

Think about what you could realistically work into your daily schedule?
What could work for you?

WHAT CAN I DO WEEKLY?

What are some activities that you might not be able to do everyday, but that you can commit to doing on a weekly basis?

WHO IS MY SUPPORT?

Who you can turn to when you need help?
Who you can talk to when you are feeling stressed out, overwhelmed, or having a hard time? What can I do to get more support?

WHAT CAN I DO MONTHLY?

What are some activities that might not be able to do every week, but that you can commit to doing on a monthly basis?

My Compassionate Self-Care Plan (continued)

Please fill this out with details about YOUR plan:

DAILY	
WEEKLY	
MONTHLY	
Who are my SUPPORTS?	

Additional Resources

Online Resources

***Difficulty Meditating* by Meditation Oasis**

<http://www.meditationoasis.com/how-to-meditate/difficulty-meditating/>

This short online article discusses some of the common reasons that people find it hard to meditate and offers solutions to make meditating easier.

***Meditative Moments* by Susan Castle**

<http://www.relax-online.com/imageryonline.htm>

Features a free, daily “meditative moment” audio clip

***Relaxation, Guided Imagery, and Visualization Techniques* by Sandra F. Rief**

<http://school.familyeducation.com/learning-disabilities/treatments/37812.html>

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

The Unspoken Complexity of Self Care

<https://blog.usejournal.com/the-unspoken-complexity-of-self-care-8c9f30233467>

Beautiful cartoon graphic about self-care.

Online Audio Recording

***Guided Breathing Meditation*ⁱ (5 Minutes) by Diana Winston**

http://marc.ucla.edu/mpeg/01_Breathing_Meditation.mp3

This 5-minute audio track leads the listener through a guided breathing meditation.

Winston, D. (2016). *Breathing meditation*. Retrieved from <http://marc.ucla.edu/body.cfm?id=22>

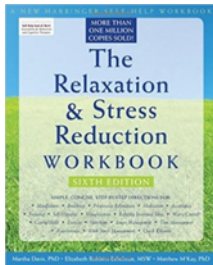
Phone Apps

Insight Timer Price: Basic version is free, courses and offline listening require a monthly or yearly membership

Breathe Price: Free with optional in-app purchases

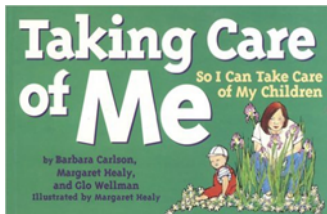
Calm App Price: Limited version is free, premium version requires a monthly or yearly subscription after a two-week free trial

Books



***The Relaxation & Stress Reduction Workbook (6th ed.)* by Martha Davis, Elizabeth Robbins Eshelman, and Matthew McKay**

The Relaxation and Stress Reduction Workbook broke new ground when it was first published in 1980, detailing easy, step-by-step techniques for calming the body and mind in an increasingly overstimulated world. Now in its sixth edition, this workbook, highly regarded by therapists and their clients, remains the go-to source for stress reduction strategies that can be incorporated into even the busiest lives.



***Taking care of me: So I can take care of my children* by Barbara Carlson, Margaret Healy, & Glo Wellman**

A little book about a big part of being a parent -- taking care of yourself. When adults take care of themselves, they have the emotional and physical strength to be better parents. Young and first-time parents will especially appreciate how this book helps them balance their needs and those of their children. *Taking Care of Me* also shows options for dealing with stress and anger.

Audio CD

***Guided Imagery and Relaxation Techniques for Parents* by Barbara Cox**

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

Module 3:

Trauma 101

Slides

BPC: Navigating Trauma
Across Generations

Facilitator Prep Slide

Module 3: Trauma 101

1

Breakthrough Parenting Curriculum:

**Navigating Trauma
Across Generations**

Module 3: Trauma 101

Rady Children's Chubbick Center for Children & Families | THE UNIVERSITY OF MICHIGAN EDUCATION AND SOCIAL SERVICES | NCTSN | The National Child Traumatic Stress Network

2



Mindful Moments

3

Group Agreements



4



5


What Will You Learn?

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


6

Trauma Response Warning



7

Let's Recall that 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.

8

Types of Trauma



Acute Trauma:
A single event that lasts for a limited time

Chronic Trauma:
The experience of multiple traumatic events, often over a long period of time

9

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



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Racial Trauma



The stressful impact or emotional pain experienced as a result of witnessing or experiencing racism, microaggressions, discrimination, or systemic racism

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Traumatic Separation & System-Induced Trauma

Traumatic Separation

Refers to the loss of a caregiver for varying lengths of time due to circumstances other than death.



System-Induced Trauma

Trauma and loss are pervasive in the child welfare system and accumulate with every move or disruption.

13

Types of Trauma: What About Neglect?

- 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

14

PAUSE



15

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

16

How Individuals Respond to Trauma

Traumatic Stress Responses

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

17

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

18


"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/id/FCYU-2003-09-24.html>

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Javier's Story



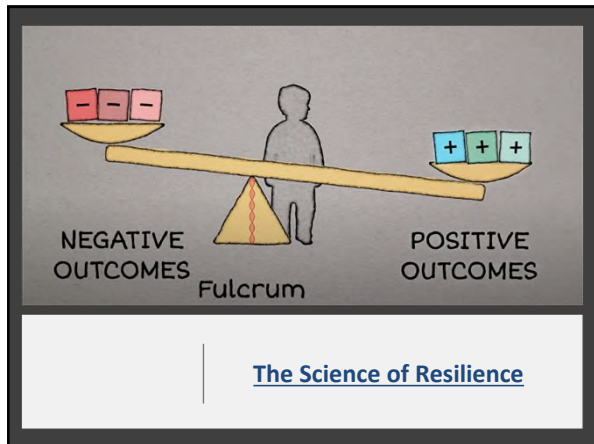
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Five Protective Factors: The Role of Resilience

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

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Group Activity: Recognizing Resilience - Javier

What are Javier's strengths?

23

A Biological Mother Speaks...

"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

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.

24

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.

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Closing: *Wall of Hope and Gratitude*

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Module 3: Trauma 101

Materials Used in this Session

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. 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.



Module 3: Trauma 101

Additional Resources



Trauma & Loss Inventory

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

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

Child Traumatic Stress: A Primer for Parents

What Is Traumatic Stress?

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

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

Types of Traumatic Stress: Acute Trauma

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

Types of Traumatic Stress: Chronic Trauma

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

What about Neglect?

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

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

violence—or recurrent events of the same kind, such as physical or sexual abuse.

Even in cases of chronic trauma, there are often particular events or moments within those events that stand out as particularly horrifying. For example, one little boy reported “I keep thinking about the night Mommy was so drunk I was sure she was going to kill my sister.” Chronic trauma may result in any or all of the symptoms of acute trauma, but these problems may be more severe and more long lasting. The effects of trauma are often cumulative, as each event serves to remind the child of prior trauma and reinforce its negative impact. A child exposed to a series of traumas may become more overwhelmed by each subsequent event and more convinced that the world is not a safe place. Over time, a child who has felt overwhelmed over and over again may become more sensitive and less able to tolerate ordinary everyday stress.

How Do Children Respond to Trauma?

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

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

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

- ▶ **Hyperarousal:** The child is jumpy, nervous, easily startled.
- ▶ **Reexperiencing:** Images, sensations, or memories of the traumatic event come uncontrollably into the child’s mind. At its most extreme, reexperiencing may make a child feel back in the trauma
- ▶ **Avoidance and withdrawal:** The child feels numb, frozen, shut down, or cut off from normal life and other people. The child may withdraw from friends and formerly pleasurable activities. Some children, usually those who have been abused, disconnect or withdraw internally during a traumatic event. They feel detached and separate from their

bodies, and may even lose track of time and space. Children who have learned to dissociate to protect themselves may then dissociate during any stressful or emotional event.

- ▶ **Negative alterations in cognition and mood:** Children may have 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. Children can also suffer from difficult trauma-related feelings, such as anger, loneliness, fear, shame, and/or guilt. It is not only the memories of the traumatic events that impact children, but also the negative thoughts and feelings that they have about the trauma. Children who think 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.

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

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

When Trauma Is Caused by Loved Ones: Complex Trauma

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

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

Transcending Trauma: Resilience and the Role of Parents

The ability to recover from traumatic events is called resilience. In general, children who feel safe, capable, and lovable are better able to “bounce back” from traumatic events. There are many factors in a child’s life that can promote resilience and help a child see the world as manageable, understandable, and meaningful. Some of the factors that can increase resilience include:

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

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

Tips for Being a Fabulous Trauma-Informed Parent

Be Nurturing



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

If children missed out on some of these nurturing experiences when they were younger it will take more time for them to feel the impact of your nurturing as their brains are harder to modify and change. Therefore, they will need even more loving and nurturing experiences to help them develop and grow.

Be Consistent



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

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

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

Establish a Dialog



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

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

Play



All attachments begin with play.

Activities that allow you to playfully interact with children are very important. These activities allow the opportunity for a child to be nurtured and begin the healing process. Play with bubbles or clay or stuffed animals. Dig in the dirt or ride a bike. Just find a way to play with your child.

This will provide the child with an opportunity to just be a child – instead of worrying about adult issues.

Teach Feelings



All feelings are okay to feel.

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

When you sense that the child is clearly feeling something, wonder out loud about the feelings: “I wonder if you’re feeling sad that your friend did not want to play with you” or “I wonder if you feel angry when I say ‘no.’”

Try one of the many games designed to help kids identify and communicate feelings. **Draw pictures of feeling faces together** or find pictures in magazines of different feelings. Use a digital camera and take pictures of each of you “putting on” different feeling faces, or practice making feeling faces in the mirror.

Label and give words to different feelings and situations in which those feelings are common. Don’t forget to help the child pay attention to the physical part of their

emotional reactions.



Model and Teach Appropriate Behaviors



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

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

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

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

Help your Child to Self-Regulate



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

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

Don't give your child more stimulation than they can handle – even fun activities. Find out what helps your child calm down and make a plan for what to do when you're not with them.

Understand the Behavior before Imposing Punishment or Consequences



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

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

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

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

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

Use Emotions as a Parenting Tool

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



PRAISE means:

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

DISPASSION means:

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

Have Realistic Expectations



Children who have experienced trauma have much more to overcome. Some will not overcome all of their problems. Others will make great strides.

Progress may be slow. This can be frustrating, and many parents will feel inadequate because all of the love, time, and effort they spend may not seem to be having any effect.

But it does. Don’t be hard on yourself. It is normal to feel swamped and overwhelmed at times when parenting with these challenges.

Keep in mind that you are planting seeds. Remember to look for small amounts of progress, plants do not grow overnight!

Take Care of Yourself



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

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

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

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

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

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

Adapted from *Tips for Being a Fabulous Trauma-Informed Resource Parent* which was in the Participant Manual of *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents (RPC)* which was originally based on:

How to be a Fabulous Therapeutic Foster Parent in 10 Not-So-Easy Steps
by Jennifer Wilgocki, MS, LCSW and James G. Ven Den Brandt, LCSW, ACSW

and used materials from:

The Child Trauma Clinic, Baylor College of Medicine,
Texas Medical Center, Houston, TX and
Casey Family Services Center for Effective Child Welfare Practice

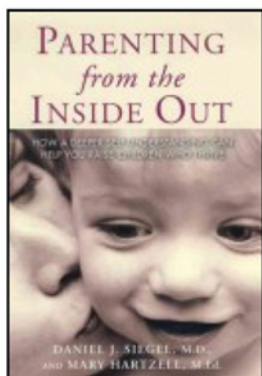
Online Resources

Resources for Parents and Caregivers by National Child Traumatic Stress Network (NCTSN)

<http://www.nctsn.org/resources/audiences/parents-caregivers>


You can play an important role in helping your children and teenagers recover from traumatic events. These pages were designed for birth parents, adoptive parents, resource/foster parents, grandparents, caregivers, and all others who care for children and teens.

Books



***Parenting from the Inside Out* by Daniel Siegel & Mary Hartzell**

How many parents have found themselves thinking: “I can’t believe I just said to my child the very thing my parents used to say to me. . . . Am I just destined to repeat the mistakes of my parents?” In *Parenting from the Inside Out*, child psychiatrist Daniel J. Siegel, MD, and early childhood educator Mary Hartzell, MEd explore the extent to which our childhood experiences actually do shape the way that we parent. Drawing upon stunning new findings in neurobiology and attachment research, they explain how interpersonal relationships directly impact the development of the brain, and offer parents a step-by-step approach to forming a deeper understanding of their own life stories that will help them raise compassionate and resilient children. In this book, Siegel and Hartzell present a unique perspective on the “art and science” of building nurturing relationships with our children. Born out of a series of workshops for parents that combined Siegel’s cutting-edge research on how communication impacts brain development with Hartzell’s 30 years of experience as a child development specialist and parent educator, *Parenting from the Inside Out* guides parents through creating the necessary foundations for a loving and secure relationship with their children.



Module 4: The Impact of Your Childhood on Your Parenting

Slides

BPC: Navigating Trauma
Across Generations

Facilitator Prep Slide

Module 4: The Impact of Your Childhood
on Your Parenting

1

Breakthrough Parenting Curriculum:

**Navigating Trauma
Across Generations**

Module 4: The Impact of Your Childhood
on Your Parenting

Rady Children's Chubbick Center
The University of Vermont
EDUCATION AND SOCIAL SERVICES
A PARTNER IN
NCTSN
The National Child Traumatic Stress Network

2



Mindful Moments

3



4



5

What Will You Learn?

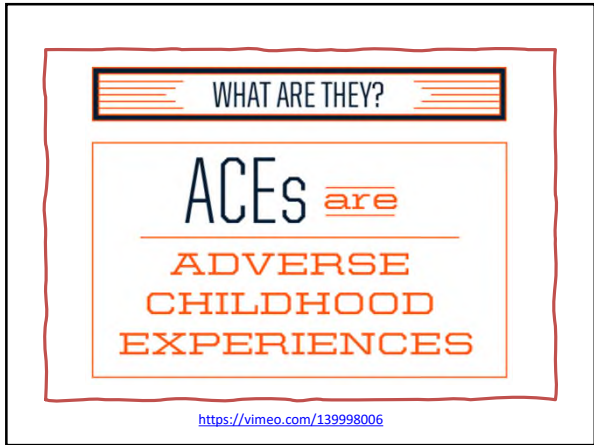
In this module, you will learn to:

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

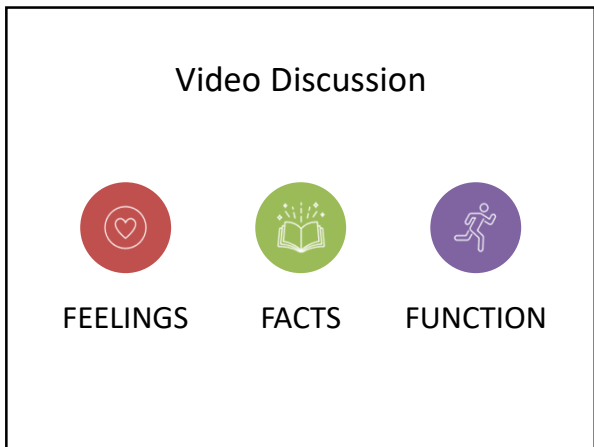
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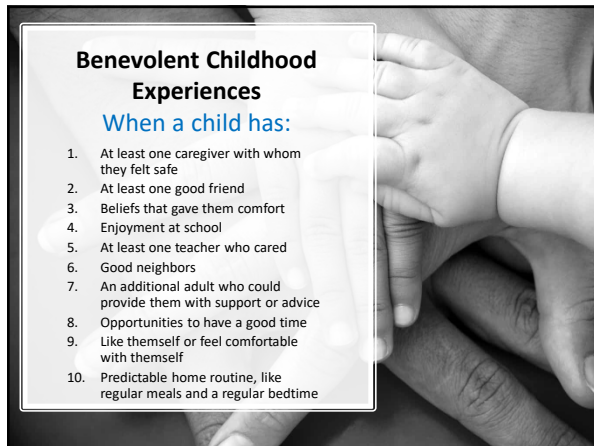
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8



9



Benevolent Childhood Experiences
When a child has:

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

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Families with a history of trauma

Are the same and different from other families

Are resilient

Can heal, grow and become stronger than ever!

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Help & Hope

Two parent's stories about the impact of intergenerational trauma

[Traci's Story](#)

[Dawn's Story](#)



12

Video Discussion



FEELINGS



FACTS



FUNCTION

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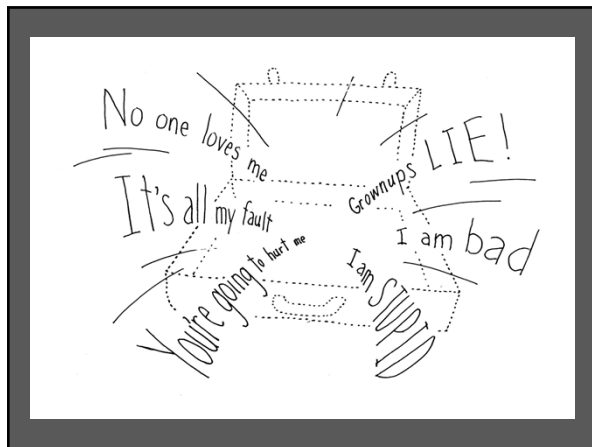


Trauma shapes children's beliefs and expectations:

1. About themselves
2. About the adults who care for them
3. About the world in general



The Invisible Suitcase

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Traci's Story



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What do we know about Traci?

Exposure to physical abuse as a child	
Verbally abused as a child	Left home at an early age
Mother mean and grouchy	Started using drugs to escape
Emotionally abused as a child	Became pregnant
Lack of warmth from her mother	Repeated her mother's abusive parenting
Lack of attachment to her mother	

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What is in Traci's Suitcase?





1. What are her beliefs about herself?
2. What are her beliefs about her caregivers?
3. What do you think she has learned about the world?

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What is in YOUR Suitcase?

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?





19

How can you *unpack & repack* your suitcase?

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




20

Survival Coping Behaviors

Refers to the behaviors that individuals engage in, to manage the effects of their exposure to trauma and adversity.

These might make sense in the face of adversity, but frequently cause problems for the survivor and their family and friends.

They aren't sustainable.



21

Examples of Common Survival Coping Behaviors

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"

22



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

23

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

24

DOUBT

What you can do about it


- 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

25



YOUR positive coping skills and strategies

26



Closing: Wall of Hope and Gratitude

27

Module 4:

The Impact of Your Childhood on Your Parenting

Materials Used in this Session

ACEs (Adverse Childhood Experiences)

From “ACEs Too High” (acestoohigh.com):

What ACEs do you have?

“There are 10 types of childhood trauma measured in the CDC-Kaiser Permanente Adverse Childhood Experiences Study. (There are many others...see below.) Five are personal — physical abuse, verbal abuse, sexual abuse, physical neglect, and emotional neglect. Five are related to other family members: a parent who’s an alcoholic, a mother who’s a victim of domestic violence, a family member in jail, a family member diagnosed with a mental illness, and experiencing divorce of parents. Each type of trauma counts as one. So, a person who’s been physically abused, with one alcoholic parent, and a mother who was beaten up has an ACE score of three.”

It is important to remember that ACEs are not destiny. A high ACE score does not mean you will have poor health outcomes, just as a low ACE score does not guarantee health. What knowing your (or you child’s) ACE score can do is to validate challenging life experiences and guide you toward support and healing.

On the following pages you will find:

- [The ACEs Questionnaire to determine your ACE score](#)
- [A list of additional adversities that were not included with the original ACE study](#)
- [The Benevolent Childhood Experiences Scale](#)

Of course, ACEs are concerning, however the latest research shows that positive (or benevolent) childhood experiences also impact the future health and wellbeing of children – in positive ways. Especially valuable are warm, responsive relationships with emotionally regulated and safe adults. These kinds of relationships can buffer the impact of adverse childhood experiences. The Benevolent Childhood Experiences Scale (below) is a culturally sensitive measure that looks at 10 favorable childhood experiences such as love, predictability and support.

Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score (Felitti et al, 1998)

While you were growing up, during your first 18 years of life:

Item	YES	NO
1. Did a parent or other adult in the household often ... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?		
2. Did a parent or other adult in the household often ... Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?		
3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way? or Try to or actually have oral, anal, or vaginal sex with you?		
4. Did you often feel that ... No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other?		
5. Did you often feel that ... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?		
6. Were your parents ever separated or divorced?		
7. Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?		
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?		
9. Was a household member depressed or mentally ill or did a household member attempt suicide?		
10. Did a household member go to prison?		
Number of YES's = TOTAL ACE Score		

Additional Victimization and Adversity Items Not Included in ACE Study

(Finkelhor et al., 2013)

- Peer victimization (assault, physical intimidation, or emotional victimization by a non-sibling peer)
- Parents always arguing (respondents were asked whether there was a time in their lives when their parents were always arguing)
- Property victimization (experience of a robbery, theft, or vandalism by a non-sibling perpetrator)
- Someone close to the child had a bad accident or illness
- Exposure to community violence (6 screeners asked whether the child had been exposed to certain types of crime and violence, including witnessing an assault, experiencing a household theft, having someone close murdered, witnessing a murder, experiencing a riot, or being in a war zone)
- No good friends (child had no “really good friends at school” at the time of the interview)
- Below-average grades (parent reported that the child had “below-average” grades in school)
- Someone close to the child died because of an accident or illness
- Parent lost job (children reported that there was a time when their “mother, father, or guardian lost a job or couldn't find work”)
- Parent deployed to war zone (parent had to leave the country to fight in a war and was gone for several months or longer)
- Disaster (child had experienced a “very bad fire, flood, tornado, hurricane, earthquake, or other disaster”)
- Removed from family (child was “sent or taken away from his or her family for any reason”)
- Very overweight (parent reported that the child was “quite a bit overweight” compared with other boys/girls his or her age)
- Physical disability (parent reported that the child had been diagnosed with a “physical health or medical problem that affects the kinds of activities that he or she can do”)
- Ever involved in a bad accident
- Neighbourhood violence is a “big problem” (asked in the parent interview)
- Homelessness (a time when the child's family “had to live on a street or in a shelter because they had no other place to stay”)
- Repeated a grade
- Less masculine or feminine than other boys or girls his or her age (asked in the parent interview)

Benevolent Childhood Experiences [BCE's] (Narayan et al., 2018)

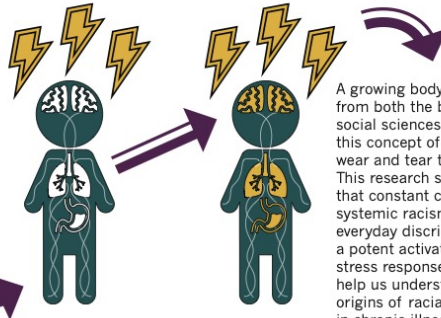
To get a BCE score, the survey-taker is asked how many of these ten items he or she experienced before the age of 18. Would you respond "yes" or "no" to the prompt, "*Growing up, I had...*"

Item	YES	NO
1. At least one caregiver with whom you felt safe?		
2. At least one good friend		
3. Beliefs that gave you comfort		
4. Enjoyment at school		
5. At least one teacher that cared		
6. Good neighbours		
7. An adult (not a parent/ caregiver or the person from *1) who could provide you with support or advice		
8. Opportunities to have a good time		
9. Like yourself or feel comfortable with yourself		
10. Predictable home routine, like regular meals and a regular bedtime		
Total YES's = BCE Score		

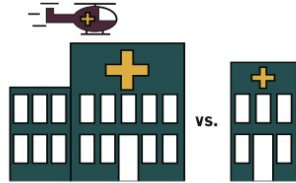
Narayan, A. J., Rivera, L. M., Bernstein, R. E., Harris, W. W., & Lieberman, A. F. (2018). Positive childhood experiences predict less psychopathology and stress in pregnant women with childhood adversity: A pilot study of the benevolent childhood experiences (BCEs) scale. *Child abuse & neglect*, 78, 19-30.

HOW RACISM CAN AFFECT CHILD DEVELOPMENT

Years of scientific study have shown us that, when children's stress response systems remain activated at high levels for long periods, it can have a significant wear-and-tear effect on their developing brains and other biological systems. This can have lifelong effects on learning, behavior, and both physical and mental health.¹

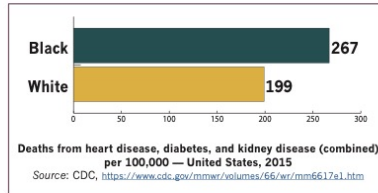


A growing body of evidence from both the biological and social sciences connects this concept of chronic wear and tear to racism.² This research suggests that constant coping with systemic racism and everyday discrimination is a potent activator of the stress response. This may help us understand the early origins of racial disparities in chronic illness across the lifespan.



The evidence is overwhelming: Black, indigenous, and other people of color in the U.S. have, on average, more chronic health problems and shorter lifespans than whites at all income levels.³

People of color receive unequal treatment when they engage in systems like health care and education, and also have less access to high-quality education and health services, economic opportunities, and pathways to wealth accumulation.⁴ All of these reflect ways in which the legacy of structural racism in the U.S. has created conditions that disproportionately undermine the health and development of children and families of color.



Multiple studies have documented how the stresses of everyday discrimination on parents or other caregivers, such as being associated with negative stereotypes, can have harmful effects on caregiving behaviors and adult mental health.⁵ And when caregivers' mental health is affected, the challenges of coping with it can cause an excessive stress response in their children. But we can prevent lasting harm if we work together.

To address these challenges, we must not only provide needed services for all young children and families, but also create new strategies to address "upstream" inequities that systematically threaten the health and well-being of young children of color and the adults who care for them.⁶

This means actively searching for and reducing unseen, restrictive biases in ourselves and in economic and social policies through initiatives such as fair hiring and lending practices, housing and home ownership programs, anti-bias training, and community policing initiatives.⁷



It's clear that science cannot address these challenges alone. But science-informed thinking combined with expertise in changing entrenched systems and the lived experiences of families raising young children under a wide variety of conditions can be a powerful catalyst of more effective strategies.⁸

Your Invisible Suitcase

Your early childhood experiences (both positive and negative) impact the beliefs and expectations that you develop about (1) Yourself, (2) Caregivers/Adults, and (3) the World. Take a few minutes to think about what some of these beliefs and expectations might be. These beliefs and expectations could be useful and beneficial or could be harmful and problematic.

The useful and beneficial ones make you feel safe, capable, lovable, hopeful, worthy and present. The harmful and problematic ones make you feel afraid, shameful, unworthy, angry, alone, incompetent and lost.

If you had adverse childhood experiences, then you are likely to have more harmful or problematic beliefs and expectation.

What is in my Invisible Suitcase?

1. Beliefs about myself

2. Beliefs about caregivers/adults

3. Beliefs about the world

What can I UNPACK from my Invisible Suitcase *(removing things that make you feel afraid, shameful, unworthy, angry, alone, incompetent or lost)*

1. Beliefs about myself

2. Beliefs about caregivers/adults

3. Beliefs about the world

What I will REPACK my Invisible Suitcase with: *(with things that make you feel safe, worthy, resilient, hopeful, joyful, capable, and present)*

1. Beliefs about myself

2. Beliefs about caregivers/adults

3. Beliefs about the world

Survival Coping Behaviors


Directions:

1. Circle which **Survival Coping Behaviors** you use now or have used in the past. Cross out the ones that don't apply to you.
2. Add any **Survival Coping Behaviors** that are not listed on the next page.
3. Modify the **Underlying Reason** and **Negative Outcome** sections by circling the ones that are true for you, crossing out the ones that are not, and writing down any additional ones.
4. Write down what your Alternative Coping Plan will be (on this page and the next page)
5. Answer "What is 1 step that you can take to implement your alternative coping plan??"

BEHAVIOR	UNDERLYING REASON	NEGATIVE OUTCOME	ALTERNATIVE COPING PLAN
Common Survival Coping Behavior	What purpose does it serve? What does it do for you?	Why is it harmful? What does it take from you?	How can you get what it gives you in a different way?
Use of alcohol/drugs	Blocks out the pain or memories	Miss out on key life events Not being present for loved ones Potential interactions with the legal or child welfare system	
Getting into fights/Acting out in anger or being aggressive	Shows people (especially those who have or might hurt you) that you are not weak	Hurt loved ones or other people Involvement in legal or child welfare system Remorse	
Dissociating or "checking out"	It worked in the past when you were being harmed or exposed to awful events	Checking out whenever stressed Missing important information Viewed as "not paying attention"	

BEHAVIOR	UNDERLYING REASON	NEGATIVE OUTCOME	ALTERNATIVE COPING PLAN
Common Survival Coping Behavior	What purpose does it serve? What does it do for you?	Why is it harmful? What does it take from you?	How can you get what it gives you in a different way?

What is at least 1 step that you can take to implement your alternative coping plan (more if you are ready)?



Module 4: The Impact of Your Childhood on Your Parenting

Additional Resources



Additional Resources

Online

***The Adverse Childhood Experiences (ACE) Study – About the Study: What everyone should know!* by The Adverse Childhood Experiences (ACE) Study**

<http://www.thewashingtoncouncil.org/wp-content/uploads/2016/05/T107-Handout-5.pdf>

This handout provides easy to understand information about the outcomes of the ACE study.

Core Meaning of the Strengthening Families Protective Factors by Strengthening Families

<http://www.cssp.org/reform/strengtheningfamilies/2015/Core-Meanings-of-the-SF-Protective-Factors-2015.pdf>

This document provides information on the core meanings of the five Strengthening Families protective factors in an easy to read and understand format.

***Keeping Good Company: Why You Should Surround Yourself with Good People* by Leon Logothetis**

http://www.huffingtonpost.com/leon-logothetis/kkeeping-good-company-why-you-should-surround-yourself-with-good-people_b_6816468.html

This article defines good people and provides information on why it is important to have them in your life.

Parental Resilience: Exercise Flexibility & Develop Inner Strength by What Makes Your Family Strong

<http://www.whatmakesyourfamilystrong.org/Parental-Resilience.html>

This webpage provides information on Parental Resilience and information discussed in the workshop on resilience came from this source.

RISE Magazine published online by Rise

<http://www.risemagazine.org/rise-magazine/>

Rise is a New-York-based not-for-profit organization that works with parents affected by the child welfare system, whether through an investigation, preventive family support services to keep children safe at home, or placement of children in foster care. Through personal essays and reporting, parents illuminate every aspect of the child welfare experience from parents' perspectives. The Rise Magazine website shares stories of hope, empowerment, parenting, advocacy, addiction, mental health, and many more!

Strong Families by Strengthening Families

<http://www.cssp.org/reform/strengtheningfamilies/2015/SF-Parent-Brochure-web.pdf>

This brochure provides more in depth information about Strengthening Families and the 5 Protective Factors.

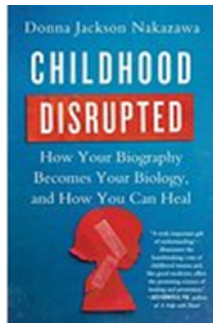
Online Video

How Childhood Trauma Affects Health Across a Lifetime by Nadine Burke Harris:

https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en

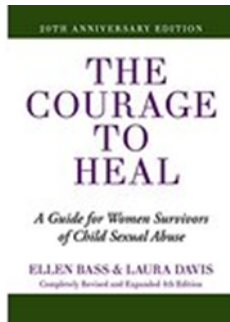
[Childhood trauma isn't something a person just gets over as they grow up. Pediatrician Nadine Burke Harris explains that the repeated stress of abuse, neglect, and parents struggling with mental health or substance abuse issues has real, tangible effects on the development of a child's brain.](#)

Books



Childhood Disrupted: How Your Biography Becomes Your Biology and How You Can Heal by Donna J. Nakazawa

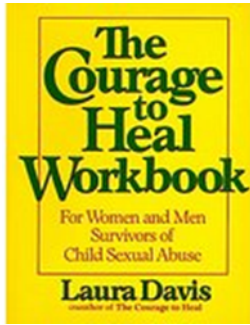
Describes the consequences of toxic stress caused by adverse childhood experiences (ACEs) as well as research on resilience, which confirms that our bodies can heal if given the chance.



The Courage to Heal: A Guide for Women Survivors of Child Sexual Abuse by Ellen Bass & Laura Davis

The Courage to Heal is an inspiring, comprehensive guide that offers hope and a map of the healing journey to every woman who was sexually abused as a child—and to those who care about her. Although the effects of child sexual abuse are long-term and severe, healing is possible.

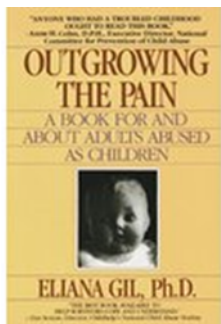
Weaving together personal experience with professional knowledge, the authors provide clear explanations, practical suggestions, and support throughout the healing process. Readers will feel recognized and encouraged by hundreds of moving first-person stories drawn from interviews and the authors' extensive work with survivors, both nationally and internationally.



***The Courage to Heal Workbook: A Guide for Women and Men Survivors of Child Sexual Abuse, 1st Edition* by Laura Davis**


In this groundbreaking companion to *The Courage to Heal*, Laura Davis offers an inspiring, in-depth workbook that speaks to all women and men healing from the effects of child sexual abuse. The combination of checklists, writing and art projects, open-ended questions, and activities expertly guides the survivor through the healing process.

- Survival Skills—Teaches survivors to create a safe, supportive environment, ask for help, deal with crisis periods, and choose therapy.
- Aspects of Healing—Focuses on the healing process: gaining a capacity for hope, breaking silence, letting go of shame, turning anger into action, planning a confrontation, preparing for family contact, and affirming personal progress.
- Guidelines for Healing Sexually—Redefines the concept of safe sex and establishes healthy ground rules for sexual contact.



***Outgrowing the Pain: A Book for and About Adults Abused As Children* by Eliana Gil**

This much-needed book pinpoints the typical problems abused children experience when they become adults. The information is presented in a friendly and thorough manner for victims and professionals.



Module 5: Understanding Trauma's Effects

Slides

BPC: Navigating Trauma
Across Generations

Facilitator Prep Slide

Module 5: Understanding Trauma's Effects

1

Breakthrough Parenting Curriculum:

**Navigating Trauma
Across Generations**

Module 5: Understanding Trauma's Effects

Rady Children's Hospital Center for Children & Families | THE UNIVERSITY OF IOWA EDUCATION AND SOCIAL SERVICES | A PARTNER IN NCTSN | The National Child Traumatic Stress Network

2



Mindful Moments

3



4



5

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

6


You
&
Them



A photograph showing the lower half of a person wearing a yellow jacket, brown pants, and brown boots, standing on a dirt path. The person's feet are the central focus of the image.

7

Experience Grows the Brain




The brain develops by forming connections, or neural pathways

A photograph of several high-voltage power line towers stretching across a landscape under a blue sky with some clouds.

8

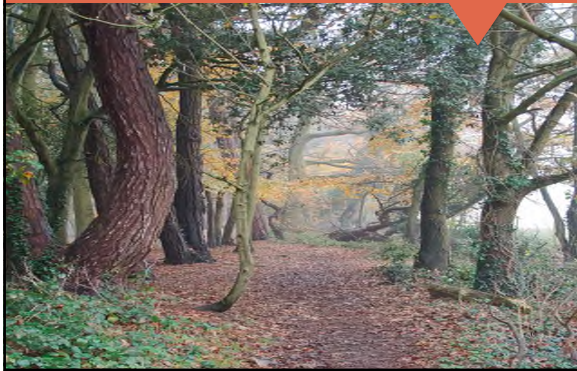
We Learn by Experience



A photograph of a large, dark, segmented earthworm on the ground, surrounded by soil and small green plants.

9

We Learn by Experience (Continued)



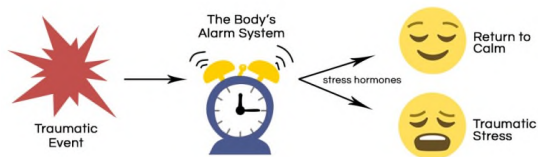
10

We Learn by Experience (Continued)




11

The Traumatic Stress Response Cycle



12

A Brain "Wired" for Survival



A brain that is constantly on alert can become "wired" for survival. This state is often called "fight, flight, or freeze" and is a natural response to a perceived threat. This state:

- Keeps the child on constant alert for danger.
- Allows the child to respond quickly to even the slightest threat, especially because they are constantly in a state of fight, flight, or freeze.

13



Trauma Derails Development

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.

14



Supporting Children and Youth

Children or youth who have experienced trauma can learn new ways of thinking, relating, and responding.

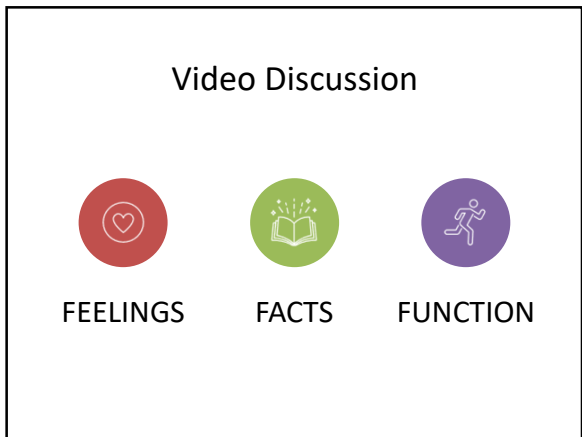
Rational thought and self-awareness can help children override primitive brain responses.

Unlearning—and rebuilding—takes time.

15




16



17



18



Trauma also impacts Attachment

Attachment is that magical, special and enduring relationship that happens between a parent and child.


It involves soothing, comfort and pleasure.

SECURITY
TRUST
SELF-REGULATION
STRONG FOUNDATION

The child feels safe in the context of the relationship

They feel distress when separated from their specific person

19



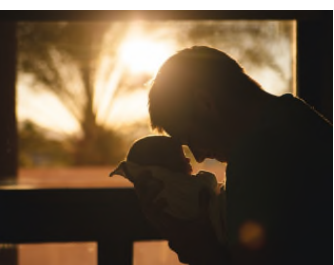
Attunement Wounds

Parents who did not have their own secure attachment

MISTRUST
DEAR/ANXIETY
SHAME
WAGE/ABUSE
EMOTIONAL DYSREGULATION
Mental Illness

Abuse/Neglect

20



Attunement helps to heal attachment wounds

Parent and child time together (QUANTITY)
ATTUNEMENT

Establish foundations with eye contact and physical proximity
Interactions

Recognizing and responding to cues of another
Other primary sensory cues of another
smell, sound and taste

Positive physical contact such as hugging, holding, rocking & social emotional language
of another
Holding, hugging, smiling, laughing, kissing, and singing

21



What sorts of things can you do with your children or teens to better attune with them?

What activities would **elicit eye contact, touch, smell, positive emotions?**

22

Trauma shapes children's beliefs and expectations:

1. About themselves
2. About the adults who care for them
3. About the world in general

The Invisible Suitcase

23

Vignette: The Story of Maya

24

What do we know about Maya?

Exposure to domestic violence

Physical abuse, including broken bones and bruises

Separation from her mother

Medical trauma, including hospitalization

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

25

What is in Maya's Suitcase?



1. What are her beliefs about herself?
2. What are her beliefs about her caregivers?
3. What do you think she has learned about the world?

26



How can Jenna REPACK Maya's Suitcase?

What can Jenna do to repack Maya's suitcase with more positive beliefs and experiences?


How can she help her daughter to:

Become more resilient

Believe she is safe now


Believe that she is capable and loveable

27




What about
YOUR child's
Invisible
Suitcase?

Repacking at Home



28




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**

29



Closing: *Wall of Hope and Gratitude*

30



Module 5: Understanding Trauma's Effects

Materials Used in this Session

“5 Steps for Brain Building Serve and Return”

The in-class video, “**5 Steps for Brain Building Serve and Return**” from the *Center on the Developing Child at Harvard University*, Child-adult relationships that are responsive and attentive—with lots of back and forth interactions—build a strong foundation in a child’s brain for all future learning and development. This is called “serve and return,” and it takes two to play!

Follow these 5 steps to practice serve and return with your child.

1. **Notice the serve and share the child's focus of attention**
2. **Return the serve by supporting and encouraging**
3. **Give it a name!**
4. **Take turns...and wait. Keep the interaction going back and forth.**
5. **Practice endings and beginnings**

“Promoting Brain Gains for Youth Emerging from Foster Care”

An additional video to consider watching is, “**Promoting Brain Gains for Youth Emerging from Foster Care**” from the *Annie E. Casey Foundation* “discusses adolescent brain development and ways child welfare systems inhibit or encourage opportunities for the successful transition to adulthood. The animated primer summarizes topics explored in a recent report by the Annie E. Casey Foundation’s Jim Casey Youth Opportunities Initiative, “The Road to Adulthood: Aligning Child Welfare Practice with Adolescent Brain Development.”

The video talks about Brain Strains vs Brain Gains and notes these 10 things as helpful for teens:

1. **Healthy Risk Taking**
2. **Getting a Job**
3. **Managing Money**
4. **Building Skills for Independence**
5. **Learning to Drive**
6. **Planning and Decision Making**
7. **Learning that Offers Incentives**
8. **Taking on Leadership Roles**
9. **Creating Activities – Meditation, Sports, Exercise, Self-Guided**
10. **Explore Identity**

Normative Development

From *The Continuing Journey of Children and Families* (Vermont QIC)

The Infant and Toddler Years (0-3)

Typical Behaviors: Typical developmental milestones are progressing such as physical development, (i.e., walking, running, climbing stairs) cognitive development (i.e., vocabulary growing, follows simple instructions) social development (i.e., moving from solitary play to parallel play).

Behaviors of Concern (cautions and considerations)

- Lack of eye contact
- Arching back or slouching
- Inability to be soothed or difficulty to calm
- Sleeping and eating challenges
- Separation anxiety - A child or youth being fearful or anxious about separation from the caregiver and is not developmentally appropriate.
- Does not walk easily
- Delayed cognitive, social and emotional development
- No boundaries with strangers

Behaviors Requiring Action

- Self-harm behaviors (such as head banging).
- Not gaining weight or growing
- Crying so hard that the child has trouble breathing
- Does not cry
- Loss of previously gained skills (such as talking, or walking)
- Consistently not making eye contact.
- Showing no emotional response throughout the day
- Sexualized play/behavior
- Disorganized attachment – A child is confused by the relationship of the caregiver because very early in their life the very person who gave them care is the same person who had done them harm. That confusion is demonstrated in difficult behavior such as rocking, freezing, running from the caregiver, etc.

The Pre-School and Early School Years (4-7)

Typical Behaviors: Between the ages of four and seven, typical developmental milestones are progressing. Physical development includes gross motor skills such as climbing, hopping, skipping. Cognitively, a child typically uses five to six word sentences, tells stories, reads short words and sentences. Socially, a child this age moves to cooperative play and emotionally demonstrates more self-regulation, (the ability to manage emotions and behaviors appropriately for the demands of the situation).

Behaviors of Concern (cautions and considerations)

- Continued sleeping and eating disturbances
- Delayed cognitive, social and/or emotional development
- Toileting issues
- Intense separation anxiety
- High levels of dysregulation (no ability to control one's self)
- Frequent tantrums (meltdowns)
- Excessive fears
- Regressive behaviors (tantrums, soiling, baby talk, etc.)
- Avoiding eye contact
- Indiscriminate friendliness – no boundaries
- Constant/intense efforts to control everything in environment
- Destructiveness/ Aggressiveness
- Manipulation
- Sexualized play

Behaviors Indicating Action

- All the behaviors in the "Behaviors of Concern" section that do not respond to nurturing care over a period of time. (Different for every child)
- Increase in meltdowns, aggressiveness, destructive behaviors
- Sexualized play, drawings, involved with others
- Trauma flashbacks
- Hurting animals, fire setting
- "Blacking out"/spacey or distracted behavior
- Significant delayed cognitive, social, and emotional development
- Self-harming behavior
- Severe separation anxiety

The Middle School Years (8-12)

Typical Behaviors: Typically, developmental milestones are achieved during this 8 to 12 year old stage. These include physical mastery of large and small motor skills, cognitive skills improving (reading well, math skills improving), and social and emotional progress (engages in cooperative play, able to relate to others with own unique personality). Children are developing their own sense of competency and confidence about how life works. They will try out new things, new hobbies and discover new talents and abilities.

Behaviors of Concern (cautions and considerations)

- Behavioral changes
- Regression – behaviors typical of a younger child
- Increased aggression
- Extreme emotional swings
- Difficulty labeling and expressing feelings
- No improvement in behaviors addressed in the 4 to 7 age range
- Sleep disturbances/eating issues
- Lying/stealing
- Excessive fears – of the future
- Continuing disobedience/acting out
- Continued anxiety over separation
- Indiscriminate friendliness – no boundaries
- Sabotaging peer relationships

Behaviors Indicating Action

- All the behaviors in the Behaviors of Concern section that do not respond to nurturing care over a period of time. (Different for every child)
- Increased aggressiveness, destructive behaviors
- Sexualized acting out with younger children (see note at end of this section)
- Trauma flashbacks
- Hurting animals, fire setting
- Blacking out/spacey or distracted behavior
- Extreme negative self-image/self-talk
- Self harming behavior – cutting/eating disorders
- Extreme attention seeking behaviors
- Associating with delinquent peers
- Worsening family relationships

The Teen Years (13-17)

Typical Behaviors Typical developmental behaviors are emerging in this 13 to 17+ year old stage. Physical changes are rapidly happening. Cognitively, your teen is experiencing a “brain remodeling growth period” which is as significant as the growth for a young child under four. What comes with that are the exciting, yet challenging, behaviors of typical adolescence. Socially, for your teen, peers are the center of their world, yet your teen remains healthily connected to family. Your teen has a hobby, sports or consistent activity.

Emotionally, they are learning to manage more challenges and to accept disappointments. Your teen is developing their own taste in clothing, music and other life interests.

Behaviors of Concern (cautions and considerations)

- Extreme behavioral changes
- Extreme emotional swings – sadness/anger/hopeless
- Obsessive behaviors
- Extreme power struggles
- Lying, stealing
- Engaging in substance abuse
- Risky sexual behavior
- Self-harming – cutting, eating disorders
- Inability to concentrate
- Expressing an extremely negative self image
- Hanging out with peers engaged in delinquent behaviors

Behaviors Indicating Action • All the behaviors in the Behaviors of Concern section that do not respond to parent/adult intervention over a period of time. (Different for every teen.)

Getting Development Back on Track with Attunement Activities

During class you came up with ideas for attuning more with your child(ren). Consider that list as well as the following ones. Remember the goal is to create a warm connection between you and your child. Try out activities that elicit eye contact, warm touch, pleasant smells or sounds and positive emotions.

Down Regulation: Deep breathing, Mindfulness, Grounding Activities

Up Regulation: Mindfulness, Physical Exercise, Deep Breathing

Patterned, Rhythmic, Repetitive Activities: Yoga or Martial Arts, Drumming, Swimming, Singing (especially with clapping or hand movements), Music (humming, writing songs, whistling), Movement (marching, jumping, rolling down a hill, running, balancing)

Serve and Return: Tennis, ping pong, badminton; Cards, checkers, chess; Catch, toss ball, basketball; Puppets; Simon Says

Transitions with Ritual (Begin and end activities with fun/simple rituals): Stories before bed, song before dinner, hug when waking up, guessing game before going to school, fist bump when coming home from school, etc.

Breathing Games: blowing bubbles, pinwheel, Square Breathing, Holding Breath Contest

Naming Emotions: Matching games or charades

Toys that help calm: Fidget toys, chewing gum, coloring, doodling

Catch 'em Being Good!!

The Story of Maya

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.

The Invisible Suitcase

What is in my Child's Invisible Suitcase?

Directions: Take a few minutes to answer the following questions 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.

These responses are only for you, although we will ask you to share some of them with the larger group if you wish.

1. Beliefs about themselves:

2. Beliefs about caregivers/adults:

3. Beliefs about the world in general:

My Child's REPACKED Invisible Suitcase

My Child's Invisible Suitcase - Part 2

Understanding what is in your children's invisible suitcase 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.


What beliefs would you like your child to have about himself/herself, others, and the world - instead?

1. Beliefs about themselves:

2. Beliefs about caregivers/adults:

3. Beliefs about the world:

What are a few things you can do to begin repacking their suitcase?



Module 5: Understanding Trauma's Effects

Additional Resources

Online Resources

How Racism Can Affect Child Development by the Center on the Developing Child at Harvard University

<https://developingchild.harvard.edu/resources/racism-and-ecd/>

Helpful infographic about the impact of racism on children.

Bonding and Attachment in Maltreated Children Consequences of Emotional Neglect in Childhood by Bruce D. Perry

https://childtrauma.org/wp-content/uploads/2013/11/Bonding_13.pdf

Provides specific techniques for you to use for a child that may be presenting with attachment difficulties.

Brain Development by Zero to Three

<https://www.zerotothree.org/early-learning/brain-development>

ZERO TO THREE works to ensure that babies and toddlers benefit from the early connections that are critical to their well-being and development.

The Importance of Play: Activities for Children by Child Action, Inc.

http://www.childaction.org/families/publications/docs/guidance/Handout13-The_Importance_of_Play.pdf

This article provides information on play at different stages of development. It also provides parents with tips on how to support their children with play and activities for different ages.

Fathering Your Adolescent by Shannon L. Sachs-Carter and updated by Kara Newby

<http://ohioline.osu.edu/factsheet/HYG-5298>

This article is useful for both fathers and mothers. It is easy to read with information on how to connect with your adolescent.

First Five California Website by First Five California

<http://www.first5california.com/>

Provides parents information for their children ages 0-5, including videos and support. There is a learning center and an activity center that parents can navigate.

Fun Family Activities Cards by Rhode Island Early Learning and Development Standards

<http://rields.com/families/fun-family-activity-cards/>

Provides Standards of what we should expect young children to know and be able to do physically, emotionally, and academically. It also provides you with ideas on what you can do to enhance their development. Available for download in English or in Spanish.

***Helping Your Child through Early Adolescence* by the U.S. Department of Education**

<https://www2.ed.gov/parents/academic/help/adolescence/adolescence.pdf>

Provides parents of children 10 through 14 years of age information on this specific age group.

***Stress & Early Brain Growth – Understanding Adverse Childhood Experiences* by
Community & Family Services Division at the Spokane (WA) Regional Health District**

http://www.preventionlane.org/wp-content/uploads/2015/01/ACES_handout-for-parents.pdf

This handout provides information on the effects of adverse childhood experiences on children as well as information on how to help them build resiliency.

Online Videos

***Experiences Build Brain Architecture* by the Center for the Developing Brain at Harvard University**

<https://www.youtube.com/watch?v=VNNsN9IJkws>- test by clicking on the graphic or the link on bottom of Slide 8 before session starts

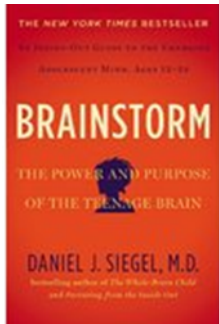
[The basic architecture of the brain is constructed through a process that begins early in life and continues into adulthood.](https://www.youtube.com/watch?v=VNNsN9IJkws)

***Promoting Healthy Brain Development: You Can Make a Difference* by Better Brains for Babies**

<https://youtu.be/5EX9dMTsIXk>

Learn how you can make a difference by supporting young children's brain development through everyday activities.

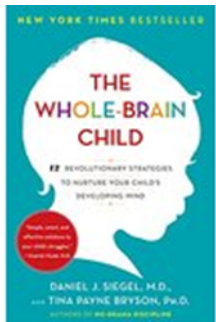
Books



***Brainstorm: The Power and Purpose of the Teenage Brain* by Daniel J. Siegel**

Between the ages of twelve and twenty-four, the brain changes in important and, at times, challenging ways. In *Brainstorm*, Dr. Daniel Siegel busts a number of commonly held myths about adolescence—for example, that it is merely a stage of “immaturity” filled with often “crazy” behavior. According to Siegel, during adolescence we learn vital skills, such as how to leave home and enter the larger world, connect deeply with others, and safely experiment and take risks.


Drawing on important new research in the field of interpersonal neurobiology, Siegel explores exciting ways in which understanding how the brain functions can improve the lives of adolescents, making their relationships more fulfilling and less lonely and distressing on both sides of the generational divide.



***The Whole-Brain Child* by Daniel J. Siegel and Tina Paine Bryson**

In this pioneering, practical book, Daniel J. Siegel, neuropsychiatrist and author of the bestselling *Mindsight*, and parenting expert Tina Payne Bryson offer a revolutionary approach to child rearing with twelve key strategies that foster healthy brain development, leading to calmer, happier children. The authors explain—and make accessible—the new science of how a child’s brain is wired and how it matures. The “upstairs brain,” which makes decisions and balances emotions, is under construction until the mid-twenties. And especially in young children, the right brain and its emotions tend to rule over the logic of the left brain. No wonder kids throw tantrums, fight, or sulk in silence. By applying these discoveries to everyday parenting, you can turn any outburst, argument, or fear into a chance to integrate your child’s brain and foster vital growth.

Complete with age-appropriate strategies for dealing with day-to-day struggles and illustrations that will help you explain these concepts to your child, *The Whole-Brain Child* shows you how to cultivate healthy emotional and intellectual development so that your children can lead balanced, meaningful, and connected lives.



Module 6:

Learning to Cope with Feelings and Change Behaviors

Slides



BPC: Navigating Trauma
Across Generations

Facilitator Prep Slide

Module 6: Learning to Cope with Feelings and
Change Behaviors

1

Breakthrough Parenting Curriculum:

**Navigating Trauma
Across Generations**

Module 6: Learning to Cope with Feelings and
Change Behaviors

Rady Children's Charlewick Center for Children's Health
UNIVERSITY OF MARYLAND EDUCATION AND SOCIAL SERVICES
NCTSN The National Child Traumatic Stress Network

2



Mindful Moments

3

Group Agreements



4



5

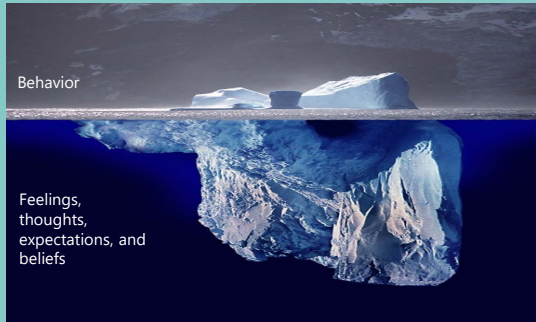
What Will You Learn?

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

6

Seeing Below the Surface



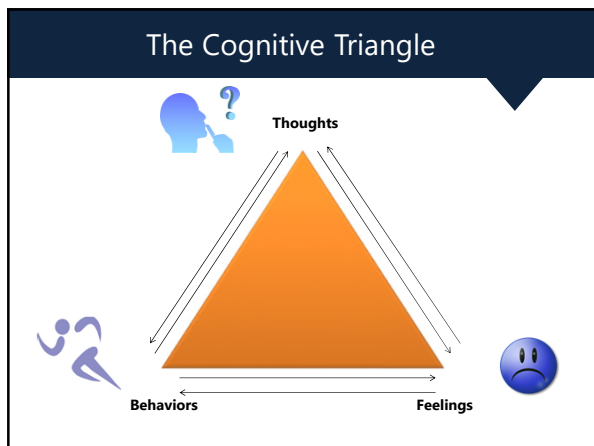
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What If? (Group Activity)



8

The Cognitive Triangle



9

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

10

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.youthcomm.org/story/id/FCYU-2004-11-10.html>

11

Using a Trauma Lens

The act of attempting to interpret behavior and emotions from a trauma-informed perspective



What is WRONG with you?!?

What happened to you AND how can I help?

12

Without a Trauma Lens . . .

She is just doing it for attention!!	He is acting just like his father!	She has no respect for authority!
They just like to control everything!	She is being so dramatic!	He just does that to ANNOY me!!!
They can't take NO for an answer!		

13

Now WITH a Trauma Lens . . .

She is just doing it for attention!! She really needs some love and support right now.	He is acting just like his father! He learned that from his father but that doesn't mean he is his father.	She has no respect for authority! She doesn't trust me because other adults have hurt her.
They like to control everything! So much was out of their control for so long . . .	She is being so dramatic! She seems to be very overwhelmed with big feelings right now	He just does that to ANNOY me!!! He is trying to get me to reject him, like others have before.
They can't take NO for an answer! They are afraid they will lose everything. Again.		

14




Parents are the active sculptors of their children's growing brains.

Hand Model of the Brain


- Daniel J. Siegel, MD & Mary Hartzell, MEd

15


Video Discussion



FEELINGS




FACTS



FUNCTION

16

Being With & Shark Music



From Circle of Security International

17



18

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>

19

Feelings Masks Activity

20

Self
Regulation

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 you can do to help your children:

Heal from their traumatic experiences

AND


Improve their emotional responses & behavioral challenges

**IS
ESSENTIAL**

21

Self-Regulation Plan

1. What are your trauma reminders?
2. How will you know that you are dysregulated?
3. What will you do?



22

What are your trauma reminders?

- When are you most likely to “flip your lid?”
- Is it something **internal** (feeling embarrassed or scared)
- Or **external** (a screaming child or your privacy being invaded)?
- Most of us are more easily dysregulated when we are experiencing **HALT** (*Hungry, Angry, Lonely or Tired*). Is this true for you?

23

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*)

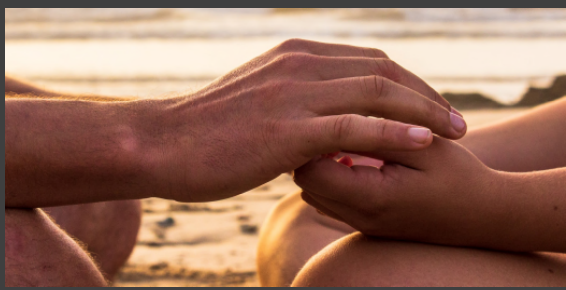
Thinking (*perseverating, imagining yourself getting aggressive, thoughts of running away*)

24

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

25




Co-Regulation

26



Closing: *Wall of Hope and Gratitude*

27



Module 6: Learning to Cope with Feelings and Change Behaviors

Materials Used in this Session

Flip the Lid (Hand Model of the Brain)

Make a fist with your thumb tucked inside of your fingers.
This is a model of your brain.

Thumb = Midbrain (Stem & Limbic) = Emotional Brain

This is where emotions and memories are processed. This is where the fight, flight, or freeze reflexes are triggered.

Fingers = Cerebral Cortex = Rational Brain

This houses our ability to think and reason.

Fingernails = Prefrontal Cortex = Problem-Solving

When something triggers us, we are prone to “Flip our Lid”, which means the Prefrontal Cortex (fingernails) have a very poor connection with our Midbrain (thumb), and we’re not able to access the logical, problem-solving part of our brain. Our emotions are overriding our ability to think clearly.

-Dr. Dan Siegel



Figure 1. A model of the brain



Figure 2. Flipping your lid

Being With and Shark Music

The video, "Being With and Shark Music" from the Circle of Security International 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."

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)?

Emotion Identification

Before we can understand the reasons behind our own emotions, we first need to be able to identify them. The following are some concrete ways you can build the skill of identifying your emotions:

- **Practice recognizing emotions.** Spend some time each day checking in on your own emotions without attaching judgment.
- **Notice physical responses.** Check-in on your physical responses, such as genuine smiling when happy or grateful, butterflies in your stomach when anxious, 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 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.

When you (and your children) understand the biological (brain) reasons behind your emotions, 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.

Tune in to assess your own emotional experience and readiness to be present with the child:

"What am I feeling?"

"What do I need?"

Take care not to:

"Buy into" the beliefs that you carry in your invisible suitcase

React in anger or the heat of the moment

Take behavior at face value

Take behavior personally

Self-Regulation Plan

What are your trauma reminders?


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 or tired. Is this true for you?

How will you know that you are dysregulated?

What will you notice about yourself – physical (pounding head, sweating, shaking) or behavioral (raised voice, pointing finger, stomping your feet) or emotional (feeling scared, overwhelmed, confused) or thoughts (perseverating, imaging yourself getting aggressive, thoughts of running away)?

What will you do?

Again, having a plan ahead of time will prove to be very helpful. What will work for you - moving your body or practicing mindfulness or remembering what you are grateful for or taking several deep breaths or meditating or praying or calling a friend.



Module 6: Learning to Cope with Feelings and Change Behaviors



Additional Resources

Additional Resources

Online

Feelings Activities on the Pinterest website

www.pinterest.com

Pinterest has thousands of **free** feelings activities. A free account will need to be created to access these activities and then search "feelings activities."

***Feeling Charts* from Free Printable Behavior Charts.com created by Joanne McNulty**

http://www.freeprintablebehaviorcharts.com/feeling_charts.htm

This link provides several different feeling charts and activities that can be used with children to help them identify and talk about feelings

***Helping Traumatized Children: A Brief Overview for Caregivers* by Bruce D. Perry**

https://childtrauma.org/wp-content/uploads/2014/01/Helping_Traumatized_Children_Caregivers_Perry1.pdf

This booklet is one in a series developed by the ChildTrauma Academy to provide caregivers information on how to help maltreated and traumatized children.

***Helping Young Children and Families Cope with Trauma* by Harris Center for Infant Mental Health, Violence Intervention Program & Safe Start, Louisiana State University Health Sciences Center, New Orleans**

http://rems.ed.gov/docs/SAMHSA_HelpingYoungChildrenFamiliesCope.pdf

This article provides information on common reactions to trauma in young children and ways that adults can help traumatized children heal.

***Teaching Your Child to: Identify and Express Emotions* by The Center on the Social and Emotional Foundations for Early Learning at Vanderbilt University**

http://csefel.vanderbilt.edu/documents/teaching_emotions.pdf

This article provides concrete information on how to help young children identify their feelings and how to express feelings in positive and safe ways.

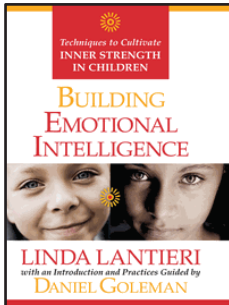
***The Anger Iceberg* by Kyle Benson of The Gottman Institute**

Gottman.com/blog/the-anger-iceberg/

An article looking at how there are often other emotions hidden under the surface

Books

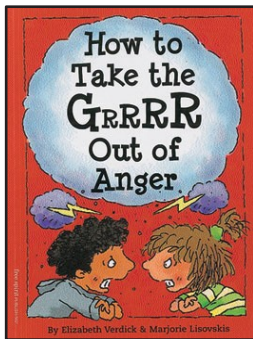
On Building Emotional Skills



***Building Emotional Intelligence: Techniques to Cultivate Inner Strength in Children* by Linda Lantieri & Daniel Goleman**

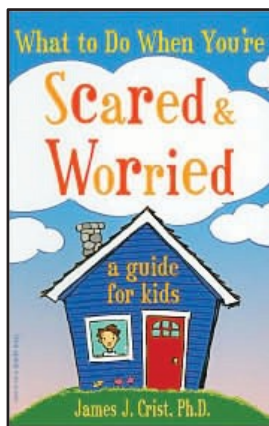
Guide for helping children quiet their minds, calm their bodies, and identify and manage their emotions.

On Dealing with Feelings



***How to Take the GRRRR out of Anger* by Elizabeth Verdick & Marjorie Lisovskis**

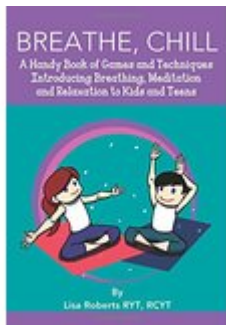
(For children ages 8–12) With a user-friendly layout and whimsical illustrations, this little book gives kids: five steps to taming their tempers, six ways to solve anger problems, clues to anger “buttons” and “warning signs,” tips for using “anger radar,” and steps to take when grown-ups get angry. Also included are an Anger Pledge, a message to parents and teachers, and a helpful resource list.



***What to Do When You're Scared and Worried: A Guide for Kids* by James J. Crist**

(For children ages 9–12) From a fear of spiders to panic attacks, kids have worries and fears, just like adults. But while adults have access to a lot of helpful information, that hasn't been true for kids—until now. Drawing on his years of experience in helping children deal with anxiety, James Crist, PhD, has written a book that kids can turn to when they need advice, reassurance, and ideas. He starts by telling young readers that all kids are scared and worried sometimes; they're not alone. He explains where fears and worries come from and how the mind and body work together to make fears worse or better. He describes various kinds of fears and suggests 10 Fear Chasers and Worry Erasers kids can try to feel safer, stronger, and calmer. The second part of the book focuses on phobias, separation anxiety, OCD (obsessive-compulsive disorder), and other problems too big for kids to handle on their own, and explains what it's like to get counseling. Includes a special “Note to Grown-ups” and a list of resources.

On Relaxation Techniques



***Breathe, Chill: A Handy Book of Games and Techniques Introducing Breathing, Meditation and Relaxation to Kids and Teens* by Lisa Roberts**


It has been well-documented in adults that taking time out for a little R&R or short meditation break can reduce stress and increase productivity. Well, it is no different for kids! And with the over stimulated lifestyles they lead today, it could be just what the doctor ordered. *Breathe, Chill– A Handy Book of Games and Techniques Introducing Breathing, Meditation and Relaxation to Kids and Teens* is a valuable and practical resource for those who work with or have children in their lives.

Like disguising broccoli in chocolate sauce, *Breathe, Chill* presents 70 engaging breathing, meditation and relaxation activities adapted for children of all ages. Some exercises offer an outlet for tension or stress, while others stealthily teach deep breathing skills, present moment awareness and relaxation... But, sshh, don't tell them it's good for them!



***Sitting Still Like a Frog: Mindfulness Exercises for Kids (and Their Parents)* by Eline Snel**

This introduction to mindfulness meditation for children and their parents includes practices that can help children calm down, become more focused, fall asleep more easily, alleviate worry, manage anger, and generally become more patient and aware.



Module 7: Trauma Informed Parenting Responses



Slides

BPC: Navigating Trauma
Across Generations

Facilitator Prep Slide

Module 7: Trauma-Informed Parenting Responses

1

Breakthrough Parenting Curriculum:

**Navigating Trauma
Across Generations**

Module 7: Trauma-Informed Parenting Responses

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2



Mindful Moments

3



4



5

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

6

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

7



Being An "Emotional Container"

8

Being an "Emotional Container" (Continued)

Be willing—and prepared—to tolerate strong emotional reactions.

Use a Trauma Lens and remember their Invisible Suitcase!

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

Reassure your child that it is okay to feel **ANY and ALL** emotions.

9

Read Aloud Quote

Wanted A.M. to be an Emotional Container. I figured that sooner or later she would say something that would hurt me. I wanted to hurt her first. What could the mom do when A.M. starts to feel 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. What could she do afterwards (when A.M. is 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.*

10

Emotional "Hot Spots"

Sleep and bedtime

Food and mealtime

Physical Boundaries


11



Sleep and Bedtime


(and waking up too)

12




Food
and
Mealtime

13



Physical
Boundaries

baths, personal grooming, nudity, privacy issues, and medical exams and procedures that expose or invade the body




14



15



16

<p>Turn It Down!</p>	<p>Questions</p> <p>Directions</p> <p>No, Don't, Stop</p>
	

17

	
<p>Turn It Down</p>	<p>QUESTIONS</p>

18

HERE
THERE
EVERYWHERE

Turn It Down | DIRECTIONS

19

STOP

Turn It Down | NO, DON'T, STOP

20

Turn It UP!

I Feel You
Reflect their emotions


I Hear You
Repeat their words

I See You
Name their actions

I Appreciate You
Offer specific praise

21


**I
feel
you**



- Mirror their emotions
- Match their facial expression
- Name their feeling
- Reflect their emotions

22


**I
hear
you**



- Acknowledge what your child says
- Say it back to them
- Let them know you are listening to them
- Repeat their words

23

**I
see
you**




- Notice what they are doing
- Narrate their play
- Offer non-verbal awareness
- Name their actions

Video by Nick Heath

24

I appreciate you

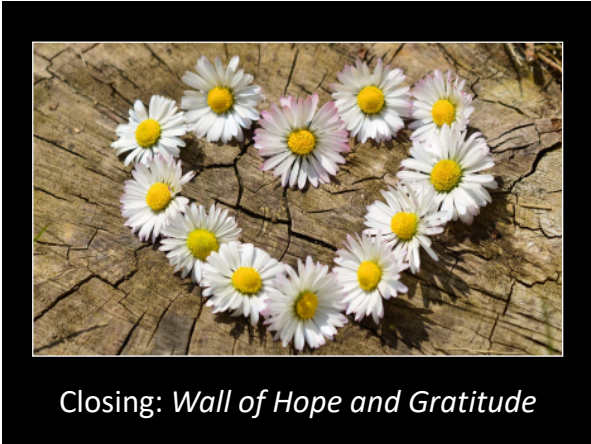


- Offer *specific* praise for what they are doing
- Offer positive acknowledgement for desirable behavior
- If appropriate – add a loving touch
- Makes them feel special


25



26



27



Module 7: Trauma Informed Parenting Responses

Materials Used in this Session

Gratitude

Expressing gratitude on a regular basis has been shown to release toxic emotions, reduce physical pain, improve the quality of sleep, aid in stress regulation and reduce anxiety and depression. Consider starting a daily gratitude journal.

Please write down 3 to 5 things that you feel grateful for:

Managing Emotional “Hot Spots:” Tips for Parents

Emotional “Hot Spots”

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

Feeling oriented is an important part of feeling safe. To a child, coming back into your home with new ways of relating may feel like being sent to another planet. Some times or situations may be particularly emotionally charged for children who have experienced trauma, and may trigger a child to act out, struggle over control, or become emotionally upset. These emotional hot spots include:

- ▶ 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

Food and Mealtimes

Being fed by a parent is one of the first and most significant interactions we have with the outside world. It is how we come to understand whether—and how—our needs will be met. For many traumatized children, food and the experience of being fed are emotionally charged. Meals may have been inadequate or may have been scenes of verbal or physical abuse. In other families, food may have been the only source of comfort. In others, children may have been forced to fend for themselves, scrounging food from dumpsters or begging.

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

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

You can help make mealtimes “safer” for your child by:

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

- ▶ Having meals together as a family
- ▶ Keeping mealtimes calm and supportive

Sleep and Bedtime

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

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

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

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

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

Grooming and Personal Boundaries

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

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

A child who experienced neglect in the past may be resistant to grooming, to bathing, to anything that involves seeing or touching their bodies.

Helping such children to feel safe enough to respect and care for their bodies will take time and patience.

Steps you can take include:

- ▶ Respect children's physical boundaries—don't assume a child wants to be hugged; take cues from your child before initiating physical contact.
- ▶ Introduce older children to all the workings of the bathroom, and make it clear that their time in the bathroom is private and that no one will be walking in on them during bath time.
- ▶ When helping to bathe younger children, be careful to ask permission before touching and to be clear about exactly why, how, and where you will be touching them.

Give young children the time to splash around, play with water toys, and enjoy the positive sensations of bath time.

Trauma Informed Parenting Skills

TIPS stands for Trauma Informed Parenting Skills. TIPS was developed by a team of researchers and practitioners at the University of Vermont, with funding from the US Department of Health and Human Services (grant # C0901119). They include Jessica Strolin-Goltzman, Nicole Bresland, Rex Forehand, Amy Bielawski-Branch and Jennifer Jorgenson. TIPS aims to provide parenting tips to help you Tune In to your children, enhance resilience, and minimize conflict.

FREE additional training in TIPS

To learn more about TIPS, consider taking take this free self-directed micro learning **entitled “TIPS for Tuning In: Building Resilience in Your Children.”** It will take 1 to 2 hours to complete. Here is the link:

<https://blog.uvm.edu/jstrolin/parenting-tips/>

Once you get to the website, scroll down to E-Learning and click the TIPS link

TIPS Curriculum: The following 5 pages provide detailed information about the TIPS Tuning In Skills; including:

Turn It Down Skills – Do less of these during one on one child directed play

No

Don't

Stop

Turn It Up Skills – Do more of these during one on one child directed play

I Feel You

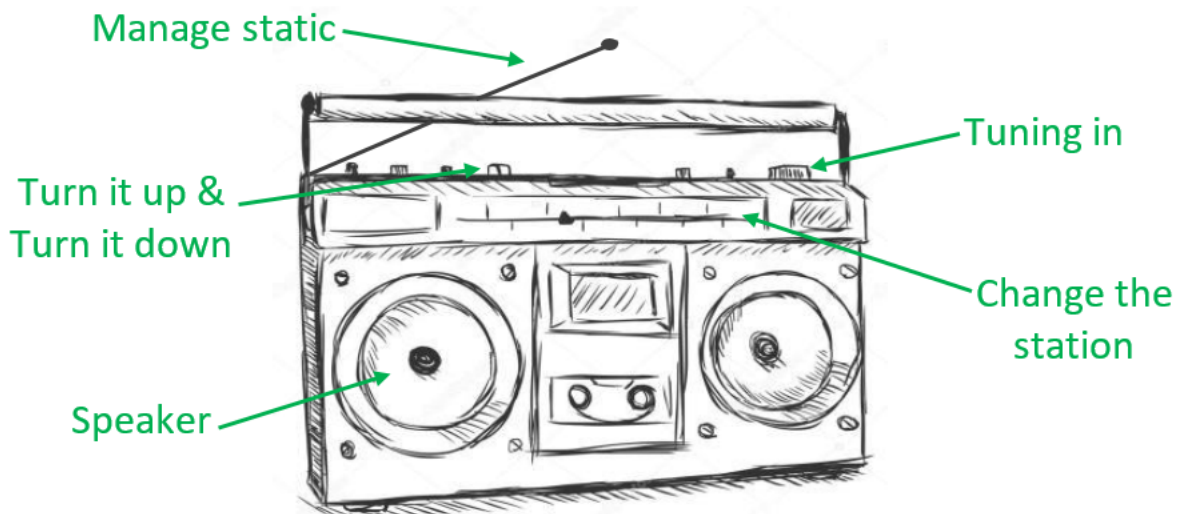
I Hear You

I See You

I Appreciate You

“Tuning In (Attunement)”

TIPS uses the metaphor of a 1980’s **BOOM BOX** to explain useful parenting strategies. It begins with the concepts of attunement and positive attention as a way to develop a more emotionally connected relationship with children through **Child Directed Play**. This more positive relationship is achieved through **Tuning In** with children by practicing **Turn It Up** and **Turn It Down** skills. Participants practice these skills in class until they are ready to try them out with the children in their care. Participants are encouraged to practice 5 to 10 minutes a day and report back to the class the following week.



Concepts for Tuning In (Attunement):

1. **Strong Parent Child Relationship** – The major concept taught in this session is that the relationship between caregiver and child is paramount to healing from trauma. It is also the foundation for managing challenging behaviors. As the relationship improves – so will children’s behaviors. A strong relationship is achieved through attunement and positive attention.
2. **Attunement** – Children who experienced complex developmental trauma are often “out of tune.” They need a caregiver who is able to create “musical harmony” with them through attunement. Attunement is the ability of a caregiver to read the cues of their children and then respond to their underlying emotions in a loving way. It is synchronous and interactive; and creates a sense of “oneness” between them.
3. **Child Directed Play** – Children learn so many things through play - sharing, cause and effect, self-regulation, how to take risks, and problem solving. Unfortunately, well intentioned adults sometimes interfere with this process! We ask questions, make suggestions, remove obstacles and sometimes even end up taking over. **Child Directed Play** is a specific kind of playing between adult and child. It requires that the caregiver let the child **lead** the play time. Because this isn’t always easy to do, we have created some guidelines for how to do this. These skills are necessary during **Child Directed Play** – but are also valuable during many other parent-child interactions.
4. **Positive Attention** - The more attention we pay to something - the bigger it gets. We all know that children LOVE attention! If positive attention is not available, they will seek out negative attention. When a child has a history of acting out or pushing others away, caregivers can sometimes fall into a vicious cycle of attending only to negative behaviors. Thus, causing the child to continue the negative behavior. If caregivers can switch their focus to the positive behaviors of their children (even if they seem few and far between) their child’s behavior WILL IMPROVE!

Skills for Tuning In (Attunement):

Skill # 1 TURN IT DOWN –

For **Child Directed Play** to be effective there are some things that caregivers need to do LESS of. We call these the Turn It Down skills.

Questions – For many of us, the primary way that we interact with the children in our lives is by asking them questions. This is fine for many occasions, but during **Child Directed Play**, we want to avoid questions. Often questions are actually indirect commands or disguised disapproval. They can interfere with the flow of play and distract from “being in the moment” with our children

Directions – Directions from adults during **Child Directed Play** interferes with spontaneity and can make playing feel more like a chore. It prevents our children from figuring things out for themselves and sharing that joy of discovery with us.

No's – Saying “No!” “Don’t!” “Stop!” makes children feel criticized; creates a negative atmosphere; interferes with the learning process and definitely stops the flow of play. Outside of **Child Directed Play** time you will still need to say “No” to your children, but if you overuse these negative words, they will lose meaning over time. Save them for the really big stuff. Practice telling your children what you want them to do, rather than what you don't want them to do!

Skill #2 TURN IT UP –

For **Child Directed Play** to be effective there are some things that caregivers need to do MORE of. We call these Turn It Up skills.

I Feel You (Reflect their emotions) – We do this naturally with infants – smiling when they smile; frowning when they frown. It lets the child know that you are emotionally connected with their experience. That you “get it” and that they are not alone in either their joy or their pain.

I Hear You (Repeat their words) – Also called “paraphrasing.” This is a way of letting your child know that you are really listening to them. It can improve their speech and communication skills. You can also do this non-verbally through nodding your head or having eye contact.

I See You (Name their actions) – This is a “play by play” accounting of their behavior. It helps to keep their focus on what they are doing and helps them to organize their thoughts and actions.

I Appreciate You (Offer specific praise) – This focused attention on specific positive behaviors will improve the likelihood that your child will repeat this behavior in the future. It also enhances your relationship as it makes both of you feel good about the play time. It is important that you are specific (and not vague) in your praise.

Here are some suggestions for things to say when practicing the **Turn It Up** skills:

I Feel You (Reflect their emotions)

Try Saying:

- ***“You are so excited to be playing with this new toy!”***
- ***”Bummer! Your tower fell over!”***
- ***“That is tough!***
- ***“It is frustrating to figure out how those two pieces go together.”***
- ***“I can tell how proud you are of yourself right now!”***

I Hear You (Repeat their words)

Try Saying:

- Child says: *“I am building the tallest tower ever”* and You say: **“You are building the tallest tower ever!”**
- Child says: *“Doggie big!”* and You say: **“The dog is big.”**
- Child says: *“This playdough is so squishy!”* and You say: **“The playdough is squishy.”**

I See You (Name their actions)


Try Saying:

- **“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 all over Mr. Potato Head’s body!”**
- **“I see that you are drawing a house next to a mountain.”**

I Appreciate You (Offer specific praise)

Try Saying:

- **“You are so gentle when you put all of the toys back into 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 enjoy playing with you because you always share your toys with me!”**



Module 7: Trauma Informed Parenting Responses

Additional Resources



Additional Resources

Online

Cool Down: Anger and How to Deal with It by The Mental Health Foundation

<http://www.mentalhealth.org.nz/assets/A-Z/Downloads?Cool-down-anger-and-how-to-deal-with-it-MHF-UK-2008.pdf>

This article provides information on causes of anger and both positive and negative ways to handle it.

How to Be an Emotional Container by the National Child Traumatic Stress Network

<https://youtu.be/OOirC4CdOnQ>

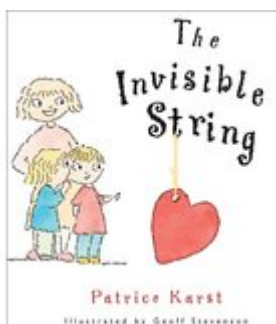
Helpful podcast about being an emotional container

Empowering Parents Website

<https://www.empoweringparents.com/>

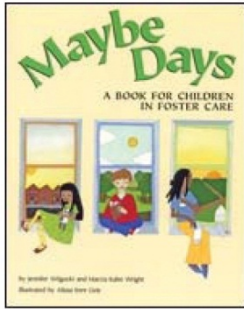
The website contains a lot of free information including content-rich articles on Cognitive Behavioral Therapy and more, advice from parenting experts, podcasts, an active blogging community, parenting programs, and parenting polls.

Books



***The Invisible String* by Patrice Karst**

Specifically written to address children's fear of being apart from the ones they love, *The Invisible String* delivers a particularly compelling message in today's uncertain times that though we may be separated from the ones we care for, whether through anger, or distance or even death, love is the unending connection that binds us all, and, by extension, ultimately binds every person on the planet to everyone else. Parents and children everywhere who are looking for reassurance and reaffirmation of the transcendent power of love, to bind, connect and comfort us through those inevitable times when life challenges us!



***Maybe Days: A Book for Children in Foster Care* by Jennifer Wilgocki and Marcia Kahn Wright**

(Ages 4–8) Will I live with my parents again? Will I stay with my foster parents forever? For children in foster care, the answer to many questions is often “maybe.” *Maybe Days* addresses the questions, feelings, and concerns these children most often face. Honest and reassuring, it also provides basic information that children want and need to know, including the roles of various people in the foster care system and whom to ask for help. An extensive afterword for adults caring for foster children describes the child’s experience, underscores the importance of open communication, and outlines a variety of ways to help children adjust to the “maybe days”—and to thrive.

Inclusion of any item on this list is not an endorsement of any product by CTISP-DI. Product descriptions are based on information provided by the publisher or manufacturer, and do not necessarily represent the opinions of CTISP-DI.

The Importance of Touch:

Caring for Young Children Who Have Experienced Trauma

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

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

“Touch seems to be as essential as sunlight.”


Diane Ackerman

A Natural History of the Senses (1990)
New York: Vintage Books

- **Be consistent and reliable in meeting your child's physical needs.** Every time these needs are met—whether for food, a clean diaper, or getting back to sleep after waking—your child begins to make new associations. The more you can anticipate your child's needs before he or she cries, the more your child will be able to “take in” the wonderful new experience of being cared for.
- **Create a soothing environment.** Because loud noises can be strong trauma reminders for babies and young children who have been physically abused, it's important to keep the environment as soothing as possible: soft music, soft light, and soft, calm voices. Potential trauma reminders such as an alarm clock going off or even a phone ringing should be avoided as much as possible.
- **Avoid surprising your child.** Sudden or unexpected contact is all the more scary for traumatized babies, so it's important to describe what you are doing before you do it: “I am going to change your diaper now” or “Here is your nice bottle.” Though babies may not understand what you are saying, they will be calmed by the sound of a voice that is soft and soothing. Babies have also been shown to respond well to soft “shushing” noises.

- **Use texture and movement to soothe and calm.** Babies who are very distressed by human touch may still be comforted by the sensation of soft fabrics or plush toys. Giving children plush blankets or stuffed animals to cuddle can help them to get used to pleasant sensations against their skin, which you can then build on. Babies are also comforted by gentle swinging motions. Babies who cannot tolerate touch may benefit from being in a baby swing or simply rocked gently in a cradle or carriage.
- **Take it slow.** When it comes to touch, the first step may be to just be present in the child's room, sitting by the crib, and singing or talking to the child in a soft, calm voice. It may take many days or weeks of such "being present" before your child can tolerate even a simple touch, such as a gentle stroke of the arm. If your child avoids eye contact, don't force it. Wait for your child to initiate eye contact, and reinforce the action with a smile and comforting words or sounds.

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



Module 8: Connections and Healing

Slides



BPC: Navigating Trauma
Across Generations

Facilitator Prep Slide

Module 8: Connections and Healing

1

Breakthrough Parenting Curriculum:

**Navigating Trauma
Across Generations**

Module 8: Connections and Healing

Rady Children's Cradock Center for Children & Families THE UNIVERSITY OF MICHIGAN EDUCATION AND SOCIAL SERVICES NCTSN The National Child Traumatic Stress Network

2



Mindful Moments

3

Group Agreements



4



5

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 becoming overwhelming
3. Use the 5 Rs to regulate the emotional and behavioral response to trauma reminders in you and your child.

6




"When you feel connected to something,
that connection immediately gives you a
purpose for living."
- Jon Kabat-Zinn, PhD

7

Read Aloud Quote

"... being torn away from my brothers and sisters .
... they were my whole life.

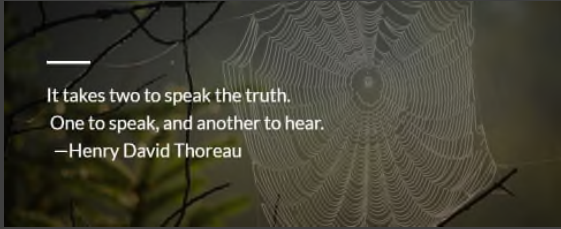
It was probably the most painful thing in the world.
They told me I would be able to see them a lot, but
I was lucky to see them at all!"



~ Luis

Hochman, G., Hochman, A., & Miller, J. (2004). *Foster care: Voices from the inside* (p. 6). Washington, DC: Pew Commission on Children in Foster Care.

8



It takes two to speak the truth.
One to speak, and another to hear.
—Henry David Thoreau

Web of Connections

9

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

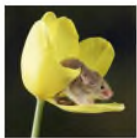
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Talking About Trauma (Group Discussion)



11

Talking About Trauma



Expect the unexpected



Be aware of your reactions

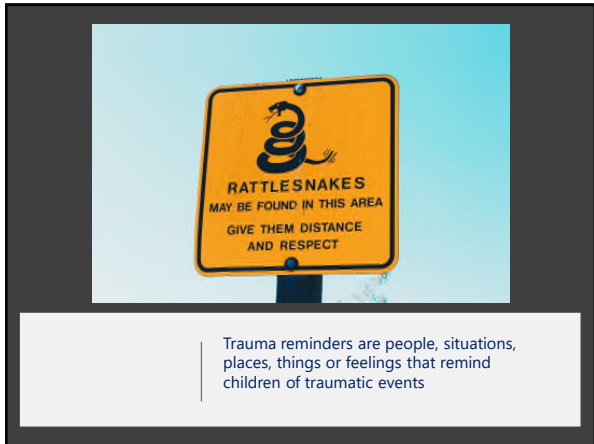


Follow their lead. Don't ask too many questions

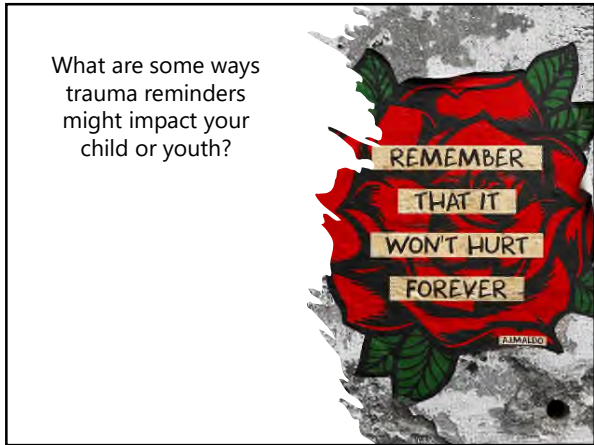


Be ready to listen and talk openly

12



13



What are some ways trauma reminders might impact your child or youth?

14

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).


15



Consider:
When
Where
What
Who

*Make some guesses about
trauma reminders for Mei*

Mei's Story
Pronounced "May"



16



Mei's Story (Continued)



17

**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



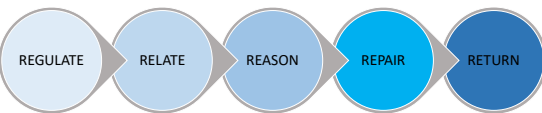
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SOS: Identifying Stress Busters

- 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

19

Regulation for Trauma Reminders (the 5 Rs)



From Vermont Child Welfare Training Partnership – TIPS for Tuning In

20

#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)



21

#2 - RELATE

Remind them of the connection you share through a look, a touch, a phrase
~

Make them *feel* your love for them

Communicate that you are
on their team ~
they don't have to do this alone



22

#3 - REASON

Now that :
You are calm
They are calm
You feel connected to each other

**They are now ready to
LEARN and GROW!**

Explain why the behavior is not ok –
remind them of the rule or reason



23

#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




24

#5 - RETURN

Go back to whatever your child was doing before the disruption


No need to bring it up again – it is over

Teaches them that they can get through negative situations successfully



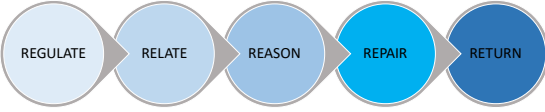
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Trauma
Informed
Parenting
Skills



26

Regulation for Trauma Reminders (the 5 Rs)




From Vermont Child Welfare Training Partnership – TIPS for Tuning In

27



Closing: *Wall of Hope and Gratitude*



Module 8: Connections and Healing

Materials Used in this Session

1. What are the most important connections in your and your child(ren)'s life? These may include:

- relationships with other people (*friends, family, co-workers, neighbors*)
- your ties to places, objects, cultural or religious rituals or practices
- your life stories from the past, present, future (*where you came from, who you are now, who you hope to become*)

Make sure you pick at up to 3 for yourself and at least 1 for each of your children

Self:

(1) _____

(2) _____

(3) _____

Child(ren):

(1) _____

(2) _____

(3) _____

(4) _____

(5) _____

(6) _____

2. How do you actively maintain those connections?

3. How can you strengthen your healthy connections? *Focus on 1 for yourself and 1 for each of your children.*

4. What new connections would you like to build in your life, your children's lives, and your family's life? *Add 1 for each of you.*

Mei's Story

Part 1

"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. Mother's 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.

More of the story

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.

Part 2

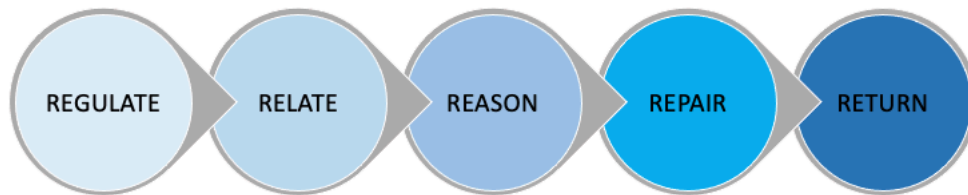
"Mei became upset and distraught and cried uncontrollably, undoing her bed and throwing all the sheets, blankets, and pillows on the floor several times before Chen (dad) and Xiu (stepmom) sat down to try to figure out what was going on. They remained calm in her room while they labeled her feelings, 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."

Stress Busters Worksheet

Fill this out with your child(ren) sometime – it may help them come up with their own ideas for “busting stress!!”

When . . .	What helps me feel calm and relaxed?
I get up in the morning	
I have to do something I don't like at school	
I am having a hard time concentrating	
I am worried or scared about something	
I am sad	
Something reminds me of something bad that happened	
There are too many people or too much noise	
It is too quiet or I am lonely or bored	
I am so excited I can't wait for something!	
I feel like moving around but I can't (in school or church maybe)	
In the evening, before bedtime	
I am in bed and can't sleep	
Some other time: (name it)	

Regulation for Trauma Reminders (the 5 Rs)



From Vermont Child Welfare Training Partnership – TIPS for Tuning In

Acting out behavior can sometimes look like rule breaking or refusing to follow a direction ~ when in reality, your child is reacting to an internal or external trigger ~ this can look like a tantrum or flipping out or being “out of control.”

In these situations, ***it does not make sense*** to give a time out or consequence – rather we need to join with our child to help them co-regulate. Their behavior might warrant a consequence or apology, but the first step is emotional regulation with a plan for repair later in the process.

The 5 steps to Regulation for Trauma Triggers are:

- 1. Regulate**
- 2. Relate**
- 3. Reason**
- 4. Repair**
- 5. Return**

See the next page for a detailed description of how to implement these 5 steps.

1. 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.

Parent First - The very first thing you must do is regulate yourself. This might be extremely difficult to do, especially if the child is doing something particularly upsetting or you are in public and feeling embarrassed or you are dealing with your own stress. However, it is imperative that you take this step.

Child Next - Your next goal is to assist your child in emotionally regulating themselves through co-regulation. **Co-regulation** – Get on your child’s level physically, lower the volume of your voice, speak in a hushed tone, lower your breathing pace. If your child will allow you – look into their eyes. As you present a calm self – your child will follow suit.

2. Relate – Once you are calm and the child is emotionally and behaviorally calm, make sure you take a moment to remind them of the emotional bond/connection that you share. Some examples – tell them you love them or remind them that you are “in their corner” or hug/kiss them. This can be brief, but it is an important step for children who may fear that they have lost your love/safety/placement due to their misbehavior.

3. Reason - Depending on your child’s developmental and/or chronological age this may be very brief or more drawn out. This is where you remind them of the rule they broke or problem with their behavior. Some examples:

“It’s important to be gentle with your own body, just like 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.”

4. Repair - Work with your child to develop a plan to apologize and/or make amends. This is a very important step in helping your child practice taking responsibility and can go a long way towards reducing shame for their misbehavior. If the 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). **Read the next page (**) for what do when repairs don’t come easily for your child.**

5. Return - You are done. It is now time to move on and get back to normal.

**** When Repairs are difficult for your child:** 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.

For other children (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



Module 8: Connections and Healing

Additional Resources



Online

Coping with Trauma Reminders by the National Child Traumatic Stress Network

http://www.ntcsn.org/sites/default/files/assets/pdfs/cwt3_sho_reminders.pdf

This article provides information on understanding trauma reminders as well as how to support children of different ages to cope with trauma reminders.

Foster to Famous by FosterClub, Inc.

<https://www.fosterclub.com/category/article-type/foster-to-famous>

These celebrities, sports stars, and entrepreneurs all started out in foster care. Consider reading their stories with your child and help them become inspired.

Helping Teens Connect with Their Community by healthychildren.org

<https://www.healthychildren.org/English/family-life/Community/Pages/Helping-Teens-Connect-With-Their-Community.aspx>

Teens can—and do!—improve the communities they live in. While families provide the love and support needed for teens to become more independent, teens active in their community will do better in school, find it easier to stay out of trouble, and be less likely to become depressed or suicidal.

Helping Your Child Feel Connected to School by the Centers for Disease Control and Prevention

http://www.cdc.gov/healthyyouth/protective/pdf/connectedness_parents.pdf

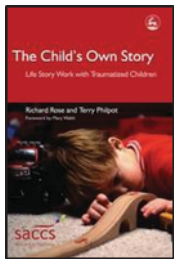
This flyer provides information on why it is important for children to feel connected to school and 14 ways to help them feel connected.

Tips on Helping Your Child Build Relationships by Zero to Three

<https://www.zerotothree.org/resources/227-tips-on-helping-your-child-build-relationships>

Through relationships, children discover who they are and learn to understand others. Learn how you can help your infants and toddlers develop strong relationships with the people in their lives.

Books



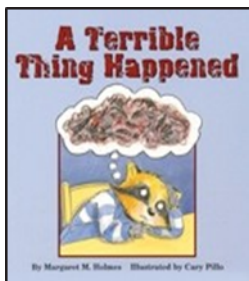
***The Child's Own Story: Life Story Work with Traumatized Children* by Richard Rose & Terry Philpott**

This book provides a detailed introduction to life story work and how it can help children recover from trauma and make sense of the disruptions in their lives. It includes information on how to get needed information on your child's life.



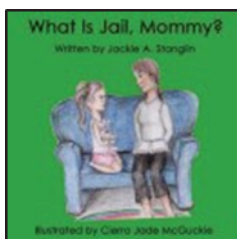
***Please tell!: A Child's Story about Sexual Abuse* by Jessie**

(For children ages 9–12) Nine-year-old Jessie's words and illustrations help other sexually abused children know that they're not alone, that it's okay to talk about their feelings, and that the abuse wasn't their fault. *Please Tell!* is an excellent tool for therapists, counselors, child protection workers, teachers, and parents dealing with children affected by sexual abuse. Simple, direct, and from the heart, Jessie gives children the permission and the courage to deal with sexual abuse.




***A Terrible Thing Happened: A Story for Children Who Have Witnessed Violence or Trauma* by Margaret Holmes & Sasha Mudlaff**

(For children ages 4–8) This gently told and tenderly illustrated story is for children who have witnessed any kind of violent or traumatic episode, including physical abuse, school or gang violence, accidents, homicide, suicide, and natural disasters such as floods or fire. An afterword for parents and other caregivers offers suggestions for helping traumatized children, including a list of other additional resources.



***What is Jail, Mommy?* By Jackie A. Stanglin**

(For children ages 4–8) This book was inspired by a much-loved five-year-old girl whose father has been incarcerated for most of her life. One day after visiting with friends who have both devoted parents in the home, this little girl blurted out to her mother in frustration, "What is jail anyway, and why can't Daddy be home with us?" *What Is Jail, Mommy?* not only explains why the parent is incarcerated but what his or her life is like as an inmate.



Module 9: Becoming an Advocate for Your Child



Slides

BPC: Navigating Trauma
Across Generations

Facilitator Prep Slide

Module 9: Becoming an Advocate

1

Breakthrough Parenting Curriculum:

**Navigating Trauma
Across Generations**

Module 9: Becoming an Advocate

Rady Children's Hospital Center for Children & Families | THE UNIVERSITY OF IOWA EDUCATION AND SOCIAL SERVICES | A PARTNER IN NCTSN | The National Child Traumatic Stress Network

2



Mindful Moments

3



4



5

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

6



7



8

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

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Imani Worthy's Story



10

Video Discussion



FEELINGS



FACTS



FUNCTION

11

Trauma-Informed Advocacy

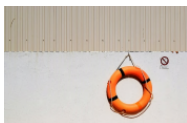
Help others appreciate your family's strengths



Support positive, stable relationships



Promoting the importance of psychological safety & well being.



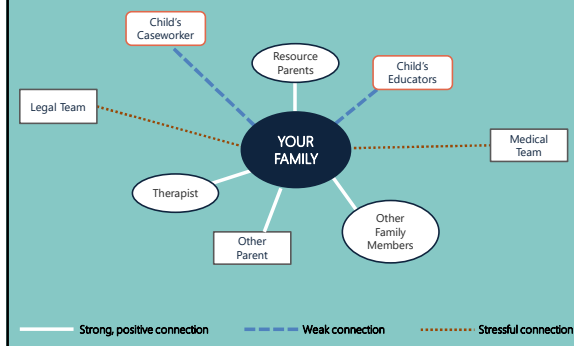
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Tips for Trauma-Informed Advocacy for Your Child

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

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Know Your Family's Team



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Working as a Team

Your family's team shares a commitment to your child's safety and well-being.

Helping Hands

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Shared Parenting

A collaborative practice, based on trust, in which parents and other caregivers cultivate positive, supportive relationships in the best interest of the child.

North Carolina Division of Social Services & Family and Children's Resource Program (2018)

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Video: Foster/Resource Family Works Closely with Birth Parent

17

Shared Parenting

Whenever the kids see our relationship together, the way that we do, it makes them feel relaxed, more comfortable. They seem to enjoy themselves. I think that it's made it a lot easier.

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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

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When to Seek Trauma-Informed Help

For yourself: When you feel overwhelmed

For your child: When they . . .

- Display 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
- Talks over and over again about the trauma or is "stuck"
- Seems plagued by guilt or self-blame
- Expresses feelings of helplessness or hopelessness

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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).

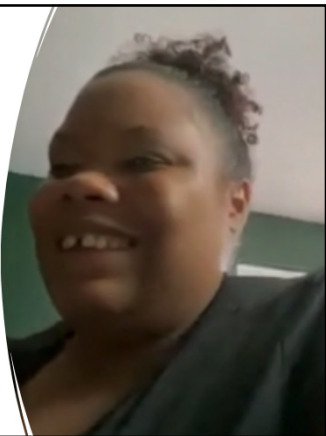


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What is YOUR calling?

"My calling is in reforming the child welfare system and sharing the stories of people like me"

~ Imani Worthy




22



Closing: *Wall of Hope and Gratitude*

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Module 9: Becoming an Advocate for Your Child

Materials Used in this Session

Developing Your Advocacy Skills

Advocacy and Being Part of a Team

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

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

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

The Self-Advocacy Cycle

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

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

Stage 1. Targeting

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

Identify the Need

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

- The only health insurance my child will have is Medicaid (or your child's primary insurance).
- The therapists that my children formerly worked with did not seem to be particularly trauma-informed, and the social service agency seems to only make referrals to that particular provider.

Identify Service Agencies

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

Stage 2. Preparation

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

- Gather brochures from various providers.
- Attend information nights or orientation sessions.
- Attend classes, workshops, open houses or other public awareness events.
- Be sure to ask lots of questions. Important questions to ask may include:
- Who are the staff members? Are they well trained? What is their experience with children and trauma? Do they seem enthusiastic and committed to their work?
- What are their timeframes for service? Do you use waiting lists or other means of determining when you will receive services?
- What costs and fees are involved? Will you accept my child's primary insurance? Have you had other traumatized children as clients, and what forms of payment were they able to negotiate with the agency (if they don't accept your child's primary insurance)?
- What is their overall philosophy about child abuse, neglect, trauma, and foster care, if applicable?
- How do they feel about older parents, single parents, or any other "descriptor" of your family?

- How do they view parents' role in the therapeutic process?
- What if you are not satisfied? What grievance procedures do they have in place?
- How willing and experienced are they at working with other agencies or providers such as your child's school?
- Are they comfortable working with both the child's biological family and resource family, if applicable?

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

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

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

Stage 3. Influencing

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

Build a relationship

- Don't only be the person who calls with a problem. Try to attend social gatherings, fund raising events, open houses, etc.
- Become a volunteer.
- Always be clear and pleasant when speaking about your needs.
- Learn names, especially the names of the receptionist and others with whom you will need frequent interactions.

- Stay in contact with all providers at least once a month, and more often when circumstances warrant.

Handle yourself like a professional

- Begin every interaction with either a positive statement or an empathy statement, such as: "I understand you have a large caseload . . ." or "The information in the packet you sent was so helpful . . ."
- Describe the problem using an "I" statement, not a "you" statement: "I am concerned about the length of time it is taking to get the initial assessment completed," rather than "You are taking too long to get me the information I asked for."
- Ask for acknowledgment and clarification: "Do I have all the information straight? Is there more I need to know?"
- Maintain an even voice tone, eye contact, and non-offensive body language.
- Offer options and possible solutions: "If scheduling is an issue, would it help if I came to your office instead?"
- Plan a time to follow up: "Can I call next Thursday to see where we stand?"
- Always thank them for their time and end on a positive note.

Be accessible

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

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

Be organized

- Write everything down, take good notes, and keep them with you.
- Keep copies of anything you mail or turn in.
- Make sure information you provide is legible and clean.

- Keep a log of all contacts including date and time, nature of contact (i.e., phone call, scheduled meeting, unplanned visit), names and titles of all involved, and any promises made.
- Follow up every verbal contact in writing; send a letter summarizing your phone conversation or the results of a meeting.
- When speaking to someone who does not have an answer for you, plan a specific time to call back to get the answer; do not wait to be called back.

Stage 4. Follow Up

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

- Increase the frequency of your communications.
- Draw upon the support of parent groups and/or child advocacy organizations.
- Avoid “us” versus “them” conflicts; try to maintain the role of a partner because you are jointly working to solve a problem.
- Move up the ladder one step at a time. If you have a problem with a caseworker that you are unable to resolve, go to that person’s supervisor next—not all the way to the head of the agency.
- Use the formal grievance procedures available to you within the agency.

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

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

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

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

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

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

There is always hope.

ASK Team Members

A – Advocate for your child and your child's needs

S – Support treatment, services, and shared parenting

K – Know your rights as a parent involved in the child welfare system

The "A" in ASK stands for Advocacy. Parent-led advocacy and parent input in child welfare reform is essential for:

- **Addressing root causes of crisis** that lead to child welfare involvement
- **Receiving services that match needs** for specific families
- **Reducing racial and class bias – Parent lead advocacy is important as** There has been a history of disproportionate placements and disparate treatment of families of color. It can change the adversarial relationship between child welfare systems and communities impacted by poverty
- **Improving court & legal practices**
- **Ensuring that placement is used sparingly** so that children are more likely to grow up safe with their families

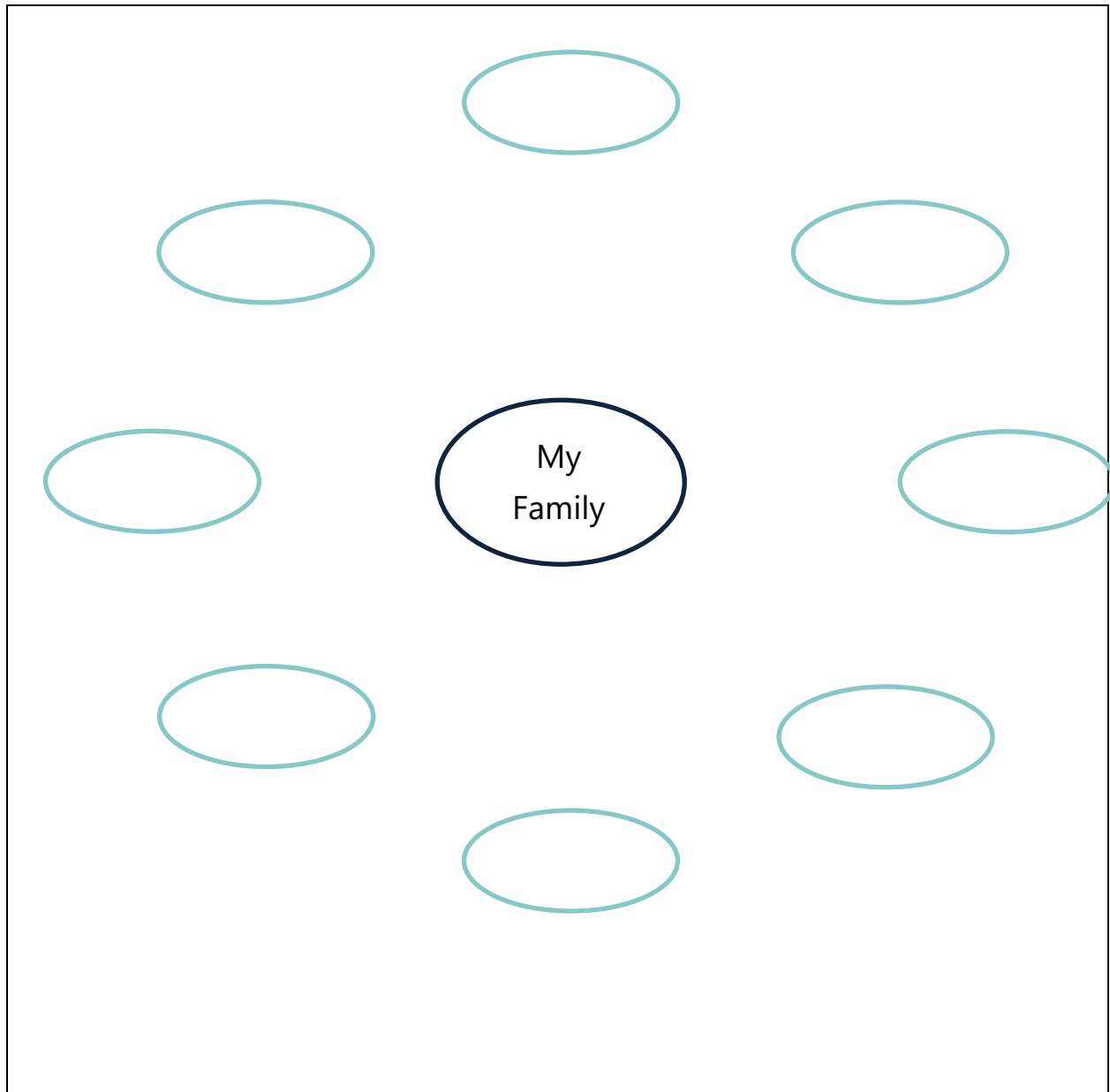
The "S" in ASK stands for Support Treatment Services and Shared Parenting. The team can support you in:

- **Finding the best and most appropriate treatment (such as therapy or rehab)**
- **Services (such as case management or respite or housing)**
- **And if your child is living outside of your home – support and information around shared parenting success**

The "K" in ASK stands for Know your rights as a parent involved in the child welfare system including information about contact/family time with your child(ren). More information about rights are included later in Module 9 of this Parent Workbook.

Knowing Your Family's Team Worksheet

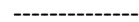
Below is an Eco-Map for your Family's Team. This team may actually consist of separate teams for you and/or your child or children. Please put the names or titles of the most significant people on your team of support. This could include family members, foster or kin caregivers, mental health or child welfare workers, schoolteachers or administrators, daycare providers or members of the legal system, including judges, attorneys or legal guardians



Draw a solid line for those connections that are strong and positive

Draw a dashed line for weak connections

Draw a dotted line for stressful connections



Tips for Trauma-Informed Self-Advocacy

RISE is a national organization “founded in 2005 and led by parents impacted by the child welfare system, Rise believes that parents have the answers for their families and communities.” Rise focuses on two goals:

- 1) To prevent unnecessary system involvement.
- 2) To reform child welfare policy and practice so that families who come to the attention of the child welfare system are less likely to be separated and more likely to reunify if children are removed.

Following are Tips for Trauma Informed Self-Advocacy

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.*

For more information about RISE, go to <https://www.risemagazine.org/>

Questions about Trauma Informed Self Advocacy:

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?*

Tips for Trauma-Informed Advocacy for Your Child

Also from RISE:

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 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.

Parent Perspective: What is Parent-Child Interactive Therapy (PCIT)

PCIT stands for Parent-Child Interactive Therapy. It is one effective kind of therapy that uses some of the Tuning In Skills (Turn It Down and Turn It Up) that we learned in this module. Kira Santana and Sara Werner are two mothers who attended parent-child therapy at the Albert Einstein Early Childhood Center's Infant-Parent Project.

Here is what they had to say about the experience:

SARA: When I first came to parent-child therapy, I was nervous. It's not easy for me to trust people because of all the things I've been through. I was afraid my parenting therapist, Hazel, would be just waiting for me to make a mistake—like she'd write a list to the court saying, "At 1:45 this mother couldn't calm her son down." But it's not like that. She's actually helped me see that, when a mistake happens, it's not completely my fault. Just last week my son fell. He tripped and he bit his lip when he fell. It got me all upset. I don't like seeing my baby hurt. Plus, what if everybody says this was my fault? Are they going to hold it against me? Hazel told me, "It's not your fault. He's learning to walk. He's going to be a bit wobbly. And he's exploring his surroundings. When kids are learning, they fall down. You can't catch him every second." She didn't blame me. What a miracle! I didn't have blind trust in Hazel. I changed my mind from experience. I can see for myself that she's not judgmental and she believes in me. I trust that I can tell her if something is getting me down.

KIRA: When I play with my kids, it's like I become a kid myself. My son likes to pretend he's a ranger, and we'll play games, run after each other, go on missions. Before I came to the parenting here, I'd almost become too much like a kid. It was hard for me to tell my kids, "Don't touch this, don't take that." I was abused as a child, and I was always sad. It was hard for me to believe I wasn't doing something wrong if I made my children upset. Now I understand that I'm teaching them right from wrong. Even if I'm a child at heart, I have to set rules for my children to help them in the long term. With my youngest, he will throw toys when he's mad. I tell him, "You throw, I take." At first, I felt bad, because he hates that. But he knows now that if he throws a toy, I will take it. It teaches him that he can't get his way all of the time. In this parenting program, I'm learning to make rules to protect my children, and I'm doing that in a positive way. That's going to help them achieve in life.

Tips for Family Time

The following two lists (1) **Tips for Family Time** and (2) **Making the most of time with your child while placed out of home** are from RISE. Please go to RISE Magazine (2017). *Family time tips*. Available at: <http://www.risemagazine.org/wp-content/uploads/2017/03/Rise-Visiting-TIPS-All.pdf> for incredibly helpful and more detailed information about family time.

Tips for Family Time

- *Family time with your children should start within a week of your child entering care and take place for at least 2 hours each week*
- *You can ask for contact beyond family time visits: You can request additional contact by phone or email, exchange photos and letters, and participate in medical visits, school conferences, and activities*
- *Family time should increase if you are attending consistently and on time. Your caseworker reports to the court if you attend consistently and on time*
- *Your family time may be supervised if there's a concern that your child will be unsafe with you*
- *If your family time is supervised, you can ask why: talk with your caseworker about the safety issues that led to them assigning supervised visits.*
- *Family time can be cancelled on the spot under certain circumstances It's rare, but if you are drunk or high, act aggressively or make threats, or hit or threaten your child in any way – the visit will be cancelled.*
- *You can advocate for familial support during family time: If you would feel more comfortable with another family member present, advocate for familial support during family time.*
- *You can advocate for time with your child to be in more natural locations such as the library, playground, or a local restaurant.*

Making the most of time with your child while they are placed out of home

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.

If you are able to spend time with your children while they are placed out of home – try to make the most out of that special time together. Here are some ideas from RISE:

- *Bring toys and games*
- *Expect your kids to act up – don't take it personally, the situation is stressful for them*
- *Make visits a time to bond*
- *Plan activities that provide structure, are developmentally appropriate, and invite your child to interact with you*
- *Provide nurturing, affection, and appropriate praise to your child*
- *Keep visiting and it will get easier*
- *Don't make promises you can't keep*
- *Build a relationship with the foster parents*
- *Help your children say goodbye*
- *Take care of yourself – time with your children can bring up lots of feelings – be gentle with yourself and remember your Compassionate Self Care Plan*

Know Your Rights:

Following are a list of rights for parents from RISE:

1. I HAVE THE RIGHT TO not lose my child because I'm poor. Poverty can make it difficult for families to access health, mental health and addiction recovery services, and poverty can be a barrier to safety. Children may be left home without adult supervision because an isolated adult cannot afford childcare. Caseworkers unfamiliar with serious poverty may judge parents who cannot provide safety to their children because they are poor. But many times, families are doing the best they can to secure work and provide nurturing food and a safe home for their children.

2. I HAVE THE RIGHT TO services that will support me in raising my child at home. Many families come to the attention of the child welfare system because of substance abuse or domestic violence, parent or child mental illness, poverty, or parenting practices that reflect how the parents themselves were raised. In most cases, parents can safely care for their children at home while receiving mental health treatment, substance abuse treatment, domestic violence counseling, family counseling, intensive home supports for children with mental illness or intellectual disabilities, or parenting education that supports them in reaching their own goals as parents.

3. I HAVE THE RIGHT TO speak for myself and be heard at every step of the child protective service process. Parents must be part of decisions about their child's placement, about the supports that they and their children need, and about the steps they will be required to take toward reunification. Before placement or immediately after (no later than 24 hours following the child's removal from their home), parents must be invited to a conference where they can participate in planning for their child's care and determining their service plan. Parents have a right to a service plan that reflects fair and reasonable expectations of what they can achieve and to develop those expectations in partnership with child protective workers, to get the expectations in writing, and to have the expectations clearly explained in a way that parents can understand.

4. I HAVE THE RIGHT TO be informed of my rights. When their families are investigated, most parents have no idea what their rights are. Few child welfare agencies provide parents with a comprehensive explanation of their rights or information about available services, leaving parents unable to effectively advocate for their families. All parents must be told why they are being investigated by the child welfare system, how the investigation process works, and what is the outcome of the investigation. In particular, parents must be given a clear explanation of the Adoption and Safe Families Act (ASFA), the federal law that allows agencies to petition for termination of parents' rights if children have been in foster care for 15 out of 22 months.

5. I HAVE THE RIGHT TO a meaningful and fair hearing before my parental rights are limited in any way. Parents must be given a meaningful opportunity to respond to allegations before their right to contact with their children is limited. Before removal, some agencies require parents to sign safety plans that separate them from their children. Placement in foster care, or other safety plans that separate children from their parents must be used only when there is evidence of imminent risk. Child welfare systems also must work with family courts to provide timely hearings. The Federal Adoption and Safe Families Act (ASFA) requires that states file to terminate parental rights within 15 months in most cases, yet court hearings are routinely delayed for months, giving parents few opportunities to move their cases forward within that timeframe.

6. I HAVE THE RIGHT TO quality legal representation. Parents subject to an investigation or with children in foster care must be able to access quality legal representation. In many states parents do not have a right to legal representation. In others, parents are represented by lawyers who do not specialize in child welfare law and may not be knowledgeable about how to engage and assertively represent their clients.

7. I HAVE THE RIGHT TO have support from someone who has been in my shoes. Every parent must be able to receive guidance and support from a parent advocate who has succeeded in reunifying with children in foster care. Parents who come to the attention of the child welfare system often feel isolated, fearful, ashamed and angry. In interactions with child welfare personnel, they may feel confused, judged and unsure how to advocate for themselves or their children. Parents need help understanding how the child welfare system works and how they can move forward in reunifying with their children. Their peers— other parents who reunified with children in foster care themselves—are the people they trust most and who can help them best.

8. I HAVE THE RIGHT TO have my child quickly placed with someone I trust. Placing children with people they know can make removal less painful. It's also easier for parents to stay in touch with children placed with relatives, family friends, or community members. Parents must have the right to have their child quickly placed with a family member or trusted family friend. Recent research demonstrates that children placed with relatives do better than those placed in traditional foster homes.

9. I HAVE THE RIGHT TO frequent, meaningful contact with my child. The quality and frequency of parents' visits with their children is one of the best predictors of whether children will safely reunify with their parents. Visits help children feel safe despite separation and help families to repair frayed bonds. They keep parents motivated and give parents practice parenting their children in changed circumstances.

However, many child welfare agencies grant parents the minimum visits required by law—as little as two hours a month in some jurisdictions—and allow parents and children to visit only in crowded, supervised agency visit rooms. Families must have more time to connect, have the lowest level of visit supervision possible and have the opportunity to spend time in positive settings, like libraries and playgrounds, whenever possible.

10. I HAVE THE RIGHT TO make decisions about my child's life in care. When children enter foster care, foster parents or agency workers begin making major decisions about the child's life— enrolling children in new schools, bringing them to new doctors, or moving them from placement to placement. These decisions should be made by the parent or in consultation with the parent. Parents must be treated as decision makers and partners in their child's life in care, unless a court has found that their involvement would harm the child. Parents must be provided with information about their child's health, mental health and progress in school and be informed of their right to attend school meetings, get report cards, go to doctor visits, and make medical and educational decisions for their child. Parents also must be informed of meetings, therapy appointments and doctor visits, and encouraged to attend.

11. I HAVE THE RIGHT TO privacy. Parents with child welfare cases are routinely referred to therapists who share confidential patient information with child welfare authorities, are asked to submit to drug tests when drug use is not part of the allegation, and are encouraged to disclose personal information about past experiences with the threat of appearing non-compliant if they do not. Parents must have the right to keep their own records confidential unless they provide written consent and to keep details of their lives private if they are not directly related to the allegations in the case. Child welfare agencies and courts must be barred from holding this against the parent.

12. I HAVE THE RIGHT TO fair treatment regardless of my race, culture, gender, or religion. Although it's been established that addiction, domestic violence, mental illness, and physical and sexual abuse cut across race and class lines, children of color and poor children are more likely to be placed in foster care. Child welfare systems discriminate in who they investigate, which children they remove, and what services their parents are offered. Research shows that African-American children enter foster care at a higher rate than other children in similar circumstances and remain in foster care for longer, while white children are more often allowed to remain home while their parents receive services. Likewise, fathers are more likely to face barriers in reunifying with children in care, even when the father was not accused of abuse or neglect. Parents affected by the child welfare system must have the right to equal treatment regardless of race, ethnicity,

gender, disability, age, religion, economic status, family composition or sexual orientation. Agencies must examine their practices and take steps to correct unequal treatment. Services and supports also must be geared to the races and cultures in a community, with the agency providing culturally appropriate parenting guidance, casework and services in a variety of languages.

13. I HAVE THE RIGHT TO services that will support me in reunifying with my child.

In most cases, the federal Adoption and Safe Families Act (ASFA) requires that child welfare agencies make “reasonable efforts” to avoid removing children from their homes and to reunify families after removal. However, agencies vary widely in the efforts they consider reasonable. In some communities, parents are expected to seek out treatment and other services on their own. Some parents must pay out of pocket for court-ordered services, such as domestic violence programs. Addiction treatment, mental health services, and family supports may also be difficult to access. Some states do not provide supports—such as homemaker visits, affordable childcare, family therapy, “wraparound” mental health services for children, or short-term financial aid—that can prevent foster care placement or reduce lengths of stay. As a result, parents face termination of their rights when they have not been offered meaningful help. Federal policy makers must develop a common standard of “reasonable efforts” and require agencies to provide families with the help they need to reunify.


14. I HAVE THE RIGHT TO offer my child a lifelong relationship. When parents’ rights are terminated, they usually permanently lose all contact with their children, even when losing all contact is not in the best interest of the child. Many times, children in foster care wish for contact with their parents even if they will not return home. Often, parents and older children are in touch informally despite termination. Parents who are not at risk of harming their children through ongoing contact should not be barred from letters, phone calls, or even visits simply because they cannot be their child’s full-time caregivers. Agencies and the courts must offer enforceable post-adoption contact agreements or conditional surrender agreements that give parents and children a legal right to contact after termination. Child welfare workers must guide adoptive parents in understanding children’s need for contact and support adoptive families in determining appropriate contact agreements and maintaining contact as agreed.

15. I HAVE THE RIGHT TO meaningful participation in developing the child welfare policies and practices that affect my family and community. Child welfare agencies cannot succeed in safely reunifying families unless they rely on the wisdom of child welfare-affected parents to guide them in creating policies, practices and services that speak to the needs of the families and communities they serve. Child welfare agencies

must abandon the practice of believing they have all the answers and must find ways to meaningfully include child welfare-affected parents and youth in evaluating services; developing parent and youth advocate roles

in service delivery and staff training; developing methods for engaging families in accessing supports before removal becomes necessary; and determining child welfare policies and practices.

RISE Magazine (2015). *From rights to reality: A blueprint for parent advocacy and family-centered child welfare reform*. Available at: <http://www.risemagazine.org/2015/09/as-a-parent-investigated-by-the-child-welfare-system-you-have-rights/>.



Module 9: Becoming an Advocate for Your Child



Additional Resources

Additional Resources

Online

National Child Traumatic Stress Network (NCTSN)

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

A comprehensive website with multiple resources designed to raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States. This website has information about the various types of trauma treatment available for children and families.

Parent Handbook: A Guide for Parents with Children in Foster Care by the New York City Administration for Children's Services

http://www1.nyc.gov/assets/acs/pdf/parent_handbook.pdf

This handbook was written for parents and caretakers involved with the New York City Administration for Children's Services. The Handbook addresses some of the questions and concerns parents of children in foster care or who are going to be placed in foster care. Since this booklet was written for this particular agency, please call your local Resource Hotline to get a local number to a specific resource you may see in it.

Psychiatric Medication for Children and Adolescents, Parts I, II, and III by The American Academy of Child & Adolescent Psychiatry

http://www.aacap.org/aacap/families_and_youth/Resources/Psychiatric_Medication/Home.aspx

The American Academy of Child & Adolescent Psychiatry's Web site offers valuable information for families on the use of medication in children and adolescents. Links to the three parts of the *Psychiatric Medication for Children and Adolescents* document (*How Medications are Used*, *Types of Medication*, and *Questions to Ask*) can be accessed through the above link. You can also search the website for additional information on medication in children and adolescents.

Psychoactive Medication for Children and Adolescents: Orientation for Parents, Guardians, and Others by The Children and Adolescents' Psychoactive Medication Workgroup

<http://www.mass.gov/eohhs/docs/dmh/publications/psychoactive-booklet.pdf>

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

You Are Not Alone: An empowering guide for parents whose children are in DCF* Foster Care by Parents for Parents

<http://www.fsmv.org/CASA/documents/YouarenotAlone-AGuideforParentswithChildreninDCFFosterCare2013.pdf>

This handbook was created by Family Nurturing Center of Massachusetts and Parents Helping Parents—The Roundtable of Support. It has excellent information for parents. However, the resources may differ in your location and telephone numbers will be different if you do not live in Massachusetts. Please call your local Resource Hotline to get a local number to a specific resource.

Inclusion of any item on this list is not an endorsement of any product by CTISP-DI. Product descriptions are based on information provided by the publisher or manufacturer, and do not necessarily represent the opinions of CTISP-DI.

Resources for Your Child's Team Members

- ▶ Resources for the Child Welfare System

<http://www.nctsn.org/resources/topics/child-welfare-system>

- ▶ Resources for Parents and Caregivers

<http://www.nctsn.org/resources/audiences/parents-caregivers>

- ▶ Resources for School Personnel

<http://www.nctsn.org/resources/audiences/school-personnel>

- ▶ Types of Traumatic Stress

<http://www.nctsn.org/trauma-types>

Module 10: Tree of Life

Slides

BPC: Navigating Trauma
Across Generations

Facilitator Prep Slide

Module 10: Tree of Life

1


Breakthrough Parenting Curriculum:

**Navigating Trauma
Across Generations**

Module 10: Tree of Life

Rady Children's Cradock Center for Children & Families THE UNIVERSITY OF MICHIGAN EDUCATION AND SOCIAL SERVICES NCTSN The National Child Traumatic Stress Network

2



Mindful Moments

3



4



5

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

6

The Tree of Life

1. Draw a tree with:
 - Roots
 - A trunk
 - Branches
 - And leaves
2. Add in the ground
3. Draw a "Compost Pile"



Compost Pile

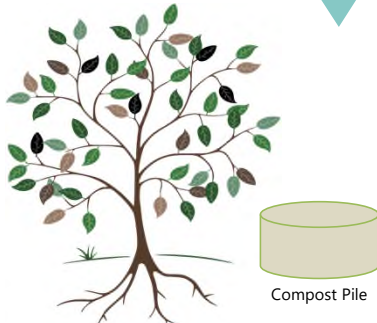
Denborough, D. (2014). *Retelling the stories of our lives: Everyday narrative therapy to draw inspiration and transform experience*. New York: W. W. Norton & Company.

7

The Tree of Life (Continued)

The Roots: Write down where you come from on the roots . . .

- o Your hometown, state, country, etc.
- o The culture you grew up in
- o A club or organization that shaped your youth
- o An important caregiver



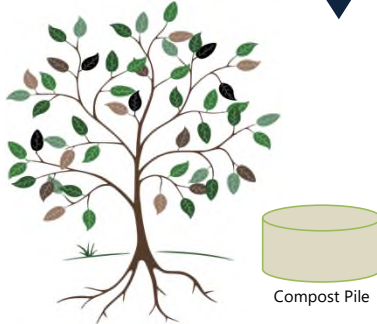
Compost Pile

8

The Tree of Life (Continued)

The Ground: Write down the things you choose to do on a weekly basis on the ground . . .

- o Should not be things you are forced to do, but rather things you have chosen to do for yourself
- o Think about your Self-Care plan or what you are doing differently to be the parent that you want to be



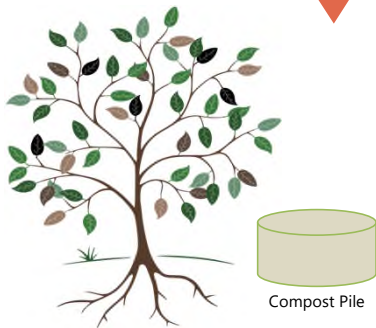
Compost Pile

9

The Tree of Life (Continued)

The Trunk: Write your skills and values on the trunk . . .

- o What strengths do you possess?
- o What has made you resilient?
- o What do you know now about trauma and parenting your child?



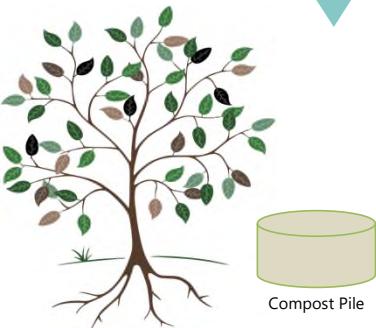
Compost Pile

10

The Tree of Life (Continued)

The Branches: Write down your hopes, dreams, and wishes on the branches . . .

- o These can be personal, communal, or general to all of mankind
- o Think both long and short term
- o Spread them around the various branches




Compost Pile

11

The Tree of Life (Continued)

The Leaves: Write down the names of those who are significant to you in a positive way . . .

- o Your friends, family, pets, heroes, etc.
- o Don't forget to add anyone that has made a difference in your life through this journey



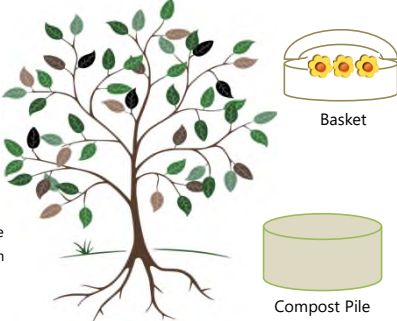
Compost Pile

12

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



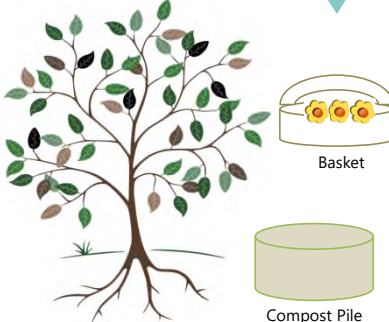
Basket
Compost Pile

13

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




Basket
Compost Pile

14

The Tree of Life (Continued)

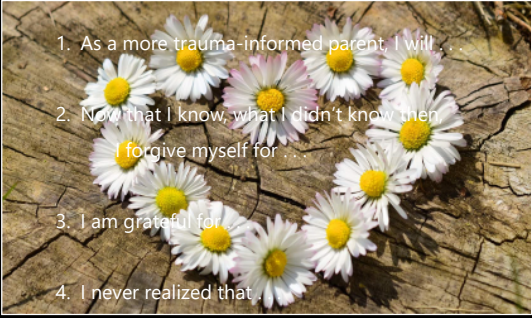
What parts of your Tree of Life make you feel:

- Happy?
- Sad?
- Hurt?
- Hopeful?



What else stands out for you on your Tree of Life?

15



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 *Saying Goodbye!*

16



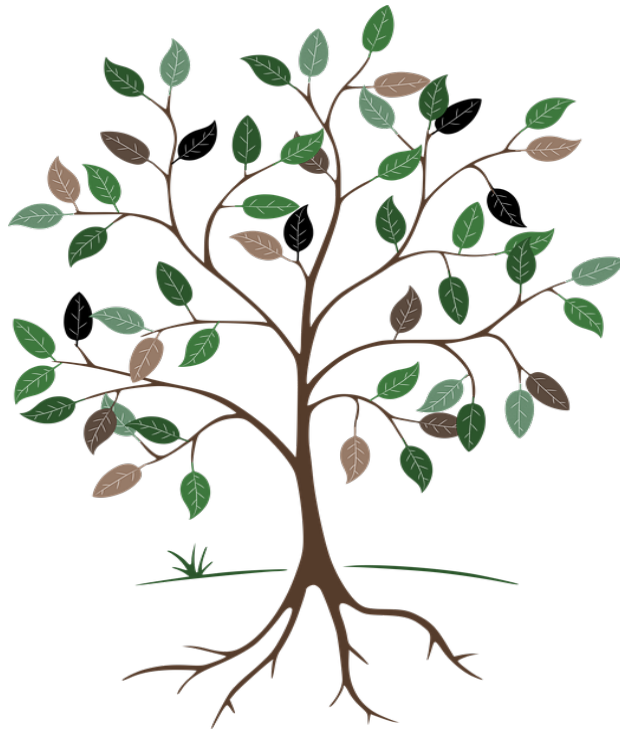
17

Module 10: Tree of Life

Materials Used in this Session

Tree of Life

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 re-discover) aspects of yourself shaped by the past – but you can begin to actively cultivate your tree to reflect the kind of person and parent that you want to be moving forward.



Please write down any thoughts, feelings or ideas from doing the Tree of Life activity in class.

The Past 10 Weeks!

We covered so much material in the past 10 weeks! Here is a brief summary of the topics we covered and the skills taught:

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 (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 Taught:

- 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 using Turn it Down and Turn it Up skills
 - 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)

5 Questions to Ponder

We finished class answering the following questions. Feel free to write any notes about these questions here:

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 knew that . . .
5. My kids are . . .

Web of Connections

Feel free to use this space to write down the contact information of your facilitators or other class participants to add to your personal web of connection after the class is over.
