

# The Foster Parent Resource Guide

TST-FC: A TRAUMA-INFORMED CAREGIVING APPROACH

THE ANNIE E. CASEY FOUNDATION



APRIL 2017

#### **TST-FC: TRAUMA-INFORMED CAREGIVING**

Trauma Systems Therapy for Foster Care (TST-FC) was adapted from Trauma Systems Therapy, developed by Dr. Glenn Saxe of NYU's Child Study Center. The Foster Parent Resource Guide was written by Kelly McCauley, LCSW, with consultation from Dr. Saxe. Development of the guide was supported by the Annie E. Casey Foundation and includes work adapted from materials developed by Dr. Marion Forgatch and Dr. Glenn Saxe and adapted by Dr. Connie Keeling and Dr. Linda Bass. The Self-Care Assessment is from Saakvitne, K. W., & Pearlman, L. A. (1996). *Transforming the pain: A workbook on vicarious traumatization*, and was adapted by Kelly Young, LCSW.

#### **TECHNICAL ASSISTANCE**

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# introduction

You are caring for one or more children who need your support. They haven't always had an easy life and what they learn while in your home, in your care, can make a real difference.

During your TST-FC training you will learn a lot about how you can help particular children, teenagers or siblings in your home. This booklet will help you remember and practice what you learned.

Some of the exercises are for you — to help you figure out what overwhelms a child and what centers him or her. Some may help you recognize your own trauma triggers and how they may affect your parenting. Other exercises can be done with the child and with others in your family. The idea is for everyone to get more comfortable experiencing strong feelings without becoming overwhelmed.

## GET IDEAS FAST

Pay special attention to Chapters 3 and 4. Look there when you're at your wit's end and need ideas fast. There is a review of strategies for working in the moment with children who are struggling. There are also materials to remind you to take care of yourself, since you are an important part of your child's team.

Thank you for your commitment to the children in your care.

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# chapter one



## Understanding Trauma and My Child

During your TST-FC training, you learned how trauma affects a child's emotions and behavior. Now, instead of asking, "What's wrong with this child?" you ask, "What has happened to this child?" You understand that children's experience with trauma may shape how they act.

This chapter will remind you of what you have learned and help you extend your knowledge. It will help you:

- Learn about trauma's effect on children's emotions and behavior
- Understand the 4 R's
- Understand survival-in-the-moment states and how the brain responds to threat
- Learn about TST, your team and you
- Learn about the cat, the cat hair and the 4 R's
- Understand signals of stress
- Read and think about three trauma stories (John, Sophia and Hector)
- Find more resources on trauma

## TRAUMA'S EFFECT ON CHILDREN'S EMOTIONS AND BEHAVIOR

Why is there a specific training on trauma for kin and foster caregivers? It's because, almost without exception, trauma is the norm for children in foster care. Nearly every child in the foster care system has experienced at least one traumatic event. One in four have experienced four or more different types of trauma.

Parenting children with trauma in their past calls for a different approach. As a caregiver, you may not be able to count on solutions that your parents used with you or that you used with other children.

Children in foster care have often experienced trauma in the context of important relationships with adults in their lives. They may have suffered physical abuse, emotional abuse, sexual assault and neglect. As a result, they may struggle to handle strong feelings, such as rage, terror and anxiety. They may be verbally or physically aggressive or numb and emotionally shut down. They may make inappropriate choices or harm themselves by abusing substances, cutting and running away. They may be fearful of letting adults know they are lesbian, gay or questioning their sexual identities. They may have a hard time concentrating, learning and trusting or respecting authority.

For children in foster care, everything stands or falls on the quality of their relationships. Their healing must occur within the context of their relationships with family, peer groups, school, community and culture.

### Who is here for me?

To move beyond trauma, a child needs to know the answer to the question, "Who is here for me?" This is just one reason why living in a family, and finding a lifelong family, is so critical. A child must know where he or she belongs.

Kin and foster caregivers are important in this process. You can show children who have experienced trauma that you will stick with them through thick and thin. You can help them form meaningful, positive connections — to themselves, to family, to their communities. You can help children process what has happened to them and build needed emotional and behavioral self-controls that were stunted by trauma.

Healing and building new relationship skills takes time and practice. You need to be right there with children as they go through good and bad days. This can be challenging, especially when children push you away even as they need you to hold them close. They may use coping mechanisms — such as lashing out in anger, retreating into themselves — to protect themselves, even though those mechanisms often have the opposite effect. Your willingness to stand by a child can be a lifesaver.

### Overwhelmed

What is trauma? It is a life threatening or extremely frightening incident or environment experienced by a child or someone they care about that overwhelms the child's ability to cope. There are three categories:

- **Acute trauma.** This includes frightening, one-time, time-limited events with a start and a stop, such as dog bites, car accidents or natural disasters.
- **Chronic trauma.** Children may experience ongoing, repeated patterns of terrible events, such as physical, sexual or emotional abuse, domestic violence and neglect.
- **Complex trauma.** Children may face extreme experiences beginning when they are younger than 5 years old that are brought about by people who are supposed to care for them.



Trauma can disrupt healthy brain development, especially for children who experience complex trauma. It can also disrupt healthy caregiver attachment. This means children can lack relationships that, for most humans, are the foundation of normal development.

### **Ineffective coping strategies**

Trauma often forces children to develop coping mechanisms that make sense in the midst of life-threatening trauma but not in everyday life. These may include faulty:

- **Internal coping strategies.** All of us develop ways of handling difficult circumstances and emotions, such as stress, hardship, disappointment and fear, in our own minds and bodies. We may take a break from a situation when it gets too hard to handle. We may have self-soothing rituals. We may ignore a problem until we have more energy to deal with it or try to think of positive aspects of a difficult situation.
- **External coping strategies.** Sometimes we seek support or help dealing with difficulty by reaching beyond ourselves. We may reach out to a friend or family member, get involved in a different activity such as gardening or shopping, leave the situation or drink alcohol.

These strategies may be more or less effective, depending on the stressful situation and how successful we are at finding relief via our internal and external coping strategies.

For children who have experienced trauma, their internal and external coping mechanisms may not be a good match for their day-to-day lives. Children may be reminded of a past trauma without being aware of it, then use inappropriate coping mechanisms because they are re-experiencing the terror they felt in the original instance of trauma. Sometimes that reminder is something as simple — and as nonthreatening — as a similar scent, a time of day or a person's accent.

### **TST-FC will help you understand**

This training helps you understand why children have responses that seem like a mismatch with their current situation. It reminds you to ask, “What happened to this child?” instead of “What’s wrong with this child?” It helps you understand that before you think of disciplinary measures, before you decide whether a child is being obedient or respectful, you need to understand what frightening feelings the situation has sparked in the child.

In your TST-FC sessions, you will learn about something called “the cat and the cat hair.” You will find a reminder about what that means in this binder. Using the TST-FC approach, you and the child’s team will brainstorm about what your child’s cat hair might be, think of ways to decrease the cat hair in his or her environment and build the child’s problem-solving and coping skills to face those triggers when they occur.

You will learn that, because of trauma, children may have a broken off switch. Their brains may not realize that the terrible danger they once faced is over. You will learn about survival-in-the-moment states. This is when a child has that zero-to-60 response and hurtles from being calm and relaxed to fearful and terrified in seconds. You will learn about the 4 R’s — the four stages of emotions and behavior that help you understand which parenting approach will help the child stop feeling so overwhelmed.

### **Your parenting role**

TST-FC seeks to help you, as a kin or foster caregiver, to create a safe, calming environment. You will be able to help your child develop effective coping mechanisms. You will also help him or her build emotional and behavioral skills to keep from feeling overwhelmed by reminders of past traumas.

## UNDERSTANDING THE 4 R'S

TST-FC describes four stages of behavior common to children who have experienced trauma. We call them the 4 R's. Key things to remember about the 4 R's:

- Not only does children's behavior vary from one stage to another, but so should your behavior. When children are regulated and calm, your priority is to minimize triggers. When children are revving, your priority is working with them to use whatever skills they use to regulate their emotions.
- It's not just children's observable behavior that varies from one stage to another. So do children's heart rates, thinking styles, sense of time and more.

### STAGES OF BEHAVIOR (THE 4 R'S)

	REGULATING	REVVING	RE-EXPERIENCING			RECONSTITUTING
Child behavior	Restful. Child is calm and engaged in his or her environment	Vigilant. Child has been triggered and is trying to manage emotions	Fight, flight or freeze. Child's coping skills are overwhelmed; s/he is struggling			Calming down. Child is beginning to manage emotions and re-engage
Your priority	Minimize triggers to prevent escalation	Help your child regulate emotion	Make sure your efforts to contain the child do not re-traumatize him or her			Help your child continue to manage emotions and re-engage
Heart Rate	70-90	90-100	Freeze 101-110	Flight 111-135	Fight 136-160	Slowly returns to baseline
Thinking style	Abstract	Concrete	Emotional	Reactive	Reflexive	Slowly returns to abstract
Active brain region	Cortex	Limbic	Midbrain	High Brainstem	Autonomic Brainstem	
Internal state	Calm	Alert	Alarm	Fear	Terror	Slowly returns to calm
Sense of time	Extended future	Days, hours	Hours/ Minutes	Minutes/ Seconds	No sense of time	Can see into the future again

The 4 R's include:

- **Regulating.** Most of the time, children are in a regulated state. Their heart rate is normal. The more complex parts of their brain are working well. They are calm and can think about the future. They can sit quietly in the classroom, eat a pleasant family meal or complete their chores. They can manage their emotions and their behavior.
- **Revvig.** When a trigger appears — the sound of someone's voice, an anniversary date or being redirected — children quickly enter the revving stage. They become hyper-alert. They shift their focus from what they were doing to the perceived source of threat. Their body starts to prepare for fight, flight or freeze. They experience rapid breathing, increased heart rates and muscle tension. Emotions expand and they become intensely angry or fearful. Or they become emotionally numb and shut down.

- **Re-experiencing.** If children cannot calm down and no one can help them feel safe, they may quickly go to re-experiencing behaviors of fight, flight or freeze. This is when they face the greatest risk of harming themselves or others.
- **Reconstituting.** Eventually, children will calm down. It is important to know that children in this stage are very sensitive to stress in their environment and can quickly return to the re-experiencing stage.

### What do changes in behavior stages look like?

A child who is in the relaxed stage may play calmly, focusing her attention on a toy with a look of curiosity on her face. But when a loud woman comes into the room who reminds the child of an abusive former neighbor, that same child may no longer be able to listen. She may act terrified. She may kick and scream. Or she may withdraw and refuse to speak. She might not even be aware that these changes took place in a split second. She may be re-experiencing her past trauma, even though the loud woman who entered the room is not trying to hurt her.

### Other ways to gauge behavior stages

Children's affect, awareness and action may give clues about their stage of behavior. What these terms mean:

- **Affect.** How people display their feelings, especially on their faces or in their body language, is called their affect. Sometimes a person's affect does a good job showing how they feel. For example, a happy person's face may light up with a smile. On the other hand, sometimes people hide their feelings. People who are scared or upset might have a blank look on their faces to hide their pain. This is called having a "flat affect."
- **Awareness.** Are you aware how your mood and current and past experiences affect how you are feeling and acting right now? Maybe you feel exhausted. No one likes to feel that way, but it might help if you realize that you simply have a cold and will soon feel better. If you didn't have that awareness, it might be easier for you to become overwhelmed. You might think, "I never have any energy! I will never be able to finish my work." Children who have experienced trauma often have limited awareness of how their mood and past experiences affect them in the present moment.
- **Action.** Sometimes we act happy or frightened. Sometimes we act energetic. Our actions are a way to express how we feel. If we are terrified, we may act that way — by being aggressive or pushing people away, as children who have experienced trauma frequently do.

## UNDERSTANDING SURVIVAL-IN-THE-MOMENT STATES AND HOW THE BRAIN RESPONDS TO THREAT

The human body and mind work closely together to respond when we feel threatened. Our five senses process information from the outside world, our emotions drive action and our bodies respond quickly. These mental, emotional and physical responses focus us on one thing: survival.

### What are survival-in-the-moment states?


Survival-in-the-moment states come about quickly. A child is faced with a terrifying situation or is reminded, even indirectly, of a past trauma. This drives him or her into a fight, flight or freeze response. When these mental, emotional and physical responses kick in, they are often immediate, extreme and outside a child's conscious control. It is hard for children to behave calmly and think clearly. They can feel anxious, worried, nervous or fearful, even when there is no active source of threat. Parents and family members describe kids as looking on guard, defensive or out of control.

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**Survival-in-the-Moment States**

Survival-in-the-moment states affect a child's mental, emotional and physical well-being, including the following:

- Awareness of self and the environment
- Experience of intense feelings
- Physical responses
- Ability to cope



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### Why does this happen?

Survival-in-the-moment states are part of our emergency response systems. When a threat is sensed, our brains do not have time to figure out if it is real. The brain has two choices: The low road and the high road.

Our low road manages threat. It is a simple reflex — it just reacts.

The high road is a little slower. It provides context. The high road senses danger but also tries to determine whether a threat actually exists. It sizes up the danger. If danger really is likely, the brain heightens the alert even more. If danger is not likely, the brain stands down and tells the brain to relax.

### Overusing the low road

In children who have experienced repeated abuse or neglect, the low road is overused. When they sense a threat to their safety, or the safety of someone they care about, their brains react swiftly, without thinking. This happens whether the threat is real or not. Their brains do not stop to consider reality or the details of what is happening.

For children who have been in dangerous or terrifying situations over and over again, the low road becomes hardwired. It becomes the way they react. The result is that they begin to perceive threat in situations where it may not exist.

### **Remember**

Two important lessons about survival-in-the-moment states:

- **Don't take the child's response personally.** Survival-in-the-moment states happen so quickly that they are often beyond a child's immediate control. Your job is to keep the child and others safe and provide the time, support and space for the child to return to reality.
- **Your assistance can make a difference.** Children who have experienced trauma need to practice, practice, practice feeling safe and experiencing self-control. Your persistence, support and help with skill building can hardwire new responses in a child's brain.

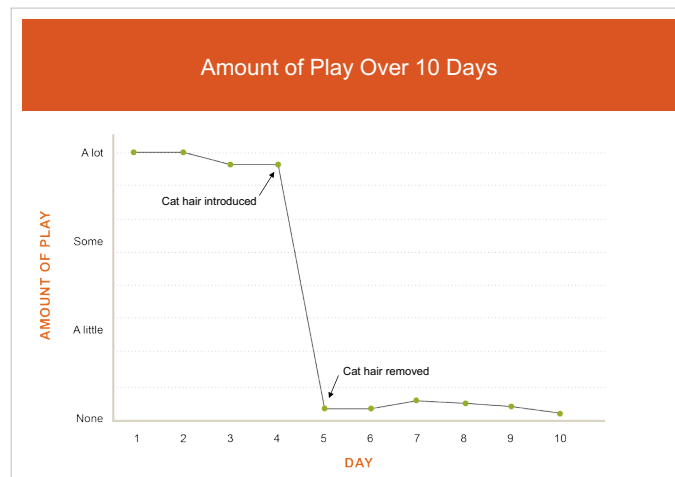
When you and the child need help:

- Remember, children who shut down, isolate or become numb have the highest rates of suicide and self-harm.
- Should you ever have any concern about a child with these characteristics, contact a mental health professional and the child's social worker immediately. Together you can plan an intervention and develop a safety plan.

## LEARN ABOUT THE CAT AND THE CAT HAIR

Jaak Panksepp was a scientist who studied the idea of joy. He wanted to try to find a way to measure joy so he counted the number of times lab rats played (which is apparently a lot). He was impressed!

Panksepp wanted to know what would happen to the level of play if he introduced a source of stress into the rat's environment. So he placed a single hair from a cat into the rat's cage. Remember, these were lab rats and they had never even seen a cat before.



**What happened?** The rats' level of play fell off dramatically. It never returned to normal.

**What can we learn from this?** Every living being has the need for safety and security. When our safety is threatened, we feel a big response. This trait is in our biology. The drive to survive is hardwired in each of us.

When we must focus on survival, other areas of our life suffer. Things like play, learning and building relationships suffer when children have to focus just on staying safe.

### Good news: Children can recover

Unlike the lab rats, who never received treatment, children can and do get better with help. In fact, our brain chemistry and structure can be rewired up until the age of 25 or 30. The impact of trauma on brain functioning does not have to be permanent. But we do need to act now. The longer these unhealthy patterns remain, the harder it is for the child to heal.

### What you need to know

It is important to identify each child's cat and cat hairs.

The cat is a real or possible risk of harm. The cat hair is a reminder of past danger. For one child, the cat may be a bully in the neighborhood. The cat hair may be walking by a particular tree where he was once beaten up on his way to school. Or the cat may be mom's abusive boyfriend, with the cat hair being the sound of a man's raised voice.

Often loss of control is a cat hair for children. Being redirected, told “no” or being in strange situations can remind children of times when their power was taken away and scary things happened.

When a child becomes withdrawn or aggressive or can't be consoled, it may be that his or her behavior isn't about defiance or being disrespectful or purposely causing trouble. It may be about survival in the moment.

How can you tell when children are having survival-in-the-moment responses? Look for changes in their facial expressions, gestures or tone of voice. Look for changes in their actions and awareness.

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Possible Cat Hair or Trauma Reminders		
Sensory	Time Driven	Conditions
<ul style="list-style-type: none"><li>• Smells</li><li>• Sights</li><li>• Sounds</li><li>• Physical contact</li><li>• Tastes</li></ul>	<ul style="list-style-type: none"><li>• Anniversary dates</li><li>• Holidays</li><li>• Seasons</li><li>• Times of the day</li></ul>	<u>Loss of control</u> <ul style="list-style-type: none"><li>• Such as things being taken away, being told “no” or re-directed</li></ul> <u>Transitions</u> <ul style="list-style-type: none"><li>• Changing from one activity to another</li><li>• Going from the familiar to the unknown</li></ul>

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Behavior is a powerful communicator. The less you react to children's behavior, the more you can take time to figure out what their behavior is telling you. Seeing past the behavior to the child within helps you connect with children.

Trauma is not the cause of all misbehavior. But if you ignore a child's trauma history, you may miss a powerful driver of a child's emotional and behavioral challenges.

## UNDERSTANDING SIGNALS OF STRESS

When any of us feel stressed, our body, mind and environment give warning signals. It is important to pay attention to those signals. Often, steps can be taken to calm down so those signals of stress do not build or become overwhelming. This page talks about you, the adult, but its lessons are true of children in your care too.

### What are signals of stress?

- **Body signals.** When you are trying to understand signals of stress, ask: “What is happening in my body that indicates I may be becoming stressed?” You might be clenching your fists or your jaw. Maybe your shoulders are tight. Are you pacing, or crossing your arms over your chest? Are you biting your nails? Other body signals happen inside your body. You might be sweating or turning red. Your heart might be racing. You may feel light headed or nauseous.
- **Feeling signals.** Are you suddenly expressing feelings in a negative way? Maybe you are making negative comments about yourself (saying things like, “I am so stupid!” Or “I am no good at that!”). Are you showing other signs that negative feelings are building inside you (such as anger or insecurity, or feeling incompetent or unloved)?
- **Triggers.** Are there certain situations that remind you of bad things that happened in your past? Do you dislike loud noises or crowds, for example? Do you dislike being told what to do? Are there smells or places or types of people who make you feel uncomfortable? What about seasons or anniversaries? Do you tend to be sad in April, because that’s when your beloved grandmother died or you moved away from your childhood home?



### **THREE TRAUMA STORIES: JOHN, SOPHIA AND HECTOR**

To understand more about trauma's effect on children, read the following three stories. After each story, you will find four questions. Answer them by yourself or discuss the questions with other foster or kin caregivers, your caseworker or members of your team or family.

#### **John**

John's abuse began at age 2. To discipline him, John's father put lit cigarettes out on his body. His mother hit him with objects. In addition, John lived in a neighborhood in which he was often bullied. Older kids would hold him and punch him over and over.

At the age of 12, John was taken from his parents' home and placed with foster parents. He often has physical fights at school. He has a hard time understanding and finishing his homework.

Recently, John was angry with his foster mother after a family friend, who smelled of cigarette smoke, came to visit the home and wanted to shake John's hand, even after John said no. When the foster parent raised her voice in frustration, John became furious and put his fist through a wall.

John has also been in trouble at school. Recently, he was about to complete a physical fitness test. Time ran out. When he found he would not be able to complete the test, John swore at the teacher and stormed out of the classroom. As he left, he pushed a male student against the wall.

#### ***Discussion questions***

- What type of trauma did John experience? Was it acute, chronic or complex?
- Is John showing survival-in-the-moment responses of fight, flight or freeze?
- Could experiences in his foster home and at school have reminded John of his past trauma experiences?
- Are there ways John's behavior might have protected him in his parents' home and community?

#### **Sophia**

Sophia lives with her grandmother and little brother in an apartment two blocks from school. Sophia's grandmother often has to go to work on short notice. One night, Sophia's aunt, the children's usual babysitter, was not able to help. Sophia's grandmother asked a female neighbor who lives a couple of doors away to watch the children.

When her grandmother got back from work, Sophia ran to her and wouldn't stop holding on to her. Sophia's clothes were messy and she would not talk to her grandmother or the neighbor.

The family returned home and got ready for bed. Sophia's grandmother noticed blood on her granddaughter's underwear. Sophia told her grandmother she had been sexually abused. Her grandmother took Sophia to the emergency room.

Lately, Sophia has been going to the school nurse. She complains of stomach pain to get out of math class. If that does not work, she simply leaves class.

Her grandmother says Sophia does not want to go to school. She has always been a bright, hardworking math student. Now her female teacher says Sophia won't participate. She isn't doing her work. The math teacher says they used to get along well. Now Sophia seems very afraid of her. She won't look at her and leaves class when she shouldn't. She does not seem to have problems in any other class.

### *Discussion questions*

- What type of trauma did Sophia experience? Was it acute, chronic or complex?
- Is Sophia showing survival-in-the-moment responses of fight, flight or freeze?
- What situation at school may be reminding Sophia of her past trauma experience?
- How might Sophia's behavior at school have helped her survive her experience with the babysitter?

### **Hector**

Hector lived safely with his mother until a year ago, when she began seeing a new boyfriend. Since then, there has been violence between the couple. The boyfriend used objects to hit the mother. He used weapons to threaten the mother and children. Often, this happened in front of the boyfriend's friends, who cheered him on. The friends threatened Hector, saying he needed to be quiet.

The second time Hector's mother landed in the hospital as a result of the abuse, hospital staff called child protection services. Hector was moved to a foster home at age 16.

Hector's foster parents report he often does not cooperate. When they ask him to do something, he ignores them, especially when his foster father makes the request. The foster parents describe Hector as "shut down." He shows very little emotion. Hector prefers to be alone in his room. The family is frustrated. They are active and enjoy spending time together on family outings.

At school, teachers say Hector is not a problem in class but is not doing well in school. He is very quiet and prefers not to participate in class. He forgets to turn in homework. One teacher is afraid Hector may be getting bullied on the way to school.

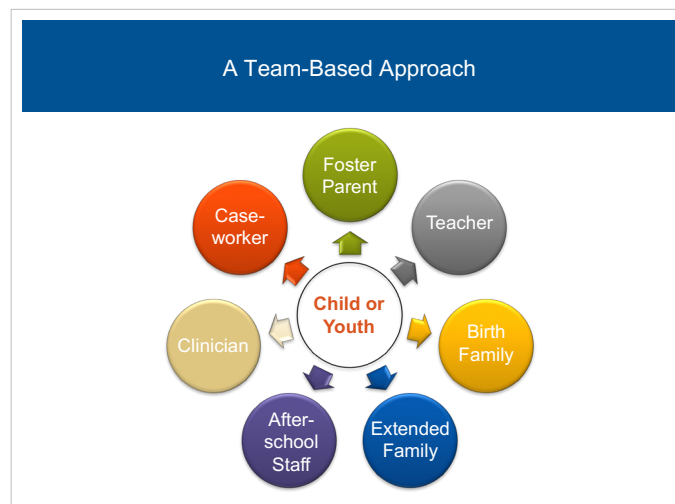
### *Discussion questions*

- What type of trauma did Hector experience? Was it acute, chronic or complex?
- Is Hector showing survival-in-the-moment responses of fight, flight or freeze?
- What about the foster home and school could remind Hector of his past trauma experience?
- Are there ways Hector's behavior might have helped him survive his past experience with his mother's boyfriend?

## TST-FC, YOUR TEAM AND YOU

Many TST-FC concepts come from an approach called Trauma Systems Therapy. While its title includes the word “therapy,” much of the model isn’t about therapists or social workers or doctors. It is about finding ways for adults to support children who have experienced trauma.

TST-FC aims to help traumatized children and the people who care for them. Small, positive changes really can make a big difference in a child’s life and outlook.



TST-FC asks that you as a caregiver work from the outside in and the inside out. We want you to address problems in the child’s social environment. And we also want you to bolster the child’s relationship, emotional and behavioral skills.

TST-FC creates teams that work together to understand why children respond the way they do and to help them feel safe, build relationships, develop and grow.

### TST-FC starts with a conversation

Usually the starting point for TST-FC is a discussion between you and your caseworker about the child’s strengths, challenges and trauma history. Then the child’s team will work together to identify what triggers the child’s survival-in-the-moment states.

Your caseworker will be talking to you and your foster child about:

- What goals are most important to you and your foster child?
- What gets in the way of achieving your goals (your major source of pain)?
- What strengths do you and your foster child possess?
- What traumatic or difficult events has your foster child experienced?

As you and your team work together, you will gain an understanding of how trauma affects the child in your care, how you can work together to address those challenges and how your team can support one another.

Your child’s team will develop moment-by-moment assessments to learn about your child’s survival-in-the-moment episodes. We typically look at three to five moment-by-moment assessments to look for patterns.

### Three phases of TST work

There are three phases of TST work. Each phase includes different activities to help children stay regulated. All TST strategies fit into these three phases.

Three Phases		
Safety Focus	Regulation Focus	Beyond Trauma
<b>S.A.F.E.</b>	<b>B.A.S.E.</b>	<b>S.T.R.O.N.G.</b>
<ul style="list-style-type: none"> <li><b>S</b>afety establishment</li> <li><b>A</b>vert survival states</li> <li><b>F</b>acilitate services</li> <li><b>E</b>nable caregiver</li> </ul>	<ul style="list-style-type: none"> <li><b>B</b>uild awareness</li> <li><b>A</b>pply awareness</li> <li><b>S</b>pread awareness</li> <li><b>E</b>nable caregiver’s help</li> </ul>	<ul style="list-style-type: none"> <li><b>S</b>trengthen cognitive skills</li> <li><b>T</b>ell your story</li> <li><b>R</b>e-evaluate needs</li> <li><b>O</b>rient to the future</li> <li><b>N</b>urture parent-child relations</li> <li><b>G</b>o forward</li> </ul>

TST-FC believes you can play a crucial role in helping children or teens meet their needs for:

- **Safety.** Children and teens need protection from actual threats (the cat) but also from triggers that remind them of past traumas or threats (the cat hair) until they can protect themselves.
- **Self-regulation and problem solving.** Once a child or teen is in a safe-enough environment, he or she needs to be able to manage stress and trauma reminders well enough to develop, grow and relate to others and be able to use problem-solving skills as needed.
- **Future vision.** The ability to grow into the future without feeling consumed by the past is also crucial to child well-being.

### Your role as a caregiver

As a caregiver, you will want to try to do two things at once:

- Help the child more effectively manage survival-in-the-moment responses when faced with a trauma reminder; and
- Create an environment that reduces trauma reminders and increases feelings of connection and safety.

## MORE RESOURCES ON TRAUMA AND ITS EFFECT ON CHILDREN

Want to learn more about the effect of trauma on children and adults? See materials and organizations listed below. The first website listed is terrific — it is especially for parents like you. Other materials provide more in-depth information, if you find that helpful.

### 1. Resources for parents and caregivers

[www.nctsn.org/resources/audiences/parents-caregivers](http://www.nctsn.org/resources/audiences/parents-caregivers)

This web page, sponsored by the National Child Traumatic Stress Network (NCTSN), includes background information on trauma, plus ideas on how to help traumatized children. In the resource section, check out the general resources page. It includes many useful publications on parenting and family life. Want to keep in touch with NCTSN? Like NCTSN's Facebook page at [www.facebook.com/NCTSN](http://www.facebook.com/NCTSN).

### 2. Tips for talking with and helping children and youth cope after a disaster or traumatic event: A guide for parents, caregivers and teachers

<http://store.samhsa.gov/product/Tips-for-Talking-With-and-Helping-Children-and-Youth-Cope-After-a-Disaster-or-Traumatic-Event-A-Guide-for-Parents-Caregivers-and-Teachers/SMA12-4732>

This publication is brief and practical. You might want to share with your child's caregivers and teachers.

### 3. Harvard University's Center on the Developing Child

<http://developingchild.harvard.edu/>

Improving children's relationships and experiences can help them now and as they become adults. See a variety of materials describing how to promote resilience in children, including multimedia presentations and videos.

### 4. Parenting after trauma: Understanding your child's needs, a guide for foster and adoptive parents

<https://ttaconline.org/Resource/JWHaEa5BS742o0j8bKR04A>

## SAMPLE VIDEO RESOURCES

*Still face experiment*, a 7-minute, two-part video (one featuring moms, the others dads, with their babies)

[www.youtube.com/watch?v=apzXGEbZht0](http://www.youtube.com/watch?v=apzXGEbZht0)

*Toxic stress derails healthy development*, a two-minute video

[www.youtube.com/watch?v=rVwFkcOZHJw](http://www.youtube.com/watch?v=rVwFkcOZHJw)

*The paradox of trauma-informed care*, a 12-minute video by Dr. Vicky Kelly

[www.youtube.com/watch?v=jFdn9479U3s](http://www.youtube.com/watch?v=jFdn9479U3s)

*How childhood trauma affects health across a lifetime*, a 16-minute TED talk by Dr. Nadine Harris

[www.youtube.com/watch?v=95ovlJ3dsNk](http://www.youtube.com/watch?v=95ovlJ3dsNk)



# chapter two



## Preparing for Success With My Child

You will want to do some hands-on exercises with your child so you both practice emotional regulation skills, set expectations and boundaries and build trust and feelings of safety. You will also want to build your own planning and preparation skills. The more you can help limit a child's exposure to triggers and increase his or her sense of safety and trust, the better.

This chapter includes activities you can do with children to:

- Use the Managing Emotions Guide (MEG)
- Practice emotional regulation
- Develop and use centering plans
- Talk about psychological safety
- Build social skills, such as accepting no, following directions and accepting negative feedback
- Pre-teach

You can work on your own or with your team to:

- Help a child with self-control
- Use the priority problem worksheet
- Develop centering plans
- Work with revving
- Use the “child I care about” worksheet
- Help family members understand your child
- Use moment-by-moment worksheets

### TWO TOOLS: THE MEG AND PRACTICING EMOTIONAL REGULATION

In the next several pages you will find:

- **The Managing Emotions Guide or MEG.** This form is for a child to fill out, with you, alone or with a caseworker. If it is OK with the child, MEG can be shared with other adults in the child's life — a teacher, grandparent, a social worker or someone at school. Use the MEG to:
  - Help children understand that it is harder to feel in charge of their emotions when they are stressed or reminded of bad past events.
  - Help them feel they have developed some skills, even when they are upset, that can help keep them from feeling overwhelmed.
  - Capture a list, generated by them, of what works best to help when they are upset.
- **Practicing Emotional Regulation and Problem-Solving Skills.** This page provides links to all types of exercises to help you, your child and family members practice relaxing, breathing and other emotional regulation skills and build better problem-solving skills.





## MANAGING EMOTIONS GUIDE (MEG)

The MEG is for kids, teens and families. It helps you understand how you react when you experience “triggers” or are reminded of really stressful events.

Sometimes it is hard to realize that things going on around you can make it difficult for you to think clearly, stay calm and make good choices. The MEG can help you, your family and others figure out what leads to problems and what helps. Use the MEG to identify healthier strategies to use when you have strong emotions or behavior that is hard to control.

With your permission, copies of the MEG can be shared with anyone in your life who can help. That might include a grandparent, social worker, teacher or school counselor.

With the MEG, you can start to make changes that help you take charge of your emotions during times of stress.

### THIS MEG IS BY:

---

**FOR:** *List everyone who should get a copy. Possibilities include YOU, therapist, parent, teacher, psychiatrist, home-based clinicians, coaches and anyone else you think knows you well and can help you when things get tough!*

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### MY PRIORITY PROBLEM I AM WORKING ON:

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**Step I: Understanding my emotions (Building Awareness)**

USUAL STATE	SURVIVAL-IN-THE-MOMENT STATES		
REGULATING <i>Being in control</i>	REVVING <i>Getting upset</i>	RE-EXPERIENCING <i>Losing control</i>	RECONSTITUTING <i>Getting it back together again</i>

**WHAT FLIPS MY SWITCH: What happens in my environment that gets me upset?**

**AWARENESS: What am I thinking, what am I paying attention to, am I spaced out?**

--	--	--	--

**AFFECT: What do I feel, what does my face show, what does my body feel like?**

--	--	--	--

**ACTION: What am I doing, what am I saying, what do I feel like doing?**

--	--	--	--

**Step 2: Managing my emotions (Applying Awareness)**

<b>REGULATING</b> Being in control	<b>REVVING</b> Getting upset	<b>RE-EXPERIENCING</b> Losing control	<b>RECONSTITUTING</b> Getting it back together again
<i>Things I can do to continue to feel good and in control</i>	<i>Things I can do when I start to become upset</i>	<i>Things I can do to stay safe and keep myself from losing control</i>	<i>Things I can do to calm down and fix any problems that happened when I lost control</i>
<b>Things I can do</b>			
<b>Things an adult or a friend can do to help</b>			



## PRACTICING EMOTIONAL REGULATION AND PROBLEM-SOLVING SKILLS

In our TST-FC sessions, we talk about the importance of boosting children's problem-solving capacity. We also practice three self-regulation exercises:

- **BREATHING:** [http://youth.anxietybc.com/sites/default/files/Mindful\\_Breathing.pdf](http://youth.anxietybc.com/sites/default/files/Mindful_Breathing.pdf)
- **MINDFULNESS:** [www.youthdeved.ie/sites/youthdeved.ie/files/Mindfulness%20Exercises.pdf](http://www.youthdeved.ie/sites/youthdeved.ie/files/Mindfulness%20Exercises.pdf)  
(Exercise#2)
- **MUSCLE RELAXATION:** <http://www.practicingmindfulness.com/howtopracticemindfulness/relaxationtechniques/how-to-calm-yourself-down-and-chill-out/>

### *Find more*

Use the internet to keep looking for the right exercises for you and your family. Begin by exploring:

- **This Pinterest collection on self-regulation**  
[www.pinterest.com/pin/13792342585066454/](http://www.pinterest.com/pin/13792342585066454/)
- **Games suggested on PBS Parents**  
[www.pbs.org/parents/adventures-in-learning/2015/11/games-that-teach-self-regulation/](http://www.pbs.org/parents/adventures-in-learning/2015/11/games-that-teach-self-regulation/)
- **Mindful Schools' multimedia resources**  
[www.mindfulschools.org/resources/explore-mindful-resources/](http://www.mindfulschools.org/resources/explore-mindful-resources/)
- **Audio backgrounders on mindfulness from the University of Vermont College of Medicine**  
<https://soundcloud.com/mindfulhealth/tracks>
- **A wikispace on self-regulation developed for teachers that is also useful for parents**  
<https://self-regulationinthe classroom.wikispaces.com/Self-Regulation+in+the+Classroom>
- **Materials by The Incredible Years**, including materials about Wally, who solves problems using his detective skills, and Tiny Turtle, who struggles to manage his emotions.  
<http://incredibleyears.com/parents-teachers/for-parents/>
- **A handful of exercises from The National Center for Domestic Violence, Trauma and Mental Health**  
[www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Exercises-for-Grounding-Emotional-Regulation-Relaxation-Final.pdf](http://www.nationalcenterdvtraumamh.org/wp-content/uploads/2012/01/Exercises-for-Grounding-Emotional-Regulation-Relaxation-Final.pdf)

### *How to make it work*

- **Practice emotional regulation and problem solving** as a family, so everyone gains skills.
- **Make practicing fun, light hearted and constructive.**
- **Match exercises** to kids' interests and developmental level.
- **Don't push it!** Are your kids hungry, tired or in need of a nap or physical exercise? Meet these basic needs first before practicing emotional regulation and problem-solving skills.



## **DEVELOPING AND USING CENTERING PLANS**

Centering plans can be used when a child is beginning to get upset. Centering plans are best used when a child is in the revving phase. The idea of a centering plan is to come back to center in feeling, thinking and behaving. Some children may need to come back to center from being angry while other children may need to return to center from being emotionally numb or disconnected.

Having centering plans reminds children that there are things they can do to keep from feeling overwhelmed by negative emotions or behavior. A centering plan is both:

- **a process**, in which you and the child identify strategies for regaining control when they are starting to feel upset; and
- **a guide** for you and the child to use and improve as you need it.

### **The process**

To develop a centering plan with a child, you want to:

- Teach him or her to recognize signs that it is time to pay attention to his or her emotions or behavior. See signals of stress on page 13 of this resource guide for ideas about what to talk about.
- Develop a “menu” of things the child can do to keep from feeling overwhelmed. This might include changing his or her location, doing something soothing or distracting, or reaching out for support.
- Practice, practice, practice. As you work with the child to develop a centering plan, use role playing to try out some of the strategies. Do exercises with the child that build centering skills. Focus on ways to help the child — and you — gain experience using the centering plan. The more children practice when calm, the more likely they will be able to use their strategies when they are upset or starting to go numb.
- Talk with the child, family members, your child’s team and others to learn about what is and isn’t working. Update centering plans frequently. Children grow and change — and so do you. As you work, remember that including the child in problem solving helps him or her build important skills.

### **How you and the rest of the family can help**

Your family should be aware of a child’s centering strategies and respect the child’s efforts. Ask family members to agree to:

- help identify a child’s triggers — things that lead to him or her becoming overwhelmed by negative emotions;
- help children think about their own triggers and find ways to maintain control of their emotions and behavior in times of stress (they can use forms in this guide to help them brainstorm); and
- allow the child who is struggling to handle his or her emotions time to center.

You can:

- Make practicing emotional regulation skills a priority for you, the child and the family. Emotional regulation skills help everyone. Practicing as a family has another benefit: Your child will not feel singled out.

- Practice until you have found the best ways to prompt a child to use his or her centering plan. Remember, the goal is to catch problems when they are still manageable. See *Helping a child use a centering plan* in this chapter.
- Develop your own centering plan. It's important for you to build your own emotional and behavioral skills. But remember: If a child is behaving aggressively, you may need to add special strategies to your centering plan to help you act as a problem solver who is focused on keeping the child and others safe.

### **Centering resources**

In the next several pages, find materials to help develop and improve centering plans, including:

- Helping a child — and yourself — use a centering plan
- Helping yourself
- My centering plan (for a child, teen or adult)

#### ***Helping a child — and yourself — develop a centering plan***

Centering plans help the child, your family and you cope with hard-to-handle emotions and behavior. Centering plans involve each person in thinking about ways to:

- reduce trauma triggers;
- expand skills for managing emotions and behavior; and
- plan ahead to help a child and others stay safe, manage difficult emotions and behavior and apply consequences, if needed.

Centering plans can be a lifesaver. The plans are simple records of what someone — the child, you or members of your family — has decided, ahead of time, to do when he or she is struggling with difficult emotions or behavior.

Centering plans are committed to paper after a discussion with whomever is involved, including younger children. You should know where to find the plans — perhaps in this resource guide. Would the child like to have a copy of his or her plan? That's a good idea.

#### ***Helping yourself***

Are there times when you feel that negative emotions are interfering with your mood or your ability to parent? Develop a centering plan for yourself. Ask someone to work with you to hold you accountable and help you improve your coping skills over time.

Some things to remember:

- Review signals of stress (on page 13) to remind you of the ways in which you may experience stress.
- Children aren't the only ones who struggle with difficult emotions. Developing a centering plan can give you time to think about yourself. Remember that you need support too — are you reaching out to friends and family enough? Have you done a self-care assessment plan?
- Think carefully about your triggers. If something a child does reminds you of a trauma in your own life, get support. Triggers can be signs that you need to do more work to understand what happened to you.



- Practice, practice, practice. Use role playing to try out some of your centering strategies. Ask your partner, a friend, another foster parent or someone on the child's team to help. Do exercises to build your centering and problem-solving skills. Adjust your plan as you learn what works best for you.
- Think about how to reward yourself. Think of healthy, fun rewards. Ask your partner or a friend to watch the kids while you go for a walk or take a relaxing bath. Go for a bike ride. Make your grandmother's deviled egg recipe. Find 10 minutes before dinner to dance to your favorite music.
- Remember, if a child is engaged in aggressive behavior, this is a time when you may need to add special safety strategies to your centering plan to help you act as a problem solver who is focused on keeping the child and others safe.



## MY CENTERING PLAN WORKSHEET

### SOME OF MY PERSONAL WARNING SIGNS:

Body signals (outside):	Body signals (inside):
Feelings or ideas:	Triggers:

### WHEN I FEEL THESE PERSONAL WARNING SIGNALS HAPPENING, I CAN IMPROVE THE SITUATION. I CAN:

<b>DO THESE THINGS</b> <i>For example, take a walk, write in my journal, shoot hoops, swing, dance</i>	<b>CHANGE MY ENVIRONMENT</b> <i>For example, get a stuffed animal, have a snack, use some lotion, listen to music, draw a picture of something I like</i>
<b>GO HERE</b> <i>For example, go to my room, the park or outside. Or visualize a place I like</i>	<b>TALK OR WRITE TO THESE PEOPLE</b>

**SAY POSITIVE THINGS TO MYSELF**  
Such as, "I can do it!" or "I did this really well last week."



## TALKING ABOUT PSYCHOLOGICAL SAFETY

How can you help children feel psychologically as well as physically safe? It depends on the child and his or her past experience with trauma.

To communicate that you care to a child, ask what he or she needs to feel safe. Find a quiet time to talk about psychological safety.

- Ask what makes him or her feel safe. What helps the child relax body and mind and feel free of worry?
- Share that you want to help him or her feel safe and that you need help to know how to do that.

### LEARN MORE

Read *Being Safe Vs. Feeling Safe*  
[www.fosteringperspectives.org/fpv17n2/  
psychological-safety.html](http://www.fosteringperspectives.org/fpv17n2/psychological-safety.html)

To increase your chances of success, choose a moment when you can really listen to the child.

- Be prepared to wait patiently while the child processes and thinks. Do not rush to fill the silence.
- Explain the difference between physical and emotional safety.
- Let the child know that if he or she can't answer your question today, it is OK to tell you later, when something comes to mind or he or she feels afraid.

### Example of a safety talk

This is how a safety conversation with a child might go.

*“Hi Carrie. Is it OK if I talk to you for a minute? It is very important to Dan and me that everyone here feels safe. To help our kids, we try to do things we know will keep them physically safe. Like wearing seat belts, locking the front door at night and being careful while we are cooking.*

*“But we also want to know what helps each person in this house feel safe. What helps their feelings stay calm and their body relaxed — that they know they will not be hurt. We want you to feel your body is safe — that you won't get hit, for example. But also that your feelings are safe — that you don't feel someone is making you feel scared. Or if you feel lonely, that you feel you have someone who cares about you to talk with.*

*“Some kids feel safe when they know they will have what they need, like enough food or clean clothes to wear. Some kids feel safe when they have a night-light on in their room or know what time dinner is each day. Or when they have their favorite stuffed animal from home.*

*“I want to make sure you feel safe. Is there anything I can do to help you feel safe?”*

Give the child time to think, try not to rush to fill the silence.

*“If nothing comes to you now, that's OK. If there is ever a time when you feel afraid or you think of something that would make you feel safer, please talk to me about it. I will do everything I can to try to help you feel safe here, at school or wherever you are.”*



## HOW TO USE PRE-TEACHING: AN OVERVIEW

This pre-teaching backgrounder includes three parts:

- Information about pre-teaching
- An example: Helping Josiah keep it together at the grocery store
- A pre-teaching worksheet to help you plan

### Information about pre-teaching

Pre-teaching simply means describing to a child ahead of time what will happen and what he or she can expect in a certain situation. Pre-teaching helps reduce a child's worries. It lets the child know what you expect. When you pre-teach:

- keep your words simple and tone positive;
- think ahead of time about anything that might sidetrack this particular child in this particular situation;
- describe what you expect briefly and clearly;
- ask if the child has questions; and
- afterwards, think about how it went. Did the pre-teaching help? What can you do better next time?

### An example: Helping Josiah keep it together at the grocery store

**The situation.** The foster father cannot go to the grocery store without 8-year-old Josiah falling apart when he does not get a candy bar.

Knowing that the grocery store can be overwhelming for Josiah, the foster father does some pre-teaching as he and Josiah arrive at the grocery store. He keeps the tone positive and makes his expectations brief, clear and not too complicated.

**Pre-teaching.** As Josiah and the foster dad stand near the entryway of the store, the dad says, *“Josiah, I am really glad that you came with me to the grocery store. I can sure use your help, but before we go in, I want to talk about what we need to do.*

*“As you know, we left the house with a grocery list. Grocery lists help me buy what we need and not spend too much money. That’s why I only want to buy things that are on the list. So let’s say we are in the store and we see a big bag of jelly beans. I want them, because I love jelly beans — you know how I love jelly beans! Can I put them in the cart? Nope — they are not on the list.*

*“So checking the list is one thing I need you to help me with today. I need your help with two other things, too. I will count on you to push the cart, walk slowly next to me and help me put things in the cart. So that’s three things. We are going to:*

1. stick to the list;
2. walk together with you pushing the cart; and
3. put things carefully in the cart.

*“OK, let’s go into the grocery store and practice.”*

**Action.** Then Josiah and his foster dad go into the store. The dad talks Josiah through the steps they discussed earlier.

*“Please go get a cart and bring it right next to me. Good job! Remember, on this trip, only things on the list go into the cart. If you can help me stick to the list, help me put things in the cart and drive the cart safely, I can let you pick one treat from two special treats that are in the car. I can’t wait to see which one you will choose.*”

*“I know you will do a good job today and I am ready to give you lots of compliments when I see you helping with those three things. I better practice giving compliments. How about this: ‘Josiah, I really liked that you are driving the cart really smoothly and haven’t bumped into anything.’ Was that a good compliment?”*

*“OK, do you have any questions? Remember, when you have done a good job with those three things, I will give you compliments and you will pick one treat. Are you ready? Let’s go.”*



**A PRE-TEACHING WORKSHEET TO HELP YOU PLAN**

Is there a situation for which you want to plan to pre-teach?

The situation:

**When**

When is the right time to pre-teach? (as close to the situation as possible)

**What**

What are the expectations you want to share with the child? (make them brief and clear — no more than three, please!)  
Whenever possible, talk about what you want the child to do instead of not to do. Example: "Please use an indoor voice" instead of "Please, don't yell":

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

What information, reassurances or promises can you offer the child so he or she can meet your expectations?

**Lessons learned**

After you have done some pre-teaching, think about how it went. What went well? What didn't?

What will you do differently next time?





## Background on the what, when, where and why of building self-control

### What

What is the problem behavior(s)?

How often does it happen (number of times a day or week)?

How intense is it and how long does it last?

### When and Where

When and where does the problem occur?

Are there situations when the behavior does NOT occur?

### Why?

Think about:

- why the behavior happens;
- what is happening in the child's environment that maintains or support the behavior; and
- what information you have about the behavior.

Then complete the next table. Don't have enough information? Do more research. Learn from adults who know your child. Work with your team on more moment-by-moment assessments.

I HAVE	I NEED MORE	THIS HAPPENS REGULARLY	
			Moment-by-moment assessments
			Observations of the child having this behavior
			Discussions with the child about this behavior
			Discussions with others about the child (with teachers, coaches, family members)
			Information about the child's trauma history (to learn when the child's capacity to cope has been overwhelmed, such as when the child was exposed to domestic violence, parental mental health issues, physical or sexual abuse, neglect).

What have you and your child's team identified as triggers? Provide that information here:

WHAT ARE THE TRIGGERS OR CAT HAIRS?	HOW DOES THE CHILD BEHAVE?	CONSEQUENCES: HOW DO PEOPLE AND THE ENVIRONMENT RESPOND TO THE CHILD'S BEHAVIOR?

Using the tables above and your best guesses, why do you think the stress response/problem behavior occurs? You can choose multiple “Yes” or “No” responses. The child's behavior may occur because:

YES	NO	POSSIBLE REASON
		Child is reminded of or is re-experiencing past traumatic events
		Child wishes to escape something (stress, anger, task or situation)
		Child is trying to communicate (about feeling angry, frustrated, helpless or unsafe)
		Child is trying to get something (attention, power, control, a specific item)  <i>*Remember: For a child who has been neglected, seeking attention is not a bad thing. We may just need to help them refine how they do it.</i>
		Other (please specify):

### Goal setting

Once you have a clear picture of what may be behind the child's behavior, think about how to:

- identify the emotions that lead to the behavior;
- help the child handle those difficult situations and emotions differently — by using coping strategies and doing some problem solving to identify the source of the feelings; and
- stop the child's stress response and problem behavior.

How can you:

PREVENT THE CHILD'S EXPOSURE TO THE CAT HAIRS OR TRIGGERS?	IMPROVE BEHAVIOR/ABILITY TO HANDLE DIFFICULT EMOTIONS?	CHANGE HOW PEOPLE/THE ENVIRONMENT RESPOND TO THE CHILD?

### Intervening

What can you and the child's team do to help? There are lots of ways to:

- help a child identify when he or she is experiencing strong negative emotions; and
- learn the problem-solving and self-control skills to handle them.

For example, you can practice emotional regulation skills in this resource guide. You can work with the child to develop a centering plan. You can use a variety of other approaches to build self-regulation and problem-solving skills. The following will help you try things out, put together a plan and talk about what is and isn't working with your caseworker or support worker.

### Tools I can use

TOOL	I HAVE IT	I'VE USED IT	WHAT HAPPENED
Managing Emotions Guide (MEG)			
Emotional regulation and problem-solving exercises			
Centering plan for the child			

*What other strategies could you use?*

Use this chart to brainstorm what else could build the child’s ability to manage difficult emotions. How will you know if the plan is successful? Make sure to think ahead about what success will look like.

STRATEGIES	THE PLAN: WHAT YOU PLAN TO DO	WHO WILL DO THIS?	HOW WILL YOU TRACK THIS TO SEE IF IT WORKS?
<p><b>SUPPORT STRATEGIES.</b> What can you or others do to change what happens <i>before</i> the behavior? For example, can you remove a trigger, set up new daily routine, arrange for more sleep/down time, increase signals or safety, learn additional “specialized” parenting tools or use verbal cues?</p>			
<p><b>TEACHING STRATEGIES.</b> What skills can you or others pre-teach and practice with your child? For example, can you help him or her learn relaxation skills, how to accept “no” or follow directions or how to use a centering plan?</p>			
<p><b>POSITIVE AND NEGATIVE CONSEQUENCES.</b> Can you give consistent rewards and consequences to help a child manage strong emotions successfully, use preferred behavior and avoid the problem behavior?</p>			

**Review**

After you have done your brainstorming and experimented with different ways to build a child’s self-control and problem-solving skills, review your results. Don’t let more than a month pass without taking a moment to think about how your plan is working.

Remember:

- Dealing with difficult emotions is not easy.
- Change doesn’t happen overnight.
- It is important to involve your child in developing problem-solving skills for the future.
- Sometimes success can only be measured in baby steps.

- There may be times when your child, regardless of your efforts, cannot regulate his or her strong emotions. Make sure you know what to do when a child has a meltdown and what to do in an emergency.
- Reach out to your child’s team and/or other people who support you as a parent. They can help provide new information, ideas and insights.

This is hard work! Thank you so much for your commitment to this child and to helping him or her build the emotional and behavioral skills needed now and in adulthood. Your thoughtful planning and actions make a difference every day.

### **TST-FC Worksheets**

The next several pages include three key TST-FC worksheets, including:

- **“The Child I Care About.”** This worksheet helps you think about a child’s emotional and behavioral styles, strengths and challenges. What might be causing a child’s behavior? How does a child look when he or she is regulated? What about when the child is revving?
- **Moment-by-moment assessment.** What happened before, during and after a child melts down? This worksheet helps you and any other caregiver — a teacher, coach, caseworker — pinpoint what is going on so adults can intervene earlier whenever possible.
- **Priority challenge exercise.** What’s the biggest challenge for your child? Which signals or patterns in his or her environment invariably lead to a meltdown? This worksheet helps you hypothesize.



## "THE CHILD I CARE ABOUT" WORKSHEET

Child's name (first name only): \_\_\_\_\_ Child's age: \_\_\_\_\_

1. What I know about the child's life before I met him or her. What types of trauma did the child experience?
  
2. Pick one trauma experience listed above and write it here:
  
3. From what I know, I would say this trauma an example of: acute, chronic or complex trauma (circle one).
  - a. Do the child's survival-in-the-moment responses look like fight, flight or freeze? (circle one)
  - b. How might this behavior have been helpful during times of threat?
  
4. Caregivers often find it easier to identify children who fight or flee. But they often miss identifying children who freeze. Why do you think this is? How does risk increase when caregivers don't identify children who freeze?
  
5. How does your child look when he or she is regulated? What might the child be:
  - a. thinking
  - b. feeling
  - c. doing
  
6. How does your child look when revving? What might he or she be:
  - a. thinking
  - b. feeling
  - c. doing
  
7. How does your child look when re-experiencing? What might he or she be:
  - a. thinking
  - b. feeling
  - c. doing
  
8. How does your child look when reconstituting? What might he or she be:
  - a. thinking
  - b. feeling
  - c. doing



## MOMENT-BY-MOMENT ASSESSMENT

Child's name: \_\_\_\_\_ Date completed: \_\_\_\_\_

Date and time of episode: \_\_\_\_\_ Person completing this form: \_\_\_\_\_

### Just before the episode

1. How did the child look emotionally? Circle one:

Calm Happy Excited Agitated Angry Sad Other:

2. What was the child doing — how would you describe his or her behavior? Circle one:

Resting Eating Playing Learning Talking Transitioning Other:

3. What appeared to trigger the child's episode? Circle one:

Voice Image Smell Loss of something Request to do something Body contact (touch)  
Criticism Discipline Limit setting Other:

4. Who appeared to initiate the trigger? Circle one:

Parent (M or F) Stepparent (M or F) Resource parent Sibling Relative Teacher Peer Stranger Clinician Other:

5. Where did this episode occur? Circle one:

Home School Neighborhood Car/bus Office Other:

### During the episode

6. What did the child appear to be feeling?

Sad Fear/panic Anger/rage Guilt/shame Numb/spacey Flashbacks Grief Other:

7. What was the child doing — how would you describe his or her behavior? Circle one:

Raised voice Swearing Hitting Kicking Biting Throwing Breaking/damaging Self-harming Talking about suicide  
Using substances Running away Eating disturbance Engaging in boundary violations (sexual or other) Theft Other:

### After the episode

8. What did the child appear to be feeling? Circle one:

Sad Fear/panic Frustrated Guilt/shame Grief Calm Other:

9. What was the child doing — how would you describe his or her behavior? Describe:

10. How long did it take for the child to return to baseline — and what did he or she do once calm? Describe:

11. From your observation, if you could name one thing you think is bothering this child, what would it be? Describe:



**PRIORITY CHALLENGE WORKSHEET**

Name of Child or Teen: \_\_\_\_\_ Date: \_\_\_\_\_

What most interferes with this child's functioning? In TST-FC, we ask that children's teams, including foster parents, develop challenge statements that attempt to identify a child's most pressing challenge. The statements go like this (fill in words from the categories below):

Reminders of a past trauma, such as \_\_\_\_\_, lead to feelings of \_\_\_\_\_, which lead to these emotional and/or behavioral challenges: \_\_\_\_\_

Use this worksheet to help complete above sentence by circling the items that fit in each category or writing in your own. Prioritize patterns that interfere most with the child's functioning.

**Reminders of past trauma, such as:**

Loss of loved ones	Abandonment	Being hurt or being a victim	Danger	Lack of nurturing	Being singled out or treated differently	Rejection	Neglect
Others:							

**Cat hair/triggers, such as:**

Sounds (list)	Illness (self or close other)	Smells (list)	Having to say goodbye	Birth/presence of new child	Loss of control (being told to do something or told no)	Someone important to them can't give them attention
Being alone	Anniversary dates	News reports	Time of day	Loud voices	Yelling	Holidays
Being corrected	Bathing/toileting	Being touched or their things being touched (boundaries)	Change of educational setting	Seeing someone that reminds them of someone else	Dark or confined spaces	Hearing upsetting news
Judgmental comments	Emotional needs not met (lack of attention, being dismissed, boredom)	Physical needs not met (tired, hungry, medical needs)	Feeling unheard or misunderstood	Sexual comments or images	Demands being made	Being teased or embarrassed

Others:

---

**Feelings, such as:**

Fear	Insecurity	Anxiety	Depression	Sadness	Hopelessness
Despair	Anger	Numbing	Embarrassment/ humiliation	Agitation	Irritability
Panic	Others:				

**Emotional and behavior challenges, such as:**

Crying	Withdrawal	Isolation	Excessive worrying	Lack of attention	Numbing/shutting down
Hyperactivity	Changes in eating habits	Restlessness	Trouble sleeping	Pacing	Cursing
Excessive talking	Neediness/ clinginess	Avoiding help	School truancy	Losing touch with reality	
Others:					

**And/or other behavioral challenges:**

Fighting	Destruction of property	Serious verbal aggression	Stealing	Running away
Breaking rules	Drug/alcohol use	Sexual promiscuity	Self-harming	Suicidal ideation/ attempts
Homicidal ideation/ attempts	Over/under eating	Breaking curfew	Sexual aggression	
Others:				

Now, you are ready to complete the priority challenge sentence:

Reminders of \_\_\_\_\_,  
(past trauma)

such as \_\_\_\_\_,  
(cat hair)

lead to feelings of \_\_\_\_\_,

which lead to these emotional and/or behavioral challenges:

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---

---

Things we can do to lessen the cat hair/triggers include:

---

---

---

Things we can do to help the child cope:

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---

---





## **ABOUT REVVING: LEARNING, ROLE PLAYING AND REVIEWING**

Sometimes children cannot immediately get their emotions under control, even if they truly want to. You will need to be patient and model how to stay calm in stressful situations. A three-step approach can help. You can:

- learn more about revving;
- role play to get some experience; and
- review. Use a worksheet in this guide after you role play or after you help a child who is experiencing revving. This should help you do better next time.

### **Learning more**

When you work with a child who is revving, divide your response into two phases — the management phase and the teaching phase.

#### ***Management phase***

- Instruct your child to stop the undesirable behavior and breathe. Give brief instructions calmly. “John, hands down and calm voice.”
- Provide orientation, signals of care and a centering reminder. “Look: it’s just you and me in the kitchen. I can see from looking at your face that this is difficult for you. You need to start your centering plan.”
- If your child continues to be confrontational or refuses to begin his or her centering plan:
  - Continue to acknowledge and set limits.
  - Give a centering plan reminder.
  - Focus on calming down, not on what made the child upset or act out.
  - Use a calm, firm voice.
  - Stay within two or three feet; keep others safe.
  - Repeat that you are willing to listen once the centering plan succeeds.
  - Be non-threatening.
  - Work with him or her to problem solve and identify the source of the frustration. If you need help, ask other family members for additional ideas, then decide on an acceptable solution.
  - Wait to help the child process feelings until he or she centers.

Once your child begins his or her centering plan, allow sufficient time for him or her to regain control. Give praise for even the smallest efforts by saying things like, “I really appreciate how you brought down your feelings of anger. You started talking more softly and I was able to listen to you better.” If time passes and your child is not using his or her centering strategies, tell him or her that you can see more time is needed, so you will check back shortly.

#### ***Teaching phase***

- Once the child’s is able to listen, make a statement of empathy along with a reminder and do not address any other issues. “I understand that [whatever] upsets you. But I need you to start your centering plan earlier next time. That means going to your room and listening to music when [whatever] happens.”

- Talk about the future with confidence. “I know you’ll use your centering plan earlier next time, since you did a great job using it twice this week.”
- Talk about any warning signs or triggers you or the child can identify. Discuss whether the centering plan worked well enough.
- Have the child physically practice his or her centering plan. Give praise.
- Give consequences if the situation requires it. Consequences can be determined ahead of time. If a child engaged in negative behavior because of a trauma response, consequences may include having the child take steps to mend relationships or address damage caused by his or her behavior.
- Give your child some space. Do not address any other issues. At a later time, use pre-teaching to address whatever led to the undesirable behavior.
- When your child uses his or her centering plan, be prepared to provide compliments and reinforcements. Talk about ways in which he or she used the plan that helped.

### **Role playing**

Use what you learned above in a series of role plays. Have your partner, close friend, family member or caseworker play the part of child who is revving while you try to cope. Afterwards, fill out the “How did it go?” worksheet on the next page. The same worksheet can be used after the child has a meltdown moment.

## HOW DID IT GO? A REVVING REVIEW WORKSHEET

Whether you use this worksheet after a role play or after a child's actual meltdown, it can help you figure out how you can do better next time to help the child center.

### Management Phase

STEPS	DID YOU DO THIS?	WHAT WENT WELL?	WHAT MIGHT WORK BETTER NEXT TIME?
Instruct child: <ul style="list-style-type: none"> <li>• to stop the undesirable behavior and breathe; and</li> <li>• what to do, briefly and calmly</li> </ul>			
Provide: <ul style="list-style-type: none"> <li>• orientation;</li> <li>• signals of care; and</li> <li>• a request to use his or her centering plan</li> </ul>			
If child doesn't begin his or her centering plan: <ul style="list-style-type: none"> <li>• continue to use signals of care and set limits</li> <li>• give a centering plan reminder</li> <li>• focus on helping the child center, not on what made the child upset or act out</li> <li>• use a calm, firm voice and stay within two or three feet; keep others safe</li> <li>• repeat that you are willing to listen once the child is calm</li> <li>• be non-threatening</li> </ul>			
Allow adequate time for the child to come back to center			

## Teaching Phase

STEPS	DID YOU DO THIS?	WHAT WENT WELL?	WHAT MIGHT WORK BETTER NEXT TIME?
Provide empathy plus a reminder to start centering plan earlier			
Provide an opportunity for the child to physically practice how he or she could have begun centering plan earlier; praise the child's efforts			
Provide some time for the child to decompress and relax			
Determine follow-up steps (When might a follow-up talk might be appropriate? What might you say to the child?)			
Give a consequence, if necessary, only after the child has completely come back to center			

# chapter three



## Handling Challenging Behavior in the Moment

You've been trained. Everything has been going pretty well. Then it happens: You or your child — or both of you — hit a rough patch. It could be a big one or a small one — but you need help.

This chapter includes quick refreshers:

- Staying calm and neutral
- Increasing signals of safety
- Using your centering plans
- Learning to avoid power struggles
- Helping a child who is having a meltdown moment
- Introducing “time-in”
- Seeking support from family, friends and your caseworker
- Knowing what to do before, during and after an emergency
- Family emergency information

## STAYING CALM AND NEUTRAL

You can help a child learn how to manage his or her feelings, problem solve and act responsibly. Limits and consequences help children feel safe and respected. Limits and consequences can also help children learn from their mistakes.

One way to do this is for you to stay neutral when a child is falling apart. Staying neutral helps you and the child get through tough situations. It also helps you listen to the child and learn what does and doesn't work to help him or her to calm down. The more you try to deny or ignore the child's feelings, the more he or she will hang onto them. Even though you may not agree with how children feel, the feelings are theirs. Remember, too, that it is important to engage the child as a problem solver in the learning process. The more you can do that, the more likely you will be successful using these strategies when they are needed.

Here are helpful hints for staying neutral when a child is upset.

### Before you approach the child

Take these steps:

- **Breathe.** Take three deep breaths. Inhale through your nose to the count of four, slowly and deeply, all of the way down to your belly. Hold it, then slowly exhale through your mouth to the count of eight. This will help calm and center your nervous system.
- **Be positive.** Remind yourself of a success you've had. Think about the people who care about you. Or tell yourself something positive. For example: "I can handle this." "There isn't anything we can't work through." "This behavior is not about me."

### When you approach the child

Make sure to:

- **Be as open and easy going as possible.** Walk purposely but calmly toward the child. Approach from the side, if you can. Use a low, quiet voice. Keep your posture open. Keep your hands where the child can see them. Avoid putting hands on your hips or using other aggressive postures.
- **Voice your concern.** Say something like: "Hey, bud, what's up? This isn't like you. Can you tell me what's going on?" Or "I can see by your face that you are really angry. Can you tell me what you are upset about?"
- **Be attentive.** Listen very closely. Use good eye contact. Nod your head or find other ways to let the child know you can hear. If the child is angry, for example, say something like, "I can tell that this is really important to you and you feel angry."

## INCREASING SIGNALS OF SAFETY

One way to help children regulate their emotions and behavior is to increase the signals of safety in their environment.

Signals of safety are one-on-one interactions that show warmth, concern, empathy and positive regard. Signals of safety are powerful: They can help children learn to trust adults again. They remind children that you notice and appreciate them and can be trusted.

Here are ways to:

- **Catch them being good.** Use specific, detailed words and a warm, nurturing approach to describe what a child did well.
- **Provide other kinds of positive feedback,** such as a quick fist bump or a thumbs up.
- **Be genuine.** If you don't believe what you are saying, children will pick up on your lack of sincerity and you may reinforce a child's mistrust.
- **Keep it up!** Sprinkle signals of safety in short doses throughout the day. Make sure children know they can count on you.
- **Engage other trusted adults** in providing signals of safety.

### Start where the child is

Understand how a child feels when you choose how to provide signals of safety. Ask yourself, in which stage (which of the 4 R's) is the child?

HOW TO INCREASE SIGNALS OF SAFETY WHEN A CHILD IS...			
Regulated	Revvig	Re-experiencing	Reconstituting
<p>Be specific and positive</p> <p><b>EXAMPLE:</b> "You did really well following directions in the grocery store today. You stayed right by me in the parking lot. Nice job."</p>	<p>Stay calm. Remind the child of his or her past successes.</p> <p><b>EXAMPLE:</b> "I can hear that you are getting frustrated. Often, to calm yourself, you think about something else. How can I help you do that now?"</p>	<p>Keep it simple; repeat as needed.</p> <p><b>EXAMPLE:</b> "You are safe here." Or "I'm here to help you get through this."</p>	<p>Same as for children who are regulated. Careful — don't rush the child through this important centering period.</p>

### Create a network

Children who have experienced trauma need a support network of caring, reliable adults. Look for trusted people in the child's:

- **Extended family.** Is there an aunt or grandfather who has always had the child's best interests at heart? Ask these family members to suggest and provide signals of safety.

- **School or activities.** Is your child struggling in school or elsewhere? Identify someone who can spend just a few minutes a day one on one with the child to help him or her get through the day. Janitors, secretaries, librarians, kitchen staff and coaches have been wonderful sources of signals of safety to many children.

When you talk to other adults, let them know that providing signals of safety is simple. All it takes is regular, one-on-one, positive interaction with the child. Adults can do a world of good by letting a child know they are reliably in the child's corner.

### **Brainstorm**

Make a list of people in your child's life who could be asked to provide additional signals of safety. If the list is short, think about who you could go to get some help, such as the child's school, church, mosque or synagogue. What about other places in your neighborhood, such as a community or cultural center or the library? What about the child's extended family — who might be able to help?



**USING CENTERING PLANS**

When you need to help a child use his or her centering plan, remember to:

1. Teach. Help the child identify the trigger or warning signal, find words for what he or she is feeling and describe the intensity of the emotion. “Your posture and your voice tell me you are starting to get angry. From 1–10, how are you feeling?”
2. Acknowledge the child’s struggle and set limits. “It’s OK to be angry, but remember we have rules about how to express yourself.”
3. Offer choices or support. “Would you like to \_\_\_\_\_ or \_\_\_\_\_ before we discuss the issue?” Or “I will keep your sister out of your room if you need some time alone.”
4. Follow up with praise. “You listened to music to calm down, then told me why you got mad so we could talk about it. That isn’t easy. Good job!”

**Reminder to self**

Here is where to find centering plans for:

NAME	LOCATION

## AVOIDING POWER STRUGGLES

It's a terrible feeling: Your child loses control and, despite your best efforts, so do you. What happens next: A power struggle between the two of you.

A power struggle is when you ask a child to do something, he or she continues to refuse, and the two of you escalate your behavior, with one or both of you digging in your heels. The child might throw a tantrum rather than do his or her chores, say something purposefully hurtful or threaten physical harm. You might keep taking away privileges, threaten consequences that are too harsh or characterize the child in a negative way.

When you think about it, power struggles happen in other relationships, too. But for children in foster care, power struggles can have terrible consequences. Children may lose their trust in you and their hope that you will find them worthy of your attention and love.

### Some strategies

It is possible to avoid engaging in power struggles. Some strategies other parents have found successful include:

- **Avoidance.** You don't have to respond every time a child wants to fight. You can say, "We have discussed this. I don't want to talk about it anymore," and go busy yourself with something else. If your house rule is that there are no snacks before dinner and the child generally lives within those rules, there may be a day you say "yes" to a snack rather than get into an argument over following the rules.
- **Choice.** Can you provide the child with two choices you can live with? For example, "You may not skip your chores this weekend. Would you rather do them Friday night or Sunday afternoon?"
- **A measure of independence.** It is not appropriate for you to make all decisions for a child, especially as the child becomes a teen. Is the issue that's come up between the two of you something you really need to have control over? Is there room for limited negotiation? Children need to learn when negotiation is OK and when it isn't — and how to negotiate when given the opportunity.

### A worksheet

The worksheet on the following page aims to help you avoid power struggles by changing your behavior. It will help you:

- **Do some deep thinking about what makes you tick.** What really makes you angry or hurt — or causes you to lose your temper? How can you act differently when those things happen, since your goal is to help your child and you know getting involved in power struggles doesn't help?
- **Reach out for support.** Who can you count on to help you when you feel yourself losing your battle with self-control? Make it someone you trust, with good judgment and knowledge of your child's challenges and strengths.
- **Keep at it.** Relationships change over time. There are always new opportunities to engage in power struggles — plus new opportunities for you to identify strategies to avoid them.

### You can do it

Your goal is to provide a child with behavioral boundaries that make him or her feel safe. But it is also to help the child learn how to test boundaries in a reasonable way.

Planning to avoid power struggles, and being more and more successful over time, is challenging but worth it. You and your family are worth it!

## **AVOIDING POWER STRUGGLES WORKSHEET**

This worksheet will help you think about past power struggles, identify triggers that lead you to engage in power struggles, identify new ways to respond to triggers, reward yourself for acting differently and seek and talk with people who can provide help when you need it. Make copies of this worksheet and use it periodically as you and your child change and develop.

### **Thinking about past power struggles**

What are your worst fears about power struggles with your child — and when are power struggles most likely to happen?

My worst fear is:

Power struggles are most likely to happen when the child is:

Power struggles are most likely to happen when I:

My best reason to avoid power struggles is:

What I have learned about myself and the child from past power struggles is:

### **Identifying triggers**

What are three triggers that push you into a power struggle with a child or cause you to lose your temper? What could prevent you from acting on that trigger? Is there something that could distract you or take your mind off the feelings the trigger brings up in you? Think deeply: If a child being disrespectful is a trigger for you, think about why that particularly pushes your buttons.

Trigger 1:

Trigger 2:

Trigger 3:

### **Identifying new ways to respond — and rewards!**

What three things can you do (break each one down into steps) instead of getting into a power struggle?

First option:

Second option:

Third option:

Would these three options work for each of the three triggers you listed? If not, identify other new ways to respond that would:

Name three ways you can reward yourself for ignoring your triggers and avoiding power struggles. Make two of the awards immediate and one long term.

First:

Second:

Third:

### **Reaching out for support**

Remember, taking care of yourself is an important part of taking care of your family. It's important to think about and address your feelings, especially your feelings of hope and competency. What can you do, when you are not with your child, to cope with feelings brought up by triggers you identified?

If you struggle to feel hopeful and competent, what can you do to find support?

Who are three people you can talk to if you begin to engage in power-struggle behavior? Consider including their contact information on your personal centering plan and/or family emergency list.

First contact:

Second contact:

Third contact:

Please talk to these people ahead of time — as soon as possible — to make sure you can call them when you need to. In your conversation, you might describe:

- what power struggles are and why you want to avoid them;
- one or two ways you hope to avoid power struggles; and
- what they can do to help if you call (often, that includes simply listening, reminding you of your plan and reminding you that you can do it).

### **Review**

Let's say you have done all this planning and you are still getting into power struggles. It happens! Review and adjust your plan. If you continue to struggle, talk to your caseworker or foster parent support worker.

Be honest with yourself and those who support you. Being a parent is hard work. It brings out the best and worst in all of us. But you can do it — for yourself, your child and your family.

## HELPING A CHILD WHO IS HAVING A MELTDOWN MOMENT

When a child has a meltdown moment:

- Respond quickly and with understanding.
- Help label the feeling, use good eye contact and keep your body close to theirs.
- Review and help the child “scale” their level of feeling. Give the child some choices about how to lower the rating.
- Set limits.
- Use few words and a firm tone to offer choices.

### “Scaling” feelings

How strong are your feelings? Help children learn to describe the intensity of their feelings, whether they are expressing positive or negative emotions. Some ways to measure:

- Use your body as a measuring cup of sorts to express how much emotion you are feeling.

**Knees:** You are experiencing a little emotion.

**Top of the legs:** You are feeling some emotion.

**Chest:** Your body is nearly full of feelings.

**Head:** Your ability to handle any more emotions is limited, because you are nearly full of emotions.

- Use colors.

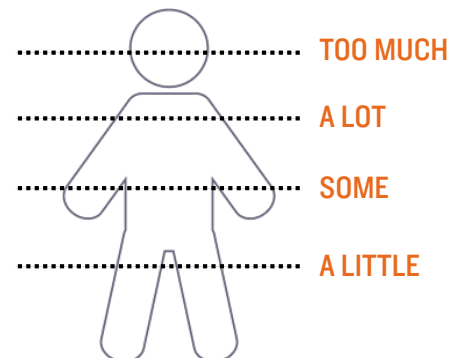
**Green** = You are calm and relaxed.

**Yellow** = You are starting to get nervous or worried.

**Red** = Your feelings are very intense.

- Use words.

Rate your emotion:



### After a meltdown

Once the child is completely calm:

- Talk with the child about what appropriate responses would look like in the future.
- Whenever possible, have the child practice those preferred actions or approaches.
- Focus on what they could do differently next time and why it is in their best interest to do so.

### Remember

Children can cycle back to re-experiencing trauma quickly. Don't move to post-meltdown discussion too quickly.

*\* This worksheet was adapted by KVC Hospital and Residential Staff*

## **INTRODUCING “TIME-IN”**

Time-in is a form of constructive discipline. It can be an improvement over “time-out,” which disconnects children and reinforces a sense of a child’s aloneness from the family.

Time-in works by keeping the child nearby and under close supervision after a meltdown or difficult behavior. It helps children feel connected in times of stress. It also involves the child in thinking about how they could have handled the situation differently and practicing those different responses. This can build skills over time.

### **How does it work?**

1. Have the child sit in a “let’s think about it” spot. This spot can be anywhere close to you and within your eyesight.
2. Ask the child to think about:
  - the situation;
  - what went wrong; and
  - how they could have handled the situation differently.
3. When the child indicates, “Ready,” you listen closely, down on child’s level. Use good eye contact and a kind but firm tone of voice. Have the child describe what could have been done differently.
4. You and the child role play how the child can do it differently next time.
5. You praise the child for doing it correctly during the role play.

## KNOWING WHAT TO DO BEFORE, DURING AND AFTER AN EMERGENCY

Emergencies are going to happen. To protect yourself and the child, it is important to:

- plan ahead about what to do in an emergency;
- know what to do when it is an emergency; and
- review what happened after an emergency.

### Have plans — and people who can provide support — in place

Make sure that you do the following:

- Understand your agency’s on-call or crisis procedures.
- Always have on-call phone numbers available. Put “Family Emergency Information” (in this guide) on your fridge — and make sure all adults in the family have a copy in their wallets.
- Have and review emergency plans for you and your child.
- Have other parents, friends and family members you can call on for support. Before a crisis happens, introduce them to the child. Talk with your supporters ahead of time about the kind of help you may need and discuss any special needs your child or you may have.
- Review, review, review! Children grow and change over time; so do you and members of your family. Review centering plans and Family Emergency Information frequently.

### When it is an emergency

When it feels like an emergency....

1. **Ask yourself:** “Is the child or someone else in the home at immediate risk of significant harm?” If not, calling the police may not be your best response.
  - Police intervention could be an additional trigger for children. A child may have been exposed to police in traumatic situations, such as witnessing domestic violence, neighborhood shootings or gang disputes at school. Also, the child’s removal from his or her parents may have been traumatic and involved police.
  - While more police officers are being trained about trauma every day, many have not had this kind of training and may unintentionally make the situation worse.
  - Having said this, if the child or someone else in the home is at immediate risk of real danger, calling the police may be your only option.
2. **Seek immediate decision-making help, if time allows.** To determine what to do in a tough situation, contact the child’s caseworker or your agency’s on-call person.
3. **Seek immediate support.** Sometimes having someone there to provide an objective, calming presence can help you and the child think more clearly.
  - Call a neighbor, friend or relative of yours or the child’s. Talking with them on the phone or in person can help.
  - If what you really need is time to focus only on the child, ask whoever you call to provide child care for any other children in the home.

- Try to decrease stimulation. Find a way to get other children out of the house; turn down sounds and lights.
4. **Use your centering plans.** You and your child built centering plans for times just like these. Get out your plans and begin to follow them.
  5. **Try to reflect.** What is the immediate source of this conflict? Is it worth continuing or can you find a way to de-escalate that reduces the risk of further emotional harm or possible physical harm?

#### **After an emergency**

Once the crisis is over, debrief with the child's caseworker or the foster parent agency worker.

- Identify what helped, what didn't and what you would like to happen next time.
- Discuss how to talk with the child about what happened.
- Review and update centering plans.
- Fill out a moment-by-moment assessment of the incident.
- Determine whether additional supports or services are needed to address your or the child's needs so future emergencies are avoided.
- Review what happened with anyone else affected by the situation. Talk with anyone who provided you with support. How did it go for them? What might help next time?
- Follow up with the child according to the plan developed with your caseworker.



## FAMILY EMERGENCY INFORMATION FORM

Remember, often your local crisis center or social worker is your best bet!

**Family Emergency Information Form**

Local mental health crisis center:  
\_\_\_\_\_

On-call social worker:  
\_\_\_\_\_

School resource officer or principal:  
\_\_\_\_\_

Doctor:  
\_\_\_\_\_

---

Neighbors, friends and family:

Name	Phone	Email
1. _____		
2. _____		
3. _____		
4. _____		

9-1-1 Call to get immediate police, fire or medical help — not to frighten or threaten kids!

 *Cut and fold to place in wallet*

**Family Emergency Information Form**

Local mental health crisis center:  
\_\_\_\_\_

On-call social worker:  
\_\_\_\_\_

School resource officer or principal:  
\_\_\_\_\_

Doctor:  
\_\_\_\_\_

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Neighbors, friends and family:

Name	Phone	Email
1. _____		
2. _____		
3. _____		
4. _____		

9-1-1 Call to get immediate police, fire or medical help — not to frighten or threaten kids!

 *Cut and fold to place in wallet*



# chapter four

## Finding Energy and Hope

As you begin to understand what makes your child tick, you also need to understand your own needs. How can you be the kind of parent — and person — you want to be? Taking care of yourself can be key to finding energy and feeling hopeful. You may think you don't have time to take care of yourself. But it is important that you do.

It is also important to think about any traumas you may have experienced in your life. Are there triggers that make you feel easily overwhelmed? Unfortunately, that's not uncommon. The important thing is that you remain open to learning more about yourself and test what does and doesn't work so you can be the parent and person you want to be.

You may have a general idea of what taking care of yourself includes: Seeking out and maintaining friendships. Following your faith or spiritual practices. Exercising. Eating healthy foods. Pursuing personal interests.

Find ways to do all of the above. But also make sure to have someone you can talk to about the stresses and rewards of being a foster or kin caregiver. You need an outlet for talking about your feelings and discussing what does and doesn't work.

This chapter offers a self-care assessment to get you thinking how best to support and care for yourself.



## YOUR SELF-CARE ASSESSMENT WORKSHEET

### Part I: Assessment

Rate the following areas in frequency:

5 — frequently    4 — occasionally    3 — rarely    2 — never    1 — it never occurred to me

#### *Physical self-care*

I make sure to:

- \_\_\_\_\_ Eat regularly (breakfast, lunch, dinner)
- \_\_\_\_\_ Eat healthily
- \_\_\_\_\_ Exercise
- \_\_\_\_\_ Get regular medical care when needed
- \_\_\_\_\_ Take time off when sick
- \_\_\_\_\_ Get massages
- \_\_\_\_\_ Dance, swim, walk, run, play sports, sing or some activity that is fun
- \_\_\_\_\_ Take time to be intimate and/or sexual
- \_\_\_\_\_ Get enough sleep
- \_\_\_\_\_ Wear clothes I like
- \_\_\_\_\_ Take vacations
- \_\_\_\_\_ Take day trips or mini vacations
- \_\_\_\_\_ Make time away from telephones

#### *Psychological self-care*

I make sure to:

- \_\_\_\_\_ Make time for self-reflection
- \_\_\_\_\_ Have my own personal psychotherapy, spiritual director, mentor
- \_\_\_\_\_ Write in a journal
- \_\_\_\_\_ Read literature that is unrelated to my work
- \_\_\_\_\_ Do something at which I am not an expert or in charge
- \_\_\_\_\_ Decrease stress in my life
- \_\_\_\_\_ Notice my inner experience (listen to my thoughts, judgments, beliefs, attitudes and feelings)
- \_\_\_\_\_ Let others know different aspects of me
- \_\_\_\_\_ Engage my intelligence in a new area

- \_\_\_\_\_ Practice receiving from others
- \_\_\_\_\_ Be curious
- \_\_\_\_\_ Say no to extra responsibilities sometimes

### *Emotional self-care*

- \_\_\_\_\_ Spend time with others whose company I enjoy
- \_\_\_\_\_ Stay in contact with important people in my life
- \_\_\_\_\_ Give myself affirmations and praise
- \_\_\_\_\_ Love myself
- \_\_\_\_\_ Re-read favorite books, re-view favorite movies
- \_\_\_\_\_ Identify comforting activities, objects, people, relationships, places and seek them out
- \_\_\_\_\_ Allow myself to cry
- \_\_\_\_\_ Find things that make me laugh
- \_\_\_\_\_ Express my outrage in social action, letters, volunteerism, donations, etc.
- \_\_\_\_\_ Play with children

### *Spiritual self-care*

I make sure to:

- \_\_\_\_\_ Spend time with nature
- \_\_\_\_\_ Find a spiritual connection or community
- \_\_\_\_\_ Be open to inspiration
- \_\_\_\_\_ Cherish my optimism and hope
- \_\_\_\_\_ Be aware of non-material aspects in my life
- \_\_\_\_\_ Try at times not to be in charge or an expert
- \_\_\_\_\_ Be open to not knowing
- \_\_\_\_\_ Identify what is meaningful to me and notice its place in my life
- \_\_\_\_\_ Meditate
- \_\_\_\_\_ Pray
- \_\_\_\_\_ Sing
- \_\_\_\_\_ Spend time with children
- \_\_\_\_\_ Have experiences of awe

- \_\_\_\_\_ Contribute to causes I believe in
- \_\_\_\_\_ Read inspirational literature, listen to talks, music, etc.

### *Workplace or professional self-care*

I make sure to:

- \_\_\_\_\_ Take a break during the workday
- \_\_\_\_\_ Take time to chat with co-workers
- \_\_\_\_\_ Make quiet time to complete tasks
- \_\_\_\_\_ Identify projects or tasks that are exciting and rewarding
- \_\_\_\_\_ Set limits with colleagues, students, clients, etc.
- \_\_\_\_\_ Balance my workload so no one day or part of a day is “too much”
- \_\_\_\_\_ Arrange my work space so it is comfortable and comforting
- \_\_\_\_\_ Get regular supervision, consultation, etc.
- \_\_\_\_\_ Negotiate for my needs
- \_\_\_\_\_ Have a peer support group
- \_\_\_\_\_ Develop a non-work area of professional interest

### *Balance*

- \_\_\_\_\_ Strive for balance within my work life and work day
- \_\_\_\_\_ Strive for balance among work, family, community, relationships, play and rest

## **Part 2: Plan**

Here are three strengths from my assessment (responses with 4s or 5s):

Here are three areas of potential growth from my assessment (responses with 2s or 3s):

What I would like to begin doing to build these three areas of potential growth:

For growth area 1, I plan to:

For growth area 2, I plan to:

For growth area 3, I plan to:

Adapted by Kelly Young from Saakvitne, K. W., Pearlman, L. A., & the Staff of the Traumatic Stress Institute/Center for Adult & Adolescent Psychotherapy LLC. (1996). *Transforming the pain: A workbook on vicarious traumatization*. New York, NY: W. W. Norton & Co.