



the impact
of trauma

Facilitator's Guide for Module One of TST-FC

APRIL 2017

THE ANNIE E. CASEY FOUNDATION

TST-FC: A TRAUMA-INFORMED CAREGIVING APPROACH

Trauma Systems Therapy for Foster Care (TST-FC) is a skill-building, trauma-focused curriculum for foster parents, including kin and other caregivers. TST-FC was adapted from Trauma Systems Therapy, developed by Dr. Glenn Saxe of NYU's Child Study Center, and written by Kelly McCauley.

TECHNICAL ASSISTANCE

For more information about TST-FC, please contact the Child Welfare Strategy Group at webmail@aecf.org.

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preparing to facilitate

A CHECKLIST

Needed supplies

- Module One PowerPoint slides
- Question box
- Post-it® notes and pens for each table
- Handouts (located in the back of this document) — make one copy per participant:
 - “The Child I Care About” worksheet
 - Three stories: Meet John, Sophia and Hector
 - Stages of behavior (the 4 R’s)
 - The brain
- Flip-chart paper with the heading “Needed Skills”
- Flip-chart paper labeled “Types of Trauma”
- Three sheets of flip-chart paper. Label each as follows:
 - Fight: Becomes physically or verbally abusive (hits or screams)
 - Flight: Flees the dangerous situation (runs away, hides)
 - Freeze: Shuts down physically and emotionally (stops talking, no eye contact)

Before you start

- Tape the flip-chart pages around the room.

A NOTE ABOUT THIS GUIDE

Generally, text in this guide is written as you, the facilitator, would speak. In some cases, words in italics indicate a note to you, such as *Write responses on flip chart*.

facilitator's guide: module one



INTRODUCTION AND GOALS



WELCOME!

SLIDE 1

Welcome. Open the session with a brief greeting and review agenda and logistics, such as the location of restrooms and parking, etc.

Note that all participants have been given a “Foster Parent Resource Guide” to take home. The guide has clean copies of many training handouts, plus other background material that may interest them. In addition, during each session they will receive copies of the slide presentation with space for notes.

Remind participants about the need for confidentiality and note specifically that confidentiality means that participants will not share names or identifying information about others in the group with people outside the group. In addition, participants agree to protect any information about children we discuss.

Note that sessions will include talking about difficult topics, so it is important to be aware that difficult feelings may be elicited. Remind participants to take care of themselves and to speak with you during breaks if they are struggling.

Start by defining the word “caregiver,” noting that it covers all types of parents, including foster, kin and adoptive caregivers.

Lastly, please make a statement about the importance of treating each other respectfully, listening to everyone’s viewpoint and creating an environment where it is safe to share our collective wisdom and to ask questions.

Goals. Module One introduces you to the impact of trauma on children and caregivers. It also describes your role in assessing a child and working with the child's team to develop interventions that prevent survival-in-the-moment episodes.

Goals for Today	
Participants will be able to	Trainers will help you to
Describe trauma's effects	Connect the idea of trauma response to behavior you see in the home
Share a definition of trauma	Shift thinking
Understand how a child's trauma history affects his or her behavior in your home	Support your role
	Define the role of a caregiving team

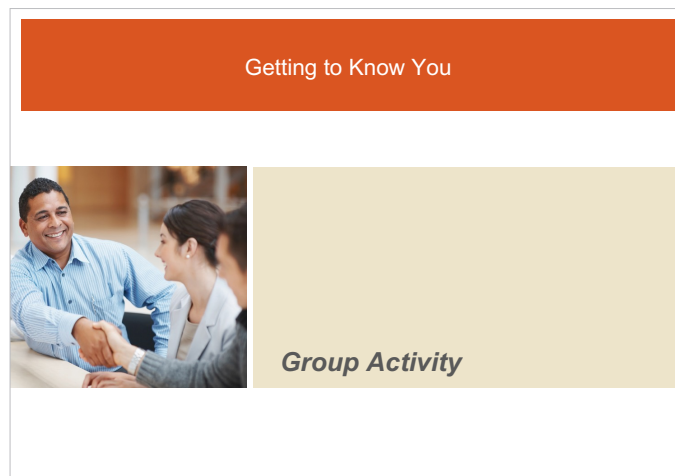
SLIDE 2

What do we hope you will be able to do at the end of this module? You will be able to:

- Describe trauma's effects on children's emotions and behavior and apply key concepts to children in your care.
- Share a simple definition of trauma and its effects on your child's emotions and behavior.
- Accurately discuss how your child's trauma history and triggers can produce survival-in-the-moment states.

As facilitators, the two of us will help you to:

- See the connection between a child's trauma response and his or her behaviors and the emotions you experience as a caregiver.
- Help shift thinking, from "What is wrong with this child?" to "What has happened to this child?"
- Understand who is part of your child's team — for example, it may include you, the child's caseworker, birth parents, teachers, therapists, mentors, doctors, guardians ad litem, CASAs, etc.
- See yourself as an important member of your child's caregiving team who can help reduce children's survival-in-the-moment experiences.
- Understand that a caregiving team works in a certain way to understand and meet a child's needs.



SLIDE 3

ACTIVITY: GETTING TO KNOW YOU
TIME: 15 MINUTES

- **Pair up.** Please pair up with someone you do not know — or someone you would like to know better. Take five minutes to introduce yourselves and share something about your name. It could be information about how you got your name, what the name means or a family history of your name. For example: “All my siblings’ names start with the letter ‘D.’” “I am named after my grandfather.”
- **Regroup after five minutes.** How was the introduction different than more formal introductions you may have experienced? *Participants may say they felt more comfortable sharing about something familiar. Others may say it was more personal or that it helped them feel more connected to the person to whom they were talking.*
- **Debrief discussion.** *Emphasize responses that relate to stronger connections, relationship building, etc. You might say things like, “When we learn something personal about someone, we feel more connected.” “We now know things we share in common with each other, such as being named after a relative.” “This is the start of building strong relationships among all of us; this will help us both here and outside the classroom.”*

Emphasize

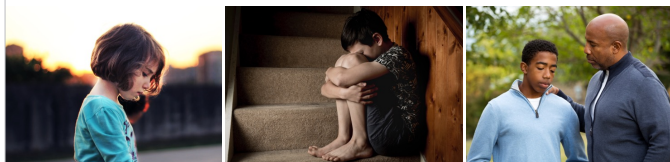
- The most important takeaway from this training is...When working with children who have experienced trauma, everything stands or falls on the quality of their relationships. Without a foundation of emotional connection, it will be difficult to use any intervention, tool or strategy successfully. Work with children and youth must begin with making meaningful connections.
- Many children and adults in this country have experienced trauma, such as physical abuse, emotional abuse, domestic violence, sexual assault and neglect. As caregivers, we too may have

experienced trauma when we were children. Even though we are now adults, we may have missed a chance to develop important skills we need for good caregiving.

- What are some important skills all of us need to have as parents and caregivers? **List responses on a flip chart.** You may get responses like: “Patience.” “Not taking things personally.” “The ability to manage strong feelings without doing harm.” “The ability to make good choices.”
- It is understandable that we may not have learned all of these skills as adults, especially if we have our own trauma histories. But we now need to learn and this training is here to help. We hope this training complements your strengths and enhances your skills.
- An important place to start is to remember that for both adults and children healing from trauma occurs when we are in loving, safe, supportive relationships.
- 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 timely permanency is so critical. A child must feel safe and know where they belong.
- It is important to help children who have experienced trauma form meaningful and positive connections with others. Caregivers are very important in this process. They can be the one person in the child’s life who makes him or her feel safe and supported.
- If you have experienced trauma, we want to help you. Frightening or threatening things may have happened in our lives that may have affected us, but today we are going to look at how trauma affects the children and teens we care for — and how we can strengthen our parenting approach.

Many Children Have Experienced Trauma

- Among children 0-17, nearly half have experienced at least one or more types of childhood trauma
- With each trauma exposure, caregiving can be more challenging



SLIDE 4

Emphasize

- For children in foster care, trauma is the norm, not the exception.
- Parenting children with trauma calls for a different approach. When we say children, we mean kids of all ages — infants, toddlers, school-aged, teens and young adults. Foster care is available to children from birth to age 21 or beyond. So keep in mind these different ages when we say children.
- Many of the caregiving strategies that were used with us as children or that we may have tried as caregivers ourselves may not be effective with children who have experienced trauma. This isn't to say that everything we have done now or in the past is wrong. It's just that for children who have experienced trauma, caregiving can be different and require additional tools for the tool bag.

For Children of Color, or Who Identify as LGBTQ, Trauma Can Be Even More Complex

- How might a child's race, ethnicity, gender or sexual identity affect how he or she experiences the world?
- Consider that for some children, current events and the things they see or hear in the news may be trauma triggers



SLIDE 5

- **Note.** Children of color and children who identify as LGBTQ are even more likely to have experienced trauma — and that trauma is likely to be more complex.
- **Discuss.** Take five minutes at your table to talk about ways in which race or sexual identity has come up in your family. Maybe children living in your home are of a different race or ethnicity than you — or maybe a teen, you or someone in your family identifies as LGBTQ. How does their identity relate to the trauma they have experienced? *Allow five minutes to elapse; do a brief report out.*
- **Clarify.** Remember: As you think about your child and his or her trauma, take into consideration that current events and the things they hear or see in the news may be troubling.

DEFINING TRAUMA

A Definition of Trauma

Trauma is a life-threatening or extremely frightening experience — for the child or someone they care about — that overwhelms the child's capacity to cope.



SLIDE 6

- **Define.** Read from the slide.
- **Briefly discuss.** What types of experiences have children in your home had that fit this definition? Solicit ideas and write on white board or flip chart. Participants may list things like: beatings, sexual abuse, abandonment, torture, neglect, witnessing domestic violence, starvation, placement away from family, etc.

Three Types of Trauma

- **Acute**
- **Chronic**
- **Complex**

SLIDE 7

- **Differentiate.** Using examples provided, discuss the difference between:
 - Acute trauma, which includes time-limited events that have a start and a stop, such as dog bites, car accidents, natural disasters. They are often single-event occurrences. This does not mean that the effects of the trauma are time limited, just the actual event itself.


- Chronic trauma, which includes ongoing, repeated, patterns of trauma, such as physical, sexual or emotional abuse, domestic violence and neglect.
- **Categorize.** Go back to the white board and categorize the types of trauma listed there, using: A for acute, C for chronic.
- **Introduce.** Discuss complex trauma and how it differs from acute and chronic trauma.
 - Complex trauma is a subgroup of chronic trauma. It includes trauma that begins under the age of 5 and at the hands of the child's primary caregivers.
- **Solicit ideas.** Why is trauma under the age of 5 so important to consider? Much of our brain's wiring occurs when we are very young. Trauma interferes with healthy brain development, leading to challenges in the areas of emotional, psychological, physical, social and educational growth. Trauma can:
 - Disrupt healthy brain development.
 - Disrupt healthy caregiver attachment. Children often develop an ambivalent form of attachment in which they desperately want to connect and trust but are very fearful of what could happen if they do.
- **Ask.** Are there any questions? Does anything require clarification?

WHEN A CHILD IS OVERWHELMED

Let's Talk

What do we do to try to cope?

- Internally or within ourselves?
- Externally or through activities outside of ourselves?



SLIDE 8

ACTIVITY: WHEN A CHILD IS OVERWHELMED

TIME: 10 MINUTES

- **Discuss and list.** Let's talk about what we mean when we say a child or an adult has become overwhelmed. I want you to think about yourself. What are your:
 - Internal coping strategies — the things you do inside yourself — to handle stress? *On the white board, make a list of how people self-soothe, distract themselves, ignore or try to think about things from a different perspective. Potential responses may include: denying the stress is happening, trying to think about something else, crying, praying, meditating, etc.*
 - External strategies for coping with stress? *On the white board, list some strategies, such as reaching out for support from a friend or family member, going shopping at the mall, talking with a mentor, going to a bar to drink alcohol, etc.*

Emphasize

- Some coping strategies are helpful and productive and some may become harmful or counterproductive if a child uses them too much. For example, helpful strategies could include seeking comfort. Harmful ones may include things like abusing chemicals or cutting.
- It is important to note that, during times of threat or danger, children often try some of the same coping strategies we listed. But because of the child's level of danger, fear, lack of effective support and age, these strategies may not work. If children cannot calm themselves, and no one in the children's environment can help them to calm, they can quickly escalate into a survival-in-the-moment state.

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



SLIDE 9



SLIDE 10

ACTIVITY: WHAT DO FIGHT, FLIGHT OR FREEZE LOOK LIKE?

TIME: 10 MINUTES

***Discuss.** Have participants envision a beautiful day in the woods. The sun is shining, a soft breeze is blowing, they hear a small brook nearby, and they are at peace. (Pause)*

*When suddenly a bear comes at them. Ask them what they would do. Typically, you will hear each of the three response patterns listed. Tell them that six months later they are at the zoo. If they can walk past the bear cage and they don't have a reaction, chances are they weren't traumatized that day. But there may be others who when they see the bear in the cage they may experience agitation, getting frustrated and irritable (**fight**) or others may want to immediately leave the zoo (**flight**) or still others may **freeze** in front of the bear cage and be unable to move. The danger has passed, the bear is caged; but the survival response remains.*

Survival Responses That Become Patterns

- **Fight**
- **Flight**
- **Freeze**

SLIDE 11

Let's Talk

Think about kids you have worked with or know. What behaviors do you observe in children who engage in the following survival responses of:

- Fight?
- Flight?
- Freeze?



Break into groups:

- Have three Post-it® notes on hand (one for fight, one for flight, one for freeze)
- Discuss what you see in children when they use these strategies
- Write your group's answers on Post-it® notes

SLIDE 12

Point to the three flip-chart pages labeled fight, flight and freeze. Provide examples of each.

Ask. Now I'd like you to break into groups of three (*use groups of two if you have a small class, try to have them work with someone new*). Using the Post-it notes at your table, take three sheets of paper. Write fight across the top of one sheet, flight across the top of another sheet and freeze across the top of the third sheet. Below the words, write an example of a behavior that you have seen in the children you care for when they have that response. For example, think of a child who would fight, a child who flees and a child who freezes. What behaviors do you see that tell you they are fighting, fleeing or freezing? Your notes might read something like — Fight: uses a raised voice and curses, and so on. You have five minutes.

Ask. Please put your Post-it notes on the flip chart under the heading that corresponds to the behavior.

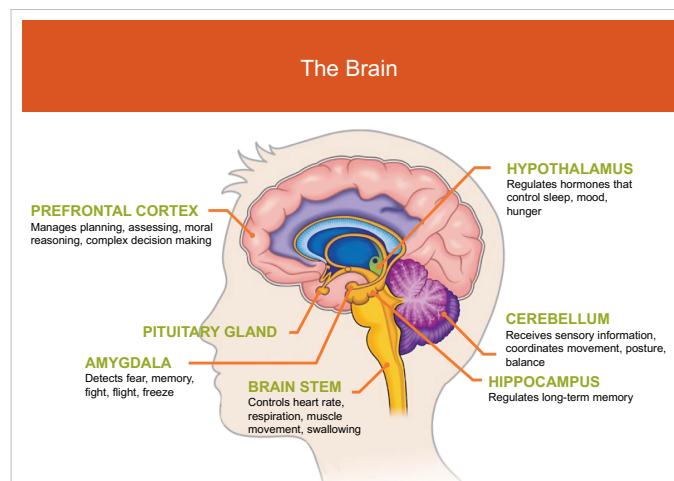
Review. Note similarities and patterns of the survival responses in each stage. Reinforce the idea that even though they worked separately, the groups share an understanding of what each response means.

Emphasize

- When the mental, emotional and physical responses of fight, flight and freeze kick in, they are often immediate, extreme and outside of conscious control.
- In a survival-in-the-moment state, it is hard for children to behave calmly and think clearly.
- When a child experiences a survival-in-the-moment state, all systems (mental, emotional and physical) are engaged in fight, flight or freeze survival responses to help them survive a perceived threat. For children under six months, their survival response is to try even harder to connect to a caregiver.
- Children may have similar reactions for each survival-in-the-moment state — kids of any age may hit or fight, for example. But their responses may also be different, depending on their age. For example, toddlers may hide in a closet in the flight state while a teen may run away.

Background: Understanding Survival-in-the-Moment States

We are going to talk about survival-in-the-moment states. You will find a handout on this topic in your “Foster Parent Resource Guide” if you want to review it later. This conversation is going to focus on the brain’s interaction with the body, since the human body and mind work together to respond when we feel threatened.



SLIDE 13

As you can see, the brain is made up of several parts that operate various functions of mind and body.

The ones we are going to focus on are:

- the prefrontal cortex — manages planning, assessing, moral reasoning, complex decision making; and
- the amygdala — detects fear, memory, fight, flight, freeze.

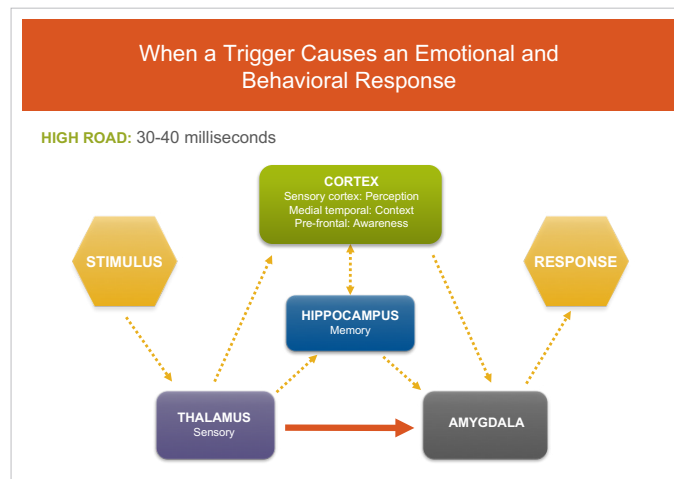
It is important to know that:

- Our five senses process information from the outside world; when we detect danger, strong chemicals are produced in our brains that bring about increased heart rate, rapid breathing, shifts in attention and strong emotional reactions that drive actions.
- Our bodies respond quickly.

These mental, emotional and physical responses focus us on one thing: survival.

I want to walk you through what happens in our brains when we feel something bad might happen — a threat.

SLIDE 14



Imagine that you are driving home. It's a beautiful day. You have your car stereo on, the window is down and you are relaxed. You are thinking about a great talk you just had with a friend. Suddenly, you notice a red object speeding toward you. In a split second:

- You take a quick inhale of breath and freeze.
- You detect a sense of pending danger or risk.
- Your attention immediately shifts.
- Your eyes become aware of the direction the red object is traveling.
- You feel your hands gripping the steering wheel.
- You sense how fast your car is traveling and hear the sound of another car's honking horn.
- Your body responds by sending more blood to your leg to help it move quickly on the brake.
- You focus your eyes on the rapidly approaching object.

In these brief moments, you are not making choices you are just reacting.

When children experience scary things happening, they react too. If they repeatedly see frightening things such as their mother being hurt, time after time, as in domestic violence, or extremely frightening things such as seeing a dead body, their brains are trained to shift from the thinking part of their brains, or the high road, to the fear part of their brains, or the low road. These shifts happen very fast and often without children being aware the shifts are happening.

If scary things keep happening, the fight, flight, freeze response becomes an automatic pattern.

When a person's brain is responding to feeling threatened, it has two ways to process what is happening and respond. Joseph Ledoux called these responses the low road and the high road.

Our low road manages threat. It reacts in 8–10 milliseconds to drive our emergency response system.

At this level of speed, some amount of detail is sacrificed, because our brains do not have the time to figure out if a threat is real. The low road is like a reflex — it just reacts.

Why is this important to know? When children are in circumstances in which they sense a threat to their safety or the safety of someone they care about, their brains react.

Their brains do not focus on the content of words being spoken. They do not analyze details. They can't make good decisions. They lose the ability to use their prefrontal cortex. It goes offline and is not as effective.

Instead, they focus on what their five senses are telling them. They focus on the following:

- the sound of the other person's voice;
- the look of the person's body posture;
- the intensity of eye contact; and
- the feel of the other person's touch.

Even smell and taste ramp up to read and respond to threat, because in a crisis every second counts.

The high road is a little slower. It provides meaning and understanding. The high road senses danger but adds something important. It tries to determine whether a threat actually exists and the degree of danger. If danger really is likely, the high road in the brain heightens the alert even more. If danger is not likely, it tells the brain to stand down. It sends chemicals to the brain to tell it to relax.

If Thinking Shuts Down, What Takes Over?

- **Reacting** — survival response only!
- Understanding the problem, gathering information, developing a plan, taking action
- Eventually, the system will return to baseline

SLIDE 15

What is happening? When you feel threat, your higher levels of thinking shut down — the ones that involve planning, reasoning and problem solving. These things take place in the brain's cortex and prefrontal cortex.

When higher-level thinking shuts down, what takes over? The more automatic parts of your brain, where your survival response system is located. When you feel threat, this simpler system takes control of your thinking, feeling and behaving. Under threat, we move from the thinking part of our brain to the fear part of our brain.

Raise your fist, with your thumb nestled under your four fingers. This illustrates how most of the time the thinking part of the brain (the four fingers) are in control and keep the fear part of our brain in check. Then show how under perceived threat, the thumb pops out and cover the four fingers to make a fist. When this happens, the fear part of our brains has taken over and we are just reacting.

As the threat eases, higher-level thinking resumes and children can think clearly again. In the earlier driving example, the threat decreases as you realize the object in front of you is a truck. And that it is slowing down. And that it will stop safely at the stop sign and cause no harm to you. You can relax.

Of course, all of that — the alarm, the shutdown of higher-level thinking, the switch to automatic response, the return of higher-level thinking — happens quickly. In this example, with the truck, all of this happens in about two seconds.

These types of near misses happen in life. Many of us are able to continue on, sometimes without remembering even a short time later that we were frightened while driving. But for others who experience intensely scary situations, or fearful situations that have happened repeatedly, the fear remains. What might have happened if the truck actually hit you — and your children were in the car? Or if this had been the third close call you had with a large truck in a single month? Our experience of the scary event can shape both our response to that specific situation and to similar situations in the future.



Am I Safe?

Faced with trauma reminders, children respond as if they are in danger, even when they are not, using the same, worn pathways



SLIDE 17

The point is, people respond to what is happening around them based on how they assess their environment. We are constantly looking for signals of safety or danger.

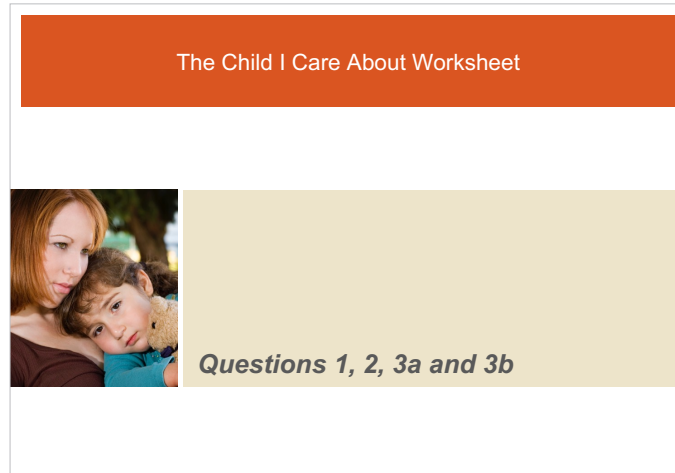
We know that in children who experience repeated abuse or neglect, the low road is overused. The low road comes at the expense of the high-road part of their brain. For children who experience dangerous or terrifying situations over and over and over again, the low road becomes hardwired. It becomes their primary way of reacting. The result is that these children begin to perceive threat in situations where it may not exist.

Emphasize

- Repeated use of low-road processing can come at the expense of high-road functioning.
- When faced with a reminder of past trauma, children can't accurately determine if they are truly at risk. Their brains have been hardwired to react as if they are in danger even when they may not be.

Ask. Do you have any questions? Does anything need to be clarified before we move to the next activity?

"THE CHILD I CARE ABOUT" WORKSHEET



SLIDE 18

ACTIVITY: "THE CHILD I CARE ABOUT" WORKSHEET

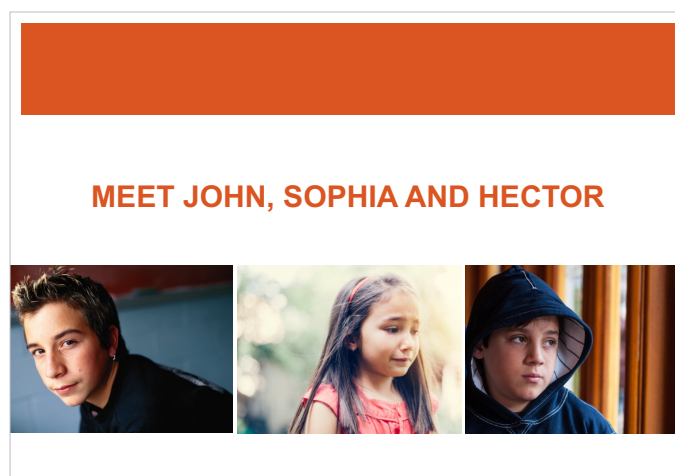
TIME: 5 MINUTES TO WORK, 5 MINUTES TO DISCUSS

- **Assign task.** Complete questions 1, 2, 3a and 3b on the worksheet for one child who is now or was previously in your home. You will have five minutes to work.

Allow five minutes to elapse.

- **Ask.** Can I have a volunteer share their worksheet without using names or identifying information about the child?

Discuss examples for five minutes, providing clarification as needed.




SLIDE 19

- **Introduce.** Now let's talk about the trauma experiences of three children: John, Sophia and Hector.

THREE TRAUMA STORIES

Let's Talk

Work together as a group to answer the four questions at the bottom of your worksheet



SLIDE 20

ACTIVITY: REVIEW THREE TRAUMA STORIES

TIME: 10 MINUTES FOR TABLE TALK; 10 MINUTES FOR REPORT OUT AND FOLLOW-UP DISCUSSION

- Each table has copies of one child's trauma story. There are three stories in the room. I would like each of you to read your table's story. Then work together as a group to answer the four questions at the bottom of the page. It is OK if you don't get all four questions answered in 10 minutes. Each group should choose a recorder and a spokesperson.

Allow 10 minutes to elapse.

- **Introduce.** Let's quickly review each of these children's stories. *Show the following slides, reading briefly the facts of the cases.*
-



JOHN

- Is always looking for trouble
- Has problems with rules and limits
- Has had four foster placements in two years
- Is often the subject of calls from school
- His current foster parents are supportive but are losing patience and hope


DIAGNOSIS:
Oppositional Defiant Disorder

SLIDE 21

SOPHIA

- Fears women, including teachers
- Won't go to school near home
- Hides
- Leaves without permission

DIAGNOSIS:
Anxiety disorder
and school refusal



SLIDE 22



HECTOR

- Is the quiet kid in class
- Has no behavioral problems but is often spacey and silent
- Gets bullied in school
- Is failing his classes

DIAGNOSIS:
Adjustment anxiety
disorder and depression

SLIDE 23

Next Steps

- **Discuss.** I would like one person from each table to briefly share your child's story and describe your group's answers to the questions. I will show a slide with each child's trauma story to help.

Suggested answers to questions about each child:

John's trauma is complex, since it began before the age of 5. He shows a fight response — and a little flight, when he storms out of the classroom. What could have reminded him of his past? The foster mother's friend who smoked may have reminded him of his father putting cigarettes out on him. The fights at school may have reminded him of his mother's physical abuse and being bullied by other kids. How John's behavior may have been protective in the past: It may have helped him protect himself from physical harm.

Sophia's trauma is acute, due to sexual abuse. She is showing a flight response when she leaves the classroom, goes to the nurse, etc. The female math teacher may remind her of her abuser, who was a

female neighbor. How Sophia's behavior may have been protective in the past: It may have allowed her to escape from her abuser as in when she ran to her grandmother when she came to pick her up.


Hector's trauma is chronic, because of the ongoing nature of the domestic violence against his mother and the threats against his life. Hector froze; he is described as shut down, with no emotion. His uncle may have reminded him of his mother's boyfriend; bullying peers may too. How Hector's behavior may have been protective in the past: By not reacting, he may have avoided some of the abuse.

After each group has presented:

- **Explain:**

- All three children experienced changes in affect or emotion, action and awareness. These shifts occur all at the same time within the child's response and demonstrate a survival-in-the-moment state.
- Many of children's mental health diagnoses are really misdiagnosed trauma. Stress responses — such as those seen in fight responses — can be mistaken for conduct disorder. A child diagnosed with ADHD may actually be struggling to concentrate in math class because of recurring, intrusive thoughts. This is not to say children with trauma can't be depressed or have anxiety. But it is critical that physicians have as much information as possible to make an accurate diagnosis. That's one reason it is so important for caregivers to go with children to medical and mental health appointments.

The Child I Care About Worksheet



Question 4

SLIDE 24

ACTIVITY: MORE OF THE "THE CHILD I CARE ABOUT" WORKSHEET

TIME: 5 MINUTES TO COMPLETE QUESTION 4 ON THE WORKSHEET, 5 MINUTES TO SHARE

- **Direct.** Let's take five minutes to complete question four: Why do you think caregivers miss identifying children who freeze?

Allow five minutes to elapse.

- **Prompt.** OK, what kinds of things did you write for question four? Do you recall a situation when your child seemed to freeze? What was it like working with the child? Was there something you can recall that seemed to help?

Potential responses to the question, "What was it like to work with the child?" He ignored me. It was like she couldn't hear. He had a stiff body. She was holding her breath. It was hard to get him to do anything.

Potential responses to the question, "Was there anything you did to help?" I just walked away. I sat down and spoke calmly to her.

- **Prompt.** Why do you think risk increases when caregivers do not identify kids who freeze?

Potential responses: Trauma is reinforced for the child. The child experiences more survival-in-the-moment states. The foster parent may continue to unknowingly trigger the child. The child doesn't get the treatment he needs. Potential placement disruptions. More frustration for the caregiver.

Experiences, Both Positive and Negative,
Affect Brain Functioning



SLIDE 25

Because of Trauma, Children May
Have a Broken OFF Switch

The brain does not realize
the danger is over

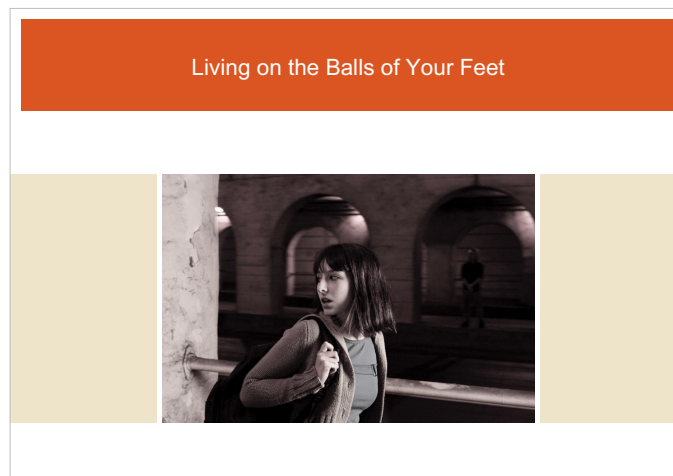


SLIDE 26

Emphasize

- Can you understand why it may not be helpful to personalize a child's survival-in-the-moment responses? It's because children are not able to understand the danger is over. What happens to us as caregivers when we personalize a child's behavior?

LIVING ON THE BALLS OF YOUR FEET



SLIDE 27

ACTIVITY: LIVING ON THE BALLS OF YOUR FEET

TIME: 10 MINUTES

- **Explain.** Trauma experiences can often leave children anxious, worried, nervous or fearful, even when there is no active source of threat. Parents and family members have described kids as looking on guard, defensive, going through life as if they were living life on the balls of their feet. For this activity, for those of you who are physically able, I'd like you to:
 - Create some space between yourself and others. Make sure you are not too close to objects.
 - Stand, lean forward and put all your weight on the balls of your feet. Hold that position for 1-2 minutes.

After two minutes, direct the group to stand normally:

- **Ask.**
 - What does this feel like — what awareness do you have? Often participants say it is uncomfortable and tiring, it takes a lot of energy and once they start to lose their balance, there is little they can do to slow down.
 - Have you seen this in the children you care for?
 - How can you apply this thinking to your day-to-day work with children in your home?

How Fight, Flight or Freeze Become a Behavior Pattern

- Trauma starts the child's emergency response system of fight, flight, freeze
- When exposed to ongoing or intense levels of threat, a child's response of fight, flight, freeze can become a patterned response
- With overuse, survival responses can be triggered by just being reminded of a child's past trauma

These patterns can have lifelong effects

SLIDE 28

Emphasize

- Trauma starts or activates the child's emergency response system.

Children Do Not Live in Isolation



Just asking what has happened is not enough. Learn what is going on in a child's environment:

- In your home
- At school
- During time with family
- In his or her neighborhoods
- In his or her faith and cultural communities

SLIDE 29

Emphasize

- The child's environment can either help and support or make it more likely that a child will experience survival-in-the-moment states.
- Look at the child's emotions and behaviors as well as social and environmental influences on a child.
- Trauma-informed care requires that you as a caregiver work both from the outside in, addressing problems in the social environment that surrounds and contains the child, and the inside out, bolstering the child's skills and resources in a less-than-perfect world.

Small Changes Can Have a Big Impact

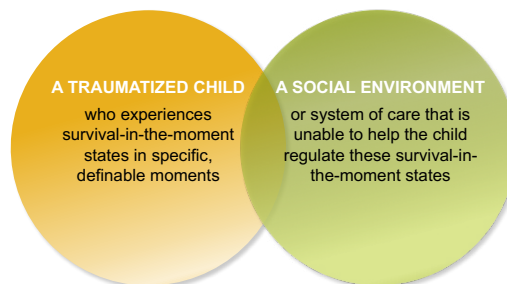


SLIDE 30

Emphasize

- Just as negativity in one area of a child's life can influence other areas, so can small, positive changes. Children who have experienced trauma also have incredible strengths that are highly adaptive.
-

The Trauma System



SLIDE 31

Emphasize

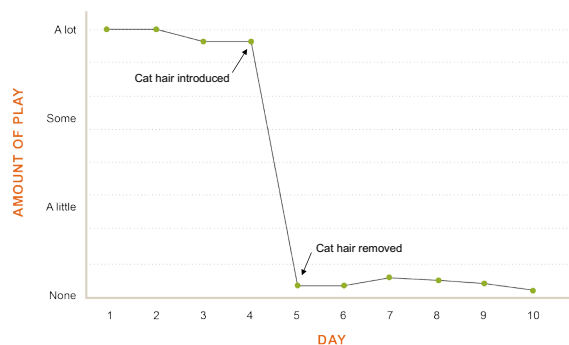
- Both sides of this diagram are equally important.
- As a caregiver, you will want to do two things at once:
 - help the child more effectively manage survival-in-the-moment responses when faced with a trauma reminder; and
 - create an environment that reduces trauma reminders and increases feelings of connection and safety whenever possible.

BACKGROUND: THE CAT AND THE CAT HAIR

AN INTERESTING EXPERIMENT WITH PLAYFUL RATS

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Amount of Play Over 10 Days



SLIDE 33

We are going to talk about the impact of trauma on the brain and what we call the cat and the cat hair. There is a backgrounder on this in your “Foster Parent Resource Guide” if you want to review it later or share it with friends and family.

Jaak Panksepp was a scientist studying the idea of joy. He wanted to try to find a way to measure joy and so he counted the number of times lab rats played (which is apparently a lot). Then he wanted to know what would happen to the level of play if he introduced a source of stress into the lab rats’ environment.

So he placed the single hair from a cat into the rats’ cage. Remember, these were lab rats and they had never even seen a cat before. The level of play dramatically fell off and it never returned to normal.

What can we learn from this? Every living being has the need for safety and security. When that safety is compromised, it dramatically affects us. This trait is in our biology. The drive to survive is hardwired into us.

Reminders of Past Dangers

Survival-in-the-moment responses can occur when a child is in actual danger or is merely reminded of danger

Even when dangerous events have passed, the child's memories and survival behaviors often remain

SLIDE 34

When we are focused on survival, other areas of our life suffer. Things like play, learning how to trust and building relationships are compromised when children are focused on just trying to stay safe.

But children can and do get better. Our brain chemistry and structure can be rewired 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.

Where Is the Cat and Where Is the Cat Hair?



SLIDE 35

Emphasize

- As caregivers, we need to understand both the cat (the potential risk of harm) and the cat hair (the reminders of past danger).
- The cat for a child 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 a former abusive male caregiver and the cat hair may be the sound of a man's raised voice.

Possible Cat Hair or Trauma Reminders

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

SLIDE 36

Emphasize

- A common source of traumatic reminders or cat hair for a child is loss of control. Being redirected, told “no” or being in strange situations often reminds children of times when their control or power was taken away against their will and scary things happened. Children equate feeling in control with feeling safe.
- Often a child’s negative responses are not about defiance. Or being disrespectful or wanting to cause trouble. The responses are about survival in the moment.
- How do you tell when a child is having a survival-in-the-moment response? Look for shifts in their affect, awareness and action. *Explain terms: affect (feelings or emotions...their facial expressions, gestures or tone of voice can give you clues), awareness (what they are focused on or thinking about) and action.* If these states shift within the same episode, you are looking at traumatic stress. For example, a child who smiles at the teacher, making sure she is watching, while she calmly picks up a chair and throw it, is not having a survival-in-the-moment response. The child has not had a loss of awareness she is very aware of what she is doing and she has not had a shift in emotions, she remained very calm.
- Behavior is a powerful communicator. We need to understand what the child’s behavior is trying to tell us. The calmer we are, the more likely we will be able to think clearly enough to figure it out. Seeing past the behavior to the child within increases our ability to connect with the child.
- Trauma is not the cause of all misbehavior. Not every time a child does something wrong are they having a trauma reaction. But if we ignore a child’s trauma history and we don’t think about the possibility of a trauma response, we run the risk of missing a powerful driver of a child’s emotional and behavioral challenges. Let’s look at this pattern more closely.

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Stages of Behavior (the 4 R's)				
	Regulating	Revvig	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, keep the child and others safe	Help your child continue to manage emotions and re-engage

Emphasize

- There are four stages of behavior — we call them the 4 R's (regulating, revving, re-experiencing and reconstituting). How children act and experience their bodies changes depending on the stage of behavior they are in — and so should your reaction to the child.
- Most of the time, children function in a regulated state. Their heart rate is in the normal range. The more complex parts of their brain are online and working well. They have an internal state of calm and can think about the future. They are able to sit quietly in the classroom, eat a pleasant family meal or complete their chores. They are able to manage their emotions and their behavior.
- But then a trigger appears: the sound of someone's voice, an anniversary date or being redirected. The child quickly becomes hyper-alert, shifting his or her focus to the perceived source of threat. The child's body starts to prepare for fight, flight or freeze. The child experiences rapid breathing, increased heart rate and muscle tension. Emotions expand and the child becomes intensely angry or fearful. Or the child becomes emotionally numb and shuts down. This phase is called the revving phase.
- If a child cannot calm and no one else can help him or her feel safe, the child may quickly go to re-experiencing fight, flight or freeze behaviors. This is called the re-experiencing phase. It is in this state that the child faces the greatest risk of harming him- or herself or others. It is also in this state that children may be unaware of what they are doing or what others around them are doing. When asked what may have happened when they were in this state, children may not be able to remember all or some of the details.

Shifts in the 4 R's Affect the 3 A's

The 3 A's include:

- **Affect:** How people display their feelings, especially on their faces or in their body language
- **Awareness:** A child's sense of him- or herself, what is going on in the environment and what he or she seems focused on
- **Action:** How a child behaves

SLIDE 38

- In children who have experienced trauma, we often see a predictable pattern of change in their affect, awareness and action. These changes give you clues about what is happening in the child's brain and body — clues that you need to pay attention to.

Let's Talk

How have you seen these shifts
in the children you care for?



SLIDE 39

- **Briefly discuss** (no more than five minutes). Have you seen these shifts in the children you care for? Now that trauma responses have been explained to you, has your understanding of children's behavior changed?

Trauma May Spark Challenges

Children experiencing trauma reminders may struggle with the following:

- Verbal or physical aggression
- Strong feelings (rage, terror, anxiety)
- Concentration and learning
- Relationship challenges (trusting and respecting)
- Shutting down emotionally (avoiding or isolating)
- Making inappropriate choices and self-harming

Think fight, flight or freeze —
Not willful, defiant troublemaker

SLIDE 40

Emphasize

- Eventually, the child will calm down and return to his or her baseline or pre-trigger behavior. We call this reconstituting. But it is important to know that children in this phase are very susceptible to stress in their environment and can quickly escalate back up into the re-experiencing state.

COMPLETING “THE CHILD I CARE ABOUT” WORKSHEET



SLIDE 41

ACTIVITY: MORE ON THE “THE CHILD I CARE ABOUT” WORKSHEET

TIME: 10 MINUTES

- **Do.** Please take five minutes to complete questions five and six on the “The Child I Care About” worksheet: What does your child look like when regulated and when revving?

Allow five minutes to elapse.

- **Share.** Volunteers? Who would like to share their answers? *Clarify key concepts as needed.*

Emphasize

- As you can see, age, developmental level, culture, race, gender and sexual identity can affect what we see in a child who is regulated and a child who is revving and needs his or her caregiver to intervene and reduce the level of stress.
- 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, you should contact a mental health professional and the child’s social worker immediately to begin an intervention and develop a safety plan.

You Are a Key Member of the Child-Serving Team

- You can help the team understand the connection between the child's past trauma — their cat hair — and the survival-in-the-moment responses you see
- Also on the team: social workers, day care providers, foster parents, therapists, teachers, coaches, other caregivers



SLIDE 42

Emphasize

- The goal of assessment and intervention planning is to help you and the child limit survival-in-the-moment states. Simply reacting to the child's episodes is not nearly as effective as finding ways to prevent them.
- As a caregiver, you will act like a detective, observing your child's reactions, learning about red flags that signal fearful or angry responses and observing the patterns and trends you see in the child's stress responses. Some questions to consider:
 - How does the child respond to different levels of light or noise?
 - How does she respond to touch?
 - Are there certain activities that he will give up on quickly or avoid altogether? Bathing, homework, chores or spending time with the family (perhaps because of feelings of vulnerability, frustration or family interactions that seem too close for comfort)?
 - Does the child repeat behaviors that convey nervousness, such as bouncing a leg, biting fingernails, pacing?
 - Does his heart pound even at rest? Are her fists clenched? Does he get quiet? Is she often looking for ways out of the room?
 - When does your child seem happiest? Most calm?

Homework and Questions



Homework

- Complete "The Child I Care About" worksheet



Questions

- Put questions in the question box, or
- Email one of us:

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Next Steps

- **Preview.** In our next session, we will introduce a tool called the Moment-By-Moment Assessment. This tool will help you in identify the child's cat hair and pattern of response.
- **Review homework.** For homework, please complete "The Child I Care About" worksheet on one child. If none of the children in your home has a survival-in-the-moment response, complete the worksheet for a past incident. Please remember to bring your completed worksheet next time for discussion.
- **Gather reflections.** Are there any questions or comments on today's material? Remember, you can leave written questions in the question box or send them to us by email.
- **Review.** I want to do a quick check in. Could each of you briefly share your thoughts about today? What stood out most for you?

Next Session



- Date and time
- Place

SLIDE 44

- **Appreciation.** You worked hard today — thank you! *Review when and where the group will meet next time.*



handouts

The next several pages contain the following handouts:

- “The Child I Care About” worksheet
- John’s trauma story
- Sophia’s trauma story
- Hector’s trauma story
- Stages of behavior (the 4 R’s)
- The brain

"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. Does 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

JOHN'S TRAUMA STORY

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'S TRAUMA STORY

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'S TRAUMA STORY

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?

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

THE BRAIN

