



strategies
to address
trauma

Facilitator's Guide to Module Two of TST-FC

APRIL 2017

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 Two PowerPoint slides
- Large, self-adhesive flip-chart tablet
- Question box
- Handouts (located in the back of this document) — make one copy per participant of the following:
 - Role play about dysregulation
 - Four of seven possible completed moment-by-moment assessments. For a single training, decide if you want to use Set A, consisting of pre-printed moment-by-moment assessments 1, 2, 3 and 5, or Set B, consisting of moment-by-moment assessments 4, 5, 6 and 7.
 - Moment-by-moment assessment (blank)
 - Priority challenge worksheet
 - Talking about psychological safety
 - Staying calm and neutral tip sheet
- Multiple pads of small 3x3 Post-it® notes — to be placed on each table

Before you start

Get seven pieces of flip-chart paper.

- One piece should be labeled regulated, revving, re-experiencing and reconstituting with space between headings for Post-it notes.
- Six pieces — two of each labeled Before, During and After, with these subheads: Affect, Awareness, Action, with Trigger added on the Before sheets. See below:

BEFORE	DURING	AFTER
Affect:	Affect:	Affect:
Awareness:	Awareness:	Awareness:
Action:	Action:	Action:
Trigger:		

- Find a participant who is willing to assist in the role play on dysregulation. Provide him or her with a copy of the role play. Review the instructions and answer any questions.
- Check the question box for any submissions.

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 two



INTRODUCTION AND GOALS

Welcome Back!

-  • Questions
-  • Review homework
- Today:
 - Strategies to prevent re-experiencing
 - Learning about moment-by-moment assessments

SLIDE 1

Introduction. Open the session with a greeting. Gather questions from the question box, read them aloud and answer them. Then open the floor for any additional thoughts or questions from the last session.

Discuss homework (allow 5-10 minutes for discussion). I would love to have someone volunteer to share how he or she experienced completing the back page of “The child I care about” worksheet. What did you learn from the exercise? What was helpful about it and what was not?

If you are running back-to-back sessions in which caregivers have not yet had a chance to complete their worksheets, one idea is to ask them to get out their worksheet and talk in pairs or trios about the four phases of state change (regulated, revving, re-experiencing, reconstituting) and what they have seen in the children they care for. Ask if there are any questions.

.....

Goals for Today	
Participants will be able to	Trainers will help you to
Complete a moment-by-moment assessment	See how assessment and planning improve your ability to reduce a child's survival-in-the-moment states
Describe your role in helping a team understand your child	Clarify your important role in team decision making and working effectively with a child
Develop strategies for addressing a child's patterns	See the benefits to children of a predictable, consistent and nurturing environment
Explain how a child's environment can trigger traumatic memories and contribute to revving or re-experiencing	Understand why different parenting approaches may be needed with children who have trauma experience
List three strategies for regulating behavior	

SLIDE 2

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Goals. Module Two helps you decrease the survival-in-the-moment responses for children affected by trauma. This module outlines interventions to address the specific needs of your particular child, as well as strategies that work for all children but especially children who have faced trauma.

When we are done today, you will be able to:

- Complete a moment-by-moment assessment.
- Describe your role in helping the team understand a child’s priority problem.
- Develop strategies for addressing a child’s pattern of emotional and behavioral challenges.
- Explain your understanding of how a child’s environment can trigger memories of past traumas and contribute to revving or re-experiencing behavior.
- List three strategies for maintaining regulation and identify one you have practiced in class that you can use at home.

As facilitators, we hope to:

- Help you see how assessment and planning improve your ability to reduce a child’s survival-in-the-moment states.
- Clarify how important your contribution is to team decision making and developing and implementing effective approaches to working with a child.
- Understand that when a child’s environment (home, school, etc.) is made more predictable, consistent and nurturing, fewer survival-in-the moment responses will occur.
- Understand the need for using different approaches for children who have experienced trauma.

Next Step

Last time, we talked about how children's affect, awareness and action change as they progress through the four stages. Those stages are regulating, revving, re-experiencing and reconstituting.

Safe, Consistent and Predictable
Environments Help Kids Stay Regulated

But we also know children struggle



SLIDE 3

Emphasize

- You play a powerful role in your child's life. You can model loving, supportive, regulated behavior. You can build strong relationships with children so they feel safe enough to ask you for help when their feelings threaten to overwhelm them.
- You can provide a safe, consistent and predictable environment — because that helps kids stay regulated.
- But we also need to be mindful of and know how to help children who may be struggling.
- Today, we will talk about preparing moment-by-moment assessments to help you understand patterns in how children behave. Those patterns will help you understand what sets the child off and which approaches you can use to keep the child regulated.
- Remember, we are always trying to prevent the child from shifting into re-experiencing, if we can. Let's start by digging a little deeper into the re-experiencing phase.

Fight, Flight or Freeze Are Survival-in-the-Moment Responses That We Must Anticipate

They occur when children are experiencing the following:

- Are in dangerous situations
- Are reminded of past dangers
- Example: Markief



SLIDE 4

Emphasize

- During a dangerous situation, survival responses provide the emotions and actions a person needs to survive. For children with extensive trauma histories, survival-in-the-moment responses may be activated even when they are not needed.
- Simple reminders of past danger can produce fight, flight or freeze responses. Responses that were once helpful now may cause serious problems. They can interfere with a child's ability to learn, be part of a family or experience a happy childhood. Responses that helped a child in an abusive or neglectful environment may be extreme or completely unnecessary in a safe environment.

Discuss Markief

- Markief lived in an urban neighborhood where there was a great deal of gun violence. This shapes his response to many things. For example, recently he was sitting in his math class and quietly doing his homework. Then, suddenly, a truck backfired in the parking lot.
- *Ask participants what they think happened next.*
- Within seconds, he was down on the classroom floor. This response made complete sense in his home environment, where it was very common for stray bullets to enter his apartment building. In his classroom, where it was safe, it did not. The children in the classroom laughed at him and his teacher disciplined him, because she thought he was trying to be disruptive. What worked in one environment to keep him safe did not work in another. Perhaps, if his teacher were aware of his trauma history, she could have understood his reaction and handled the situation in a way that made him feel safe.

Emphasize

- Children's brains need time to create new pathways. Simply putting them in safe, supportive environments is not enough. They need thoughtful and nurturing parenting over time to change neural pathways.

IDENTIFYING COMMON BEHAVIORS

What Behaviors Do You See in Kids You Work With?

	Regulating	Revving	Re-experiencing	Reconstituting
CHILD BEHAVIOR	Restful. Child is calm and engaged in their 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

SLIDE 5

Emphasize

- *Point to the regulating phase.* Children spend much of their time here. Remember: For many of our children, most of the time they are regulated. They are able to use their high-road functioning. They can focus in school, do their chores or enjoy a family meal.
- *Move to revving.* But then a trigger occurs, a reminder of past trauma, and they begin to respond as if they are in danger. If the child is not able to get regulated and if there is no one in the child's environment knowledgeable on how to help, the child can quickly get into fight, flight, freeze responses of re-experiencing. Eventually, we know they will come back down to reconstituting. Think back to times you have seen the children in your care pass through these four states.

Talking About the 4 R's

- Think about kids in your care. Take four Post-it® notes, one for regulated, revving, re-experiencing and reconstituting. Then do the following:
 - Write the name of the phase on the top of each Post-it® note
 - List three behaviors or conditions that describe what you have seen in children in each phase
- Example: Children who are re-experiencing may have a hard time thinking clearly. They may get quiet; they may not respond.

SLIDE 6

ACTIVITY: IDENTIFYING COMMON BEHAVIORS IN EACH OF THE 4 R'S

TIME: 10 MINUTES

- **Discuss.** For each of the four phases, can anyone share what behaviors and other responses you have seen in the children you care for?
- If you are not parenting a child at this time, work with another foster parent who is.
- Please use four Post-it notes. On each note, write across the top, one word per sheet for each of the four phases of regulated, revving, re-experiencing and reconstituting. Then think of behaviors or conditions you have seen in children for each of the four phases. Remember revving and re-experiencing include children who fight, flee or freeze. *When participants are finished, have them stick the behaviors on the appropriate piece of flip-chart paper.*

In the past, participants have mentioned things such as:

	FIGHT	FLIGHT	FREEZE
REGULATED Calm, pleasant, cooperative, happy, even-tempered			
REVVING	Increased emotion, clenching fists, raising voice, tense facial expression, glaring eyes, tearing up, increased rate of breathing	Shuffling feet, light breathing, looking scared, becoming anxious, wringing hands, making no eye contact	Stiffness, beginning to check out, seems dazed, won't talk, staring
RE-EXPERIENCING	Pushing or testing rules; being angry, agitated or irritable; using verbal or physical aggression; anticipating rejection and abandonment; being guarded or defensive; increasing their activity level; acting without thinking; engaging in risk-taking behavior; waiting to be hurt by others; struggling with authority, redirection and criticism	Showing higher levels of anxiety and fear; being easily startled; being easily frustrated; having difficulty discussing things; using avoidance behaviors, such as looking away, becoming silent or putting head down; giving up easily; using running away or abusing substances to escape	Withdraws or isolates, emotionally withdrawn, decreased attention, blank facial expression, cutting
RECONSTITUTED Beginning to manage emotions, calming down, getting quiet, feeling guilty, isolating or responding more			

Let's Talk

- Based on the behaviors you listed, which of the phases are the most difficult and dangerous to manage?
- What would it be like if we could avoid these challenges?



SLIDE 7

- **Discuss.** Let's discuss the four stages. I have some questions for you:
 - Which of the four phases is often the most challenging and dangerous for you to manage?
 - What difficulties or consequences do children experience due to re-experiencing emotions and behaviors?
 - We see clearly how harmful it can be when children enter the re-experiencing state. What if we could reduce or prevent these re-experiencing situations?

Emphasize

- Because these behaviors are so challenging, adults often focus specifically on helping kids in the re-experiencing phase. Unfortunately, by this point, it can be too late to intervene effectively and many times we are just along for the bumpy, painful ride. Often, when children are re-experiencing, the best you can do is to try to keep the child and others safe.
- Instead of simply developing strategies to handle these moments, it is important that we work to help children prevent them. This involves understanding a child's personal cat hair and his or her unique pattern of survival response.

You Need to Know a Child's Trauma History

- What specific experiences has a child had that were especially frightening or dangerous?

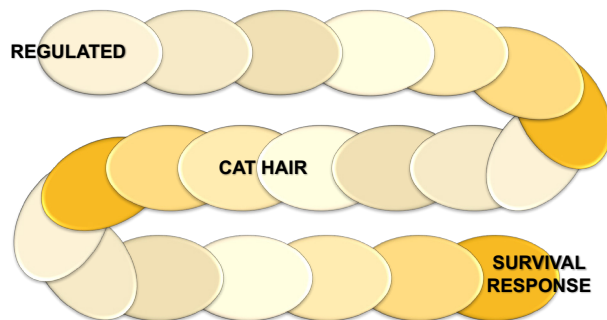


SLIDE 8

Emphasize

- Understanding a child's trauma experiences helps you to identify potential cat hair. Think back to the three stories we discussed at the last session. Remember John, Sophia and Hector? Understanding that John was disciplined with lit cigarettes by his father, helped his team understand his strong reaction to smelling cigarette smoke on the jacket of a man in his home. Without that understanding, the team may have thought John was just being rude and disrespectful.
- Being able to provide and have as much information as possible about the child's trauma history helps you in your role as an important member of the child's team. Both the child and the team will benefit from your efforts to understand and share the child's pattern of response as you see it.

Changes in Actions, Body Sensations, Thoughts, Feelings and Events

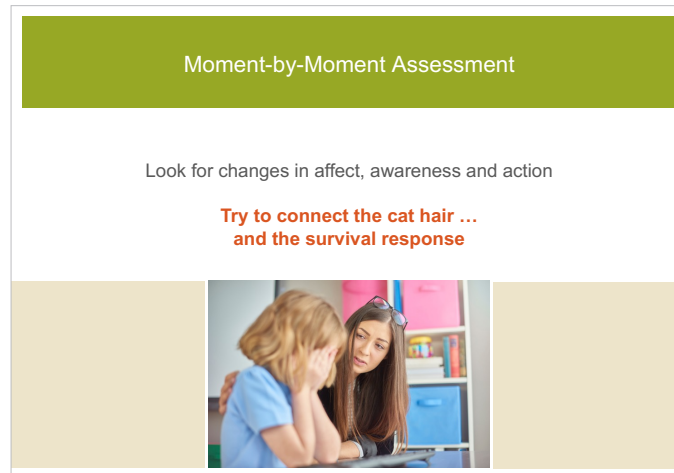


SLIDE 9

Emphasize

- This graphic represents all of the moments that lead up to a child's survival-in-the-moment response.
- In each of these moments, the child's affect, awareness and action are changing.

MOMENT-BY-MOMENT ASSESSMENTS



SLIDE 10

- Moment-by-moment assessments break down each episode so we can look at something important: What led up to the problem?
- These assessments help us think through what happened just before the episode and, sometimes, what occurred in the hours or even days before that might have made the child more vulnerable to the cat hair or trigger. For example, was the child sick the evening before and didn't get enough sleep? Was the child cut from the basketball team, her only source of socialization, earlier that day?

Background: Moment-by-Moment Assessments

Let's turn to moment-by-moment assessments, which can be used to help understand a child's behavior response. Please find a copy of the form on your table.

Walk participants through the form and demonstrate how to complete it.

There are three sections on the assessment form, labeled Before, During and After. In the first, you will record how the child seemed to be feeling, what he or she was doing before the episode and what may have triggered it. In the second section, you will describe the child's behavior during the event (the survival response). In the third section, you will identify the child's behavior and his or her process of calming down.

As you can see, the form is easy to fill out. You can simply circle the term that best describes the child or fill in a word that better describes what you witnessed. The more detail you add, the better. Don't be afraid to write in the margins of the form if you need to.

Emphasize

- The form is meant to be user friendly and should not take a lot of time to complete. That said, the more detail on the form, the more helpful the information.

- Moment-by-moment assessments can be completed by anyone who witnessed a child having an emotional or behavioral episode that caused concern for the child or others:
 - There is no need to fill out the form each and every time the child is upset. Do it when you or others need to understand what caused the trigger so you can make changes and reduce the likelihood of the child feeling overwhelmed next time.
 - Teachers, day care providers, coaches, family members, social workers and therapists can all help gather information on the child's survival-in-the-moment states. Whoever has witnessed the child having an episode of emotional or behavioral difficulty can fill out an assessment. Based on the child's age, he or she can also fill one out on themselves or with someone's help.
- It will be necessary to collect a minimum of three moment-by-moment assessments. Ideally, we recommend 3–5 in order for the team to feel confident in what they are seeing. This is another reason to seek the help of others.

ROLE PLAY ABOUT DYSREGULATION



SLIDE II

DEMONSTRATION: ROLE PLAY ON DYSREGULATION

TIME: 5 MINUTES FOR ROLE PLAY; 5 MINUTES TO FINISH FORMS; 10 MINUTES FOR DISCUSSION

- **Introduction.** We are going to watch a role play in which a child has a survival response. I want to let everyone know this child's reaction may be intense. I also want to let everyone know that we are acting out a story about a character. This is not about any child who lives with anyone in this room. My thanks to those who will perform for us. I want each of you to watch the child who has a survival response carefully. Fill out the moment-by-moment assessment for that child, focusing on what you observe about the child's body posture, voice tone, messages, etc., before, during and after the survival response. You can fill the assessment out as the role play progresses or at the end of the role play.

- **Background.** *Share with the group.* The child who has a survival response in this scenario was neglected. The child is now age 13, but at age 5 the child was left alone for long periods of time without adult attention, in unsanitary conditions and sometimes without food. The child was also in charge of a younger sibling.
- **Describe.** In this role play, the foster parent and the child are playing a board game and having a nice time. The child states how he/she likes playing with the caregiver and that he/she didn't get to do this in his/her own home. The child is clearly enjoying the attention. This continues for a minute or two. A second child comes in and wants to join the game.


Trainer #1 will play the role of the caregiver. Trainer #2 plays the role of the dysregulated child and name of participant is a child who wants to join the game. If there is only one trainer, he or she should play the dysregulated child. The more the parent tries to rationalize with the child, the more escalated the child becomes. It is important that the role play feel realistic.

- **Invitation.** Actors, please to come to the stage. *Role play takes place.*

COMPLETING A MOMENT-BY-MOMENT ASSESSMENT

What Do You Observe?

Completing an assessment



SLIDE 12

ACTIVITY: COMPLETING A MOMENT-BY-MOMENT ASSESSMENT


TIME: 10 MINUTES

- **Complete form.** Excellent role playing! I would like each of you to complete your form. You will have five minutes to do so. Circle the response that fits best or feel free to write in your own. This is your sense of what occurred, there are no right or wrong answers. *Allow five minutes to elapse. Ask the group to tell you how long it took them to complete. Many will be done before the five minutes is up. You want to reinforce that this does not take a lot of time.*

Let's Talk

Before, during and after

Gathering information from
moment-by-moment assessments



SLIDE 13

- **Discuss.** Use the three pieces of flip-chart paper labeled *Before*, *During* and *After*. Ask participants the following questions, capturing ideas on the flip-chart papers:
 - What emotions (affect) did you see or hear before the trigger? What actions did you see before the trigger and what awareness or thoughts do you believe the child had — what do you think the child was thinking about or focused on? This requires you to put yourself in the child's shoes since we aren't asking them directly.
 - What do you think triggered the child? *Participants will likely say, the other child asked to play the game. Ask participants what they think it was about the other child interrupting that was most distressing for the child? (Participants may say he/she lost the parent's attention, he/she was left out or abandoned.)*
 - When the switch got flipped, what type of survival response did you see — fight, flight or freeze?
 - Walk participants through each of the three time periods of *Before*, *During* and *After*. Ask them to talk about how affect, action and awareness shifted in each of the three time periods.
 - Once all three sheets have been completed, ask if they have seen something like this happening in their home?
 - What response by the adult could have been more helpful to the child?
 - How could you tell the child was showing a trauma response? *Answer: They saw the shift in affect, action and awareness all at the same time.*

Potential responses:

- *Before: Child was happy; calm and enjoying the game; child clearly felt safe.*
- *During: Child became angry; child was feeling the loss of attention, abandonment; "You can't play!"; child pushes the other child.*
- *After: Child is crying; child retreats; child feels badly.*

Emphasize

- The way the caregiver responded is common — it is easy to see how adults get pulled into trying to explain or rationalize with the child, but it may not have been helpful. Based on what we know, what may have been more helpful? *Participants may say things such as: validating for the child that his/her feelings of loss or abandonment are understandable. Agreeing with the child that it can be hard to share attention. Helping the child to take some deep breaths first, problem solving a way to have the second child play the next game, etc.*
- Remember, it will be difficult to see patterns with only one or two moment-by-moment assessments. In this role play, the initial assessment provides an early hypothesis or educated guess, but until we get two more assessments, that is all it can be. We can't truly feel confident in our understanding until we get at least two more. Once the team has three or more assessments in hand they will be able to confirm or rule out their suspicions.
- Moment-by-moment assessments help a child's team determine what about the child's past experiences felt most threatening to him or her.

For a child who was neglected, was it being left home alone, being unable to find something to eat or being worried about siblings that was the most distressing to him or her? Children have the most frequent and intense reactions to reminders of experiences that were the most threatening to them. Moment-by-moment assessments help us gather evidence to understand very specifically, what types of reminders may cause the greatest challenges for a child — and which interventions may be successful.

- By understanding the patterns, you can begin to understand which situations may be high risk for a child and plan accordingly, even if you do not have all the information on a child's trauma history. For example, after the foster mother in the role play understood the pattern of the child's struggle with sharing her attention, she could:
 - engage the child in helping her with meal preparation several nights a week for extra attention or find opportunities to ride in the car together or go shopping or read together;
 - provide pre-teaching to the child about what to expect in shared situations with other children and coping strategies to use; and
 - provide the child with additional messages of support during shared activities with other children.

REVIEWING YOUR ASSESSMENT



SLIDE 14

TWO IMPORTANT ACTIVITIES: REVIEWING MOMENT-BY-MOMENT ASSESSMENTS

TIME: 20 MINUTES TOTAL, 10 minutes for small group discussion; 10 minutes for report outs and discussion

- **Divide into groups.** Divide participants into three groups for a small-size training, six groups for a larger training. I have given each group the same set of four completed moment-by-moment assessments. Each group will need to choose someone to report out.
- **Review.** The first activity is to look at the four moment-by-moment assessments. These assessments were done on the same child, at different times, by different people. The child is Tylor. Despite the fact that these assessments were done by different people, you will notice there are some patterns here. Three of them seem to group around the same trigger. Discuss which one of the four you believe is different. This should take about you about three or four minutes. *For facilitator reference only: Three of the moment-by-moment assessments have body contact as the trigger, the fourth is related to being told “no” or being redirected.*
- **Report out.** Bring the large group back together. Ask for report outs. Usually, groups will identify the three assessments with body contact as being similar and the one about being told “no” or redirected as the one that is not the same. First impressions can miss important information. In the assessment that talks about the child being triggered by being told “no” or being redirected, you will note another key point: there was body contact in each instance. Think about how much body contact kids experience each day. Have you ever seen children in a line waiting for recess or lunch? How much bumping, touching and elbowing goes on in lines of children?
- **Discuss.** Are there any teachers in the room—can you speak to how much physical contact you see each day? It can be tempting to think the trigger is being told “no.” It is not unusual for parents and teachers to think about that first and stop there. But we need to know specifically what it is about

being told “no.” Is it how it is said? By whom? About what? Under what conditions? And we need to need to know what else may be going on at the same time. Sometimes kids will get triggered around being told “no,” but we always need to push to see what else may be going on.

Second Activity

- **Read.** Pull out your other assessments. You will have 10 minutes to review the three remaining assessments together and to discuss what information stands out to you. Gather information about the shifts in affect (feelings), action and awareness in each of the three assessments — Before, During and After the survival response. *Allow 10 minutes to elapse.*
- **Report out.** I would like a spokesperson for each group to provide information on the group’s main thoughts. *Go to the three pieces of paper labeled Before, During and After. Ask one group to report out on what was happening Before the re-experiencing episode with regard to affect, action and awareness. Ask the first group what they thought the trigger was. Write responses on the sheet titled Before. Ask the second group to report out on what they saw in affect, action and awareness During the re-experiencing episode. Write responses for the three categories of affect, action and awareness on the During sheet. Ask the third group to report on what happened to the child After the re-experiencing episode in affect, action and awareness. Write the responses on the After sheet.*
- **Emphasize.** When you do this brainstorming in the future, you will be doing it with your child’s team. These teams could be with the child’s child welfare or school team. *Finish listing themes on the flip-chart paper labeled Before, During and After.*
- **Explain.** Teams may miss things. For example, in moment-by-moment assessments three and four, a team could miss the body contact and think the trigger was being told “no.” This does not mean that the process does not work, just that they may need to go back and have a second look. You will know you have missed something if the strategies you have put into place are not working.
- **Reinforce.** Note that there are many strengths that the team learned from these assessments about Tylor. What are they? Tylor has times where he is doing well, especially when he is playing. Would we want to take that away from him? No. We want to use that strength to help Tylor. He knows when he has done something wrong and he feels bad about it. That’s a strength some kids don’t have. If we just focused on the problem behaviors, we would miss these.

Now That We Know the Problem ...

How can we identify patterns?
What are some things we could do to help?

Use a creative thinking process



SLIDE 15

- **Discuss identifying patterns.** Use the following questions: What patterns do you see in Tylor's behavior? We know that often, he is appropriate and he is able to follow rules, play with other children, etc., but that he struggles with unwanted touch and that when he experiences it, he reacts with a fight response. *Reiterate that these patterns will help you and the rest of the child's team know what to do to help.* The next step will be taking this assessment information and bringing it together to help us develop effective strategies that are unique to Tylor and his unique trigger-and-response pattern.

Emphasize

- In the future you will share your moment-by-moment assessments with your child's team. The team will develop ways to help the child together, so there is a single plan and each member of the team can see the whole picture.
- Ways to help do not have to be complicated. You will see that while strategies may be simple, because they address the child's unique trigger-and-response patterns, they often work better than other more complicated strategies we may try. The most important thing is that they aim to:
 - reduce signals in the environment that flip the child's switch into survival state; and/or
 - help children become aware of and manage their emotions and behaviors more effectively when they are in the regulated and revving phases.
- As your team works, use a creative-thinking process. Creative thinking is best done when ideas aren't discounted right away but are just captured. Later, each idea can be discussed and, after that, the team can narrow down a list of possible triggers and interventions.

Additional Thoughts About a Child's Trauma History



SLIDE 16

- I want to make some brief comments about children's trauma histories. Remember that with Tylor you did not know what his trauma history was and yet you were still able to see his patterns. Information about a child's trauma history is very, very helpful for caregivers and many agencies across the country are seeing the benefits of sharing children's trauma histories in lawful, respectful ways. But even if you don't have that information, I hope you see that it is still possible to see the patterns.
- Additionally, one note about sharing a child's trauma history with teachers, coaches, etc. We always want to be respectful of confidentiality but there are perfectly legal ways of sharing this information that don't divulge too much personal history. For example, you might say to a coach, "This child has had some tough things happen in his life that make it very difficult for him to manage loud, male voices yelling at him. Until he learns to trust you, it may work best if you call him over to you for instructions so you don't have to raise your voice." You have just given the coach some very important information to help the child and you haven't violated anyone's confidentiality.

Reviewing Priority Challenge Worksheet

- How to use this worksheet
- Time to try it yourself!



SLIDE 17

- **Review the Priority Challenge Worksheet.** You will see that the top section of the worksheet asks the team, including you, the caregiver, to identify the past fearful or traumatic events that are being triggered for the child, what the cat hair may be and what the resulting emotional and behavioral challenges may be.
- Look at the columns on the worksheet. Select words from each one that apply. For example:
 - **Past trauma:** This refers to the child's past history of trauma. As you can see, the list is not exhaustive; you can add words that better describe your child's history and that can be important clues to what is happening now. If you do not know, ask the child's worker for information. While details are helpful, they are not necessary; sometimes just knowing what type of trauma your child has experienced can be enough.
 - **Cat hairs or triggers:** You will see a wide variety of daily events that could trigger a survival response in a child. Determining what sets a child off requires careful detective work by you, the caregiver and the team.
 - **Feelings:** This column describes the feelings or affect the child displays when he or she is in the survival state. The child may show one or many emotions during this state. While it may be tempting to circle every possible feeling, it is best to be disciplined and circle only those that you think are driving the behavior.
 - **Challenges (emotional or lower behavioral):** These are behaviors of a child who is in a survival state. The behaviors do not pose a threat to the child or others but require you to intervene to avoid escalation.
 - **Challenges (higher behavioral):** These are behaviors of a child who is in a survival state. The behaviors are more extreme and are cause for serious concern for the child's safety or the safety of others. Your intervention is critical.

ACTIVITY: COMPLETING THE PRIORITY CHALLENGE WORKSHEET

TIME: 20 MINUTES

- **Fill out worksheet.** We are going to complete this worksheet as a group using information from three of the moment-by-moment assessments from above. *Have a blank copy of a priority challenge worksheet that you can complete with audience participation.*
- **Look for themes.** As you read about Tylor, what themes do you see? *Wait for participants to shout out responses. Circle their responses on the form. In the first section entitled "Reminders of past trauma," ask the group to think about what type of trauma children like Tylor who have a fight response have often experienced. Often kids who fight have been physically abused or witnessed domestic violence that brings out reminders of danger or being hurt. In any section, try to limit responses to no more than 2–3 per section.*
- **Build the sentence.** *Once the form is complete, build the sentence at the bottom of the second page from the words circled. It should read something like, "Reminders of past danger and being*

hurt, such as unwanted body contact, lead to feelings of fear, panic and anger, which lead to cursing, hitting and pushing.”

- **Discuss.** You have just simplified a lot of information about Tylor into a sentence that can now inform how we understand Tylor's behaviors and develop strategies to help him.
- **Brainstorm.** What things could we do to help Tylor? We need to 1) reduce cat hair and provide signals of care and 2) help Tylor build skills around coping with unwanted body contact. We need to have strategies for both sides of the trauma system (remember the two overlapping circles). We need to address the system and we need to develop Tylor's skills. Within the system, remove cat hair and offer signals of care. Within Tylor, help him learn to cope. Remember that helpful solutions are often very simple. *As participants list ideas, write them on flip-chart paper. Once the list is done, compliment them on their work. Ideas may include: talking to Tylor's caregivers about giving him some warning if an activity may have possible body contact, getting a low-cost bean bag chair that he can use vs. sitting on the couch, having him walk at the back of the line with a special job as the class leaves the room (shutting off the lights). Helping him learn some calming skills to use if he gets bumped, etc.*

Things to Keep in Mind

- Prioritize the response pattern that most worries the team
- If the child continues to dysregulate, the team may have missed something
- Interventions need to address the child and the environment and, ideally, take place when the child is in the regulated and revving phases

SLIDE 18

Emphasize

- If a child's team has tried particular solutions that haven't worked, that doesn't mean the team's plan has failed. It just means the team may have missed something. Keep trying!
- Solutions are most effective when they focus on helping the child to maintain regulation (lessening cat hair and providing signals of care) or helping the child to re-regulate if they are revving.
- Multiple response patterns are not unusual. Typically, what we see depends on the different types of trauma a child has experienced. We may witness different response patterns in the same child — for example, a child who has been physically abused may engage in a fight response when he hears raised, male voices but because the child was also food deprived, he may hoard food when he feels hungry.

- If the child has multiple response patterns, pick the one the team is most worried about first — for example, if a child is cursing when disciplined and cutting when asked to take a shower, we need to deal with the cutting first.
- If the child continues to struggle despite your interventions, the team may have missed something. This would be a good time to review the moment-by-moment assessments collected, gather some additional ones and try new interventions.

Moving From Child-Specific Strategies to Strategies That Can Benefit Every Child in Your Home



SLIDE 19

Let's move from child-specific interventions to interventions that can benefit all children, especially those who have experienced trauma.

Predictability Helps Children Stay Regulated

What do you do to create predictability?



SLIDE 20

- **Discuss.** Children who have experienced trauma have often witnessed or experienced harm in unpredictable ways. Because of this, children need to know what to expect and when to expect it.
- **Ask.** What are some things you do to keep your home predictable?

Explain

- Keep an environment predictable so children know what will happen next. Do this by posting and maintaining regular schedules for mealtimes, study times, bedtimes and such. Other things to consider are maintaining predictable bed and bath routines. Have the same day care provider greet them each day. Have the same “good-bye” ritual whenever possible.
- Consistency means that rules, expectations and schedules stay the same as much as possible and that we are balanced and fair in our approach with children.

Consistency Is Critical

- Can children count on what you are saying or doing?
- Are you balanced and fair?
- Are your kids free from worrying about the unknown?

**“Success is the sum of small efforts,
repeated day in and day out.”**

— Robert Collier

SLIDE 21

- Providing consistency is one strategy for helping children maintain a regulated state. The more children can maintain regulation, the more regulated they will become over time. The brain needs time to practice staying calm.
- When the environment is consistent, it frees up the child. He or she can worry less about what could happen. This helps focus the child more on learning to manage feelings and behavior. Children in the care of consistent caregivers experience less anxiety and are less likely to push boundaries because they know the caregiver will follow through.
- Many children who have experienced trauma blame themselves for the abuse. When children experience daily consistency, they get the message that they are not responsible for all events happening. They begin to learn that sometimes outside forces shape experiences. Also, as children feel safe and the environment becomes more consistent, parents often report fewer temper tantrums, arguing and bargaining, since children learn where the limits are.
- It is unrealistic to think that a schedule will never have to be adjusted — that's life. The important thing is that you tell the child of changes in advance whenever possible and offer strategies on how to manage the change. If something comes up and you can't tell the child in advance, explain

why the change had to occur, apologize for the disruption and talk about what you are doing to help the child manage the change.

- For example, let's say a child and a caregiver are in the midst of a struggle over a snack. For the most part, we try to stick to schedules but this child has just come home from baseball practice. The child is asking for a snack and the caregiver is saying it isn't snack time. There may be times to insist on keeping a schedule; for example, if dinner is five minutes away. Having the child help by setting the table may move things along. But it may also be appropriate to work out a revised snack time with the child, taking into account baseball practice. This is especially true for children who have been food deprived. Food insecurities can be highly triggering for kids. Keeping snacks in plastic containers in pantries or in the child's room where they are easily accessible but not attracting bugs can reduce a child's anxiety about not having enough to eat. What we hear from parents is that when they make these accommodations and the child knows that food is always there, the child's demand for food lessens.

HOW TO PRE-TEACH

Pre-Teaching Helps a Child Imagine What Might Happen in a New or Challenging Situation



SLIDE 22

Emphasize

- Pre-teaching simply means describing to the child ahead of time what will happen and what you expect him or her to do in a certain situation.
- Pre-teaching is especially useful when it helps the child figure out how to manage a transition, such as when he or she is moving from one activity to another or when you aren't sure how the child will respond in a situation. Pre-teaching helps reduce a child's worries and lets the child know what you expect.
- Here are some examples of stressful situations that could be eased by pre-teaching: Going on a trip. Moving from one grade to another. Getting ready to go to bed. Going to the agency or a court-appointed visit. Leaving your home.

To Pre-Teach

- Keep words simple and tone positive
- Think ahead about what might sidetrack this particular child in this particular situation
- Describe what you expect briefly and clearly
- Ask if the child has any questions

Careful: Don't pile on too many expectations

**Now that you've set it up,
LET'S PRACTICE**

SLIDE 23

Explain

- Pre-teaching helps reduce a child's worries. It lets the child know what you expect. *Text on the slide provides specifics.*
- I am going to talk you through how an adult might help 8-year-old 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 with Josiah as they arrive at the grocery store. He keeps the tone positive and makes his expectations brief, clear and not too complicated.

As they stand outside the store, the dad says something like, "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.

"We left the house with a grocery list, remember? Grocery lists are important. They 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! But can I put them in the cart? Nope — not if 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, going slowly and walking next to me. And I need your help putting 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."

Josiah and his dad move into the grocery store.

"Please go get a cart and bring it right next to me. Good job! Remember, on this trip, only things on the list go in the cart. If you can help me stick to the list, 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 at the grocery store today and I am ready to give you lots of compliments when I see you helping me with those three things.

"I better practice giving compliments. How about this: Josiah, I really liked that when you pulled out that cart, you did it smoothly and didn't bump 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."

Discuss

- **Remind.** Don't forget: What challenges one child may not challenge another. What challenges a child today, may not tomorrow. You need to constantly assess the child and plan accordingly.
- **Discuss.** Can you think of circumstances when pre-teaching might work with a child in your home? *Discuss for five minutes.*
- **Review.** Let's talk about what makes a good compliment. A compliment should be specific, given with good eye contact and connected to the behavior you want to see. Kids need three to four compliments for each criticism.

In a Calm State, a Child Is Able to
Think and Control Their Behavior

Predictability helps...
working toward progress not perfection.



SLIDE 24

Discuss

- Predictability, consistency and pre-teaching help create stable environments. However, your best strategy for creating stable environments is to keep calm.

Let's Talk

What's your strategy for staying calm?



SLIDE 25

- **Teach.** Note that one of the hardest things about being consistent is keeping our responses calm. With children who have experienced trauma, our ability to stay calm is one of the best ways to help the child stay or get calm.
- **Ask.** What are your tricks to stay calm? *Potential responses: "Take a few breaths." "Take a time-out myself." "Talk in a softer voice." "Stop and think for a moment about the best way to handle the situation." "Remember that this is a child who has been traumatized and I want to help."*

PSYCHOLOGICAL VS. PHYSICAL SAFETY

A Combination of Approaches

You may need to use multiple strategies to help a child maintain regulation and feel safe

Remember: Safety is both physical and psychological



SLIDE 26

- As your team identifies a child's patterns and as you work to stay calm, you are likely to use a variety of strategies to help a child feel safe.
 - While we have worked on finding specific strategies to help kids, based on the unique needs of each individual child, there are other approaches that can also be helpful. One is to remember that safety is both physical and psychological.
-

Emotional vs. Physical Safety

- What strategies do you use to keep children **physically** safe?
- What strategies do you use to keep children **emotionally** safe?
- What things do you think make children in your home feel emotionally safe?

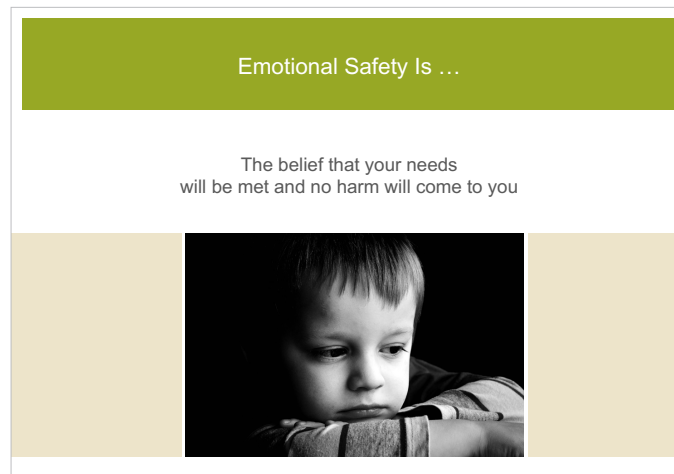
SLIDE 27

ACTIVITY: PSYCHOLOGICAL VS. PHYSICAL SAFETY

TIME: 5 MINUTES

- **Differentiate.** Physical safety is when we keep children out of harm's way — to make sure their bodies, their physical persons, are safe. Psychological safety is when we help them feel emotionally safe so they are not scared and fearful.

- **Ask.** What strategies do you use to keep kids physically safe? *Participants are likely to mention many ideas, such as keeping sharp objects out of reach, using seatbelts and baby gates, covering electrical outlets, locking the doors at night, etc.*
- **Ask.** What strategies do you use to keep children psychologically or emotionally safe? I know that can be a hard question to answer — we don't often talk about psychological safety. *Potential responses: "Using night-lights." "Leaving doors open." "Reassuring the child you will protect him or her." "Staying calm and not raising your voice." "Not ridiculing the child." "Comforting them at the doctor or dentist office." "Not using corporal punishment." "Having a schedule at home for meals, bedtimes, etc."*
- **Reframe.** *If participants get stuck here, ask them, What makes you feel emotionally safe?*



SLIDE 28

Emphasize

- Emotional safety is "the belief that my needs will be met and no harm will come to me."
- For children who have experienced trauma, emotional safety may come in the form of regular meals or discipline that does not involve hitting, or the ability to share feelings and have those feelings respected, or night-lights for the dark, or comforting words at bed time — things we may not have thought of if we grew up in homes where we could take safety for granted.
- What makes a child feel more or less safe may change as a child develops.

ROLE PLAYING A SAFETY TALK

Talk With Your Child About Emotional Safety

- Find a moment when you have time and can really listen
- Be prepared to wait. Do not rush to fill the silence
- Explain the difference between physical and emotional safety
- Offer to talk more later, when the child thinks of something or is afraid
- Now that you've set it up, let's see what it looks like

SLIDE 29

DEMONSTRATION: ROLE PLAYING A SAFETY TALK

TIME: 5 MINUTES FOR DEMONSTRATION AND BRIEF DISCUSSION

One way to communicate to a child that you care for him or her is to ask what he or she needs to feel safe. We call that having a safety discussion. Keep four things in mind when you have a safety discussion with a child:

1. Find a moment when you have time and can really listen to the child.
2. Be prepared to wait patiently while the child thinks. Do not rush to fill the silence.
3. Help him or her understand the difference between physical and emotional safety.
4. Let the child know that if he or she can't answer your questions today, it is OK to tell you later, when he or she thinks of something or feels afraid.

Can I have one of you please join in a role play so I can demonstrate how a safety conversation might go with a child?

Once a participant is in the front of the room with you, have a conversation something like this.

"Hi Carrie. Is it OK if I talk to you for a minute? It is very important to us 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.

"We also want to know what helps each person feel safe. When people feel safe, they know that they will not be hurt. They know that 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 when they know what time dinner is each day. Or if they can get their favorite stuffed animal from home.

"I wanted to make sure you feel safe. Is there anything we can do to help you feel safe?"

Pause, 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."

- **Ask.**

- What did the caregiver do well and what could he or she improve on?
- How do you keep kids psychologically safe as well as physically safe? It depends on the child and his or her past experience with trauma.

Let's Talk: Having a Safety Discussion

- Pair up and take turns practicing how you would talk to your child about what helps them to feel safe
- What strengths did you notice in your partner's discussion?



SLIDE 30

ACTIVITY: PARTICIPANTS ROLE PLAY ABOUT HOW TO HAVE A SAFETY DISCUSSION

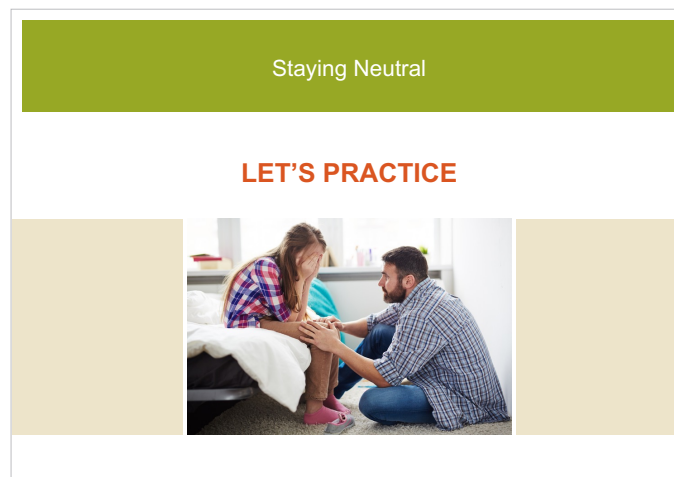
TIME: 15 MINUTES TOTAL, 10 minutes for role plays, 5 minutes for follow-up discussion

- **Pair up.** Please pair up. We are going to have pairs take turns practicing how to have a safety conversation with a child in their home. Make sure to tell your partner the age of the child you want to role play about. *Allow 10 minutes to elapse.*
- **Share.** Can I have a couple volunteers share what their partner did that was helpful or supportive?
- **List ideas on flip-chart paper.** What made the safety conversations more successful? How did the caregiver's response vary depending on the child's age?
 - *Potential responses for kids birth–age 6: "Use a soothing voice." "Ask if he is OK." "Let him ask questions." "Give the child examples of how you plan to keep them safe (using a night-light, etc.)."*
 - *Potential responses for kids 7–18: "Reassure him he will be safe." "Share daily schedule with her (meals, homework, etc.)." "Ask the child what he or she needs to feel safe."*

Emphasize

- The tone of the conversation is often more important than the specific words used. The tone needs to show genuine curiosity, willingness to learn, respect and regard for what the child shares.
- Some children may do better if they can draw pictures about what makes them feel safe. Others may not be able to respond immediately. Do they seem afraid or unable to respond? Let them know you can always come back to this safety conversation, because safety is an important thing to communicate about.

WHAT DOES AND DOESN'T WORK TO STAY NEUTRAL



SLIDE 31

DEMONSTRATION: STAYING NEUTRAL ROLE PLAY AND DISCUSSION TIME: 10 MINUTES


- **Introduce.** Now we are going to talk about an important strategy to help you help a child who is struggling with his or her emotions or behavior. You can help a child learn how to manage his or her feelings and act responsibly. Limits and consequences help children and adults feel safe and respected. One way to do this is for you to stay neutral when a child is falling apart. A calm presence from “you” is your best intervention.
- **Ask.** What does it mean when a parent stays neutral? Can I have a volunteer to describe, then role play with me, a time when a child in your home had a meltdown? You will play the child and I will demonstrate staying neutral.
- **Role play.** Have the participant briefly describe the situation to the group; then the two of you will have 3–5 minutes to role play.
- **Discuss.** What does it sound and look like when an adult is “staying neutral”?
- **Share.** After some ideas have been identified, pass out the “Staying Calm and Neutral Tip Sheet.”

Emphasize

- Staying neutral means that you do not engage with the child in an argument or disagreement.
- Staying neutral helps you and the child get through tough situations. Remember, even though you may not agree with how children feel, the feelings are theirs. The more you try to lessen or ignore the feelings, the more the child will hang on to them. Validate the feelings, not the behavior. Say, for example, “I hear that you felt angry when your headphones were taken and I understand that, but hitting your brother is not OK.”
- Let’s review the tip sheet together. Things like breathing seem so simple but can make a big difference. You can do that by taking three deep breaths. Inhale through your nose, slowly and deeply into your belly. Hold it, then slowly exhale through your mouth, this will help calm you and center your nervous system.

Discussion

- What did you notice?
- Pair up. What works to help you stay neutral? What doesn’t?



SLIDE 32

ACTIVITY: DISCUSS WHAT DOES AND DOESN'T WORK TO STAY NEUTRAL

TIME: 10 MINUTES TOTAL

- **Pair up.** Spend five minutes talking with your partner about what does and doesn’t work as you try to stay neutral.
- **Get feedback.** What ideas did you hear that were helpful? *Write suggestions on flip-chart paper.*
- **Share.** When you need help, take a look at this tip sheet; it has ideas for staying neutral. You will also find copies in your “Foster Parent Resource Guide.” The more you stay calm, the clearer you will be able to think and the better you will be able to problem solve. Remember: A calm “you” is your best intervention.

When a Child Has a Meltdown Moment

- Respond quickly and with understanding. **Breathe!**
- Make eye contact and provide a supportive presence. Ask everyone to stop the conflict and take three slow, deep breaths
- Help the child problem solve. If you need help, ask others to help generate solutions. **This is not about taking sides, it is about working calmly as a family** to address the child's concern, maintain safety and develop options
- Decide on a course of action
- If the child escalates, set limits for safety if needed. Use a firm voice to tell child what action to take
- Once the child is regulated, ask them to scale the earlier feelings and talk about how to cope in the future

SLIDE 33

Emphasize

We are going to continue talking about helping children manage their feelings and behavior and assist them in finding ways to calm down. The more children sense that an adult hears and understands their feelings the less intense the feelings become. First, some basics. *Selectively read through text on the slide, adding examples as you'd like.*

"Scaling" Feelings

Help your child describe the intensity of his or her feelings:

- Using words
- Using colors
 - **Green:** You are calm and relaxed
 - **Yellow:** You are starting to get worried
 - **Red:** Your feelings are very intense
- Using the body as a measure

RATE YOUR EMOTION:



SLIDE 34

What do I mean by "scaling" feelings?

Scaling feelings is a way of helping children and teens understand that any emotion can be felt or expressed a little or a lot. In some cases, the "a lot" end of the spectrum can be hurtful to the child and those around him or her.

There are many ways to have this conversation with a child. You can suggest the child use his or her body to express how much emotion he or she is feeling. If your emotions fill up to your knees, you are feeling a little emotion. To the top of your legs means you are feeling some emotion. Your chest means you are feeling a lot of emotions. Your head means your ability to handle any more emotions is limited because you are nearly full.

There are other ways you can help a child scale their feelings. Scaling can be done with colors. Green means I am calm and relaxed, yellow means I am starting to get upset and red means my feelings are very intense.

You can create your own scale with words that you and the child agree on to describe various phases.

Once the Child Is Completely Calm

- Discuss what appropriate responses would look like in the future
- Have the child practice those preferred actions, if possible
- Focus on what he or she could do differently next time and why



SLIDE 35

Emphasize

- Although we are always trying to help kids stay regulated, there are going to be times when nothing works. You will want to check in with a child once that moment has passed, as part of your campaign to have regular conversations about feelings and help the child increase his or her understanding of how to calm down. *Discuss the points on the slide.*

Homework and Challenge



Homework

With your child's team:

- Collect 3-5 moment-by-moment assessments
- Discuss a priority problem and possible interventions

Bring the results to our next session



Challenge

- Practice a strategy discussed today

SLIDE 36

Next Steps

- **Preview.** In our next session, we will talk about revving, re-experiencing and reconstituting and how to help children experiencing these three stages.
- **Review homework.** If you have a child in your home who is dysregulated:
 - Plan with your child's team to collect 3–5 moment-by-moment assessments between now and when we meet again.
 - With the team, develop a priority problem with interventions. (This can be done through a conference call.)
 - Bring a copy of the team's priority problem and next steps to the next training session.
- **Challenge.** If you can, please practice one of the strategies covered in today's training with a child in your home. Jot down a couple sentences about how it went and any questions you have so you can share your experience at our next meeting.

Questions and Next Session



Questions

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



Next session

- Date and time
- Place

SLIDE 37

- **Appreciation.** Thank you for your hard work. *Review the date, time and place for the next session.*

handouts

The next several pages contain the following handouts:

- Role play about dysregulation
- Seven completed moment-by-moment assessments
- Moment-by-moment assessment
- Priority challenge worksheet
- Talking about psychological safety
- Staying calm and neutral tip sheet

ROLE PLAY ABOUT DYSREGULATION

Players

- Trainer #1 plays the role of the caregiver
- Trainer #2 plays the dysregulated child
- A relative or foster parent plays a child who wants to join the game

Scenario

A foster parent and child are playing a board game. The parent is paying attention to the child and enjoying the game. The child is also enjoying the game. He is smiling, looking right at the parent, relaxed, laughing and connecting well with the parent. The child makes a reference to never getting to play games with his parents and that he is really having fun. "I never got to play with my mom at home. She was gone a lot. I'm glad you are playing with me. I wish I could teach my mom this game." The child is also able to help teach the adult to play the game.

One minute later, another child enters and asks to play the game. The foster parent turns his attention away from the first child and begins to encourage the second child to join them, using lots of positive statements about the second child. The second child begins to sit down to play.

The first child starts to become upset. He bounces his leg, chews on his fingernail, looks angrily at the other child. He is showing signals of getting upset. Then he says he doesn't want the second child to play. He says things like, "Why does she always have to come along and get in the way? We were having fun; now she has to come along and spoil it! I never get to play with you!"

As the foster parent tries to convince the first child to let the second play, the first child's anger becomes more intense. The more the foster parent tries to talk, the more upset the first child becomes. "I'm tired of her always getting all of the attention. You like her better than you like me. Why can't it ever be just you and me? Well fine, you two can play together!"

The child swings away from the game, throwing the pieces, and storms off. He goes to a chair in another part of the room and sits down. The more real this is, the better.

Questions to consider

- What happened before, during and after the child's survival-in-the moment response?
- What type of response did you see most intensely — fight, flight or freeze?
- What was the child's cat hair?
- Has something like this happened in your home?
- Now that you realize the child was showing a survival-in-the-moment response related to his experience with trauma, how might you have handled the situation differently?

Seven Completed Moment-by-Moment Assessments

MOMENT-BY-MOMENT ASSESSMENT #1

Child's name: Tylor Date completed: 4/1/15

Date and time of episode: 4/1/15 9:30am Person completing this form: Mr. Mook, P.E. Teacher

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:

2 boys went for the ball —
Tylor got bumped

During the episode

6. How did the child act?

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. How did the child act? Circle one:

Sad Fear/panic Frustrated Guilt/shame Grief Calm Other: He seemed embarrassed by how angry he got

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

He returned to playing basketball after he calmed down. I had asked him to sit down on the bleachers until he was calm.

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

About 15 minutes. He joined in the activity and apologized to his peer.

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

He is struggling to make friends because of his behavior

Was going to push peer but
kids and I stopped him

MOMENT-BY-MOMENT ASSESSMENT #2

Child's name: Tylor Date completed: 4/4/15

Date and time of episode: 4/3/15 7:15pm Person completing this form: Mary, Foster Mom

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: Watching TV. 4 kids were on couch — Tylor complained his brother was elbowing him.

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: He became angry when his brother elbowed him.

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. How did the child act?

Sad Fear/panic Anger/rage Guilt/shame Numb/spacey Flashbacks Grief Other: He kept screaming I wasn't being fair

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. How did the child act? Circle one:

Sad Fear/panic Frustrated Guilt/shame Grief Calm Other: He thought I should have punished his brother too

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

He went to his room and rested on his bed. He spent most of the evening in his room even after I told him he could come out.

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

He was upset until he fell asleep. The next morning he seemed fine. He smiled and was nice to his brother.

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

He misses his mother, doesn't know when he can see her and if she is still being hurt by his father.

MOMENT-BY-MOMENT ASSESSMENT #3

Child's name: Tylor Date completed: 4/11/15

Date and time of episode: 4/11/15 Person completing this form: Michael. Foster Dad

Just before the episode

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

Calm Happy Excited Agitated Angry Sad Other: He was looking forward to picking out groceries for his favorite dinner.

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

Resting Eating Playing Learning Talking Transitioning Other: He and his sister were in grocery cart and he was getting whiny

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: I told him no, he couldn't have sugary cereal.

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: Grocery store

During the episode

6. How did the child act?

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:

He began throwing things out of the cart

After the episode

8. How did the child act? Circle one:

Sad Fear/panic Frustrated Guilt/shame Grief Calm Other: He remained very quiet; he asked if I would tell his mom

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

He rode quietly home, then went to his room

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

About 2 hours to calm down. He seemed worried about what his mother would think.

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

He is worried about his mother.

MOMENT-BY-MOMENT ASSESSMENT #4

Child's name: Tylor Date completed: 4/21/15

Date and time of episode: 4/20/15 1:35pm Person completing this form: Ms. Jackson, Teacher

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: *1. Standing with peers in the middle of the lunch line waiting to go to lunch. 2. There was some accidental bumping of Tylor by the kids behind him.*

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: *He wanted to be line leader but it isn't his turn. He kept asking questions and needing attention, which often happens in line.*

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. How did the child act?

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. How did the child act? Circle one:

Sad Fear/panic Frustrated Guilt/shame Grief Calm Other: *A peer made fun of him for being so upset.*

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

He became quiet. He had a hard time finishing his work and staying on task.

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

He didn't really calm down before leaving for home.

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

He wishes he could see his mom.

MOMENT-BY-MOMENT ASSESSMENT #5

Child's name: Tylor Date completed: 4/22/15

Date and time of episode: 4/22/15 8:15pm Person completing this form: Michael. Foster Dad

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:

I had asked him to put a game away. He was walking down the hall and his big brother came from behind and put a hand on Tylor's shoulder to congratulate him.

During the episode

6. How did the child act?

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

Tylor got very angry, swung at his brother, tackled and kicked him.

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:

He screamed, "Get away! Don't hurt me!"
But no one was hurting him.

After the episode

8. How did the child act? Circle one:

Sad Fear/panic Frustrated Guilt/shame Grief Calm Other: Spacey. Couldn't really focus.

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

He fell asleep in his room

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

He was better in the morning. After we talked with him about what happened he apologized to his brother.

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

Worried about his mother. She recently came to court with a bruise on her cheek.

MOMENT-BY-MOMENT ASSESSMENT #6

Child's name: Tylor Date completed: 4/26/15

Date and time of episode: 4/25/15 4:30pm Person completing this form: Mary, Foster Mom

Just before the episode

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

Calm Happy Excited Agitated Angry Sad Other: His brother just got a new bike. He was both excited and jealous.

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

Resting Eating Playing Learning Talking Transitioning Other: He was giving his sister a ride. She was squeezing him tightly.

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: Sister was squeezing him.

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. How did the child act?

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. How did the child act? Circle one:

Sad Fear/panic Frustrated Guilt/shame Grief Calm Other: He worried that he scared his sister.

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

He was sitting on his bed

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

About an hour to calm down. Then asked his sister if she wanted to play a game with him.

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

He just seems lost. He is having a hard time connecting with us.

MOMENT-BY-MOMENT ASSESSMENT #7

Child's name: Taylor Date completed: 4/17/15

Date and time of episode: 4/17/15 6:30pm Person completing this form: Ms. Jones, Mother

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: We were having fun eating dinner together. He was telling me about his math test. He was happy about his grade.

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: He got angry when his little sister was swinging her legs under the table and she kept kicking him. She wasn't trying to hurt him; she was just eating.

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. How did the child act?

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. How did the child act? 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:

He was sitting quietly in his room crying. He was sorry about yelling and saying mean things to his sister. He doesn't know why he gets so angry.

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

He started watching TV. Before he went to bed he told his sister he was sorry.

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

He misses being home and he misses me. I also think he worries about me too much; he said something about wanting to make sure I was o.k.

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:

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

Things we can do to help the child cope:

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?"

Pause, give the child time to think and 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."

STAYING CALM AND NEUTRAL TIP SHEET

You can help a child learn how to manage his or her feelings 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 a child is a part of the learning process, the more likely you will be successful using these strategies when they are needed. Remember, even though you may not agree with how children feel, the feelings are theirs. The more you try to deny or ignore the feelings, the more the child will hang onto them.

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, slowly and deeply, all of the way down to your belly. Hold it, then slowly exhale through your mouth. 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 are hearing them. If the child is angry, for example, say something like, "I can tell that this is really important to you and you feel angry." Continue to find other ways to tell the child you get what they are feeling. Say, for example, "I hear you really want to be with your friends and they are important to you. I want you to be safe."
- **Problem solve.** Whenever possible try to problem solve with the child. Look for options that work for both of you. "Can we work together to find an option that works for both of us?"