

Trauma-Informed Parenting

FosterParentCollege.com® A Viewer Guide

Introduction to the Course

Trauma-informed parenting helps parents heal children from the effects of earlier traumatic events. This class will explore how to parent a child while taking into account his or her past experiences. It provides examples of how to address the cause of a child's problem behavior and respond appropriately. This course also examines how parents can encourage a child by supporting his or her strength and resilience.

Chris Foreman, MSW, who specializes in teaching trauma-informed parenting, shares her years of experience.



Chris Foreman, MSW

At the end of this course, you will be able to:

1. Describe “complex trauma”
2. Understand how a child's past experiences impact his or her behavior
3. Use the Trauma-Sensitive Review Form
4. Understand how to help a child develop strength and resiliency
5. Describe the seven aftereffects of complex trauma
6. Understand how to adapt parenting style to a child's needs

This companion guide provides the content of this course.

In this first interactive exercise about trauma, viewers are asked to read a statement and select if it is true, false, or maybe true. Statements are followed by the correct answer and an explanation.

A traumatic event is different from a run-of-the-mill stressful or upsetting event.

This is true. Not every stressful or upsetting event is traumatic. Psychologists define a traumatic event as an exposure to serious injury, sexual violence, or an actual or threatened death. This includes people who directly experience the event, witness it occur to others, or learn about it occurring to a close family member. To be traumatic, the event must also result in certain kinds of signs or symptoms, like reoccurring nightmares, anxiety, or depression. This definition, while somewhat broad, doesn't fully encompass the potentially traumatic experiences of children.

Events like physical abuse, neglect, and domestic violence are always traumatic.

This is false. Not every event is perceived by every child in the same way. Say a 7-year-old boy is left alone in a car while his parents are in a bar. Depending on the boy's comfort with being left alone, for example, he might find the experience unpleasant but not threatening. Another child in the same

circumstance, however, might be terrified and experience this as a traumatic event. Knowing what happened to a child is only part of the story; understanding how the child interpreted the event matters as much, if not more.

For a child, being taken from his or her family by child protective services is not traumatic.

The answer is maybe. Some children might see child protective services as a source of help, but for many others the act of being taken away from their family is definitely another traumatic experience. The key is how the child interprets the event.

Once a child experiences a traumatic event, it will have a lasting impact.

The answer is maybe. Some children are incredibly resilient and thrive fairly well despite exposure to traumatic events, while others are deeply impacted and will need intensive interventions and supports to function well. In either case, experiencing trauma can affect children's lives, but treatment and trauma-informed parenting can help children recover.

Foster parents become experts on their own foster children.

This is true. Living with and caring for a child gives foster parents a chance to quickly gain great expertise about that child. They are in a position to notice a child's behaviors and begin to see connections between those behaviors and his or her previous experiences. This doesn't mean that birth families, social workers, psychologists, and educators don't have their part to play, but we must never discount the value in simply being with and caring for a child.

The best foster parents treat all of their children the same.

This is false. If one of my children had diabetes, I wouldn't give my other child insulin. Neither would I prevent my child with diabetes from taking insulin because giving them something special was "unfair." As we continue to talk about trauma-informed parenting, we will be doing so from the basic expectation that parents match their parenting responses to the needs of each individual child, based on the way trauma experiences may have impacted THAT child.

Trauma-informed parenting is about understanding trauma, its impact on the child, and parenting the child based on this information.

This is true. Parents can understand what trauma is and look for clues to how it has impacted their child. Trauma-informed parenting is then using that information to select parenting strategies that will help their child heal from that impact.

You can change a child's behavior by using time-outs or removing privileges.

This is a maybe. In the absence of understanding why a behavior is happening, time-outs and removing privileges are tools that can be effective but could, in some cases, actually reinforce the negative impact of the child's traumatic experience. Proven parenting techniques, like time-outs, don't work in the same way for all children, as you've probably already noticed.

Trauma-informed parenting often begins by a shift in thinking – going from “What is wrong with you?” to “What has happened to you?”

This is true. When parents ask the question “What is wrong with you?” they are focusing on the behavior. When we just focus on the behavior, we are missing the reasons behind the behavior and a

chance to help children recover from whatever feeling, intention, or thought is underlying that behavior. It is better for the parents to wonder “What has happened to you?”

Behavior as a Symptom of Experiences

In trauma-informed caregiving, the emphasis is, first, to understand the behavior as a symptom of experiences. Then, instead of responding to the challenging behavior, responding to what is causing the behavior.

The school complains that your child doesn’t pay attention in class. As a parent, you would look beyond the behavior to what is causing it in the first place. Your child might have trouble seeing the board or have a hearing impairment, or the behavior might be related to previous experiences. So the behavior, or symptom, of not paying attention in class is really only a clue to the underlying cause. Once the cause is identified, the child can be helped more effectively.

Trauma-informed parenting is partially about trying to understand how the child’s past experiences have impacted his or her current thoughts, feelings, and behaviors. Parents who ask “What has happened to my child?” are working toward understanding their child’s background, which may have resulted in the unwanted behavior. When the cause is addressed, parents have the chance not only to stop the behavior, but also to help the child heal from those earlier traumatic experiences.

Trauma-informed parenting also includes matching parenting style to the individual child’s needs.

In a short interactive exercise about child development, viewers are asked to read a statement and select if it is true, false, or maybe true. Statements are followed by the correct answer and an explanation.

Infants need caregivers only for help with basic biological functions like eating, sleeping, and soiling.

This is false. While on the surface, infants seem to need very little beyond basics like feeding and changing, to thrive they also need nurturing interactions with people. From birth, our brains are learning from experiences. Each experience – like how the baby is cared for or how much time a caregiver spends talking to or playing with the infant – impacts future behavior.

Development happens in linear fashion – not exactly in perfect order, but generally we expect that some things will happen before others.

This is true. We wouldn’t consider trying to teach a 6-month-old how to ride a bike, but we might consider teaching a 6-year-old. Even then, however, we’d anticipate the child falling a few times until his or her brain and body figured out how to balance, pedal, and steer all at the same time. This is also why we typically know what to expect from toddlers and teenagers, because we have a sense of these developmental stages and what kinds of abilities and changes we can expect during them.

When it comes to a child’s development, there are times when the brain is primed to learn certain skills. Once this window of opportunity closes, learning probably takes more effort.

This could be either true or maybe. Yes, there are windows of opportunity when it comes to the

development of skills. Of course, after that window of peak opportunity has passed, this doesn't mean we can't learn things later on. It just means that we may have to learn it differently and probably have to work a bit harder. A great example is a child growing up in a bilingual household who easily learns to speak both languages, whereas an adult learning a second language needs to study like crazy and, without the chance to practice regularly, may never become truly fluent.

An infant's mom suffers from post-partum depression and has a hard time meeting the needs of her baby boy. She is aloof and doesn't spend a lot of time interacting with him beyond feedings and changings, and sometimes she just isn't able to do that often enough.

One of the things he would learn from these experiences, or absence of frequent interactions, is that crying doesn't really work and he can't expect anyone to help him if he is hungry, wet, or scared.

There is another important thing he may have learned – and that is his sense of himself. When parents care, nurture, and love, children learn that they have value and are lovable. When a child is neglected, he may learn instead that he doesn't have value, and later on, when someone treats him like he is special, he rejects that person because how they see him or treat him doesn't fit with how he feels about himself.

This is where trauma-informed parenting comes in. This boy can be taught that he is lovable and that some caregivers can be relied on to take care of his needs. It's just going to take effort, and he might need lots of practice or repetition – kind of like learning a new language as an adult.

Complex Trauma

First, there is the possibility of **acute trauma**, which is a single traumatic event, like a car accident or a tornado.

Then there is **chronic trauma**, which would be multiple exposures to traumatic events – like living in a neighborhood where there is a lot of ongoing violence.

The term “**complex trauma**” describes a pattern of traumatic events beginning in childhood and their wide-ranging impact on children.

Complex Trauma:

Includes exposure to *multiple traumatic events* which occur over a prolonged period of time, often over months or years.

Begins in childhood, often during early childhood, and can have a profound impact on a child's development.

Includes traumatic events that are *relational* in nature. Relational trauma means the trauma is done to or by someone the child has an important relationship with, like a parent or close relative.

Leaves aftereffects, which are often noticed when a child's development gets off track or the child exhibits unusual behaviors. Sometimes children fail to meet milestones and sometimes their development can be accelerated, like they are "growing up too fast."

The reason parents care about complex trauma specifically is because it helps capture the way that early relational trauma exposure can impact children long after those experiences have ended.

Understanding complex trauma helps parents link the child's traumatic events to his or her behavior and helps them understand how to respond. Say a girl has experienced chronic neglect but for the last few years has been with skilled foster parents. Understanding that her behaviors, like hoarding food, might be symptoms of the neglect will help her parents work on strategies to make her feel safe and to be patient while helping her.

Parents can help children heal from the negative impact of their traumatic exposure, but they aren't in this alone. This work takes a team and it is often best to partner with providers specializing in evidence-based trauma treatments.

Trevor's Story

Ten days ago I received a call from the police to pick up a 6-year-old boy, Trevor, whose mom had been hospitalized for a drug overdose. Trevor is a quiet, shy child who has been temporarily placed in foster care. His foster parents report that he seems overly compliant.

Trevor's background is best unraveled by reviewing what I've found out about his mom, Tania.

Tania grew up living with various relatives before being placed in foster care herself, at age 15. She aged out at 18, and a few months later gave birth to Trevor. Jobless, Tania began receiving services.

Eventually, Tania moved in with Trevor's father and his parents. Even though Trevor's grandparents were elderly, they were able to help care for Trevor while Tania worked part time. Over the course of the next three years, the home life was never smooth. Tania's struggle with depression worsened, and she began to self-medicate with illegal drugs. Tania's relationship with her boyfriend deteriorated, and after several domestic fights, he was arrested.

Trevor's Story Continues

Tania moved into an apartment with her half-sister, who helped take care of 4-year-old Trevor. She cut all ties to his grandparents who then called CPS with concerns that Tania's sister may have been whipping Trevor and sometimes leaving him home alone. A CPS investigation reported that Tania's drug tests were clean, and they found no physical injuries consistent with abuse. They suggested Tania voluntarily take a parenting class, which she did, and so the investigation was closed.

In these last two years, Tania has continued to struggle with addiction and depression. She and Trevor have lived with multiple relatives and twice have spent time in a homeless shelter. When we picked up Trevor, he and his mother were living with a boyfriend. She was working part time cleaning rooms at a nearby motel and often left Trevor alone to care for himself while she worked. Trevor is now living with foster parents while Tania is complying with the court's order.

It appears that both Trevor and Tania have had multiple negative and traumatic events in their lives. Trevor is coming into his foster home with expectations about himself, caregivers, and the world in general – all things he learned from his previous experiences.

Even though the foster parents are welcoming Trevor into the safety and stability of their home, Trevor might not view the family in the same way. His experiences have taught him things that he believes will always be true, no matter where he lives.

Trevor's Expectations

In this interactive exercise, a statement appears and the viewers are asked to determine if it is true for Trevor. Statements are followed with the correct answer and an explanation.

Is this statement true for Trevor?

I feel safe with my parents. (False)

Trevor has not had an experience of consistent caregivers. Even his grandparents were temporary and unable to keep him safe once Tania moved out of their home. These early experiences have taught Trevor that adults can't keep him safe or be relied upon. When entering a foster home, he would not expect anything different from this new family.

People who care about me can go away at any time. (True)

Trevor has experienced many different families in his life. By age 6 he has been taken away from his father, both grandparents, possibly his aunt, his mom's boyfriend, and his mom. What he has experienced, and therefore what he knows to be true, is that no family is permanent.

No one really cares about me. (True)

We learn who we are and how much value we have through our interactions with caregivers. Children who experience neglect can often learn that they are not worth being cared for. Extreme compliance or unusual efforts to please are sometimes a symptom of feeling worthless, because they see themselves as valuable only for the things they do, not for the people they are.

I know what will happen tomorrow. (False)

Between the frequent moves and changes in caregivers, Trevor may have learned that the world is not predictable. For him, learning about predictability may be like learning a new language. He'll have to be taught it and experience lots of repetition before he will begin to expect it.

Trevor is a good example of how a child's experiences affect his understanding of safety, his view of family, and his sense of himself. Trevor's foster parents need to use a trauma lens to view his behaviors as symptoms of his experiences.

The Trauma-Sensitive Review Form begins by asking questions about a child's history of trauma. Since caregivers haven't been with the child throughout his or her life, they often need to look for clues or symptoms of the traumatic experiences.

Since the parents do not know everything that has happened to Trevor, they can look for clues to help them identify the potential types of trauma he might have experienced. For instance, his mom was a victim of domestic violence. They don't know if Trevor witnessed it or not, but on the form they can write it in as a possibility.

If Trevor's foster parents ask him what he has experienced, he might not know or be able to tell them. The ability to make and store memories is affected by his exposure to traumatic events. Pressing him for details could also have some negative consequences.

Trevor's Trauma History

In this exercise, a clue appears and viewers are asked to drag it to the correct type of relational trauma, placing it as a symptom and/or a clue. If the placement is incorrect it will bounce back and the viewer can try again.

- Clue 1: Parents had domestic fights
- Clue 2: Lived with multiple relatives
- Clue 3: Mom has depression
- Clue 4: Mom self-medicated with illegal drugs
- Clue 5: Tania cut all ties to Trevor's grandparents
- Clue 6: Tania hospitalized for a drug overdose
- Clue 7: Trevor was left alone to care for himself
- Clue 8: Trevor is in foster care

Type of Relational (Family-Based) Trauma	Age(s) When Experienced	Symptoms and Clues
Physical abuse		
Sexual abuse		
Injury/illness of loved one		Clue 3: Mom has depression Clue 4: Mom self-medicated with illegal drugs Clue 6: Tania hospitalized for drug overdose
Death of a loved one		
Ambiguous Loss*		Clue 5: Tania cut all ties to Trevor's grandparents Clue 6: Tania hospitalized for a drug overdose
Exposure to sexual activities		
Emotional abuse		
Neglect		Clue 7: Trevor was left alone to care for himself
Domestic violence		Clue 1: Parents had domestic fights
Disrupted caregiving		Clue 2: Lived with multiple relatives Clue 8: Trevor is in foster care

*Ambiguous Loss is uncertain loss, like in Trevor's case he is not sure if he will see his grandparents again. Many children who enter foster care experience another trauma exposure if they aren't sure they'll see their family members again.

By filling out the Trauma-Sensitive Review Form for Trevor, parents have a kind of inventory of the events in his life that could have been experienced as traumatic. There are things they know and a lot of things they still don't know but are curious about, like did he experience emotional abuse?

The information written on the form should be updated over time. In trauma-informed parenting it is not just okay to be curious, it is part of the job. Parents should be regularly looking for clues and paying attention to what they are able to learn while the child is living with them. Parents can also eliminate clues as they learn more.

Strength & Resilience

There is no completely agreed upon way to define resilience. Some say it is the ability to "bounce back" after experiencing adversity, and others say it is the ability to adapt. Either way, resilience can be part of what helps a child survive and even thrive despite having gone through some pretty awful things.

When filling out the form, look at the coping strategies or sources of resilience the child already has. Identify ways to nurture those characteristics while thinking about how to teach new ones. Focus not only

on how to help a child heal from the negative impact of their past trauma exposure but how to strengthen their ability to cope in the future.

Trauma-informed parenting is as much about noticing and helping children recognize their own strengths as it is about addressing the negative impact of trauma exposure. This is an important shift in thinking and parents may have to go back and update the Trauma-Sensitive Review Form many times as they practice noticing the things that are going well – especially if there are a lot of things that aren't going well.

Since the tendency is to focus on stopping negative behavior, changing the approach to focusing on the positive might be difficult.

Sources of Strength

In a short multiple choice exercise, viewers are asked to listen to a statement about resilience and select the answer they feel is the best response. An explanation follows each correct answer.

The Trauma-Sensitive Review Form asks about relationships as a potential source of strength. Does this mean:

- a. From the child's point of view
- b. From the social worker's point of view
- c. From the foster parent's point of view
- d. All of the above

From the child's point of view: *To support a child's sources of strength, parents should make a list of all relationships for the child, from the child's point of view. Who does the child love including family members, friends, and others? And, who does the child believe loves him or her? We need to maintain these relationships and supports to help the child feel connected, which can help him or her bounce back or adapt.*

The Trauma-Sensitive Review Form asks about social support as a potential source of strength. Who could be included in this list?

- a. Former neighbors
- b. Teachers
- c. Members of their church
- d. All of the above

All of the above: *Each of these people could be someone who has reached out to the child in a variety of ways. We need to determine who is a source of support by noticing who is reaching out to the child. It can be as simple as a family member sending the child a birthday card, a teacher helping with school work, or a neighbor giving rides to after-school activities.*

The Trauma-Sensitive Review Form asks about coping as a potential source of strength. What are examples of a child coping?

- a. Listening to music when doing homework
- b. Calling you in the middle of the school day
- c. Standing in the back of the classroom
- d. All of the above

All of the above: Each option could be an example of a child using coping strategies. Listening to music is something a lot of teens do to manage the stress of homework. Calling home in the middle of the day could also help them sort out their feelings and calm down. For a highly anxious child, standing at the back of the classroom might be his or her attempt to cope. It's up to parents to notice behaviors as signs that their child is trying to find ways to cope and to help him or her build upon those strategies.

The Trauma-Sensitive Review Form asks about talents and interests as a potential source of strength. Does this mean:

- a. Any realistic accomplishment, no matter how big or small
- b. Wherever the child shows interest, talent, or effort
- c. All of the above
- d. None of the above

All of the above: When looking for sources of strength and resiliency, parents need to identify when and where the child demonstrates a talent, curiosity, or even to show some effort. For example, a child who empties the dishwasher, is kind to younger kids, or wants to be the star of the track team. It doesn't have to be a realistic dream to be a source of resilience.

The Trauma-Sensitive Review Form asks about "world view" as a potential source of strength. Does this mean:

- a. Feeling like a part of a community
- b. Being a part of something larger than the self
- c. All of the above
- d. None of the above

All of the above: A world view means that the child has a sense that she is part of a community or something "larger" than herself. Parents need to identify the communities that are chosen by the child and not those that are imposed upon the child. For example, does she feel a part of her kinship family? Is there a community that she identifies with? Does she have her own spiritual or religious beliefs?

Understand that building resiliency can be a big and effective tool in your parenting toolbox. Parents can't ever take away what children have been through, but if they increase their supports, teach them how to cope, and help them learn to see their own sources of strength and resilience, parents can help them in incredible ways.

For example, a boy who is stubborn or headstrong can maybe instead be looked at as one who survived by not giving up. Parents can, perhaps, reframe his stubbornness as a potentially helpful quality. Maybe that mental toughness will help him hang in there when other kids have given up.

Aftereffects of Complex Trauma

Often, long after a child has been removed from the traumatic environment, parents see behavioral or developmental problems. These are called “aftereffects of trauma.” It is useful to break these aftereffects into categories to help match parenting responses to a child’s needs.

Attachment issues:

Children who have experienced trauma at a young age and within that caregiving environment, may have compromised attachment. That includes, for instance, not feeling safe in relationships, distancing themselves from people who try to become close, being extremely clingy or needy, or lacking appropriate stranger fear. A child who has compromised attachment may not be able to tell the difference between a stranger who is dangerous and someone who is helpful.

Physical Health issues:

This is a large category of aftereffects. It includes things like sleep or appetite problems, or unexplained frequent headaches or stomach aches. It might also include sensory issues, like a child who seems to have an unusually high pain tolerance or, on the other end, one who reacts to a paper cut like he or she is in extreme pain.

Emotional issues:

Children who have emotional issues as aftereffects of complex trauma may have extreme mood swings, feel easily overwhelmed, or become emotionally out of control. They might also struggle in describing their feelings or emotions, such as a girl who is unable to say anything beyond “I’m fine” or “I’m mad,” yet her behavior shows she is obviously frustrated, scared, nervous, or even happy.

Detachment issues:

Detachment issues are when a child has a tendency to “space out” or “check out.” A child might describe this experience as a sense that he is within a dream or observing himself from afar. Another sign would be for parents to notice that their child routinely doesn’t remember that day’s activities – keep in mind, though, that this is well beyond normal forgetfulness!

Behavioral issues:

Behavioral issues as aftereffects are defined as problems with impulse control, aggression, and extreme or compulsive types of self-soothing. Other forms might include unusual risk-taking, oppositional behavior, being excessively compliant, or reenacting past traumatic experiences.

Cognitive & Thought issues:

Cognitive and thought issues include things like difficulty paying attention and delays in language and communication skills. Children with these aftereffects are often labeled as having challenges with “executive functioning.” Therefore, they need extra supports with tasks like planning, exercising good judgment, learning, focusing and completing tasks, along with what is called “cause and effect” thinking.

Low Self-Concept

Low self-concept seems a little bit like low self-esteem, but it is so much more than that. Included in low self-concept is a sense of hopelessness, worthlessness, or being unlovable. There is a persistent negative sense of self, feelings of guilt or shame, and a negative expectation about one’s own future.

Aftereffects Interactive

Viewers are asked to listen to seven short scenarios highlighting one or more of the aftereffects categories, and select the type of aftereffect that best fits the story. An explanation follows each correct answer.

Scenario One:

My grandson unfortunately has been through the wringer; that is, he has witnessed a great deal of domestic violence in his mother’s home. He lives with me now, but when any voice is raised, he blanks out and stares into space ...like a deer in the headlights!

Answer: Detachment

The child is showing the aftereffect of detachment when he blanks out and stares into space because of raised voices.

Scenario Two:

My 10-year-old foster daughter had been physically abused for several years before coming to live with us. Even though she is 10, she still wets her bed frequently and gets headaches and stomach aches all the time. We’ve been to every doctor and had every test but we still can’t figure out what’s wrong.

Answer: Physical Health

The 10-year-old is showing the aftereffects of physical health problems.

Scenario Three:

We adopted our daughter, age 11, several years ago. She was removed from her family because of a lot of drug use and abuse. I understand she saw some domestic violence. She stresses out when making simple decisions, like picking from a restaurant’s menu.

Answer: Cognitive & Thought

This girl is experiencing either a cognitive and thought aftereffect, since she is having problems making decisions which is part of her executive functioning, or it could be an emotional aftereffect of feeling overwhelmed.

Scenario Four:

I spent 2 hours last night helping my niece study for her math test. It was exhausting, but when we finished I knew she was ready and would do well. When I picked her up from school, I found out she didn't even try – she just put her name on the test and turned it in blank.

Answer: Self-Concept

The niece is showing the aftereffect of low self-concept. While another child in this situation might seem lazy, for a child with a complex trauma history it is more likely that it never occurred to her that she was capable of passing the exam – even though she studied for it.

Scenario Five:

We once had an 8-year-old girl placed with us. I explained to her the house rules -- that she was to make her bed, dress herself, and be ready to go to school prior to 8 am. I never had a child who did that on their very first day, but she had done everything I requested and was ready for school by 7.

Answer: Behavior

The answer is behavior. This girl is being excessively compliant. It could just be that she is in the honeymoon phase, or it could be that she's learned to be fearful.

Scenario Six:

Jimmy, who is 7, moved in with us a month ago. He blows up for seemingly no apparent reason. I have tried to get him to express his feelings, but it's a no go. Recently, my wife and I introduced him to a "feelings thermometer" to help him identify his feelings, but he has a difficult time knowing where to point.

Answer: Emotion

The answer is emotion.

Scenario Seven:

My foster son joined our family 6 months ago. My understanding is that he experienced quite a bit of neglect and that his mom may have suffered herself from childhood trauma and mental illness. Since he arrived, he's continued to avoid me and withdraws whenever I try to comfort him. His social worker says he acts the same way during his visits with his family.

Answer: Attachment

The answer is attachment. This boy is showing potential signs of compromised attachment because he doesn't reach out for, or doesn't accept, comfort offered by his caregiver.

Current Parenting Practices

Parents need to think through the practices they are already using – or have used – with the child and then figure out if and how each of those strategies align with the seven categories of aftereffects.

Say an 8-year-old boy has a pattern of screaming at his parents. The screaming is a sign of a behavioral or emotional aftereffect, and the parenting practice is sending him to his room. The parents have noticed, though, that sending the boy to his room hasn't changed his behavior. Therefore, in the results column, the parents would write that sending him to his room is not working.

There are no right or wrong answers. It is entirely normal to have success in some situations and not in others, or even to have the successes change from day to day. Pay as much attention to what hasn't worked as to what *has* worked and be flexible.

Previously, in section two of the form, parents identified their child's sources of strength and resiliency. Now parents are asked to identify their current parenting techniques that encourage those qualities.

Start with relationships and supports. It is common for children with complex trauma to struggle with understanding social situations and managing friendships. As explained earlier, parents should involve individuals who are already part of their child's life. These people should be a part of the parents' plan to build their child's ability to cope.

There are no hard and fast rules here and every situation is unique. Even a person a parent might feel uncomfortable with might be a source of support for his or her child. Parents don't have to invite everyone to dinner, but maintaining some kind of connection might be worth considering.

The next category is talents and interests. Any talent or interest that helps the child feel confident or competent, no matter how small, should be seen as a sign of strength, and parents can use this as a foundation to build on. Even if a child is good at remembering to turn the lights off when leaving a room, parents might be well served to praise that. Children in care have enough people in their life noticing everything that isn't going well; caregivers can build confidence by adding to the positive side of the scale.

Having dreams for the future is a huge source of strength, and anything that gives a child hope is worthy of nurturing. That doesn't mean the child can live in a complete fantasy world, but there may be more value in encouraging a child to dream big and to have hopes, wishes, and aspirations, than in teaching him or her about the real world.

Next on the form is developing effective coping skills. Anything a child does to help manage and adapt to his or her experiences could be a coping skill. Coping skills come in many forms – activities like running, holding objects like a stuffed animal, visiting certain places or people, as well as a focusing on a specific thought, phrase, or prayer. The key is to notice what coping skills are going right for the child and encouraging the child to use them more often.

Nevertheless, good coping skills – like running – can be bad if done to the extreme. Sometimes, what parents will need to do is put the coping skill into context. For example, a 4-year-old may suck on a pacifier to self-soothe. While this certainly isn't good for his teeth, his parents are going to have to decide, is his ability to self-soothe using the pacifier outweighing the potential damage? Perhaps, in this case, what the parents would do is decide to allow him to use the pacifier until they've helped him learn another method for self-soothing.

The last category on the form is “world view.” Beyond the unconditional love that all kids need, a child also needs a sense of belonging and feeling connected to something larger. For kids, this connection can come from what is given as well as what is received. For example, to help their daughter feel like she belongs, a family might volunteer together at the food bank and compliment her on her efforts to help.

Trauma-Informed Parenting

This section of the Trauma-Sensitive Review Form is parents’ opportunity to pull together everything they’ve learned. This is where the rubber meets the road in terms of matching parenting strategies to the needs of each individual child. When parents fill out this section, they should try to be as creative yet as specific as possible. Here are some points:

Be sensitive to the child’s trauma history, as you know it

- Actively look for potential connections between the child’s current behaviors and prior experiences

Ensure the child feels physically and emotionally safe

- Ask what he or she needs to feel safe
- Provide consistency in routines
- Follow through on promises, so that the child can learn that they can count on you

Reduce overwhelming emotions

- Use games, books, and apps to actively teach feelings
- Teach deep breathing and other self-calming strategies
- Actively model the positive strategies you use to manage your own feelings
- When the child is ready, help them process their unspoken thoughts and feelings

Build on the strengths and resiliencies of the child

- Find ways for the child to connect with his or her past
- Help with visits or contact with people and places
- Write letters to or have pictures of loved ones
- Work with the child to build a life book. Be creative!
- Support the interests of your child, and don’t use the interests as consequences, threats, or as “a carrot” to motivate the child
- Encourage their involvement in the community through volunteering

Trauma-informed parenting isn't easy! Nor is it about giving kids free passes for challenging behaviors. In essence, it is about looking for clues and developing hunches about how traumatic experiences have impacted a child before deciding how to respond. It is also about focusing just as intensely on what is going well as what isn't. And, it is for advocating for additional supports, because even though families have a tremendous opportunity to help children heal, they shouldn't have to do it alone.

Parents are also being asked to adapt their parenting styles to the needs of each child and be willing to alter course if what they are doing doesn't seem to be helping. This is a shift in how parents typically think about parenting, and it can be a hard shift to make. Parents have certain expectations of how their kids will respond and when they don't, parents often struggle to know what to do next.

Say a 10-year-old foster daughter, Maria, dawdles about clearing the table. After multiple reminders, the parent takes away her screen time for the evening. With his or her birth child, this immediate consequence would be very effective, but with Maria, her reaction is to destroy her room instead!

The form gives Maria's foster parents a chance to step back from the situation and reflect on why she might be acting that way. Perhaps her history of neglect has led to attachment issues, or it could be emotional and she has difficulty managing her frustrations. Once they come up with some hunches like these, they open themselves up to new ways to respond.

Parents learn as much from what doesn't seem to work as they do from strategies that do work. One of the goals of the form is to help them think through and identify which strategies are worth continuing and which they might want to change.

Both corrective parenting and strength building should be included. Parents are often much better served by building skills or changing beliefs than by consequences. And in the case of foster children who carry a sense of hopelessness, negative reinforcement isn't as effective as it might be with other children.

Using Trauma-Informed Parenting

In this exercise, a scenario is presented and viewers are asked to choose the correct answer. An explanation follows each correct answer.

Scenario 1

You enroll your new foster daughter in soccer as an after-school activity to help her meet other children. It turns out she has a natural talent for soccer, and it becomes the only thing she cares about. In the classroom, however, she is falling even farther behind and has had multiple office referrals for disruptive behavior. How might you use her love for soccer to help her become more successful in school?

- a. Do a behavior contract with her which takes away soccer as a consequence for disruptive behavior at school.
- b. Invite her teacher to one of her soccer games.

- c. Ask the gym teacher if she can find 15 minutes a week to take your child and a couple of her classmates to the field to kick the ball around during lunch – not as a reward or consequence but as a predictable part of the week.
- d. All of the above
- e. b and c

B and C: *Inviting the teacher to a soccer game is a real possibility. This will give your daughter a chance to “show off” and both of you a chance to build a relationship with the teacher. Also, weekly lunch-time play dates can promote predictability, build caring relationships, and create a sense of belonging. While these approaches might not be a quick fix for her disruptions in the classroom, building on her strengths might be the most effective over the long term.*

Scenario 2

Your foster-to-adopt son is a 5th grader who always forgets to bring his coat home from school. Every afternoon when he gets off the bus you ask, “Did you remember your coat?” He usually just gives you his blank stare. What do you do?

- a. You give him rewards when he remembers.
- b. You wait to ask him about the coat until after dinner, when he usually is the most relaxed.
- c. You start making notes about other times when he gives you the blank stare.
- d. All of the above.
- e. a and c

All of the above: *Even though it’s expected that he’ll remember his coat, it isn’t happening. So giving your son rewards when he does remember will build his confidence. Also, waiting to ask about the coat until he is more relaxed, and letting him know that he is not in trouble, might open up communication. His blank stares are my major concern. I suggest looking for patterns and clues as to why the blank stares might be happening. Stepping back, trying to understand what he is thinking, and noting when and where this behavior happens are all excellent ideas.*

Scenario 3

Let’s return to the first girl’s story. Imagine that things are improving at school, but since soccer season has ended, you’ve noticed that your daughter is often “forgetting” to do her chores at home and seems pretty unhappy most of the time. How might you intervene?

- a. Give her extra chores when she forgets.
- b. Write out her chores and post them on the refrigerator, mark them off as they are completed, then celebrate!
- c. Notice when she completes a chore and compliment her for responding to the needs of the family.
- d. Start a family dinner ritual where each family member offers his or her high and low for the day.
- e. b, c, and d

B, C, and D: Celebrating the success of accomplishing her chores is a small but powerful way to help your daughter see herself as capable and to strengthen your relationship with her. Recognizing her contributions to the family will improve your daughter's world view. The dinnertime ritual of describing events and connecting them to feelings may be the most helpful long-term strategy for addressing her unhappiness.

Scenario 4

You are a kinship parent to your 10-year-old niece, who loves school but dawdles getting ready. She has missed the school bus several times, causing you to be late for work because you needed to drive her. What can you do?

- a. You help her pick out her clothes and prepare her backpack the night before.
- b. You buy an alarm clock for her room and let her set the time to get up.
- c. Let her manage her own time and make sure to notice and praise her when she needs minimal prompting.
- d. a and b
- e. a and c

A and B: Realistically, your niece might not be able to get herself ready in the morning. Helping her get ready the night before is essentially getting a "time in" together, which can help you build attachment. Also, you are parenting based on her needs not her chronological age. We did not choose letting her manage her own time, because she might not be capable of doing so.

Scenario 5

You are fostering two brothers who just can't seem to get along. The boys are constantly fighting, taking each other's things without permission, and blaming each other when things go wrong. You are beginning to feel more like a referee than a parent, and you are beginning to worry about them hurting each other. Which approach might be an effective parenting strategy?

- a. You take each of them aside and practice role playing different options for talking to his brother.
- b. You commit to letting them "work it out," because problem-solving skills are an important characteristic of resilient people.
- c. During dinner, you and your spouse present a problem you encountered that day and talk through how you tried to handle it.
- d. All of the above.
- e. a and c

A and C: Role playing and modeling are both effective strategies. Role playing is a great way to both teach and rehearse skills. It can also be the basis for the siblings to gain some empathy for one another. Actively coaching and modeling how to handle challenging situations is teaching your children problem-solving skills. By talking through your daily challenges, you are demonstrating that there are many ways to approach problems.

Trauma-Informed Parenting Wrap-Up

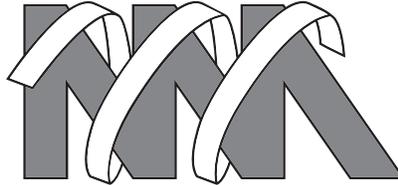
These scenarios are just examples, and what might work for one child might not work for another. Trauma-informed parenting requires creating a unique approach to help each child work through their previous experiences, and the Trauma-Sensitive Review Form is designed to guide parents' approach as they help build trust with their child.

This concludes the course on trauma-informed parenting. Hopefully, it has been useful in helping you understand the aftereffects and impact of complex trauma, as well as how to adjust parenting practices to help your child.

Viewers are reminded to access the printable handouts that accompany this course and are encouraged to re-watch relevant portions of the course.

Published by:

Northwest Media, Inc.



**Specializing in media-based
materials for social learning.**

For a product catalog or for further
information, please contact us.

Phone: 541-343-6636

Toll-Free: 800-777-6636

Fax: 541-343-0177

E-mail: nwm@northwestmedia.com

Visit us on the web at:

<http://www.northwestmedia.com>

Mailing Address:

Northwest Media, Inc.

326 W. 12th Avenue

Eugene, OR 97401

© 2016, Northwest Media, Inc. All rights reserved.

This guide may be copied and used as a handout
for discussion with foster and adoptive parents, birth
parents, caseworkers, or others.