

Module 2: Trauma 101

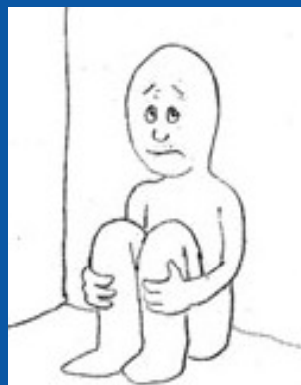
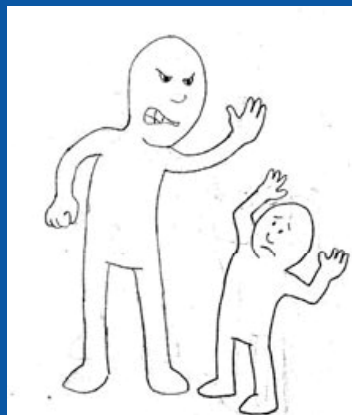





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What You Will Need

- Module 2 PowerPoint slides 1–34
- “My Child” Worksheet, Module 2 (*Participant Handbook*, pp. MC-5 and MC-6)
- Pens/pencils

Icon Reminders

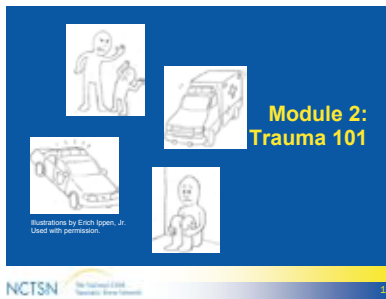
-  Facilitator tip
-  Group activity/discussion
-  Click to advance slide content

Facilitator Goals

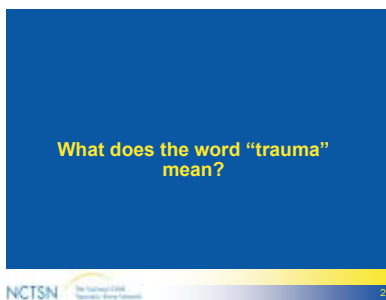
- Assess participants' current understanding of child trauma.
- Introduce participants to the most current definition(s) of trauma.
- Review the factors that influence a child's response to potentially traumatic experiences.
- Define traumatic stress reactions and how they may manifest in children.
- Introduce the concept of resilience and its role in helping children to withstand and recover from traumatic events.
- Help participants to apply the lessons of this module to the children in their "My Child" Worksheets.

Key Learning Objectives

- Define child trauma and describe how children may respond to traumatic events.
- Define resilience and describe how resource parents can promote resilience in their children.



Module 2: Trauma 101



What does the word “trauma” mean? (Group Activity)

How would you define the word “trauma”? What is it that makes something traumatic, as opposed to just stressful?



As the participants respond, one facilitator should list the various definitions on the blackboard or easel.

After five minutes (less if participants finish responding sooner), summarize the common themes from the participants’ responses and then move on to the next slide, where the group can see how closely their definitions correspond to the “official” definition of trauma.

A traumatic experience . . .



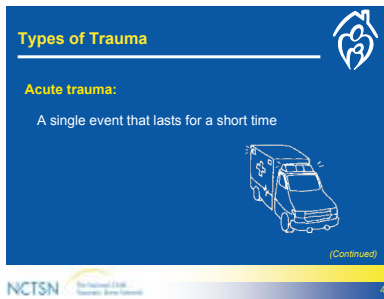
- Threatens the life or physical integrity of a child or of someone important to that child (parent, grandparent, sibling)
- Causes an overwhelming sense of terror, helplessness, and horror
- Produces intense physical effects such as pounding heart, rapid breathing, trembling, dizziness, or loss of bladder or bowel control

A traumatic experience...

According to mental health experts, a traumatic event is different from run-of-the-mill stressful or upsetting events in several important ways:

- 1 First, it threatens the life or physical integrity of the child or of someone critically important to the child (such as a parent, grandparent, or sibling).
- 2 Second, it causes an overwhelming sense of terror, helplessness, and horror.
- 3 Third, the body reacts to this threat automatically with an increased heart rate, shaking, dizziness or faintness, rapid breathing, release of stress hormones like adrenaline and cortisol, and loss of control of the bowel or bladder.

The physical responses to trauma can be terrifying in and of themselves. Feeling that their body is out of control adds to children's feelings of helplessness and panic. The danger may feel as if it's outside and inside all at once. One little boy said, "My heart was beating so hard I thought it would come out of my chest."



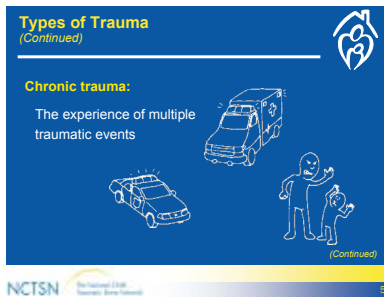
Types of Trauma

An **acute trauma** is a single event that lasts for a limited period of time. Examples of acute trauma include:

- Being in a car accident, being bitten by a dog
- Witnessing (or being a victim of) a school shooting, a crime, or gang violence
- Going through a natural disaster like a tornado
- Seeing a loved one die
- A physical or sexual assault

Even during a brief traumatic event, a child can go through an amazing—and bewildering—number of feelings, thoughts, and physical responses as he or she reacts to the danger and thinks of how to find safety.

Certain moments during the event—such as the dog baring its teeth or the bad guy pointing his gun—can stick in a child’s mind as the worst or scariest. Children gauge the seriousness of an event by parents’ and other adults’ responses. For example, one little girl said that the scariest part of a hurricane was seeing her mother crying in fear.



Types of Trauma (Continued)

Chronic trauma is when a child experiences many traumatic events, often over a long period of time.



Chronic trauma can mean recurrent traumatic events of the same kind (such as physical or sexual abuse) or the experience of many different traumatic events—such as a child who has seen a violent fight between his parents, and later gets hurt in a drive-by shooting, and then has to spend weeks in the hospital undergoing frightening medical procedures.

Even in cases of chronic trauma, such as physical abuse, there may be particular events that stand out as especially terrifying. For example, one little girl couldn't stop thinking about "the night Mommy was so drunk I was sure she was going to kill my sister" or "the time Daddy was screaming at people who weren't there."

The effects of chronic trauma build on each other. The brain and body of a child who has experienced chronic trauma for years may respond differently to a scary event than a normal child's does. Children who have experienced a series of traumas may become more overwhelmed by each event that follows and more convinced that the world is not a safe place.

**Types of Trauma:
What About Neglect?**

- Failure to provide for a child's basic needs
- Perceived as trauma by an infant or young child completely dependent on adults for care
- Opens the door to other traumatic events
- May reduce a child's ability to recover from trauma



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Types of Trauma: What About Neglect?

Neglect is one of the most common reasons children are taken into care.

- Ⓣ Neglect is defined as the “failure to provide for a child’s basic needs.”
- Ⓣ If you think of neglect as just the absence of something good, it may not seem that traumatic. But to a child who is completely dependent on adults for care, being left alone in a crib, in a wet, dirty diaper, suffering from the pain of hunger and exhausted from hours of crying, neglect feels like a threat to survival.
- Ⓣ For older children, not having proper care, attention, and supervision often opens the door to trauma such as accidents, sexual abuse, and community violence.
- Ⓣ Neglect can also make children feel abandoned and worthless, and reduce their ability to recover from traumatic events.

When Trauma Is Caused by Loved Ones



The term **complex trauma** is used to describe a specific kind of chronic trauma and its effects on children:

- Multiple traumatic events that begin at a very young age
- Caused by adults who should have been caring for and protecting the child

Source: Cook et al. (2005). *Psychiatric Annals*, 35(9), 390-395.
van Der Kolk, C. A., & Courtois, B. A. (2005). *Journal of Traumatic Stress*, 18, 385-388.

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When Trauma Is Caused by Loved Ones

The effects of trauma are compounded when trauma is caused by the people children depend on for survival and safety.

In recent years, trauma experts have used the term “complex trauma” to describe this kind of trauma and its effects.

Complex trauma occurs when:

- 🕒 Children are exposed to chronic trauma from a very young age (typically younger than age five) as a result of
- 🕒 The actions of parents or other adults who should have been caring for and protecting them.

Chronic physical and sexual abuse are two kinds of traumatic experiences associated with complex trauma. Negligence, neglect, and complex trauma often go together with negligent parents committing such acts as confining a child to a closet, tying him or her up in bed, refusing food or water, or drugging a child to keep him or her quiet.

Not surprisingly, many children in the child welfare system have experienced this kind of trauma.




- Acute
- Chronic
- Complex
- Neglect
- What don't I know?

My Child's Traumas (Group Activity)

Ask the group to turn to page MC-5 of the Participant Handbook.


Take a moment to think about the child in your “My Child” Worksheet.

 **Based on what you now know about trauma, what sort of traumatic experiences has he or she experienced?**

Write them down on your worksheet.



Let participants know that if they need help, they can use the “Trauma and Loss Inventory” on page MC-6 of the Participant Handbook. Give the group a moment to make notes on their sheets before asking the group to share what they've written.

 Now consider what you don't know about your child's history. One of the most frustrating things about being a foster parent is how little we know about our children's experiences. But even when we don't know exactly what happened, using a “trauma lens” can help us to see children's behaviors as the result of trauma, rather than as stubbornness or inexplicable acting out.

How Children Respond to Trauma



Long-term trauma can interfere with healthy development and affect a child's:

- Ability to trust others
- Sense of personal safety
- Ability to manage emotions
- Ability to navigate and adjust to life's changes
- Physical and emotional responses to stress

(Continued)

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How Children Respond to Trauma

Trauma can have profound effects on a child's healthy physical and psychological development.

Children who have survived trauma often find it difficult to:

- 🏠 Trust other people
- 🏠 Feel safe
- 🏠 Understand and manage their emotions
- 🏠 Adjust and respond to life's changes
- 🏠 Physically and emotionally adapt to stress

Repeated traumatic experiences—particularly in very young children, and especially those at the hands of caregivers—can actually alter crucial pathways in the developing brain. Over time, a child who has felt overwhelmed over and over again may not react normally to even minor everyday stresses.

How Children Respond to Trauma

(Continued)



A child's reactions to trauma will vary depending on:

- Age and developmental stage
- Temperament
- Perception of the danger faced
- Trauma history (cumulative effects)
- Adversities faced following the trauma
- Availability of adults who can offer help, reassurance, and protection

(Continued)

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How Children Respond to Trauma (Continued)

Every child reacts to trauma differently. A child's response to a traumatic event will vary depending on factors such as:

- 1. The child's age and developmental stage
- 2. The child's basic temperament—some children are more fearful, more sensitive; others are more even, harder to upset
- 3. How the child perceived or understood the danger
- 4. The child's past experience with trauma. Trauma's effects can be cumulative—the more trauma in a child's history, the harder it may be to cope with any new traumatic event.
- 5. What happens afterward. If the child's life returns to normal and the child feels safe, recovery from the trauma may be easier. Think about what happened to the thousands of children displaced by Hurricane Katrina. In addition to the trauma of going through a hurricane and subsequent flood, these children lost their homes, their neighborhoods, their friends, their schools. They watched their parents suffering to make ends meet. The initial trauma of the hurricane was made much worse by the many terrible things that followed.
- 6. The availability of adults who can offer help, reassurance, and protection. A loving adult is often the most important factor in a child's recovery from trauma. A caring resource parent who provides safety, reassurance, guidance, and protection can help a child recover.

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

How Children Respond to Trauma
(Continued)

Hyperarousal:

- Nervousness
- Jumpiness
- Quickness to startle



(Continued)

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How Children Respond to Trauma (Continued) [1/2/3]

Hyperarousal means that the child is jumpy, nervous, or quick to startle. After an acute traumatic event, such as a car accident or natural disaster, many of us have had this experience.

How Children Respond to Trauma
(Continued)

Reexperiencing:

- Intrusive images, sensations, dreams
- Intrusive memories of the traumatic event or events



(Continued)

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Reexperiencing means that images, sensations, or memories of the traumatic event keep coming uncontrollably into the child's mind.

This is what people commonly call flashbacks. But reexperiencing may not be as dramatic as being thrust back into the scene—it may be subtler. For example, whenever the child tries to think about his mother, he keeps remembering the way her face looked the night she was passed out on the floor.

How Children Respond to Trauma
(Continued)

Avoidance and withdrawal:


- Feeling numb, shutdown, or separated from normal life
- Pulling away from activities and relationships
- Avoiding things that prompt memories of the trauma

(Continued)

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Avoidance and withdrawal mean that the child feels numb, frozen, shut down, or separated from normal life, and may pull away from friends and activities, even those he or she used to enjoy. Sometimes children withdraw to avoid any reminders of the traumatic event.

**What You Might See:
Reactions to Trauma Reminders**



Trauma reminders:
Things, events, situations, places, sensations, and even people that a child connects with a traumatic event

(Continued)

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What You Might See: Reactions to Trauma Reminders

Closely linked to reexperiencing and withdrawal are reactions to trauma reminders. During the course of a traumatic event, everything associated with it—sights, smells, tastes, sounds, sensations, people, places, colors, textures, words, emotions—may become linked in the child’s brain with the trauma.

This isn’t a conscious process. The child may be unaware of the connections.

Reactions to Trauma Reminders
(Continued)

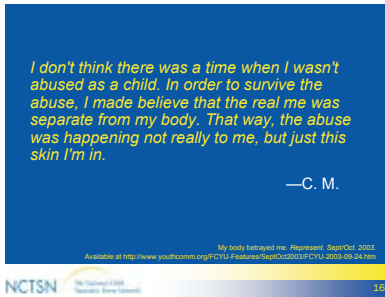
- Reexperiencing
- Withdrawal
- Disassociation

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Reactions to Trauma Reminders (Continued)

When faced with a trauma reminder, the child may:

- 🕒 **Reexperience** the trauma, feel unpleasant emotions or sensations that happened during the traumatic event, or react as if back inside it
- 🕒 **Withdraw** from ordinary activities to avoid being confronted by trauma reminders, or
- 🕒 **Dissociate**—which means that the child disconnects from present surroundings and appears to withdraw internally or completely “space out”



Read-Aloud Quote

Ask for a volunteer to read the quote. If no one offers, one facilitator should read the slide aloud.

“I don’t think there was a time when I wasn’t abused as a child. In order to survive the abuse, I made believe that the real me was separate from my body. That way, the abuse was happening not really to me, but just this skin I’m in.”

Some children, like this young girl, dissociate when they are physically or sexually abused, so that the event seems to be happening outside of themselves. A child who has learned to dissociate to protect him- or herself may dissociate during any stressful or highly emotional event.

What about Posttraumatic Stress Disorder?



Posttraumatic stress disorder (PTSD) is diagnosed when:

- A person displays severe traumatic stress reactions,
- The reactions persist for a long period of time, and
- The reactions get in the way of living a normal life.

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What about posttraumatic stress disorder?

Posttraumatic stress disorder, or PTSD, is a diagnosis that was originally developed to help define and treat the troubling symptoms seen in Vietnam combat veterans.

PTSD is diagnosed when:

- Ⓜ A person experiences hyperarousal, reexperiencing, and withdrawal/avoidance
- Ⓜ For a long period of time, and
- Ⓜ The reactions get in the way of living a normal life

Because the classification of PTSD was based on research in adults, it doesn't take into account all the unique ways that trauma can affect children of different ages, as well as their later development.

Some traumatized children may be diagnosed with PTSD, but many children have some but not all the symptoms that go into a PTSD diagnosis. Many suffer a great deal from the effects of trauma without matching the clinical definition of PTSD.

What You Might See: Traumatic Stress Reactions



- Problems concentrating, learning, or taking in new information
- Difficulty going to sleep or staying asleep, nightmares
- Emotional instability; moody, sad, or angry and aggressive, etc.
- Age-inappropriate behaviors; reacting like a much younger child

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What You Might See: Traumatic Stress Reactions

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

- 🕒 They may have trouble learning. They may not be able to focus, concentrate, or take in new information.
- 🕒 Children may have trouble going to sleep or staying asleep, or experience nightmares when they do sleep.
- 🕒 They may feel moody, being tearful one minute and cheerful the next, or suddenly becoming angry or aggressive.
- 🕒 They may not “act their age”—instead reacting like a much younger child.

What You Might See: Traumatic Play



When playing, young children who have been through traumatic events may:

- Repeat all or part of the traumatic event
- Take on the role of the abuser
- Try out different outcomes
- Get “stuck” on a particular moment or event

(Continued)

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What You Might See: Traumatic Play

Children’s worries about traumatic events may surface in play. This kind of play can serve many purposes, including helping young children make sense of—or process—traumatic events.

- 🕒 Children may act out the whole story of the trauma—Daddy hitting Mommy and being taken away—or only a piece of it, such as the moment the ambulance came.
- 🕒 Children may also take on the role of the abuser—such as hitting or yelling at a doll.
- 🕒 Some children may try out different outcomes, such as a superhero flying in to the rescue.
- 🕒 Sometimes children get “stuck” on one moment in the traumatic event, such as when they felt the most scared or helpless.

Remember Tommy, the little boy who kept acting out the scene with the police car and ambulance? Tommy becomes upset whenever his foster father tries to change the story of his play by having the ambulance go to the hospital. He is still stuck in the earlier traumatic moment.

Traumatic Play

(Continued)



Seek professional help if your child:

- Centers most play activities around traumatic events
- Becomes very upset during traumatic play
- Repeatedly plays the role of the abuser with dolls or stuffed animals or acts out abuse with other children
- Plays in a way that interferes with relationships with other children

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Traumatic Play (Continued)

Seek professional help if your child:

- 🕒 Centers most play activities around traumatic events
- 🕒 Becomes very upset when engaging in traumatic play
- 🕒 Repeatedly plays the role of the abuser with dolls or stuffed animals or acts out abuse with other children
- 🕒 Plays in a way that seems to be interfering with the child's relationships with other children or his or her own development

When in doubt, talk to your child's caseworker about what you've observed.

What You Might See: Talking About Trauma



- Talking about certain events all the time
- Bringing up the topic seemingly “out of the blue”
- Being confused or mistaken about details
- Remembering only fragments of what happened
- Avoiding talk about anything remotely related to the traumatic events

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What You Might See: Talking About Trauma

Although some children are unwilling or unable to talk about trauma, others may talk about traumatic events in ways that are confusing or disturbing. For example:

- 🗣️ They may constantly talk about a particular traumatic event or events.
- 🗣️ They may bring the topic up at unexpected and inexplicable times.
- 🗣️ They may be confused or mistaken about details of the event.
- 🗣️ They may remember only fragments of what happened.
- 🗣️ They may avoid talking about anything even remotely related to the trauma.

Later in this workshop, we will go into more detail about how you can be supportive and help your child to talk about trauma. However, children should receive professional help if it’s clear to you that talking about traumatic events:

- Interferes with their ability to focus on anything else
- Gets in the way of their relationships with other children
- Is focused on feelings of regret, guilt, shame, or an inability to accept what happened

To get a sense of how trauma can affect children of different ages and developmental stages, let’s take another look at the youngest and the oldest of the children we’ve met—Maya and Javier.

Direct participants to page CS-3 and pages CS-17 to CS-18 of the Participant Handbook for more details on the stories of Maya and Javier.

Maya's Story



- Maya was taken into care after her 17-year-old mother brought her to the ER unconscious, with broken arms and bruises.
- Maya and her mother Angela had been living with her mother's abusive boyfriend.
- For a brief time recently, Angela and Maya had lived in a shelter for victims of domestic violence.
- Angela claimed Maya was hurt while in the shelter.

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Maya's Story

- 1 As you may remember, Maya was placed in the care of her aunt due to physical abuse that included two broken arms.
- 2 Maya's mother, Angela, was just 17 when Maya was born and living with her 20-year-old boyfriend, Remy. The police received frequent reports of loud arguments and a baby crying in Angela and Remy's apartment, but Child Protective Services was never called in.
- 3 A few days before bringing Maya to the hospital, Angela had moved with Maya to a shelter for victims of domestic violence.
- 4 Angela claimed that it was in the shelter that Maya had been hurt.

Maya's Response to Trauma (Group Activity)



- Wakes up crying in the middle of the night
- Easily startled by loud noises
- Squirms away from being held
- Doesn't make eye contact
- Screams when taken on medical visits

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Maya's Response to Trauma (Group Activity)

Since coming to live with her aunt, Maya:

- 🔒 Has trouble sleeping
- 🔒 Startles easily and cries when she hears loud voices
- 🔒 Avoids physical contact, and
- 🔒 Screams when taken on medical visits



How does this fit into what we now know about trauma and its effect on young children? How do these responses relate to Maya's history?

One facilitator should lead the conversation, while the other makes notes on the board or easel. Be sure the following connections are raised:

- *Maya's sleep problems and exaggerated startle response are probably related to what she experienced when her parents fought. Although Maya was too young to understand exactly what was happening when adults argued, her body and brain reacted with the symptoms of hyperarousal.*
- *Maya has learned to associate physical contact and being held with danger. Note that if Angela held Maya during her fights with Remy, Angela's pounding heart and sobbing would have added to Maya's distress.*
- *The pain and immobility Maya went through in the hospital was also traumatic. She remembers the smells and sounds of the hospital and so screams when taken to the clinic.*
- *The normal process of attachment and trust has been disrupted.*

Javier's Story



- Grew up seeing his parents battle
- Would try to divert his parents by making jokes
- Mother refuses to leave father
- Taken into care after he tried to intervene during a fight and was badly beaten by his father

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Javier's Story

- ④ 15-year-old Javier was taken into care after he tried to intervene in one of his parents' fights and his father severely beat him.
- ④ Javier spent his whole life watching his parents battle. Even when they seemed to be getting along, at any moment his father could become enraged and start yelling and threatening his mother.
- ④ Javier would try to divert his parents' attention by making jokes, taking particular joy in making his mother laugh.
- ④ Javier has begged his mother to leave his father, but she continues to stay with him, even though this means Javier cannot come home.

Javier's Response to Trauma (Group Activity)



- Not interested in school, jokes around in class
- Frequently skips school to smoke and drink with friends in a nearby park
- Has sudden outbursts of violence: recently beat up a boy he saw pushing a girl

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Javier's Response to Trauma (Group Activity)

- ④ At school, Javier frequently gets into trouble for being "class clown," and lately has been skipping classes to drink or smoke pot in a nearby park.
- ④ Recently, when a friend yelled at and then pushed a girl at a party, Javier jumped in and beat him up. When the caseworker asked Javier what had happened, Javier said, "It wasn't fair. She's way smaller than him." He added, "I felt like it was all coming back, the same garbage I lived with in my family."

Javier's situation shows what can happen to children who experience years of trauma from a very young age. Since Javier's trauma began when he was very young and went on for his entire childhood, it has had a very negative effect on his development.



Knowing this, how might Javier's responses relate to his history?

One facilitator should lead the conversation, while the other makes notes on the board or easel. Be sure the following connections are raised:

- *Javier's withdrawal, lack of interest in school, and hopelessness may be related to the helplessness and frustration he feels about his family (for example, his mother staying with his father)*
- *Making others laugh may be the only thing Javier feels good at. He used humor to defuse fights and tension at home.*
- *Javier's aggressive reaction to his friend may have been due to a trauma reminder (seeing a girl being abused). Following his father's example, he may have internalized the view that violence is the way to handle conflicts.*

Javier has never accomplished some of the developmental tasks of childhood, such as learning to control his own impulses, to calm down and think before acting, or to analyze the reasons behind his own behavior. He doesn't see the connections between what he feels, how he thinks, and what he does.



- Hyperarousal?
- Withdrawal?
- Reexperiencing?
- Reacting like a much younger child?
- Reactions to trauma reminders?

My Child's Response to Trauma (Group Activity)

Let's go back to the child in your "My Child" Worksheet.

What behaviors or responses have you seen that may be reactions to trauma?



Give the group a moment to make notes on their sheets before asking the group to share what they've written.

Ask whether any of the participants are seeing their children's reactions in a new way.

Obviously, trauma can be very damaging to children, and many children in the child welfare system have been through multiple traumatic experiences. But there is another side to the trauma story.



Have you ever known someone who went through something incredibly awful, and not only survived, but thrived?

Allow time for participants to share their stories. If no one volunteers, use something from your own experience, or cite some examples from famous people such as the poet Maya Angelou—who was so traumatized by sexual abuse as a child that she stopped talking for five years, or the author and peace activist Elie Wiesel—who was shipped to a concentration camp at the age of 16 and lost his entire family.

**Recovering from Trauma:
The Role of Resilience**

- Resilience is the ability to recover from traumatic events.
- Children who are resilient see themselves as:
 - Safe
 - Capable
 - Lovable

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Recovering from Trauma: The Role of Resilience

Resilience is the ability to recover from traumatic events.

- 🗣️ In general, children who are resilient see themselves as:
- 🗣️ Safe,
- 🗣️ Capable, and
- 🗣️ Lovable

Just as despair can come to one only from other human beings, hope, too, can be given to one only by other human beings.

—Elie Wiesel
Author, activist,
and Holocaust survivor

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Read-Aloud Quote

Ask for a volunteer to read the quote. If no one offers, one facilitator should read the slide aloud.

“Just as despair can come to one only from other human beings, hope, too, can be given to one only by other human beings.”

Elie Wiesel’s words about hope and despair are very applicable to the role we, as resource parents, can play in the lives of traumatized children. We cannot fix all the hurts in our children’s lives, but we can foster their resilience and give them the skills, and the hope, to heal.

Growing Resilience



Factors that can increase resilience include:

- A strong relationship with at least one competent, caring adult
- Feeling connected to a positive role model/mentor
- Having talents/abilities nurtured and appreciated
- Feeling some control over one's own life
- Having a sense of belonging to a community, group, or cause larger than oneself

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Growing Resilience

Although nothing can entirely wipe out the effects of trauma, research has shown that there are many factors in a child's life that can promote resilience.

Children will be more likely to “bounce back” from trauma if they:

- 1. Have a strong, supportive relationship with a competent and caring adult
- 2. Feel a connection with a positive role model or mentor. This can be someone who has also gone through painful experiences and survived, or someone the child aspires to be like as an adult.
- 3. Feel that their talents and abilities are being recognized and nurtured
- 4. Feel some sense of control over their own lives. Being removed from one's home and placed in foster care can increase traumatized children's feelings of having no control, no say in what happens in their lives. Being empowered can help in their recovery from trauma.
- 5. Feel invested in and part of a larger community, be it their neighborhood, faith-based group, scout troop, or extended family. Some school-aged children or adolescents who have experienced trauma find that serving a cause can be healing.

As resource parents, we can play a big role in helping the children in our care develop resilience.

Let's consider the potential for resilience in Maya and Javier.



- Able to express her needs through crying. She has not given up
- Able to take comfort from her bottle
- Responds positively to music and has learned she can rely on it
- Beginning to trust and enjoy being with her aunt

Recognizing Resilience: Maya (Group Activity)

Jenna has discovered that Maya is most comfortable taking her bottle if it is propped up so that she can hold it herself.

After Jenna began playing a particularly soothing piece of classical music every time she fed Maya, Maya began to calm down when she heard the music. One evening, Jenna began to hum the tune as she gave Maya her bottle, and Maya made eye contact with her.



What does this tell us about Maya's strengths?

One facilitator should lead the discussion while the other makes notes on the board or easel. Allow five minutes for discussion before moving on to the points on the slide:

- 🗣️ Maya is still able to express her needs through crying. She has not given up.
- 🗣️ Maya is able to take comfort from her bottle.
- 🗣️ She is able to respond to soothing music.
- 🗣️ When her aunt hums the melody that she has come to associate with comfort and safety, Maya begins to connect to Jenna.



How can Jenna build on these strengths?

One facilitator should lead the discussion while the other makes notes on the board or easel. Allow five minutes for discussion. Make sure the following points are made:

- *As Maya's needs continue to be met predictably and consistently by Jenna, Maya will begin to learn that the world can be safe and other people can be relied upon. Through Jenna's simple actions, Maya can begin to feel safe, capable (she can hold her own bottle), and lovable (love = consistent, predictable care).*



- Attached to and loyal to his mother
- Talented as an entertainer, jokester
- Has formed friendships with his peers
- Has a sense of justice and wants to make things right in the world
- Has empathy for others, particularly women in jeopardy

Recognizing Resilience: Javier (Group Activity)

Javier has been through a lot in his young life, but his story contains several hints that with the help of his resource parents and others he will be able to move beyond his traumatic past.



What does this tell us about Javier's strengths?

One facilitator should lead the discussion while the other makes notes on the board or easel. Allow five minutes for discussion before moving on to the points on the slide:

- 🗨️ He formed a strong attachment with his mother.
- 🗨️ He has talent as an entertainer, and has a great sense of humor. It will be important for his resource parents to nurture his talents and encourage him to test them in the world.
- 🗨️ He is able to form friendships with his peers.
- 🗨️ He has a strong sense of justice and morality.
- 🗨️ In protecting the young woman, Javier has shown that he can care about people other than himself. With the proper direction, he could turn his interest in social justice into some form of community service.

Recognizing Resilience: My Child (Group Activity)



- What strengths or talents can you encourage?
- What people have served as role models?
- What people have served as sources of strength or comfort?
- What does your child see as being within his/her control?
- What causes larger than him/herself could your child participate in?

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Recognizing Resilience: My Child (Group Activity)

Let's consider the potential for resilience and the strengths you can build on in the child in your "My Child" Worksheet.

Quickly click through each of the bullet points on the slide.

-  What strengths or talents can you encourage?
-  What people have served as role models?
-  What people have served as sources of strength or comfort?
-  What does your child see as being within his or her control?
-  What causes larger than him- or herself could your child participate in?

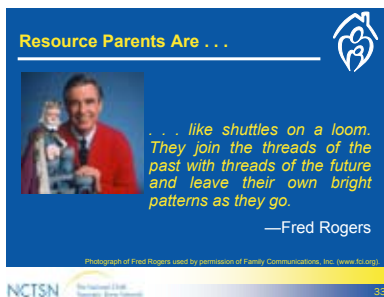


Give the group a moment to make notes on their sheets before asking the group to share what they've written.

Has looking back on this child with a more trauma-informed point of view revealed anything you hadn't noticed or thought of before?



Allow time for participants to share any new insights they have gathered. If no one speaks up, you may share something from your own experience or simply move on to the next slide.



Read-Aloud Quote: Resource Parents Are . . .

Ask for a volunteer to read the quote. If no one offers, one facilitator should read the slide aloud.

“Resource parents are like shuttles on a loom. They join the threads of the past with threads of the future and leave their own bright patterns as they go.”

By parenting our children in a trauma-informed way—with a full understanding of how trauma has altered their lives and their expectations of the world around them—we can indeed leave new “bright patterns” in our children’s lives.



Module 2: Wrap Up

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Module 2: Wrap Up



Ask each table to choose two *Big Ideas* that they consider to be the most useful or important things they learned during the session, and to write each idea on an index card. Give the groups three minutes to discuss and decide on their ideas. One facilitator should serve as timekeeper and give the groups a one-minute warning before calling “time” and collecting the cards.

One facilitator should read from the index cards, while the other notes the ideas on the board or easel. Allow another five to 10 minutes to review, discuss, and condense (if appropriate) the ideas presented into three or four *Big Ideas* for the day. Ask the participants to keep these ideas in mind as they deal with their children in the days before the next module.

Finally, revisit the *Feelings Thermometer* and go around the room checking in. If desired, do a relaxation or stress buster exercise with the group before breaking for the day.

End of Module 2

