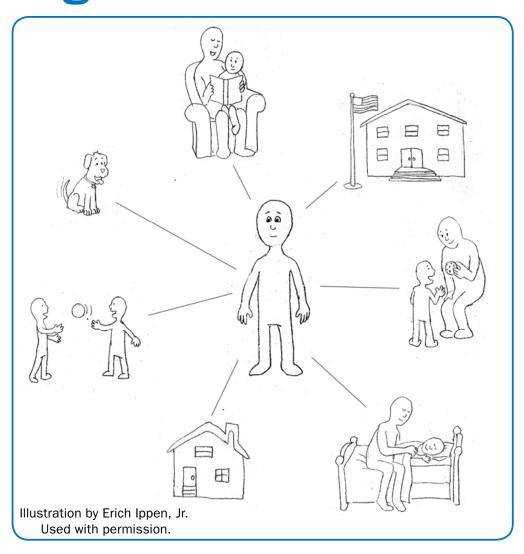
Module 6: Connections and Healing



What You Will Need

- Module 6 PowerPoint slides 1–28
- "My Child" Worksheet, Module 6 (Participant Handbook, p. MC-13)
- Index cards for "Name Your Connections" Group Activity
- Pens/pencils
- A Family Tale case study (Participant Handbook, pp. CS-19 to CS-21)

Icon Reminders



Facilitator tip



Group activity/discussion



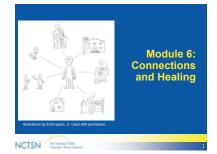
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Facilitator Goals

- Explain how children form their identities through their attachments and connections.
- Use a case example to illustrate the intergenerational nature of trauma and how different family members respond to the same events.
- Help resource parents understand why it's important for children to talk about their traumatic experiences, and how resource parents can support children in this process.

Key Learning Objectives

- Identify at least three important connections in an actual child's life and ways resource parents can support and maintain these connections.
- Describe how trauma can affect children's view of themselves and their future.
- List at least three ways in which resource parents can help children feel safe when talking about trauma.



Module 6: Connections and Healing

Before participants arrive, write on the board (or an easel) the Big Ideas the group identified during the last module. Greet participants as they enter the room.

Keep participants informed of the time remaining until the workshop begins.

Remind participants of basic logistical information (location of bathrooms, timing of breaks, etc.).



Start the session by thanking the participants for coming back and directing their attention to the Big Ideas from the last session. Ask the participants to share any experiences or insights they may have had since the last session that relate to these ideas (for example, finding a new way to encourage positive behaviors, helping a child discover a new talent, or working with a child to modify a problem behavior).

Allow five to 10 minutes for discussion before moving on to the next slide and topic.



Read-Aloud Quote

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

"When you feel connected to something, that connection immediately gives you a purpose for living."

The desire for connection is one of the most universal human needs.



What keeps you connected?

We build our sense of connection in many ways, including:

- 1 Our attachments to, and relationships with, other people
- ① Our understanding of our own stories: where we began, who we are now, and who we hope to become. Our own stories are interwoven with those of our families and our society or culture.
- Our ties to places, objects, cultural or religious rituals or practices

All these connections help us to define ourselves and our place in the world. These connections also play a vital role in helping children heal from trauma.



Name Your Connections... (Group Activity) (1/2)



Please take five index cards from the pile in the middle of the table.

On each card write down one of the five most important connections in your life.

They can be people, pets, places, activities, memories, things, or even wishes for the future.



Okay, now choose one thing to give up.

1 Take that card and put it in the middle of the table.

Once everyone has given up one card, continue with . . .

Now hold up your four remaining cards as if they were your hand in a game of cards.



Both facilitators should now walk around the room and randomly take three cards away from each participant. Do not let participants select the cards for you. Once all the cards have been collected, return to the front of the room.

Click three times to delete remaining items.

Read a few cards out loud to demonstrate what the participants were forced to "give up" as part of the exercise.

How did it feel to have your cards taken away?

Give participants a few moments to respond.

Children Define Themselves Through Their Connections Who am I? What is lovable about me? What am I capable of? How can I survive and make sense out of what's happened to me? Who will I be in the future?

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Children Define Themselves Through Their Connections

If this imaginary exercise was tough on you, imagine how much worse actually losing familiar people, places, and things must be for a foster child.

Children learn who they are, and what the world is like, through the connections they make. Traumatized children often have particularly shaky or insecure attachments with other people. Nevertheless, they may cling to these fragile attachments, which are disrupted or even destroyed when they come into care.

As a resource parent, you can help your child hold on to what was good about those connections, reshape them, make new meanings from them, and build new, healthier connections with you and others as well.



Read-Aloud Quote

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

"Being taken from my parents didn't bother me . . . but being torn away from my brothers and sisters . . . they were my whole life.

It was probably the most painful thing in the world. They told me I would be able to see them a lot, but I was lucky to see them at all."

How does this quote make you feel?



Allow no more than three minutes for responses.

Luis' experience illustrates the importance of understanding the significant relationships in the life of your child.

Ask the group to take a look at the card they still have left. Point out that even though a lot has been taken away, they still have something left, and that the same is true for the children in their care.

All children who have experienced trauma have strengths that can serve as the foundation for healing—including positive connections with people, places, experiences, memories, hopes, and dreams. In this module we are going to work on Essential Elements 5 and 6.

Essential Elements 5 and 6



- Respect and support positive, stable, and enduring relationships in the life of your child
- 6. Help your child develop a strength-based understanding of his or her life story.

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Essential Elements 5 and 6

Your child's relationships with his or her birth family may not seem positive or stable to you. You may even see the birth family as nothing but a source of trauma and pain. But even when we see a child's past as having been all bad—something to forget—that child has often been able to take or make something good out of the bad. They may have strong connections with siblings, relatives, extended family members, and other adults and children from their communities. By respecting these attachments, and helping children maintain what is good about them, we help our children build a healthy sense of connection to their pasts as they move into the future.

Keep in mind that you can also **become** one of the supportive and stable relationships in your child's life. Even though your relationship may be time-limited, the positive nurturing you provide can be a healing force for your child.

Trauma can shatter a child's sense of themselves and their life story. Being removed from home, or moved from one home to another, can further disrupt children's sense of who they are, where they came from, and where they belong. Too often, children come to define themselves only by their trauma, seeing themselves as damaged goods, ruined, or unlovable. When we help children sustain enduring relationships while building healthy new connections, they are able to put their traumatic pasts into the larger perspective of the ongoing stories of their lives.

A Family Tale



- The children were taken into care after their mother, Jane, left Joey and Sandy alone for several days while she went on an alcohol and cocaine binge.
- Joey is with Thelma, their maternal grandmother.
 Sandy and John are with Rana, a foster mom.

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A Family Tale

Ask participants to turn to page CS-19 of their Participant Handbooks, "A Family Tale."

In this story of a family coping with trauma and separation, you will see how each child in a family may have experienced traumatic events differently, and drawn different meanings from them.

Have participants break up into five groups. Assign one family member to each group:

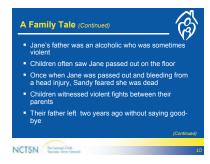
- Joey, the four-year-old boy
- Sandy, the nine-year-old girl
- John, the 14-year-old boy
- Thelma, Jane's mother and caregiver to four-year-old Joey
- Rana, foster mother to Sandy and John

After each group has been given a role, explain that you are going to begin by reading the story. At various points, you will ask the participants how "their" character might feel and think about the events going on.

- Four-year-old Joey, his nine-year-old sister Sandy, and their 14-year-old brother John have been in foster care for six months.
- The children were taken into care after their mother, Jane, left Joey and Sandy alone for several days while she went on an alcohol and cocaine binge. She had told the children she'd be "right back." Sandy didn't call the police for fear she'd get her mother into trouble. She tried to take care of Joey. Eventually, neighbors heard Joey crying and called the police.

At first, the police couldn't find John because he had run away from home the day before Jane left and was hiding at a friend's house. He said he didn't know that his siblings had been left alone.

Thelma, Jane's mother, had been divorced twice and lived alone. She felt that she was too old and had too many health problems to take all three children. She assumed care of Joey. Sandy and John are with Rana, a young, single, and relatively new foster mom.



A Family Tale (Continued)

- Jane's own father was an alcoholic who was sometimes violent.
- Since her teen years, Jane has struggled with substance abuse and attempts to get sober. Her children have seen her passed out on the floor.
- Once Jane hit her head before passing out, and when Sandy saw her unconscious with all the blood, she feared that Jane was dead.
- The children's father was also a drug user. The couple had violent arguments in front of their children. During those fights, Joey used to scream, shut his eyes, and cover his ears while Sandy held him. Once John had to hold his mother back when she had a knife in her hand and was threatening to stab his father.
- The father disappeared two years ago without saying good-bye.

A Family Tale (Continued) Jane has had periods of sobriety and many relapses. Sober for the last five weeks, Jane called the children every Thursday night and visited them every Sunday. On each visit, Jane told the children, "We will all be together again soon." (Continued)

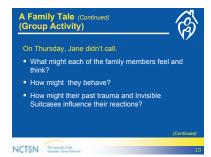
A Family Tale (Continued)

- 1 Jane has been struggling to maintain sobriety.
- Sober for the past five weeks, Jane has called the children every Thursday night and visited with them every Sunday.
- On each visit Jane told the children, "We will all be together again soon."

Joey misses and worries about his mother. Is nervous and clingy just before her calls. Asks when he is going to see "my Sandy" over and over again. Sandy remembers having fun with her mother when she wasn't "loaded." Has nightmares about her mother passed out on the floor. Angry at her father for leaving and wonders if he is dead. John was close to his father. Blames his mother for the split. Doesn't trust women. Feels "old enough" to be on his own.

A Family Tale (Continued)

- ① Joey misses his mother. He worries about her getting "sick" again. He gets nervous and clingy on Thursday just before her calls. He misses Sandy and asks his grandmother over and over again when he is going to get to see "my Sandy."
- Sandy remembers having fun and good times with her mother when Jane wasn't "loaded." She's angry at her father for leaving and wonders if he is dead. Sometimes she has nightmares about her mother passed out on the floor. She misses Joey and feels as if she is the only one who knows how to take care of him. She's angry at her grandmother for rejecting her and John, and says, "If you really loved us, you would have kept us together."
- ① John had a rough time when his father left because he always felt close to his father. He blames his mother for the split and has pulled away from his family. He thinks he's old enough to be on his own and resents being placed with Rana. John believes that women cannot be trusted to take care of their loved ones.



A Family Tale (Continued) (Group Activity)

During their last visit, Jane looked a little disheveled but insisted to Thelma and Rana that everything was fine. This past Thursday, Jane failed to call the children.



Please take a few moments within your groups to consider the following questions:

- What might your family member feel and think?
- How might they behave?
- How might the traumatic experiences they'd been through, and the contents of their Invisible Suitcases, affect their reactions?

Allow five minutes for the groups to break out and then another five to 10 minutes for group discussion. One facilitator should make notes on the whiteboard or easel while the other facilitates the discussion.

A Family Tale (Continued) Joey: worried, clingy, focused on how he would give Jane a present on Sunday Sandy: upset and angry, argued with Rana about going to the Sunday visit John: withdrawn, said he didn't care about Jane Thelma: worried, angry, ashamed; remembered her husband's drunken nights Rana: worried but judgmental

A Family Tale (Continued)

Now let's look at what actually happened after Jane didn't call:

- Joey cried and asked his grandmother whether Mommy was "sick." He stayed close to the telephone, hoping she would call. He became more clingy, and refused to go to bed alone. Then he began talking about finding just the right toy to give Jane on Sunday, "so she'll think about me all the time."
- Sandy became nervous and shaky. She kept seeing images of her mother on the floor, and worried that she had hit her head again and was bleeding somewhere with no one to help her. She told John that she was afraid her mother was dead, and he snapped, "Grow up! I stopped caring about her a long time ago!" Then Sandy lashed out at Rana. "It's your fault she didn't call. You probably made her feel bad the last time we saw her!"

John withdrew even further from his siblings and pretended not to care, but his mother's failure to call made him wonder if he would ever see her again. He thought about the last time he saw his father, and missed him.

Thelma was worried about her daughter, but also angry at her and ashamed at what Rana must think of her. She kept thinking about the nights Jane's father never came home because he was drunk.

Rana was worried about Jane, but also felt judgmental. She thought the children should appreciate her all the more for being reliable, and was very hurt when Sandy turned her anger on her.

On Sunday, Jane didn't show up for the visit. Joey threw a tantrum, insisting his mother would come. Sandy became upset and angry, tried to protect Joey, and lashed out at Thelma and Rana. John acted withdrawn and disinterested, but lashed out at Rana and Sandy in the car on the

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A Family Tale (Continued)

- 1 On Sunday, Jane didn't show up for the scheduled visit.
- After waiting for half an hour, Rana and Thelma prepared to leave. Joey began screaming and crying: "She's coming. I have a present for her . . . she has to come. Mommy! Mommy!" Thelma became more and more upset as Joey kicked and shrieked. She spent a long time trying to convince Joey to get into the car, and then lost patience and carried him out howling.
- As Thelma struggled to put Joey in his car seat, Sandy tried to comfort him. Thelma pushed her out of the way. Sandy started to sob, and yelled at her grandmother, "Joey should be with me. I'm the one who knows how to take care of him!"

On the way home in the car, Sandy screamed at her foster mom, "Why did you make me come on this visit?"

Rana said, "I made you come on this visit because I know it's important to you to see your mom."

Sandy snapped back, "I didn't want to see my mom. You made me. If my mom really loved us, she'd get off drugs so we could all be together."

Rana, exasperated, agreed. "You're right; she would."

This only made Sandy angrier. "You don't know anything about our family!" she shouted. "My mom loves us a lot. And you don't know what it's like to be the only foster child in my whole school! You don't know anything about me!"

Suddenly John—who had been listening to his iPod®—stomped his foot. "Shut up!" he yelled. "I wish I'd never been born into this family!"



What can be done? (Group Activity)

Please take 10 minutes within your groups to consider the following questions:

- What can Rana and Thelma do to help each child cope with Jane's behavior and maintain healthy connections?
- What can they do to help themselves?



Allow 10 minutes for brainstorming, and then ask each group to report their answers.

Allow 15 minutes for discussion. One facilitator should make notes on the whiteboard or easel while the other facilitates the discussion. Consider raising some of the key points below:

For **Joey**, Thelma should:

- Reassure Joey that what happened was not his fault.
- When Joey is calmer, talk with him in simple language and encourage him to express his feelings in words or pictures.
- Be consistent, so Joey (and his siblings) learn that they can trust and depend on her for safety and nurturance.
- Avoid making promises about things she can't control. While it's natural to want to say, "It's okay, she'll be there next time," that could backfire if Jane fails to show up again.
- Arrange regular visits for Joey with Sandy. Help them stay in touch when they cannot be together.

For **Sandy**, Rana should:

- Allow Sandy to share all her feelings about her mother without agreeing or disagreeing.
- Set limits. Let Sandy know that she understands how frustrated and alone Sandy feels, but that it is not okay to scream and yell.

- Stress that Sandy and her siblings aren't to blame for their mother's illness or behavior.
- As a school-aged child, peer relationships are very important to Sandy. Rana should support Sandy in building social skills and confidence, and encourage her to participate in activities where she can connect with her peers.

For **John**, Rana should:

- Recognize that even though John seems unfazed, he is probably silently experiencing feelings of anger, hurt, and sadness.
- Understand that John may withdraw from relationships because of the traumas and losses he has experienced. He may avoid getting close to people because he's afraid of getting hurt physically or emotionally. He may also be afraid of his own anger or capacity for violence.
- As an adolescent, John may be trying to sort out whether he is doomed to be like his mother, father, and grandfather. Is he going to wind up an addict too? Provide as much accurate information as he is open to hearing about the genetics of addiction. Stress that he has the power to make the right choices.
- Reach out to John's caseworker or school counselor so he can be evaluated for depression and receive more guidance and support.

Thelma should:

- Find a counselor, clergy member, support group, or close friend to confide in.
- Recognize that it's normal to feel a wide range of feelings about her daughter and to want to blame someone for Jane's situation.
- Take a proactive role with Rana. Give her as much information as possible to help her with Sandy and John. Try to see her as a collaborator and not a judge.
- Recognize how her own trauma history with Jane's father affects her reactions.

Rana should:

- Find a counselor, clergy member, support group, or close friend to confide in.
- Recognize the limitations of a foster parent. Accept that she is not responsible for making everything all right, erasing the past, or rescuing the children from their family. Set small goals for what she can accomplish with the children given the limitations of her role.
- Reach out to Thelma as a collaborator.
- Try not to be judgmental.



What about Jane? (Group Activity)

In the exercise, we played the roles of all the major characters except for the one at the center of everything—Jane.

It may be hard to make sense of Jane's behavior—abandoning her children while she did drugs, making promises to them she hasn't kept, failing to call or to show up for appointments.

But Jane has her own history of trauma and an Invisible Suitcase that affects the way she deals with her children, her life, and the world. Although it is difficult to know the full extent of Jane's past trauma, we do know that Jane:

- Grew up watching her father getting drunk and occasionally becoming violent
- Has repeatedly became involved with violent, drug-abusing men that her mother calls "losers"
- Has tried on many occasions to get "clean," only to slip back into drug use
- 1 Loves her children and wants them back



Allow five minutes for discussion/brainstorming about other traumas Jane may have experienced (abuse from her father or boyfriends, etc.) and the contents of her Invisible Suitcase ("I'm no good, I'll never get off drugs, only losers can love me," etc.). Stress that although Jane's history doesn't excuse her behavior, recognizing the impact of trauma on Jane can help Rana support and understand the children.

In this family, as in many birth families, trauma has become intergenerational. But with the help of trauma-informed parenting and support, John, Sandy, and Joey can break this cycle.

Lessons from Joey, Sandy, and John (Group Activity)

- Every child in a family has a unique relationship with his or her parents and siblings.
- Even children with the same trauma history will understand those events differently. They may have different trauma reminders and react differently to them.
- Caregivers must take care not to burden children with their own strong and complicated feelings toward birth parents.

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Lessons from Joey, Sandy, and John (Group Activity)

As we've seen in this story, every child in a family has a unique relationship with parents and siblings. Each one may recall the same events differently or take different sides when there is a conflict or dispute.

Children from troubled families are likely to have complicated and ambivalent feelings towards their parents, and yet feel loyalty towards their family members. For example, Sandy is both angry at her mother and ready to defend her.

- Children of different ages and developmental stages will have different reactions to the same event.
- Caregivers—particularly family members—are likely to have very strong and complicated feelings toward parents who have failed their children. It is important not to burden the children by sharing all of those feelings.



Take a moment to think about the child in your "My Child" Worksheet. Who is he (or she) connected to? Is the relationship positive? Negative? A little of both? What can you do to support and enhance the positive connections in your child's life?



Let's Take a Break!

Announce a 10-minute break.

Be sure to remind the group of the location of bathrooms, phones, etc.

Note the current time and the time when the workshop will resume.



Read-Aloud Quote

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

"It takes two to speak the truth. One to speak, and another to hear."

Providing children with an opportunity to talk about their lives—including unpleasant or traumatic experiences—is one of the greatest gifts we as resource parents can give.

Making It Safe to Talk

Makes the "unmentionable" mentionable

- Reinforces the message that the child is not responsible for the trauma
- Provides an opportunity to correct mistaken
- eaches children that trauma does not have to

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Making It Safe to Talk

It can be tempting to think that the best thing for traumatized children is to forget that the bad events in their lives ever happened. Why would children want to think or talk about something so painful now that they are safe?

But for children who have experienced trauma, the memories are always there.

- 1 Many children who have experienced trauma have lived by the unwritten rule of "Don't tell anyone anything." Keeping a secret can be as damaging and isolating as the trauma itself. Letting children talk about their traumas makes the unmentionable mentionable, and cuts through this veil of secrecy.
- 4 Allowing children to talk freely about their trauma reinforces the message that the trauma is not their fault. On the other hand, children who are "shut down" when they try to talk about a traumatic experience may feel even more guilty and ashamed.
- Talking about trauma provides an opportunity to gently correct mistaken beliefs and perceptions (for example, "Daddy wouldn't have sexually abused me if I hadn't asked him to hug me" or "I'm doomed to be as violent as my dad").
- finally, allowing children to talk about their trauma helps them to put the trauma in perspective and realize that it does not have to define their lives.



Read-Aloud Quote

Ask for a volunteer to read the quotes on the slide. If no one offers, the facilitators should read the exchange aloud.

"Harry: I just feel so angry all the time. . . . What if after everything I've been through, something's gone wrong inside me? What if I'm becoming bad?

Sirius: I want you to listen to me very carefully, Harry. You're not a bad person. You're a very good person who bad things have happened to."

Okay—this isn't a quote from an actual foster child! But anyone who has seen a Harry Potter movie should recognize the characters. Have you ever noticed just how many traumatic experiences Harry Potter has been through? Parents murdered in front of him . . . abusive relatives . . . repeated loss of father figures. In some ways, he's a classic traumatized child. And, like many traumatized children, he battles a belief that he may be inherently bad or damaged in some way.

What Harry says is an excellent example of how many traumatized children feel, and his godfather's response is an excellent example of what all traumatized children need to hear.



Talking About Trauma

As your child becomes more comfortable with you, it is possible—indeed likely—that he or she will want to share something about past traumatic experiences.

- These disclosures may come when you least expect them. A child may tell you something disturbing in a very casual way, as if not upset by it at all, or may only tell you when very upset over something that seems unrelated.
- When a child begins to talk to you about trauma, your reactions—spoken and unspoken—will send powerful messages to the child about whether it is safe and acceptable to talk about past pain. Be aware of what you are conveying—both verbally and in your body language. It's okay to let a child know that you feel sad or sorry about what's happened to them, as long as you don't overwhelm the child with your emotions.
- Remember: even when we think of a child's past as having been all bad, a child has often been able to take or make something good out of the bad.
- It's important to be ready to listen and talk openly about your child's trauma without retreating or changing the subject.

 However, you need not draw out details or engage in extensive conversations. Let the child set the pace.



Talking About Trauma (Continued)

When your child does bring up his or her traumatic experiences, be an active listener:

- Stop what you are doing and make eye contact.
- 1 Listen quietly to what the child has to say.
- Stick to simple, calm, encouraging, and empathetic remarks ("I'm so sorry that you had to go through that" or "How do you feel now about what happened?"). Repeat what you've heard.
- Avoid "shutting down" the child. Rushing in to make everything immediately all better may have the effect of shutting down discussion. For example, don't say, "But you're over all that and safe, so you don't need to think about it now."

Talking About Trauma (Continued) (Group Activity)

- Offer comfort without being unrealistic.
- Praise the child's efforts to tell what happened.
- Provide constructive feedback.
- Focus on the *behavior* of the caregiver, rather than making judgments.
- Be ready to share information with the child's therapist, and to report abuse or neglect that has not yet been reported.

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Talking About Trauma (Continued) (Group Activity)

- Although it is important to provide comfort, avoid making promises that are unrealistic, such as "Nothing bad will ever happen to you again."
- Praise the child's effort to talk with you about trauma ("I'm really glad that you're talking to me about what happened. I'm proud of you.").
- Children often misunderstand the causes of the traumas in their lives, believing that they caused the trauma ("If I hadn't been so bad, my mom wouldn't have hit me so much") or could have prevented it ("If I hadn't gone to school that day, my dad wouldn't have gotten high and hurt my mother.").
 - When this happens, try to provide accurate information. Offer feedback that focuses on the specific behavior of the person involved rather than a value judgment ("Your mommy made some choices that weren't very good, but it wasn't your fault").
- Be prepared to share information with your child's therapist. If your child tells you about abuse or neglect that was not previously reported, follow your state's guidelines for reporting child abuse/neglect.



Ask the group if anyone has a personal example of a child talking about trauma, and how they handled it. One facilitator should lead the discussion, while the other makes notes on the board or easel.

If a participant's example illustrates an appropriate/effective way of talking with a child about trauma, point out the ways in which he or she succeeded. If the participant didn't know what to say, or behaved in a way that shut the child down, ask the group to brainstorm other ways in which the situation might have been handled.

Allow 10 minutes for this discussion.



Building New Connections

To put trauma in perspective, children need to feel connected to the positive aspects of their lives and histories. Entering foster care and being moved from placement to placement can make it difficult for children to hang onto the mementos and keepsakes that connect them to their past.

You can help your child to build positive connections across these disruptions in several ways:

- Document special events and experiences that happen in your home and give your child copies. (You may also want to keep a separate set of copies for yourself, in case the child needs them at a later date.) Commemorate birthdays and personal accomplishments with special meals or rituals. Help your child to make and recognize positive memories.
- "Reconstruct" the child's past by consulting with birth families, friends, and other important people from your child's life. If no photos or mementos are available, help your child to write an autobiography. You can also make a scrapbook that represents his or her history by cutting pictures out of magazines, drawing pictures or writing about memories, or copying lines of poetry. A trauma-focused therapist can also work with your child to sort through the past, and create a "life book" that captures not only past pain, but also past and current experiences of kindness, caring, and courage.
- Encourage your child to look forward—to family events, school trips, graduations, and what he or she wants to be as an adult. Plot events on a calendar and share it with your child to help the child plan for the future. Ask who your child admires; discuss the steps it would take for the child to achieve what that person has accomplished. Share biographies of people who had difficult childhoods so your child can see that other people have gone through hardship and achieved success.



Helping Your Child (Group Activity)

Ask the group to turn to page MC-13 of their Participant Handbook, the "My Child" Worksheet, Module 6.

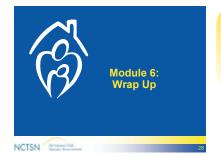


Think about the child in your "My Child" Worksheet. How can you help this child:

- Feel safe when talking about trauma?
- Build connections across the disruptions in his or her life?
- 1 Look positively towards the future?

Allow a few minutes for discussion and for participants to make notes in their worksheets.

All of these suggestions are great, but it's important to remember that you are not in this alone. You can get help from others on your child's team. In Module 7, we'll learn more about how to be an advocate for your child, including when to seek traumafocused treatment for your child. And because hearing about your child's trauma can also be stressful for you, we'll talk more about advocating for—and taking care of—yourself in Module 8.



Module 6: Wrap Up



Ask each table to choose two Big Ideas that they consider to be 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.