

Module 7: Becoming an Advocate

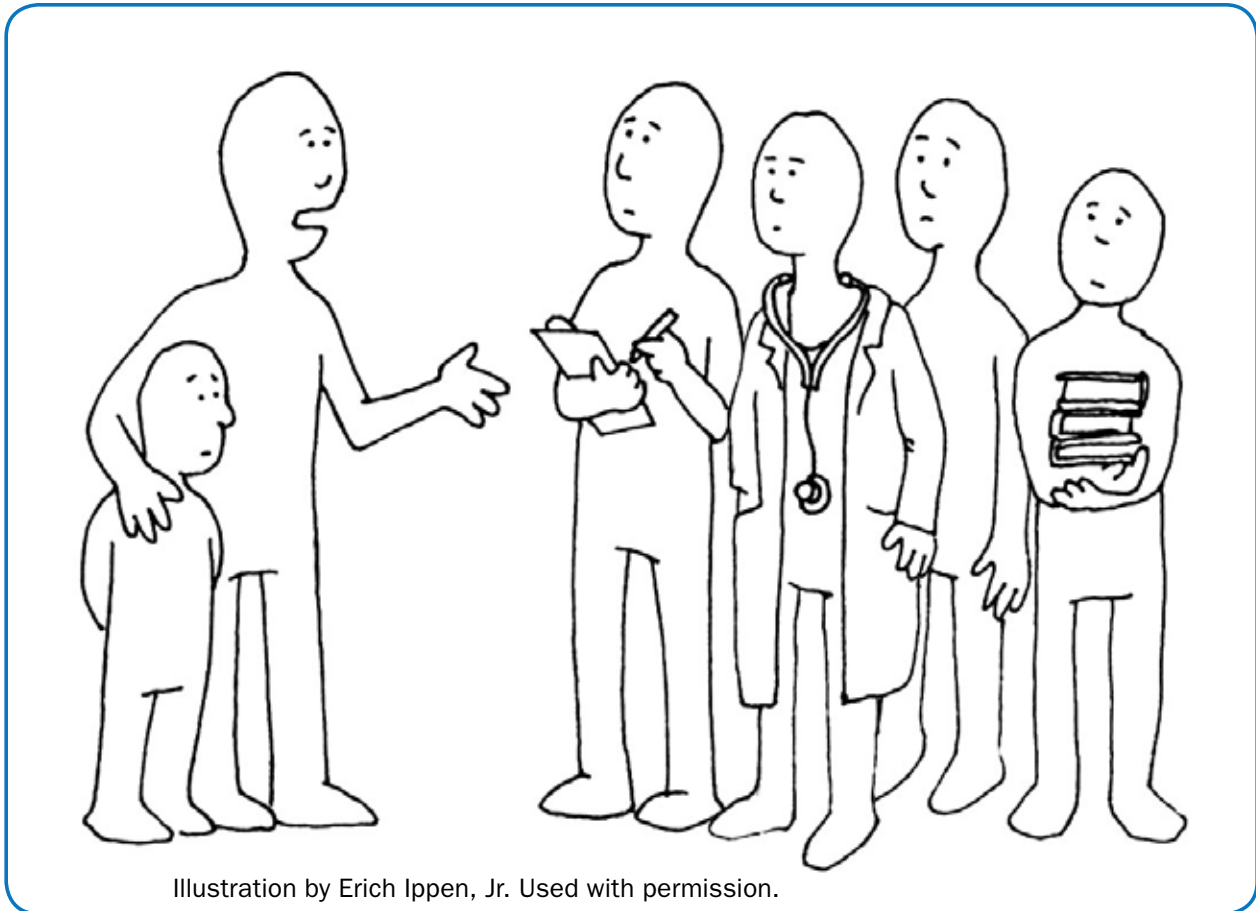





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What You Will Need

- Module 7 PowerPoint slides 1–24
- “My Child” Worksheet, Module 7 (*Participant Handbook*, p. MC-15)
- Slips of paper (one team member listed per slip) for “Advocacy in Action” Group Activity
- Pens/pencils

Icon Reminders

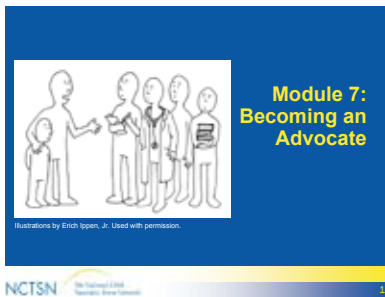
-  Facilitator tip
-  Group activity/discussion
-  Click to advance slide content

Facilitator Goals

- Enhance participants' ability to share a trauma-informed perspective with caseworkers and other adults on the child's team.
- Empower participants in their roles as advocates.
- Help participants recognize when trauma-related problems require the help of trauma-informed professionals.
- Provide participants with information about what they can expect from a trauma-informed therapist.

Key Learning Objectives

- List at least three of the basic elements of trauma-informed advocacy.
- List at least four indicators that a child may need the support of a trauma-informed therapy.
- Describe specific actions resource parents can take with an actual member of the child's team.



Module 7: Becoming an Advocate

Before participants arrive, write on the board (or an easel) the Big Ideas that 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 returning, and direct 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 Big Ideas.

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

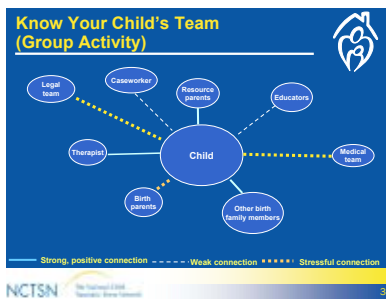


7. Be an advocate for your child.
8. Promote and support trauma-focused assessment and treatment for your child.

Essential Elements 7 and 8

We've spent the last six modules exploring how trauma affects children and how we, as resource parents, can help them to heal. Now it's time to look beyond our homes and into the broader world that our children inhabit.

In this module, we're going to talk about your role within the team of people who are involved in your child's life. In particular, we'll be looking at how you can serve as advocates for your children and help make sure they get the help they need to recover from the effects of trauma.



Know Your Child's Team (Group Activity)

The team of people involved in your child's life can include:

- 🕒 Birth parents and other members of the birth family, such as grandparents, aunts and uncles, and, occasionally, siblings
- 🕒 Child welfare, mental health, education, and medical professionals, including caseworkers, therapists, physicians, daycare workers, teachers, tutors, and other members of the educational system
- 🕒 Members of the legal system, including judges, legal guardians, and court-appointed special advocates



Ask the group to turn to page MC-15 of their Participant Handbook, the "My Child" Worksheet, Module 7.

Think about the child in your "My Child" Worksheet.

Who are your child's team members?

What sort of connections do they have with your child?

Give participants a few minutes to map out their child's team.

Working as a Team



The team members involved in your child's life:

- Share a commitment to your child's safety, permanency, and well-being
- Have distinct roles and responsibilities
- Relate to your child in different ways
- Are NOT equally trauma-informed

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Working as a Team

- ④ Ideally, every member of the team should be striving for the same goals: your child's safety and well-being, and the development and maintenance of a positive and stable home.
- ④ Each member of the team has distinct roles and responsibilities in the system.
- ④ Some members of the team may have close, positive relationships with your child. Others may not be very active or engaged with your child. Still others may be a source of conflict and stress.
- ④ It is unlikely that many members of your child's team will be trauma-informed. Many professionals working in the child welfare system (and even the mental health system) are not trained to understand trauma or view your child through a "trauma lens."

Some members of the team may have trauma histories of their own or they might be experiencing secondary traumatic stress. Secondary traumatic stress refers to the emotional effects of close, constant contact with children who have experienced trauma, and we will talk more about this in Module 8.

Ask the group to turn to page 7-29 of their Participant Handbook, "Becoming an Advocate: Additional Resources."

This section of your handbook includes resources for teachers, child welfare workers, judges, and other team members that you can use to help introduce them to a trauma-informed perspective.

I would feel like I was just being passed around and not really knowing what was going on. No one explained anything to me.

I didn't even know what rights I had . . . if I had any.

No one told me what the meaning of foster care was. No one told me why I had been taken away from my mom. I knew there were bad things going on, but no one really explained it to me.

—Luis

Hochman, G., Hochman, A., & Miller, J. (2004). Foster care: Voices from the inside. Washington, DC: Free Children of Children in Foster Care. Retrieved at <http://www.fostercare.org/research/voices/voices-complete.pdf>

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Read-Aloud Quote

Ask for a volunteer to read the quote out loud. If no one volunteers, one facilitator should read the quote.

“I would feel like I was just being passed around and not really knowing what was going on. No one explained anything to me. I didn’t even know what rights I had . . . if I had any.

No one told me what the meaning of foster care was. No one told me why I had been taken away from my mom. I knew there were bad things going on, but no one really explained it to me.”

The child welfare system can be very complicated even for adults to understand. Imagine, then, how tough it must be for a child.

Situations like Luis’ show how important it is for the resource parent to be there as an advocate for the child. If your foster child has experienced trauma, your role as an advocate is even more important.

By working as a member of the team, you can help your children understand what is happening and ensure that the lines of communication are kept open among the many adults who are making decisions about their lives.



- Help others to understand the impact trauma has had on your child.
- Promote the importance of psychological safety.
- Share strategies for helping your child manage overwhelming emotions and problem behaviors.

(Continued)

Trauma-Informed Advocacy

The basic elements of trauma-informed advocacy parallel those of trauma-informed parenting. Now that you are becoming a trauma-informed parent, you can share this perspective with others on your child's team.

- 🕒 As you've learned, trauma's effects can be wide-ranging and can affect brain development as well as the development of beliefs about oneself and the world. Teachers and school personnel, for example, might not appreciate the impact trauma can have on a child's ability to pay attention in class or behave on the playground. Mental health providers might misdiagnose a child if they fail to consider his or her trauma history.
- 🕒 Share your observations about what your child needs to feel psychologically safe, including what you know about your child's trauma reminders. Because of the responsibilities of their jobs, others on the child's team might focus only on physical safety, without considering the importance of psychological safety.
- 🕒 Help others to make the connection between a child's thoughts, feelings, and problem behaviors (the Cognitive Triangle) and his or her trauma history. If other team members become frustrated, impatient, or punitive, offer constructive suggestions about how to work with your child.



- Support the positive, stable, and enduring relationships in the life of your child.
- Help others to appreciate your child's strengths and resilience.
- Advocate for the trauma-specific services your child needs.
- Know when you need support.

Trauma-Informed Advocacy (Continued)

- 🕒 Be an advocate for maintaining connections, whether that means keeping the child in your home or supporting reunification with the birth family. Although this may be challenging, remember that one of your child's most vital connections is with you and your family.
- 🕒 Point out your child's strengths and resilience in face of adversity. Retain optimism about your child's future and help others to see that he or she is not just a victim.
- 🕒 Advocate for the trauma-specific services your child needs, including trauma-informed assessment and mental health services, special accommodations at school, or additional support from the caseworker.
- 🕒 Sometimes being an effective advocate for yourself can be just as important as being an advocate for your child. Be sure to let other members of the team know what you need as you work with your child.

We will be talking more about self-care in Module 8. Be mindful of how stressful working with traumatized children can sometimes be, for you and for others on the team.



Help your team member understand . . .

- What child traumatic stress is
- How trauma has affected your child
- Your child's strengths and resiliency
- What your child needs

Advocacy in Action (Group Activity)

Now we will practice putting some of these advocacy skills into action.



Instruct participants to pair off. Pass around a box with slips of paper that list the names of different team members (e.g., teacher, caseworker, therapist, pediatrician, judge, etc.). Each participant should take one slip.

You are each going to take a turn playing the resource parent, while the other person takes the role of the team member listed on the slip of paper. For purposes of this activity, assume that the other team member is having a problem with your child and doesn't seem to understand the role that trauma might play in his or her life.

The person playing the resource parent should:

- **Describe what child traumatic stress is**
- **Describe how trauma has affected your child**
- **Describe your child's strengths and resiliency**
- **Explain what your child needs to help him or her heal from the effects of trauma**

The person playing the other team member should ask questions and offer some resistance to what the resource parent is saying. Try to draw from your own experience as you play your roles.

After five minutes, remind the participants to switch, giving the other partner a chance to play the resource parent.

After 10 minutes, bring the group back together to share their observations.

Do they feel prepared to describe traumatic stress and how it has affected their children's lives?

What additional information or support would be helpful to them in their efforts to educate other team members about child trauma?



- **Respect the connection** that children share with their parents and other birth family members.
- **Be prepared** for conflicted or even hostile initial reactions from birth parents and other family members.
- **Use your “trauma lens”** when interacting with birth parents and other family members.

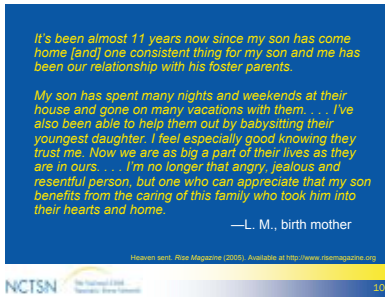
Partnering with Birth Families

Partnering with birth families can be one of the most challenging parts of the team approach, particularly when they were directly or indirectly the source of your child’s trauma.

- 🕒 As we saw in the last module, the connections between parents, children, and other family members can be strong, even in the most troubled families. Acknowledging and respecting these connections is critical to working effectively with parents and other members of your child’s birth family.
- 🕒 This also means being prepared for the full range of reactions you may get from birth parents and other family members. “Losing” a child to the child welfare system is tremendously upsetting for birth parents, many of whom are dealing with their own histories of trauma.
- 🕒 Very often the child in your care was not the only member of his or her family to have experienced trauma. The same concepts you’ve learned during this training (such as the Invisible Suitcase and Cognitive Triangle) might help you to understand why some birth parents behave the way they do, and might even help you to connect with them on a different level.



For more information on partnering with birth parents, direct participants to the article, “Building a Positive Relationship with Birth Parents,” starting on page 7-15 of the Participant Handbook.



Read-Aloud Quote

Ask for a volunteer to read the quote. If no one volunteers, one of the facilitators should read it aloud.

“It’s been almost 11 years now since my son has come home, [and] one consistent thing for my son and me has been our relationship with his foster parents.

My son has spent many nights and weekends at their house and gone on many vacations with them. . . . I’ve also been able to help them out by babysitting their youngest daughter. I feel especially good knowing they trust me. Now we are as big a part of their lives as they are in ours. . . . I’m no longer that angry, jealous and resentful person, but one who can appreciate that my son benefits from the caring of this family who took him into their hearts and home.”

L. M.’s experience shows what can happen when resource and birth parents work together in the interest of the child. You can read all of L. M.’s story starting on page 7-19 of your *Participant Handbook*.

Thinking About My Child (Group Activity)



- Who are three **key players** in your child's life?
- How can you **work together more effectively** to help your child?
- How might **using your "trauma lens"** change the way you work with other team members or with the child's birth parents?

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Thinking About My Child (Group Activity)

Ask the group to return to page MC-15 of their Participant Handbook, the "My Child" Worksheet, Module 7.



Looking at the members of your child's team whom you identified earlier, including the child's birth parents and other family members:

- 🕒 **Pick three key players in your child's life.**
- 🕒 **How can you work together more effectively to help your child?**
- 🕒 **How might using your "trauma lens" change the way you work with other team members or with the child's birth parents?**

After participants have had time to write down a few ideas, ask for volunteers to share some examples from their worksheets. One facilitator should lead the discussion while the other notes the group's ideas on the board or an easel.

Allow five minutes for this discussion.

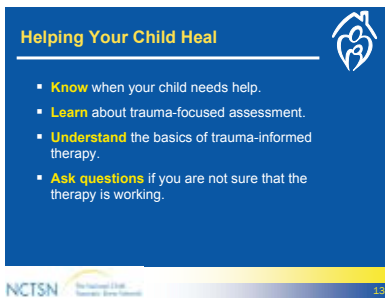


Let's Take a Break!

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.



Helping Your Child Heal

Even though you are an effective resource parent, you are not a trained therapist—nor are you expected to be. However, as “the anchor” on your child’s team, you are in a special position to advocate for your child so that he or she can receive appropriate trauma-informed treatment.

To effectively advocate for trauma-informed treatment, you will need to:

- 🔊 Know when your child needs help
- 🔊 Understand the basics of trauma-informed therapy
- 🔊 Learn why trauma-focused assessment is important
- 🔊 Ask questions if you are not sure that the therapy is working

When to Seek Help


When you:

- Feel overwhelmed

When your child:

- Displays reactions that interfere with school or home life
- Talks about or commits acts of self-harm (like cutting)
- Has trouble falling asleep, wakes up often during the night, or frequently has nightmares
- Complains of frequent physical problems but checks out okay medically

(Continued)

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When to Seek Help

- 🕒 You, as a resource parent, should seek help when you feel overwhelmed by your child's trauma reactions.


You also should seek help when your child:

- 🕒 Displays reactions that interfere with the ability to function in school and at home
- 🕒 Talks about or commits acts of self-harm (like cutting)
- 🕒 Has trouble falling asleep, wakes up often during the night, or frequently has nightmares
- 🕒 Complains of frequent physical problems but checks out okay medically

When to Seek Help
(Continued)

When your child:

- Asks to talk to someone about his or her trauma
- Talks over and over again about the trauma or seems "stuck" on one aspect of it
- Seems plagued by guilt or self-blame
- Expresses feelings of helplessness and hopelessness

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When to Seek Help (Continued)

Treatment may be needed when your child:

- 🕒 Asks to talk to someone about a traumatic experience
- 🕒 Talks over and over again about the trauma, or seems "stuck" on a particular part of it
- 🕒 Seems plagued by guilt or self-blame
- 🕒 Expresses feelings of helplessness and hopelessness

Trauma Assessment



Trauma assessment is important for any child who has experienced trauma.

- Includes gathering a thorough trauma history
- Seeks input from you and others who know the child
- Should be used to determine the treatment plan

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Trauma Assessment

The first step in securing help for your child is getting a trauma assessment. Trauma assessment is a good idea for any child who has experienced trauma, even if the child seems to be “handling” the stress. Children who don’t show signs of distress may be bottling up their feelings, which can affect their performance in school and their ability to connect with you and others around them.

- ④ When conducting a trauma assessment, the therapist should gather a thorough trauma history, including all traumatic events experienced directly or witnessed by the child. A comprehensive assessment should also include assessment of the child’s developmental level, strengths, relationships and attachments, and trauma reminders or triggers.
- ④ This information may come from you, from others on the team, and from the child. You and others with firsthand knowledge of the child’s traumatic stress symptoms should be asked for your impressions and observations. Ideally, standardized questionnaires or checklists would be used in addition to open-ended questions.
- ④ The results of the assessment should be shared with you and should be used to determine the child’s treatment plan.



Common elements of effective treatments:

- Scientifically based
- Include comprehensive trauma assessment
- Based on a clear plan that involves caregivers
- Trauma-focused

The Basics of Trauma-Informed Treatment

There is no “one size fits all” when it comes to treatments for children who have experienced trauma. However, research has shown that most effective trauma-informed treatments include some common elements.

- 🕒 First, they are based on scientific evidence rather than just someone’s idea about what works. This means that these treatments have been systematically studied, and data demonstrating their effectiveness have been published.
- 🕒 They include a comprehensive trauma assessment to determine the child’s trauma history and needs.
- 🕒 After the assessment, the provider proposes a treatment plan, which includes involvement of parents, family, or guardians in the child’s therapy.
- 🕒 Trauma-focused therapy actively addresses the child’s traumatic experiences and traumatic stress symptoms. This type of treatment has been proven effective for children of every age, from infants and toddlers to teenagers. It is never “too late” for a child (or an adult) to seek treatment for trauma-related problems.

Ineffective or Harmful Treatments



Beware of:

- Treatments that promise an instant cure
- Treatments that use hypnosis or drugs to retrieve “repressed” memories
- Rebirthing, holding therapies
- Treatments that are offered by nonlicensed providers or are outside of the medical mainstream

Ineffective or Harmful Treatments

Beware of treatments that:

- ④ Promise an instant cure or complete effectiveness for 100 percent of children treated
- ④ Claim that the key to undoing trauma’s effects is to retrieve “repressed” memories with the use of hypnosis or drugs
- ④ Use rebirthing and holding therapies
- ④ Are offered by providers who are unlicensed or outside of the medical mainstream

**Trauma-Informed Therapy:
The Real World**

- Effects of trauma missed or underappreciated
- Goals of therapy unclear

(Continued)

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Trauma-Informed Therapy: The Real World

“Okay,” I hear some of you saying, “that all sounds great, in an ideal world. But what about the world I live in?”

As a trauma-informed resource parent, you should be familiar with best practices, but you should also be prepared to problem-solve when something doesn't seem right to you.

🕒 Children in foster care are sometimes given many different diagnoses, and the effects of trauma may be misunderstood or even misdiagnosed by mental health providers who are not trauma experts. For example, the nervousness and inability to pay attention that comes with trauma may be misdiagnosed as attention deficit hyperactivity disorder (ADHD); the moodiness and irritability may be misdiagnosed as bipolar disorder.

As we discussed earlier, as part of trauma-informed advocacy, you might need to share information about your child's trauma history with the provider and ask about the role that traumatic stress might be playing in your child's symptoms.

🕒 Trauma-informed therapy is specifically focused on helping children to cope with the effects of trauma. Although play, art, and just plain talking may all be a part of trauma-informed therapy, the therapist should take an active role, laying out goals for the therapy and how these goals will be accomplished. If you are unclear about the goals of therapy, or feel that the approach is not structured or directive enough, you should share your concerns with the child's therapist or caseworker.



- Inconsistent care
- Therapy seems to be upsetting child
- No trauma-informed providers available

Trauma-Informed Therapy: The Real World (Continued)

- 🗨️ Children in foster care are often switched from one provider to another, or are removed from therapy prematurely. It can be difficult for children to form a connection with a therapist or to show progress in therapy if their treatment is not consistent. Communication between providers, as well as between providers and resource parents, can be lacking (and is sometimes hampered by rules about confidentiality). Parents should advocate for continuity of care and do their part to facilitate communication, while respecting the boundaries of confidentiality.
- 🗨️ Participating in trauma-informed therapy takes courage, and the process of therapy can have its ups and downs. Some children may seem to get worse before they get better. By praising children for their accomplishments in therapy and taking an active role in the process yourself, you can encourage children to stick with it. If you have questions about whether a particular treatment is working, or whether a child is “ready” to talk about his or her trauma, you should raise these with the child’s therapist.
- 🗨️ The symptoms of traumatic stress should be treated by someone who has the specific training to do so. This can be a challenge in some communities. Ideally, your child’s caseworker will be able to help you identify trauma-informed therapists and get the needed referral. You can also talk to other resource parents in your community about their experiences with local providers. At a minimum, you should ask the therapist about his or her understanding of trauma and comfort level working with resource parents.



- Some medications can be safe and effective
- Resource parents should ask questions about:
 - Medications alone, without therapy
 - Medication prescribed for children under age 4
 - Multiple medications
 - Side effects that concern you or the child
- When in doubt, do some research

Medications and Trauma

Children in foster care are more likely to be prescribed psychiatric medications than other Medicaid-eligible children, and are also likely to be taking multiple medications.

- ⊕ Some psychiatric (or “psychotropic”) medications can be safe and effective for reducing specific symptoms such as nightmares, sleep problems, and anxiety, but no medication can “cure” children’s traumatic stress.

Few guidelines exist on when and how to prescribe psychotropic medications for children, and little research has been done on the effectiveness and safety of drug combinations in children. Because many children are prescribed medications “off label”—meaning the drugs have not been evaluated or approved for use in children—it is important to take extra care when children receive psychotropic medication.

- ⊕ Even if your child’s psychiatrist is an expert on this issue, it is appropriate to ask questions or raise concerns if:
 - ⊕ Your child is prescribed medications alone, and is not receiving any therapy
 - ⊕ Medications have been prescribed for a child younger than age four
 - ⊕ Your child is taking more than one psychotropic medication
 - ⊕ You observe any side effects that concern you, or your child reports discomfort with side effects
- ⊕ Do your research so you have as much information as possible about the medications your child is taking. If you have serious concerns, it may be worth trying to obtain a second opinion from another psychiatrist or pediatrician.



Direct participants to page

7-30 of the Participant Handbook for additional resources on medications.



Scenario 1:

- Your child is taking three different medications but is not receiving therapy.

Scenario 2:

- You are not involved in your child's therapy, and important information is not shared with you.



Putting Your Advocacy Skills to Work (Group Activity)

Depending on the size of the group and remaining time available, you may (a) divide participants into smaller groups for this exercise, or (b) ask the large group to select the one scenario that most affects them.

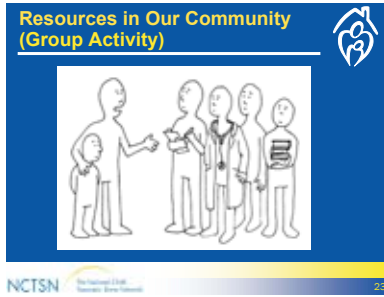
One participant should begin by briefly describing a personal experience similar to the scenario identified.

The facilitator should play the role(s) of the physician, therapist, or caseworker who is challenging or thwarting the resource parent's efforts to address the situation.

Other group members should assist by "coaching" the parent about what he or she might say or do.

If doing this exercise in several small groups, a second participant in each group should enact the role of the physician, therapist, or caseworker. The facilitators should circulate through the groups to monitor the discussion and help reinforce key points.

Allow 10 minutes for this activity.



Resources in Our Community (Group Activity)

As an advocate for your child, you don't have to go it alone. Other resource parents can provide you with a wealth of information, supportive advice, and valuable contacts. Let's take the next 10 minutes to brainstorm together about the trauma-informed resources in our community.



One facilitator should pose the following questions to the group while the other makes notes on the blackboard or easel.

Who are the trauma-informed resources in our community?

Ask participants to share names of individual mental health providers and agencies that offer trauma-focused treatment.

Are there others in the system (for example, a casework supervisor, pediatrician, attorney or guardian *ad litem*) who have been helpful advocates for trauma-informed care?

How can we work together to advocate for a more trauma-informed system? What can be done to expand the number of mental health providers who can deliver trauma-informed therapy?

This activity could be assigned as "homework" if there is not enough time remaining. Ask participants to write down their ideas and bring them to the next session, or ask them to share information informally with one another.

Offer to type up the tips and resources that have been written on the blackboard or easel and provide them as "take-home" resource sheets to the participants before the end of the course.



Module 7: Wrap Up

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Module 7: Wrap Up

Ask each table to choose two *Big Ideas* that they consider to be the most useful or important things that 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 7