

Resource Family Approval Pre-Service Training

Module Two: Impact of trauma, neglect and loss on development



Santa Barbara County Department of Social Services



Your Notes

Some points for you to remember:

This workbook has a lot of material and it's not likely we will touch on all of the points and content in the allotted time. You are encouraged to read/review all of the sections not covered in class and bring questions to the next class.

Group agreement – these are the basic rules of being a member of the CWS team that we all endeavor to follow:

- Everyone always has the right to pass - silence is a contribution.
- We agree to allow others to finish speaking before we speak and avoid interrupting and side conversations.
- We agree to put past hurts behind us, and focus on the needs of foster children and how we can prepare meet children's needs.
- We agree to disagree and avoid making assumptions or generalities.
- We agree to speak personally, for ourselves as individuals.
- We agree to share "air time" so that all of us have the opportunity to share and ask questions.
- We agree to protect our colleagues' confidentiality and privacy.
- We will work together to hold to these agreements and authorize the trainer to hold us to them.

More Business:

- Make sure you sign in.
- We'll have a 10 minute break halfway through the module.
- Remember, take care of you!

RFA Training Goals

- ▶ Realistically prepare caregivers to be Resource Parents who can meet the special needs of children and youth in care.
- ▶ Prepare Resource Parents to provide familiar, safe, and nurturing environments for children in foster care.
- ▶ Prepare Resource Parents to be members of the Child Welfare Team.
- ▶ Achieve Safety and Permanency for children who are part of the Child Welfare Services system.



Your Notes

Some points for you to remember

Now that you are midway through your training, has your understanding of the training goals changed?

Resource Parent Training Values

- The trainee values the importance of a solution focused and nonjudgmental approach when working with the CWS system.
- The trainee values the balance between the Constitutional rights of the biological parents and meeting the safety and care needs of children.
- The trainee values Permanency as a primary goal for children.
- The trainee values the importance of the children's long term kinship relationships.
- The trainee values his/her role as a member of the CWS professional team working to provide children with permanency, stability and safety.

During the last class we spoke about Permanency and Safety, how are these two related?

Agenda

- ▶ Understanding attachment and its role in development.
- ▶ How trauma and neglect impact attachment.
- ▶ Loss and the impact on children's well being.



Your Notes

Some points for you to remember

A critical component of being a Resource Family is the capacity for the parent/s to respond to the complicated needs of children in care.

The possibility exists that a child that joins your family has experienced trauma due to being separated from their families, or was abused/neglected at the home of their biological family.

Consequently the child's ability to respond to your care and affection, the closeness of your family, and your family routine, may be impacted. Essentially, the child may not have the capacity/ability to manage the closeness you family may present.

Developmental Domains

Physical
Cognitive/intellectual
Social/emotional



Your Notes

Some points for you to remember

- Development of children's capacities and skills is meant to be an orderly, progressive process that occurs in an environment that optimizes the child's opportunity to develop.
- Development of capacities and skills relies on children achieving milestones, which are the foundation for further development.
- Attachment is a capacity that develops based on a child's relationships with caring adults – a child learns to trust others, see the self as worthy of love and affection.
- Trauma from separation and loss can have long term effects on development.

Child development is like a Jigsaw Puzzle:

- A child is made up of many "pieces", some they are born with, others are shaped by their life experiences, invariably it's a combination of both (Nature and Nurture) that makes up the child and his/her experience. The puzzle pieces are an expression of how different aspects of the domains are shaped by each other.
- There can be peaks and valleys in each area of development.
- Lack of care and stimulation will cause the development of delay/s in different areas of development.
- Trauma, whether single events or prolonged exposure will cause delays, so that an area of development may be "stuck" or slowed down at the point of the trauma.

Dance of Attachment

- ▶ Develops problem solving and thinking skills.
- ▶ Foundation for social relationships.
- ▶ Moral conscience and empathy.
- ▶ Self-esteem
- ▶ Language
- ▶ Self-soothing skills



Your Notes

Some points for you to remember

Ways attachment develops:

- A caregiver meets a child's need.
- A caregiver engages and affirms a child's positive behavior.
- A caregiver provides a sense of belonging and connectedness.

Bonding vs. Attachment:

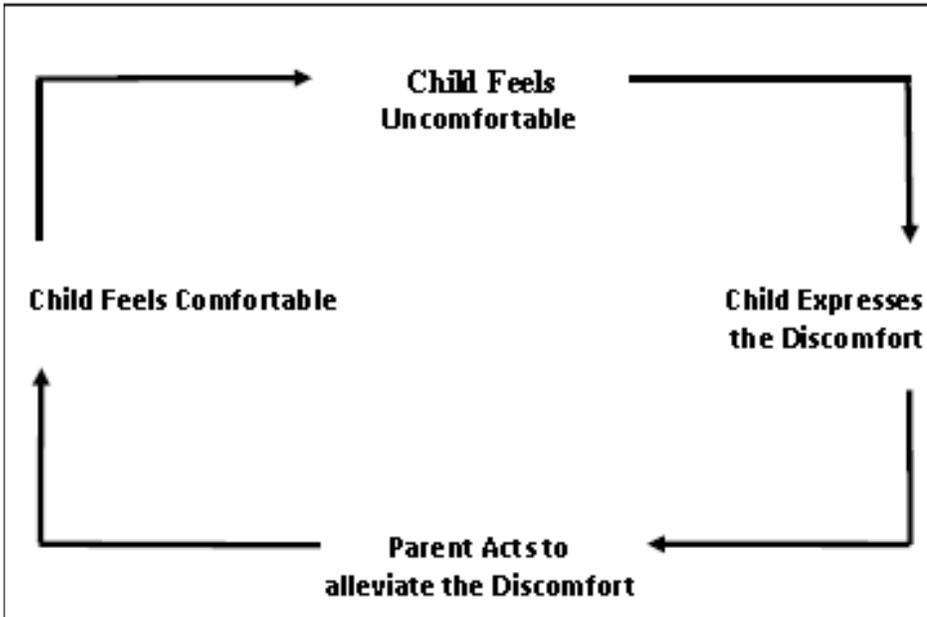
Bonding:

- Developing an emotional connection with a child by providing positive attention, e.g. cuddling, smiling, playing, feeding, listening, talking, and laughing.
- These things are necessary to develop a positive attachment, but they are not sufficient.

Attachment:

- Requires reciprocity **between** the child and the caregiver.
- It is not something the caregiver does to or for the child, it is a reciprocal interaction where the child and the caregiver tune into one another, expressing and responding to one another.
- The interaction leads to the child and caregiver being attuned in a manner that shapes a mutual understanding of trust and value.

Attachment Cycle



Fahlberg, V. (1991). *A Child's Journey Through Placement*. Indianapolis, IN: *Family Perspectives*.

Your Notes

Some points for you to remember

Care providers – parents, child care providers, teachers, all play the most important role in helping them develop a sense of self:

- We develop a 'sense of self' through our relationships with other people – a child's self-esteem, sense of worth are shaped by the caregiver responsiveness.
- The quality of those relationships has a profound effect on children's socio-emotional development, personality formation and social competence.
- Attachment styles influence a child's sense of self and others.

Children LEARN to trust others and value their selves, this learning impacts on:

- Interactions with others.
- Choices they make.
- The quality of their relationships with others.

Caregiver Responsiveness

- ▶ Children learn to behave in ways to elicit a carer response
- ▶ The level and quality of this response is a major factor in a child's attachment to a carer.
- ▶ Different levels of responsiveness result in different styles of attachment - categorised as secure, anxious resistant, avoidant or disorganised-disorientated .



Your Notes

Some points for you to remember

Responsiveness establishes a child's attachment style with a caregiver - the child develops an "Internal working model/representation" of what a safe person "looks like":

- Shapes their personality and perception of self and others.
- Sets the foundation for a child's self-image – personal value, self-esteem, assertiveness.
- Influences how a child manages stress, a child with a positive self-image will have greater resilience when faced with stressful situations.

Children Adapt:

- Children adapt to their particular caregiving environment.
- Learn that specific types of behaviour and strategies are more likely to elicit a caregiver response.
- Child's aim is to have his/her needs met.
- Attachment styles develop as children adapt to the behaviour of their caregivers.
- Young children develop strategies to help them cope with, survive, and function in, whatever caregiving environment they are in, including ones in which there is abuse and neglect.

The strategies they develop in adverse caregiving environments, may not be functional in your home setting and may lead to a variety of developmental impairments.

Some points for you to remember

Reflection / Activity

Take a few minutes and reflect on your own childhood... on those moments when a caring adult responded to a need you expressed...

Use the Attachment Cycle as a guide



Your Notes

What leads to problems with attachment?

- ▶ The nature of care giving environment
 - Could be chaotic, disorganised and inconsistent.
 - Little opportunity to perceive themselves as special and worthy.



Your Notes

Some points for you to remember

What builds a positive sense of self?

- Seeing ourselves as valuable through the eyes of those we love.
- Feeling a sense of belonging to our family and culture.
- Getting positive feedback for our behaviors and accomplishments.
- How we discipline our children has a significant impact on the development of their sense of self.
- Positive attachments help a child cope with change.

Problems associated with attachment disruptions:

- Delays in social and emotional development:
 - Managing family and other intimate relationships.
 - Not trusting others
 - Not feeling valued or lovable.
- Problems in thinking such as cause and effect, sense of time, future thinking.
- Emotional and behavioral problems, difficulty:
 - Anxiety
 - Difficulty in managing/regulating emotional reactions.

The child's developing brain

- ▶ The child's brain – thoughts, reasoning, moral and ethical judgment, is shaped by experience.
- ▶ Overstimulation of the child's brain through trauma causes over-activation of the stress response – stress reactions are stored in a child's thought and emotional memories.
- ▶ Lack of stimulation because of neglect causes overuse of the stress response and lack of development of reasoning centers of the brain.



Your Notes

Some points for you to remember

Development is “plastic” i.e. plasticity of development means that development is shaped by the environment.

A child whose development was delayed prior to entering foster care may be able to catch up with quality resource parenting and needed services.

Mental and Behavioral Health Needs

- One in 10 children have a mental health condition and only one in five get treatment.
- Children in care are at higher risk for mental health conditions because of exposure to trauma and family genetics.
- Key is early assessment and treatment.

Some points for you to remember

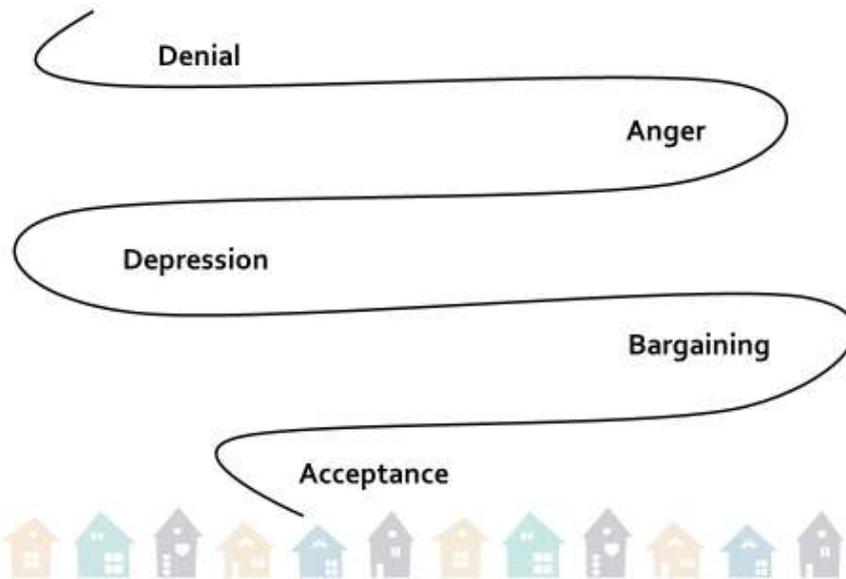
What would you miss the most?

- ▶ Take a few minutes and think of seven “things” you cannot live without.
- ▶ These can be any item, person, activity or etc. that you are accustomed to having available to you as often as you desire.
- ▶ Write down the list and prepare to share back with the group.



Your Notes

Kübler–Ross Grief Cycle



Your Notes

Some points for you to remember

The Five stages:

1. Denial – this isn't happening to me.
2. Anger – who's to blame for this.. why me?
3. Depression – I am too sad to do anything.
4. Bargaining – If I do ___ will I go home?
5. Acceptance – I'm at peace with what's next

- Anger/reactivity may lead to tantrums, aggression
- Sadness/anguish may lead to isolation, self-harm

Children may not go through this process in an orderly, one way manner. Stages may be repeated through the child's lifetime as the child develops (i.e. enters the next cognitive level and will reprocess the loss; situations may prompt a person to return to a prior step)

CWLA tells us there are three types of loss:

- Health – parents may lose public assistance benefits, may lose housing, ability to obtain food, medical care.
- Self Esteem – Regardless of reason child is in foster care, parents may experience an existential level of loss due to having children removed; children may feel unwanted or embarrassed.
- Significant Person – Regardless of reason child is in foster care, the child may want to return to his or her parents and may become depressed.

Loss History Chart

- ▶ Think about a time before you were 10 years old and experienced a loss.
- ▶ How did the loss affect your behavior and school functioning?
- ▶ How did the loss impact relationships?
- ▶ What helped you get through the loss?
- ▶ How can you use this information to understand the child in your care?



Your Notes

Some points for you to remember

Reflecting on your own losses –

- How they affected you at that time.
- How you were helped.
- How it impacts on you today.
- And how you manage your losses.

Give you a set of tools to help a child

- Know you can understand (but not feel) the loss.
- And can model and describe how you manage loss.

Children Express Feelings Differently

- ▶ Attention Deficit Hyperactivity Disorder
 - Impulsiveness
 - Hyperactivity
 - Inattentiveness
 - Low tolerance for frustration

- ▶ Is it trauma or ADHD?
- ▶ Is it prenatal exposure or ADHD?
- ▶ Is it anxiety or ADHD?
- ▶ It is depression or ADHD?



Your Notes

Some points for you to remember

Children express their feelings through behavior – it's necessary to read into, interpret their behaviors using a trauma lens.

Children may engage in negative behaviors in response to separation or traumatic/neglectful experiences.

Children may be triggered in response to neutral events.

Caregivers need to learn different skills and strategies to handle these behaviors.

Children's expression of emotional disturbance may be difficult to diagnose, you have to observe the child in different situation and consider their history of trauma to understand better, e.g.:

- Anxiety can look like ADHD.
- Depression can look like ADD.
- Post Traumatic Stress may look like noncompliance/ tantrumming .

Two Common Disorders, Depression and Anxiety:

- Exposure to extreme experience like domestic violence.
- Re-living the traumatic event (nightmares or reactions).
- Emotional of numbing.
- Over sensitivity to environment.
- Can have some similar signs and symptoms.
- Frequently co-occur
- Increased risk of other disorders like panic disorder and ADHD, as well as substance abuse.

Depression in Children

Children show depression differently than adults:

- ▶ Sadness and irritability
- ▶ Refusal to attend school or participate in recreational activities.
- ▶ Problems with learning or concentration.
- ▶ Behavioral issues – “hyperactive”, “noncompliant”
- ▶ Isolation and self-injury



Your Notes

Some points for you to remember

Signs and Symptoms of Depression:

Physical

- Fatigue, lack of energy, sleeping too much or too little.
- Overeating or loss of appetite.
- Constipation, weight loss or gain.
- Headaches
- Irregular menstrual cycle.
- Loss of sexual desire.
- Unexplained aches and pains.

Behavioral

- Crying spells
- Withdrawal from others
- Neglect of responsibilities
- Loss of interest in personal appearance
- Loss of motivation, slow movement
- Use of drugs and alcohol
- Self-harm
- Irritability, aggression

Psychological

- Sadness
- Anxiety
- Guilt
- Anger
- Mood swings
- Lack of emotional responsiveness
- Feelings of helplessness, hopelessness.
- Frequent self-criticism, self-blame.
- Pessimism
- Impaired memory and concentration, indecisiveness and confusion.
- Tendency to believe others see one in a negative light.
- Thoughts of death and suicide.

Anxiety

- ▶ An anxiety disorder differs from normal stress and anxiety.
- ▶ An anxiety disorder is more severe, lasts longer and interferes with work and relationships.



Your Notes

Some points for you to remember

Signs and Symptoms of Anxiety:

Physical

- Cardiovascular: pounding heart, chest pain, rapid heartbeat, blushing.
- Respiratory: fast breathing, shortness of breath.
- Neurological: dizziness, headache, sweating, tingling, numbness
- Gastrointestinal: choking, dry mouth, stomach pains, nausea, vomiting, diarrhea.
- Musculoskeletal: muscle aches and pains (especially neck, shoulders and back), restlessness, tremors and shaking, inability to relax.

Behavioral

- Avoidance of situations
- Obsessive or compulsive behavior
- Distress in social situations
- Phobic behavior

Psychological

- Unrealistic or excessive fear and worry about past and future events.
- Mind racing or going blank.
- Decreased concentration and memory.
- Indecisiveness
- Irritability, impatience, anger.
- Confusion, restlessness, feeling “on edge” or nervous.
- Fatigue, sleep disturbance, vivid dreams.

Risk Factors for Depression & Anxiety

History of:

- ▶ Stressful or traumatic events
- ▶ Difficult childhood; childhood anxiety
- ▶ Ongoing stress and anxiety
- ▶ Another mental illness
- ▶ Previous episode of depression or anxiety
- ▶ Family history
- ▶ More sensitive emotional nature
- ▶ Illness that is life threatening, chronic, or associated with pain
- ▶ Medical conditions
- ▶ Side effects of medication
- ▶ Recent childbirth
- ▶ Premenstrual changes in hormone levels
- ▶ Lack of exposure to bright light in winter
- ▶ Chemical (neurotransmitter) imbalance
- ▶ Substance misuse; intoxication, withdrawal

Some points for you to remember

There is a relationship between childhood trauma, due to abuse and neglect.

and

Difficulties with managing stress, intimate relationships, developing to the fullest potential possible.



Your Notes

Agencies Involved in Children's Care

Some points for you to remember

Public/Government Organizations

- ▶ Local School Districts
- ▶ SB County
 - Behavioral Wellness
 - Public Health
 - Social Services
- ▶ SB County Education Office
- ▶ CA State
 - CA Children's Services (CCS)
 - Community Care Licensing (CCL)
 - Tri-Counties Regional Center (TCRC)

Private/Community-Based Organizations

- ▶ CALM; Santa Barbara/Santa Maria
- ▶ Casa Pacifica; County-Wide
- ▶ Community Action Commission (CAC); County-Wide
- ▶ Family Service Agency (FSA); Santa Barbara/Lompoc
- ▶ Santa Maria Valley Youth and Family Services (SMYFS); Santa Maria Valley
- ▶ People Helping People (PHP); SY Valley



Your Notes

Katie A. Assessment

- ▶ Recognizes the impact of trauma on mental health functioning.
- ▶ Case worker will complete a Katie A. assessment with you – a series of questions that ask about symptoms and behaviors.
- ▶ If the child is identified as having needs that meet medical necessity, Behavioral Wellness will provide a continuum of services.
- ▶ If Behavioral Wellness does not identify the child as meeting criteria, there is an array of support services available in the community.



Your Notes

Some points for you to remember

Children need healthy childhoods
Treatment of mental health needs of kids in care can be inconsistent and unavailable.

Katie A is a law suit settlement from L.A. County/California to ensure assessment and treatment of children's mental health needs.

Recognizes the impact of trauma on mental health functioning.
Services available thru Behavioral Wellness:

- Further assessments
- Case management
- Behavioral specialists
- Therapy and counseling – in home and in office
- Medication and medication monitoring
- Crisis services – SAFTY
- HOPE services

Services available through Community Based Organizations (CBOs):

- Drug and Alcohol Programs
- Early Childhood Programs
- Individual and Family Therapy
- Parent Training – Child Management
- Parent Training – Managing Trauma
- Recreational Programs

Early Intervention Services

Early intervention services are provided based on the developmental needs of the child, the concerns and priorities of the family, and the resources available to them.

Services are provided within the context of the child's and family's daily activities and routines.

Eligible children and families may receive a variety of early intervention services; some children may need only one or two early intervention services.



Your Notes

Some points for you to remember

The Regional Center provides Early Start Services

- Develop an IFSP – Individual Family Service Plan to address any developmental deficiencies.
- A Resource Parent can benefit from and participate in the IFSP process:
 - In home training on how to be part of the child's treatment.
 - Additional support from the Regional Center and service providers.

Early Intervention Services may include:

- assistive technology, including
- audiology or hearing services
- family training, counseling, and home visits
- health services necessary for a child to benefit from other early intervention services
- medical services for diagnosis and evaluation
- nursing services
- nutrition services
- occupational therapy
- physical therapy
- psychological services
- service coordination
- (case management)
- speech and language services
- vision services

Some points for you to remember

When medication is prescribed

- ▶ When a doctor prescribes a medication to address a behavioral or mental health symptom, special permissions must FIRST be obtained from birth parent and/or court.
- ▶ A court order called a JV 220 must be obtained BEFORE a child receives a medication that affects their brain except in certain psychiatric emergencies.



Your Notes



Thank You!!

