

# Wright County Human Services Child Foster Care

February 2013

Wright County Human Services, 1004 Commercial Dr, Buffalo, MN 55313 - 763-682-7400  
<http://www.co.wright.mn.us/department/humanservices/childfoster.asp>

## Wright County's Mission

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The way we care for our children...especially those needing extra support...may be the most telling measure of how we are doing as a society, as a community. Your contribution in that regard...for being standard bearers of our social well-being...leaves me brimming with admiration and gratitude. It is a highlight in my work to represent an agency that partners with you in these vital efforts.

Fairly new to the directorship of Human Services in Wright County, a welcome revelation has been the obvious passion and professionalism surrounding our work together in providing foster care. This worthy thing we do is directly tied to our agency mission:

***“Strengthening Community...  
Supporting Health and Well-Being...  
Serving Basic Human Needs.”***

Take a look at those words again. They were carefully chosen...powerful...considered by all our agency staff to reflect our agency purpose. See how clearly your role, your contribution, your compassion, your work with us, exudes the essence of this mission?

We are part of a team that knows every child has a right to a safe and nurturing environment. I want you to contemplate your role on that team with special attention paid to the fact that, while providing foster care is an act of selflessness requiring significant internal fortitude and personal emotional investment, you do not do it in isolation, disconnected or unsupported. You are backed by a mighty mission.

Thanks for helping to ensure that every child's need for secure haven and a healthy family life is met. Go forward proudly, taking care of yourself for the sake of the vulnerable children you choose to love, feeling the support of all that is team and community and mission around you, and knowing that you make an enormous difference. All the best to each of you, and to the children we care for.

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***“Fostering is the  
hardest job you'll ever  
love.”***

*~ Unknown*

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*~ Jay A. Kieft, Wright County Human Services Agency Director*

## Process for Placing Children into Foster Care

When children leave their families and move into a foster home, this is a time of significant stress and turmoil for children. It is our role to support these children and offer them the best care possible until they can safely return home. This is why Wright County Human Services takes the task of “matching” so seriously.

Matching is a key component for successful placements. When a child needs to move into a foster home, many variables are considered before contacting a particular foster home. Social workers assess the child’s current situation and prioritize what needs of the child are most critical. First and foremost, we will match a child with a foster home that is able to meet the child’s emotional and behavioral needs. Often we have more than one foster home that could successfully care for the child. Next, we consider additional variables that may be important for the child. For example, if the child’s school support is very strong and this is an important factor for the child’s success, we may attempt to find a home in that child’s current school district. We also consider how the child’s needs could impact each foster home and other children already placed in the home. For example, we would not place a physically or sexually aggressive child in a home where there are younger children or potentially vulnerable individuals. Other aspects frequently considered include: previous placement history, transportation needs (school, appointments, visitation, etc), cultural issues, personality traits/characteristics, and foster parent’s parenting style. Because each child has different needs, the matching criteria must be individualized and discussed on a case by case basis. So as we say, “It is all about the match.”

## Tax Time

In general the majority of child foster care payments are considered reimbursement for services provided and therefore not seen as taxable income.

However, respite care is considered income and needs to be reported at tax time. If you received payment from Wright County for providing respite care and the amount exceeds \$650.00 in a calendar year, you will receive a 1099. If you provide respite care for a child in another foster home, you will generally receive payment from the primary provider, the agency will not be involved. Please discuss these payments with your tax professional.

Please consult your tax professional for more specific information.  
Wright County Human services cannot provide tax law advice or interpretation.

<http://www.irs.gov>  
<http://taxes.state.mn.us/Pages/index.aspx>

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*Have you checked out the Child Foster Care page on the Wright County website lately?*

*New information is added to the Provider Corner on a regular basis!*

*If you have a helpful resource or website that you would like to share, contact Jill or Kris.*

<http://www.co.wright.mn.us/department/humanservices/childfoster.asp>

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## Resource Library

The following are two great resources available for providers to check out!

### **Behavior with a Purpose by Richard Delaney and Charley Joyce**

Behavior with a Purpose provides a practical understanding of and clinically relevant interventions for common problems of youth in adoptive, foster and kinship homes. Specific attention is placed on food hoarding, wetting, defiance, lying, stealing and negative attention seeking behavior. The book also explains how the positive intent of adoptive, foster and kinship parents can often work at cross purposes with the motivations of the child. Numerous case examples illustrate the dynamics of a problem. The book firmly endorses the healing power of the family and is written from a strengths-based perspective.

### **The Boy Who was Raised as a Dog by Bruce Perry and Maia Szalavitz**

As stated by one of our own foster parents...

“A psychiatrist talks about different children’s cases, how he helped all different kids of traumatized kids.” The piece that stood out for this foster parent was “That the most important time is being an infant and receiving love in order to have healthy and adult relationships with others.” The foster parent quoted the book regarding children who have experienced trauma, “They prefer the certainty of misery to the misery of uncertainty.” The foster parent explains by stating, “Kids stay in their abusive situations because it’s all they know...it’s normal for the kids when they have nothing to compare it to.”

*The Resource Library list is available under Provider Corner on the Foster Care website  
<http://www.co.wright.mn.us/departments/humanservices/cfcprovidercorner.asp>*

## 2013 Legislative Changes

Every year the MN State Legislature makes revisions to laws pertaining to child foster care licensure. At this time, Wright County Human Services is waiting for clarification from the Department of Human Services (DHS) regarding how to implement these specific changes. Once we receive guidance from DHS, we will be sending detailed information to you as providers. It is your responsibility to review this information and comply with any new requirements. As always, feel free to contact your licensor with any questions you may have. We want to make sure you feel confident incorporating any new expectations into your daily routines. Please watch for this information in the mail and via email.

**Minnesota Rule Parts ~ 2960.3000-2960.3340**

<https://www.revisor.mn.gov/rules/?id=2960>

**Minnesota Statute ~ 245A Human Services Licensing**

<https://www.revisor.mn.gov/statutes/?id=245a>

**Minnesota Statute ~ 245C Background Studies**

<https://www.revisor.mn.gov/statutes/?id=245c>

## Help Me Grow

Every child develops as they grow. Sometimes we wonder is this normal? When there is doubt a child should be tested. A Child and Teen Checkup include a developmental screening. Please refer parents to the Help Me Grow information on the MN Department of Health website or contact your local Public Health Office, a Public Health Nurse will refer the child. There is also the ParentsKnow website for development information.

For questions regarding this program please call:  
*Patty Malecek, Wright County Public Health*  
763-682-8921 or toll free 1-800-362-3667

<http://www.health.state.mn.us/divs/fh/mcshn/ecip.htm>

*Please see attached flyer for more information*

## Trauma Affects Development Throughout the Lifespan

What is trauma? How does it affect the children in your home? How does it affect you? Wright County Human Services staff attending a workshop by Michele Fallon, LICSW, IMH-E, focused on trauma, children and how trauma affects development. The handouts found at the end of this newsletter will be a tool to assist you when working with the children in your home. For an overview, see the handout titled, "Trauma Affects Development Throughout the Lifespan".

You can do a great deal to help children regulate their feelings by what you say and how you say it. Not sure what to say to a children who may not be feeling safe in your home, try, "I will keep you safe." The message that you are sending is that this is a safe place. What about transition times, "In two more minutes, it will be time to stop \_\_\_ so we can go \_\_\_." The message that you are sending is the world is a safe and predictable place. For other ideas, see the handout titled "Organizing Language for [Stressed] Children".

When words don't work and a child is upset, your physical presence and body language becomes more important than your words. Staying calm, close by, or singing softly will be invaluable. You will be showing the child that you will not abandon them in difficult times, momentary rage doesn't result in rejection, feelings can be contained and not derail the competency of my caregiver, and calm comes after the storm.

Foster parents are an important piece of the team! When reflecting on the rest of the players, ask yourself these questions: What's it like to be this child? What's it like to be this parent? What is it like to be me in this situation? What is the meaning of my presence to this family? Where do I see suggestions of possible trauma? How am I attending to these relationships? See the handout titled "The Perspective Pyramid: Attending to All the Perspectives In the Context of Trauma".

With each child that comes into your home, recognize you play a vital role in being able to help the family heal from the trauma in their lives.

**"A child's ability to cope with stress in the early years has consequences for physical and mental health through life." ~ Center on the Developing Child**

## Community and School Violence

With the recent incidents of school violence and ongoing community violence, the children in our lives may have varying responses to these events. The National Child Traumatic Stress Network (NCTSN), offers valuable information on how children react to a traumatic event and how you may respond.

“A fundamental goal of parenting is to help children grow and thrive to the best of their potential. Parents anticipate protecting their children from danger whenever possible, but sometimes serious danger threatens, whether it is manmade, such as a school shooting or domestic violence, or natural, such as a flood or earthquake. And when a danger is life-threatening or poses a threat of serious injury, it becomes a potentially traumatic event for children.

By understanding how children experience traumatic events and how these children express their lingering distress over the experience, parents, physicians, communities, and schools can respond to their children and help them through this challenging time. The goal is to restore balance to these children’s lives and the lives of their families.”

Please see the attached handout out regarding this topic for children of all ages.

<http://www.nctsn.org/>

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*A weed is a plant that has mastered every survival skill except for learning how to grow in rows.*

~ Doug Larson

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## Ideas, Thoughts, Comments?

Do you have anything you would like to see covered in the next Child Foster Care newsletter? Do you have any questions for the licensing team?

We are looking for newsletter topics and would appreciate any ideas you have. Please contact Jill or Kris with ideas, thoughts, or comments.

# How are the Children?

## Child Development



Every child develops as they grow. Sometimes we wonder is this normal? When there is doubt a child should be tested. A Child & Teen Checkup includes a developmental screening. Please refer parents to the Help Me Grow information on the MN Department of Health website or contact your local Public Health Office, a Public Health Nurse will refer the child. There is also the ParentsKnow website for development information.

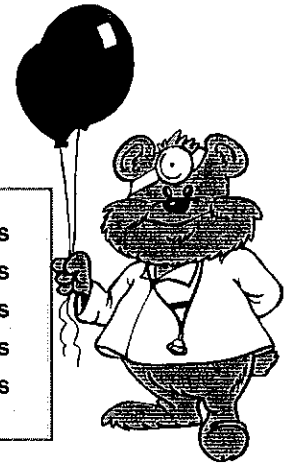
Central MN Foster Care/Daycare Edition

parents know  
age 1-2

Refer a Child to  
help me **GROW**



Children should receive Child and Teen Checkups (C&TC) at the following ages:	<input type="radio"/> 0-1 months	<input type="radio"/> 12 months	<input type="radio"/> 4 years	<input type="radio"/> 12 years
	<input type="radio"/> 2 months	<input type="radio"/> 15 months	<input type="radio"/> 5 years	<input type="radio"/> 14 years
	<input type="radio"/> 4 months	<input type="radio"/> 18 months	<input type="radio"/> 6 years	<input type="radio"/> 16 years
	<input type="radio"/> 6 months	<input type="radio"/> 24 months	<input type="radio"/> 8 years	<input type="radio"/> 18 years
	<input type="radio"/> 9 months	<input type="radio"/> 3 years	<input type="radio"/> 10 years	<input type="radio"/> 20 years



Children enrolled in Medical Assistance or MinnesotaCare through a health plan may be eligible for an incentive. Incentive programs are subject to change. Call your health plan or county C&TC staff for more information.

Health Partners Care	Medica Choice Care- & Medica MinnesotaCare	Blue Plus HMO	UCare Minnesota
<ul style="list-style-type: none"> <li>• \$25 Target Gift Card for members 9-30 months of age for having a blood lead test. A voucher is mailed to eligible members.</li> <li>☐ \$25 gift card for members who are up to date on their immunizations by age 2. No voucher needed. It will be mailed when the clinic reports the immunizations are complete.</li> </ul> <p><a href="http://www.healthpartners.com">www.healthpartners.com</a></p>	<ul style="list-style-type: none"> <li>• Members will receive a \$10 Target Gift Card for each complete C&amp;TC that is recommended between 15 months and 20 years of age (Limit of one \$10 gift card per year).</li> <li>• \$75 Target Gift Card for children who receive 6 checkups through the month they turn 14 months of age.</li> <li>• \$50 Target Gift Card for having a blood lead test between 9 and 30 months of age.</li> <li>• Up to \$60 for ongoing pre-post natal exams.</li> <li>• Car Seat program</li> </ul> <p><a href="http://www.medica.com">www.medica.com</a></p>	<ul style="list-style-type: none"> <li>• \$20 gift card to Target for having a blood lead test between the ages of 9-30 months of age.</li> <li>• Enroll in Healthy Start pregnancy program while under 20 weeks pregnant- \$50 gift card.</li> <li>• 6 months pregnant receive \$50 for car seat.</li> <li>• 6 week post partum exam - \$50 gift card.</li> </ul>	<ul style="list-style-type: none"> <li>• \$50 gift certificate for being up to date on shots at age 2 years.</li> <li>• \$50 lead gift certificate for having a blood lead test at age 12 months and again at age 2.</li> <li>• \$75 gift certificate for prenatal exam.</li> <li>• \$75 gift certificate for 6 week post partum exam.</li> <li>• \$25 gift certificate for 3 year and 4 year C&amp;TC.</li> <li>• Car seat program</li> </ul>

For questions regarding this program please call:  
**Patty Malecek, Wright County Public Health**  
 763-682-8921 or toll free 1-800-362-3667



## Trauma Affects Development Throughout the Lifespan

*A child's ability to cope with stress in the early years has consequences for physical and mental health throughout life.* Center on the Developing Child

### What do we mean by *trauma*?

- Events that are *perceived* as threatening the life/physical integrity of the child or someone important to child (and what is perceived as a threat changes with children's development).
- Causing an overwhelming sense of terror, helplessness, and horror;
- Producing intense physical effects such as a pounding heart, rapid breathing, trembling;
- And completely overwhelming the child's available coping strategies. *National Child Traumatic Stress Network*

### And this includes:

- **Direct abuse**
  - Physical abuse—assault, being beaten, burned, shaken
  - Sexual abuse—including inappropriate exposure to sexual activity or materials
- **Neglect**--Deprivation of basic needs—perceived as trauma by young children dependent on adults for care
- **Domestic violence**
- **Witnessing violence**
- **Community violence**
- **Separation from important people**
- **Complex trauma**--Caused by adults who should have been caring for and protecting the child, creating an "impossible dilemma" for young children--*The person on whom I am dependent for protection and care also hurts me.*

### AND

*Stress becomes trauma when the intensity of frightening events becomes unmanageable to the point of threatening physical and psychological integrity [for child or parent].* Lieberman & Van Horn (2008)

## Stress affects the developing architecture of the brain

### Three types of stress

**Positive stress** motivates development. Developmentally appropriate levels of stress can be growth-producing, such as the productive stress which accompanies challenge to support children's goals, e.g. the infant who becomes more irritable before achieving a major milestone, or birth of a sibling. This kind of stress is a normal part of life; learning to adjust to it is an essential feature of healthy development and represents mastery.

**Tolerable** stress refers to stress responses that could affect brain architecture but generally occur for briefer periods and/or with social supports that allow time for the brain to recover and thereby reverse potentially harmful effects.

**Toxic stress** refers to strong, frequent or prolonged activation of the body's stress management system. Stressful events that are chronic, uncontrollable, and/or experienced without the child having access to support from caring adults tend to provoke these types of toxic stress responses.

## The physiology of stress

- **Our bodies have a response to perceived threat** which involves mobilizing energy resources and focusing our attention to deal with the immediate needs of the threat. This physiological response to stress prepares us for "flight or fight."
- **In response to stress:**
  - Stress sets off a chain reaction in our brain which results in the production of cortisol, the "stress hormone" that triggers a change in our entire nervous system.
  - Respiration, heart rate, attention, memory for threat and energy availability increase;
  - Our bodies defer 'future needs' such as digestion, sleep, immune system functioning and tissue repair, physical growth and exploration/play.

### **And this can look like:**

- **Fight**—dysregulated, aggressive attempts to manage
- **Flight**—withdrawn, shut down
- **Freeze**—dissociated
- **'Tend and befriend'**—clingy, caretaking

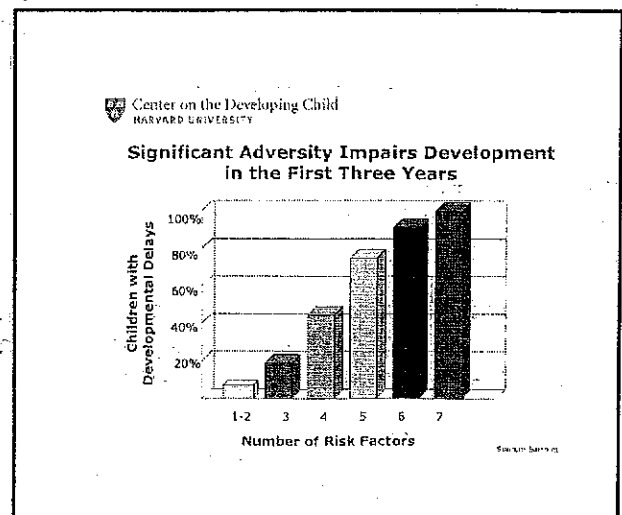
## Early trauma can impact brain development

- **A healthy stress system** turns on when we need it and turns off when we don't—this is essential to ensure our survival. Relationships buffer the young child from stress and promote resiliency.
- **Chronic stress affects the brain**—including memory, selective attention, self-control and the ability to turn off the stress response. Being chronically 'wired' in this state of 'high alert' interferes with children's ability to explore and learn from their environment and socialize with others. **States become traits** over time as the brain is developing.
- **Neural circuits for dealing with stress are especially 'plastic' during the fetal and early childhood period**—frequent or prolonged activation of stress hormonal systems can alter functioning of neural systems including the parts of the brain essential for learning and memory.
- **Toxic stress during this early period can affect developing brain circuits and hormonal systems in a way that leads to poorly controlled stress-responsive systems that will be overly reactive or slow to shut down when faced with threats throughout the lifespan.**

Center on the Developing Child (2005) *Excessive stress disrupts the architecture of the developing brain*

## Trauma impacts the child's developmental trajectory

- Development is cumulative, each stage builds on the last and is impacted by previous experiences.
- The higher the number of risk factors, the more likely the child will have significant developmental delays.
- Development is transactional—it occurs within the interactions between the child and primary caregiver so trauma anywhere within the system (parent or child) impacts the whole system.





## Trauma shapes children's beliefs and expectations about:

- **Themselves** (*I am not worthy of love and care. I am helpless or I must be on constant alert and/or be in complete control to be safe.*)
- **The adults who care for them** (*Adults cannot be trusted to protect me/Adults hurt me*)
- **The world in general** (*The world is a dangerous place. I cannot let down my guard.*)

## Trauma can affect parenting (and thus the quality of attachment between parent and child):

- A parent's own early childhood trauma may prevent her/him from helping their child to regulate fear or distress because they ignore the child's distress to avoid triggering their own traumatic response — **a defense mechanism by which the parent literally cannot "see" their child's distress.**
- **The child may be a "trauma reminder" for the parent**—either from their past (*This baby is just like everyone else in my life who ignores my needs*) or something present (*This child is just like his father who left me/hurt me*)
- A parent's removal from their own emotional experience of trauma may result in their **inability to notice danger and protect their children from it.** Or the parent may anticipate danger everywhere, rigidly avoiding experiences necessary to promote the child's healthy development.
- Parents traumatized by domestic violence may **associate the child with the aggressor** and may respond by experiencing the child as the victimizer (*I am helpless to set limits for this out-of-control monster*) or by becoming very harsh with the child (*I'll show this child he can't dominate me*).
- This **may look different at different stages of the child's development**, e.g. the mother who can care adequately for her infant until the infant becomes mobile and the mother experiences normal toddler exploration and striving for autonomy as abandonment and/or rejection.
- **The parent who has so little capacity to regulate her own level of arousal and emotion** as the result of her own trauma is unable to provide the regulatory care needed by her very young child, setting up attachment problems (e.g. anxious or disorganized attachment) and the **inter-generational perpetuation of trauma effects.**
- **Poverty** is associated with multiple environmental stressors (e.g. lack of basic needs, racial/ethnic discrimination, educational and employment disadvantages). **The absence of resources for adults is inevitably translated in the lack of access to basic parenting resources for children.** (Lieberman & Van Horn, 2008)

## **The role of intervention is to restore developmental momentum, to get development 'back on track' for the child, the parent and the relationship.**

- To understand the impact of trauma on a child, practitioners need to **hold the multiple perspectives** of the child, the parent, the parent-child relationship AND hold the perspective of our own self-awareness.
- **We don't need to figure out the trauma:** We need to be aware of how trauma arousal (stress biology) and memory affect the present. (Gearity)

- **Be aware of 'trauma reminders'**—body-based reminders, danger signals, emotions, historical trauma (e.g. racial/cultural differences). May be evidenced by unpredictable behavior, 'switches.'
- **Offer a reparative relationship to the parent**, a 'parallel process' of the experience of a predictable, consistent, nurturing relationship so that she is better able to do that for her child. *You can expect help from me. Relationships don't have to hurt. We can have conflict and still have a relationship. I will follow through with what I say I will do.*
- **Joining the child/parent** is the first step to ANY trauma work-- we need to look for the underlying meaning of the behavior and respond accordingly. *What is the meaning of the 'no show'? Might the parent feel abandoned by me when I had to reschedule?*
- **Help the parent connect the dots** between what happened in the past and how she would like things to be for her baby. This helps parents to know that they can choose how they want to parent—taking the 'good' and leaving the 'bad' from their own upbringing. *Who helped you feel better as a child? How would you like that to be for your child?*
- **Restore the 'protective shield'** (Child Parent Psychotherapy-CPP)—Help to restore the parent's confidence that she can protect her child and the child's confidence that the parent will protect him.
- **Never be 'shinier' than the parent**. (\*CPP) i.e. never 'outparent the parent' which requires us to prioritize the relationship between the parent and the child and stay aware of our protective urges.
- **Be aware of culture**—assumptions, differences, expectations, evidence of historical trauma.
- **Stay self-aware**—of your own feelings and internal reactions so you can respond in situations rather than just react. Use supervision. Be aware of signs of secondary trauma: Use self-care.
- **Know your professional limits and boundaries**—refer to other disciplines as appropriate. Collaborate!

Michele Fallon, LICSW, IMH-EIV, infant/early childhood mental health consultant, [whataboutthebaby@comcast.net](mailto:whataboutthebaby@comcast.net)

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## Organizing Language for [Stressed] Children

Language—how we speak to children—is a powerful organizing tool to help children regulate their feelings, state of arousal, attention and behavior. This includes our words, our tone of voice and our body language. Having a repertoire of phrases readily available to us can also organize us to feel better equipped to address the challenges we encounter in our work. It lets children know you can be trusted to help them and keep them safe.

- **This is a safe place.**

Message--*You are safe here.*

*I will keep you safe.*

- **This is how we \_\_\_\_ in our family/our school. I'll help you.**

Message--*This is a consistent, predictable place.*

*Grown-ups are here to help kids. You can ask for help.*

*It's okay to let grown-ups be in charge—you can trust us to keep you safe here.*

*Grown-ups help kids manage their Big Feelings.*

- **In two more minutes, it will be time to stop \_\_\_\_ so we can go \_\_\_\_.**

Message--*The world is a safe, predictable place.*

*Start thinking about getting your coping skills ready to make a transition--and this is what will happen next.*

- **I am going to change your diaper, wipe your nose, etc.**

Message--*The world is a safe, predictable place.*

*Start thinking about getting your coping skills ready to make a transition.*

*You have control over your body.*

- **I know you know how to put your shoes on, but sometimes everyone needs a little help—how about if I put one on and you put one on?**

Message--*Adults really do take care of kids.*

*It's okay to ask for help—I can get my needs met.*

*It doesn't have to be my way or your way—we can negotiate.*

- **This is hard, but I will help you.**

Message--*I understand that it's hard to do things a different way/have Big Feelings, etc.*

*I can hold/tolerate all your Big Feelings (and I will help you learn to do that to—even worry).*

*This is a place where grown-ups help kids--*

*And you are worthy of help.*

- **At our house/school, we don't \_\_\_\_ (use scary words, hit, etc.); we can say \_\_, use words).**

Message--*This is a consistent, predictable place.*

*I will show you a different way to do things/ help you shift gears because that's hard when you are having Big Feelings.*

*I won't judge you—I'll just let you know what behavior is or isn't okay here.*

- **I'm going to stop you because \_\_\_\_\_.**  
Message--Grown-ups are in charge and we will keep you and others safe.  
 We are here to help you.  
 Our limits and expectations are clear, consistent and predictable.  
 You won't be rejected if you make a mistake.
- **Next time, you can \_\_\_\_\_.**  
Message--I believe you are competent and want to do things well.  
 You don't have to feel ashamed because there will be a next time to show me you CAN do it.
- **I'm wondering if you're feeling \_\_\_\_\_.**  
Message--I understand your feelings and will help you through this.  
 This feeling has a name and knowing that can give you power over the feeling.
- **Lots of kids feel \_\_\_\_\_ when \_\_\_\_\_.**  
Message--Your feelings are normal and make sense to me—you are okay.  
 There is a reason for your feeling ['connecting the dots' between events and feelings]
- **I was thinking about you....**  
Message--I hold you in my mind even when I am not with you because you are special.
- **I like the way you...**  
Message--I notice the good things you are, say and do.  
 You are a competent and special person.

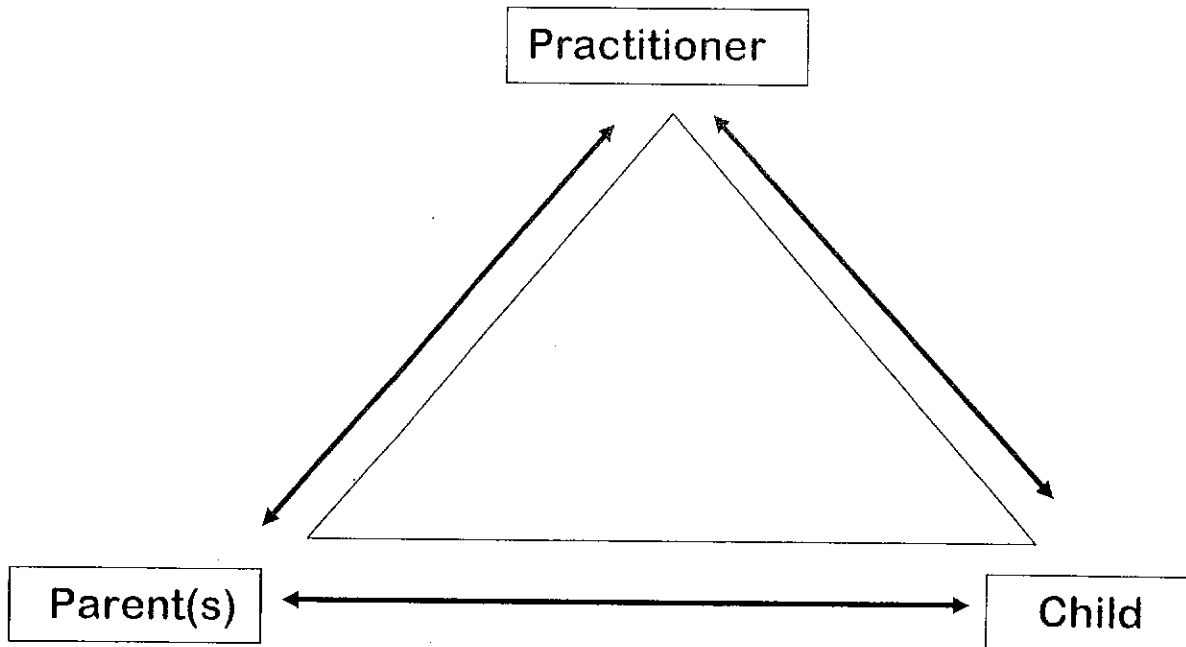
### **And when words don't work....**

Children who are really upset (tantrumming, frightened, distressed) may not be able to process words in the moment. They need to know that they (and their feelings) are okay and that the adult can handle their Big Feelings. Our physical presence and our body language become especially important—staying close by, singing softly, holding (unless the child experiences this as frightening) , rocking—words can come later. If we stay calm when a child is upset, he/she learns that:

- *I won't be abandoned during difficult times.*
- *Momentary rage doesn't result in rejection.*
- *Feelings CAN be contained and NOT derail the competency of my caregiver*
- *Calm comes after the storm*

Michele Fallon, LICSW, IMH-E®(TV)  
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# The Perspective Pyramid: Attending to All the Perspectives In the Context of Trauma



- What's it like to be this child?
- What's it like to be this parent?
- What is it like to be the practitioner (you!) in this situation?
- What is the meaning of your presence to this family?
- Where do you see suggestions of possible trauma?
- How are you attending to all these relationships?

## Age-Related Reactions to a Traumatic Event

A fundamental goal of parenting is to help children grow and thrive to the best of their potential. Parents anticipate protecting their children from danger whenever possible, but sometimes serious danger threatens, whether it is manmade, such as a school shooting or domestic violence, or natural, such as a flood or earthquake. And when a danger is life-threatening or poses a threat of serious injury, it becomes a potentially traumatic event for children.

By understanding how children experience traumatic events and how these children express their lingering distress over the experience, parents, physicians, communities, and schools can respond to their children and help them through this challenging time. The goal is to restore balance to these children's lives and the lives of their families.

### How Children May React

How children experience traumatic events and how they express their lingering distress depends, in large part, on the children's age and level of development.

**Preschool and young school-age children** exposed to a traumatic event may experience a feeling of helplessness, uncertainty about whether there is continued danger, a general fear that extends beyond the traumatic event and into other aspects of their lives, and difficulty describing in words what is bothering them or what they are experiencing emotionally.

This feeling of helplessness and anxiety is often expressed as a loss of previously acquired developmental skills. Children who experience traumatic events might not be able to fall asleep on their own or might not be able to separate from parents at school. Children who might have ventured out to play in the yard prior to a traumatic event now might not be willing to play in the absence of a family member. Often, children lose some speech and toileting skills, or their sleep is disturbed by nightmares, night terrors, or fear of going to sleep. In many cases, children may engage in traumatic play—a repetitive and less imaginative form of play that may represent children's continued focus on the traumatic event or an attempt to change a negative outcome of a traumatic event.

**For school-age children**, a traumatic experience may elicit feelings of persistent concern over their own safety and the safety of others in their school or family. These children may be preoccupied with their own actions during the event. Often they experience guilt or shame over what they did or did not do during a traumatic event. School-age children might engage in constant retelling of the traumatic event, or they may describe being overwhelmed by their feelings of fear or sadness.

A traumatic experience may compromise the developmental tasks of school-age children as well. Children of this age may display sleep disturbances, which might include difficulty falling asleep, fear of sleeping alone, or frequent nightmares. Teachers often comment that these children are having

greater difficulties concentrating and learning at school. Children of this age, following a traumatic event, may complain of headaches and stomach aches without obvious cause, and some children engage in unusually reckless or aggressive behavior.

**Adolescents** exposed to a traumatic event feel self-conscious about their emotional responses to the event. Feelings of fear, vulnerability, and concern over being labeled “abnormal” or different from their peers may cause adolescents to withdraw from family and friends. Adolescents often experience feelings of shame and guilt about the traumatic event and may express fantasies about revenge and retribution. A traumatic event for adolescents may foster a radical shift in the way these children think about the world. Some adolescents engage in self-destructive or accident-prone behaviors.

### How to Help

The involvement of family, physicians, school, and community is critical in supporting children through the emotional and physical challenges they face after exposure to a traumatic event.

**For young children**, parents can offer invaluable support, by providing comfort, rest, and an opportunity to play or draw. Parents can be available to provide reassurance that the traumatic event is over and that the children are safe. It is helpful for parents, family, and teachers to help children verbalize their feelings so that they don't feel alone with their emotions. Providing consistent caretaking by ensuring that children are picked up from school at the anticipated time and by informing children of parents' whereabouts can provide a sense of security for children who have recently experienced a traumatic event. Parents, family, caregivers, and teachers may need to tolerate regression in developmental tasks for a period of time following a traumatic event.

**Older children** will also need encouragement to express fears, sadness, and anger in the supportive environment of the family. These school-age children may need to be encouraged to discuss their worries with family members. It is important to acknowledge the normality of their feelings and to correct any distortions of the traumatic events that they express. Parents can be invaluable in supporting their children in reporting to teachers when their thoughts and feelings are getting in the way of their concentrating and learning.

**For adolescents** who have experienced a traumatic event, the family can encourage discussion of the event and feelings about it and expectations of what could have been done to prevent the event. Parents can discuss the expectable strain on relationships with family and peers, and offer support in these challenges. It may be important to help adolescents understand “acting out” behavior as an effort to voice anger about traumatic events. It may also be important to discuss thoughts of revenge following an act of violence, address realistic consequences of actions, and help formulate constructive alternatives that lessen the sense of helplessness the adolescents may be experiencing. When children experience a traumatic event, the entire family is affected. Often, family members have different experiences around the event and different emotional responses to the traumatic event. Recognizing each others' experience of the event, and helping each other cope with possible feelings of fear, helplessness, anger, or even guilt in not being able to protect children from a traumatic experience, is an important component of a family's emotional recovery.

*For more information about child traumatic stress and the National Child Traumatic Stress Network, visit [www.NCTSNet.org](http://www.NCTSNet.org) or e-mail [info@NCTSNet.org](mailto:info@NCTSNet.org).*