Wright County Human Services
Child Foster Care

July 2011

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

The Impact of Trauma on Attachment and Brain Development

What happens when a child's development is interrupted and impaired by childhood abuse, neglect and trauma? How do early negative experiences of abuse and neglect impact a child's brain development and their social and emotional progress? What are the implications for the child's future outcomes?

FACT OR FICTION

FACT: There is a transgenerational nature of attachment problems; it is a family legacy.
FACT: Children get better.
FACT: It is never too late to create safety for a child. Children of all ages deserve to be safe, physically and emotionally.
FICTION: Younger children who are adopted early will not have attachment problems.
FICTION: Once a child has attached, they will likely attach again.
FACT: Older children do get better and learn to live in healthy families.

Attachment is an enduring emotional relationship with a specific person. This relationship brings safety, comfort, soothing, and pleasure. Loss or threat of this relationship evokes intense distress.

The impact of trauma on attachment and brain development is a vital topic to become familiar with. Attached to this newsletter is a paper written by Deena McMahon. Ms. McMahon is a licensed independent clinical social worker with a national reputation for excellence in areas ranging from adoption dynamics and attachment therapy to childhood sexual abuse and trauma. Ms. McMahon has given Wright County approval to share this paper with you for educational purposes.

By reading the attached paper and completing the quiz, you will receive 1 hour of training credit. Please return the quiz to either Jill or Kris.

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"Fostering is the hardest job you'll ever love."

~ Unknown

2011 Wright County Foster Care Picnic

11th Annual
Wright County
FOSTER CARE PROVIDER PICNIC

Please Join Us:

Wednesday August 17th, 2011

Upper Sturges Park Shelter in Buffalo

6:00 p.m. ~ 8:00 p.m.

This year Wright County will be providing:

*Hot Dogs *Hot Dog Buns *Tableware
*Condiments *Ice Water *Baked Beans

All you need to bring is a dish to share

RSVP with number attending or with regrets ASAP to:

Tamara Romer
763-682-7488
tamara.romer@co.wright.mn.us

Back to School ~ School Lunch Program

Although it feels like summer just got started, the 2011-2012 school year is right around the corner! As always, children placed in foster care are eligible for free school lunches. This is made possible by the Healthy, Hunger-Free Kids Act of 2010. Instead of completing the Application for Educational Benefits form from the school district, please work with the placing social worker to complete the Certification of Foster Child Status for School Lunch or Food Program. Either the placing social worker or yourself as the foster parent may complete the form, but the placing social worker must sign the form. Return the form to the appropriate individual at the school and your foster child will be set to have a health school lunch everyday!

"A perfect summer day is when the sun is shining, the breeze is blowing, the birds are singing, and the lawn mower is broken."

~James Dent

Relatives as Parents

Annual Summer Potluck Picnic!!

Join us for games, prizes, playground, food and fun on

August 16th (6:30-8:00) at the Municipal Park in Sauk Rapids

Plates, forks, napkins, hotdogs, buns and condiments will be provided. If you would like to share a dish (chips, salad, veggies, fruit, bars, drinks, etc) please feel free.

Call Crystal if you are planning to attend and if you will be bringing something to share at (320) 251-5081 ext. 18.

Park Address: 1001 River Ave N., Sauk Rapids
Directions from St. Cloud: Head North on Hwy 15 over Bridge of Hope, take Benton Drive exit, follow to stop lights and take a left. Follow Benton Drive and take a right onto 10th Street. Take first right on River Ave North, park will be on your left.

****No RSVP is required, but would be much appreciated to help with food preparation!**

Rule & Statute Reminders ~ 245A.144 SIDS and SBS Training

As you are aware, the Minnesota state government is currently in a shutdown. The Sudden Infant Death Syndrome and Shaken Baby Syndrome training that is offered at Wright County Human Services is sponsored by the Child Care Resource & Referral (CCR&R). As CCR&R receives state support for their live services, including training, these services are temporarily unavailable.

All training sponsored by Midwest CCR&R in July has been cancelled or rescheduled for August. If a government shutdown lasts longer than that, August trainings will be cancelled as well.

Please be aware of your Sudden Infant Death Syndrome and Shaken Baby Syndrome training expiration dates. If your training expires, you will not be able to have children under the age of 5 placed in your home.

Another option for SIDS and Shaken Baby training is to take it on line at **www.educarer.org**
You must pay to receive the certificate to document your training.

Minnesota Joint Underwriting Association (MJUA)

The MJUA was created by the Minnesota State Legislature. They provides liability insurance coverage to day care providers, foster parents, foster homes, developmental achievement centers, group homes, sheltered workshops for mentally, emotionally, or physically handicapped persons and citizen participation groups.

What is covered?
Anything that you become legally obligated to pay as the result of your activities as a foster care provider. This includes but is not limited to:

- Injury caused by a foster client
- Injury caused by alleged negligent care by the foster care provider
- Damage to someone else's property

In the event that something happens in your home that results in a claim, they will provide to you, an attorney (if need be) and/or other claims professionals to help you deal with the situation. Your obligation is to cooperate with the investigation in defense of a claim.

What to do if you have a claim or an incident
If something should happen in your home that may result in a claim against you, it is your duty to notify the MJUA. They would rather know about hundreds of claims that don't turn into lawsuits than to miss one that does. Please follow the procedures for incident reporting from your county and include the MJUA on your list for notification.

Never be reluctant to give other foster parents the MJUA phone number or name. They would prefer to talk to people and address situations directly rather than let scenarios grow into a larger problem.

Information taken from: http://www.mjua.org
For questions please call:
MJUA at 651-222-0484 or 1-800-552-0013

Summer Safety ~ Garages & Grilling

In the summer the **GARAGE** becomes an extension of our homes. In order to keep children safe, providers need to look at the safety hazards in their garages. The following is an outline of Garage Safety tips from the Home Safety Council and Safety Resource:

Store poisons carefully -

- Read the labels of products you buy and keep in your garage. If you see the words "Caution," "Warning," "Danger," "Poison," or "Keep Out of Reach of Children," be very careful to store them out of reach of children and away from heat.
- Store poisons in a place where children cannot see or touch them. Use child safety locks to secure cabinets. Examples of products to keep locked up include: automotive fluids, anti-freeze, paint thinner, pesticides and turpentine.
- Keep products in the container they came in. Do not put them in a different bottle or jar for storage.
- REMINDER: Propane cannot be stored in the garage per the MN State Fire Marshal
- If a poison is ingested, please call 911 or MN Poison Center (1-800-222-1222).

Garage organization -

- Avoid tip-overs, make sure garage shelves are not overloaded and anchor them to the wall.
- Always store heavier items close to the ground.
- Organize all items in designated, easy-to-reach places.

Prevent injuries in the garage -

- To prevent falls, keep the garage floor, steps and entries clear of clutter.
- Clean up grease and other spills when they happen
- Watch young children closely when they are in the garage.

Car Safety -

- When driving into the garage, always make sure that the path is clear of people and obstructions.
- When backing up, it is recommended to have someone outside the vehicle to ensure that no children or anyone else suddenly cuts into your path.

To find the complete list of garage safety tips please see:
http://www.homesafetycouncil.org/safetyguide/sg_garage_w001.asp#
http://www.safetyresource.org/garage.html

As the garage is an extension of our homes, the **GRILL** is our summer kitchen. As stated on the University of MN Extension website, according to a U.S. Department of Agriculture (USDA) study found 1 out of 4 hamburgers looked done on the outside but hadn't reached the safe cooking temperature of 160°F on the inside. By using a food thermometer, you can ensure that your family is enjoying a safe summer meal! Not sure what temperature your meat should be? The Extension website has an extensive list of meats and proper cooking temperatures.

Check out the attached Summer Food Grilling Safety handout to ensure safe meat handling procedures.

http://www.extension.umn.edu/distribution/nutrition/M1294.html

Summer Food Safety Grilling

Summer brings on the craving to grill!

Safe food handling is always important—but grilling can bring special challenges.

Test Your Grilling Knowledge!

Safe *or* Unsafe

1. **Is it safe or unsafe to marinade meat and poultry on the kitchen counter?**
   Bacteria grows rapidly at room temperature making it ***unsafe*** to marinade meat and poultry on the kitchen counter. The safest way to marinade meat or poultry is in a tightly sealed container in the refrigerator, or in an iced cooler if you are transporting food. To be safe in the refrigerator or cooler, the temperature should be kept at 40°F or colder. This can be determined by using a refrigerator freezer thermometer.

2. **Is it safe or unsafe to partially cook meat or poultry and later finish cooking it on the grill?**
   This is ***unsafe***. You may have heard the saying that a half-baked idea is not a good idea. Well, this holds true for cooking too. Interrupted cooking is really risky business. If you must cook ahead, cook the food completely, cool it fast in the refrigerator in shallow containers and reheat it later on the grill.

3. **Is it safe or unsafe to use the same platter for raw and grilled meat or poultry?**
   This is ***unsafe***. Juices from raw meat and poultry are high in bacteria. The plate used to transport raw meat or poultry to the grill shouldn't be used again because the raw juices could contaminate the finished cooked product. Always place cooked grilled meat and poultry on a clean plate or platter.

4. **Is it safe or unsafe to determine the doneness of grilled burgers by internal color?**
   This is ***unsafe***. Recent USDA research studies indicate that some ground beef may turn brown prematurely before a safe internal temperature of 160°F is reached. The only safe way to determine doneness of grilled food is to use a food thermometer. Thermometers are easy to use and take the guesswork out of grilling. For burgers, the thin bimetallic stem thermometer works well when inserted sideways into the burger. Remember to clean the thermometer with hot soapy water, rinse and air dry, after each use to avoid cross contamination or transfer of bacteria.

5. **Is it safe or unsafe to eat grilled food in moderation?**
   Even though grilled food has been linked to an increase in cancer risk, the America Cancer Society states if eaten in moderation, grilled foods are ***safe***. The cancer concern is the charring of food. To reduce charring, before grilling trim-off excess visible fat. During grilling avoid flare-ups by cooking farther from the coals or by placing meat and poultry on aluminum foil to form a protective barrier from the flames.

SAFE INTERNAL MINIMUM TEMPERATURES

Whole Poultry	165°F	Beef, veal and lamb	
Poultry Breasts	165°F	(steaks, roasts and chops)	
Ground Poultry	165°F	Medium rare	145°F
Hamburgers	160°F	Medium	160°F
All cuts of Pork	160°F		

Questions?
Contact the AnswerLine at 1-800-854-1678

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14th ABA National Conference on Children and the Law

THE IMPACT OF TRAUMA ON ATTACHMENT AND BRAIN DEVELOPMENT:

IMPLICATIONS FOR SERVICES AND INTERVENTIONS

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July 15-16, 2011
Washington, DC

THE IMPACT OF TRAUMA ON ATTACHMENT AND BRAIN DEVELOPMENT: IMPLICATIONS FOR SERVICES AND INTERVENTIONS*

This paper and ensuing presentation will discuss what happens when child development is interrupted and impaired by childhood abuse, neglect and trauma. It will offer an enhanced understanding of how early negative experiences of abuse and neglect impact a child's brain development, traumatized children's social and emotional progress, and some serious implications for the child's future outcomes. The concepts of attachment formation, attachment trauma, and attachment disorder will be explored along with discussion about how to best intervene effectively for positive outcomes.

Participants will learn about typical and delayed child devolvement, what happens when children are moved, how they respond to loss, and what services are most effective to support growth and healing. It will cover some best practice recommendations and discuss permanency options and outcomes.

Finding the greater good and being able to make a positive impact is what it's all about. After learning about early brain development, attachment and effective services, we can make decisions quicker, with more certainty and with a better understanding of what the child and family needs.

**An earlier version of this paper was prepared for the 2010 Judges State Conference in Minneapolis, MN. I would like to thank Kaitlyn Winter for her research and editing assistance in this version.*

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FICTION:	Younger children who are adopted early will not have attachment problems.
FICTION:	Once a child has attached, they will likely attach again.
FACT:	Older children do get better and learn to live in healthy families.
FICTION:	The difference between bonding and attachment is universally understood and usually not necessary for the purpose of understanding a child's best interests.

ATTACHMENT IS RELATIONAL IN NATURE

As infants, we learn to listen for our mother's voice because we know it as the source of our pleasure and comfort—she will satisfy our hunger and take away our pain. It is the first lesson in learning to love.

Attachment provides the working framework for all subsequent relationships a child will develop. All babies have the genetic drive and capacity for attachment. Without predictable, responsive, nurturing and sensory-enriched caregiving, the infant's potential for normal attachment will be unrealized. It is the nature, quantity and intensity of early life experiences that express that potential. Healthy attachments are associated with healthy adult relationships. Poor attachments are associated with a host of emotional and behavioral problems later in life.

Attachment is an enduring emotional relationship with a specific person. This relationship brings safety, comfort, soothing, and pleasure. Loss or threat of this relationship evokes intense distress.

THE IMPACT OF EARLY BRAIN DEVELOPMENT ON A CHILD'S ABILITY TO FORM SECURE AND HEALTHY ATTACHMENTS

Attachment occurs on a continuum: We label intensity and health of attachment as **secure**, **ambivalent**, **anxious** and **disorganized**. Reactive Attachment Disorder (RAD) is the most extreme condition and hardest to treat. It is relatively rare in the general population. If symptoms do not present by age three, then the symptoms mean something else and it is not attachment disorder. Disorders of attachment can be diagnosed at any time, but they only develop as a result of negative early experiences which impact the developing brain. The brain is an experience dependent organ. It shapes, adapts, and accommodates based on the child's experiences. There are critical stages of brain development, but there is always an opportunity for the brain to develop new neural pathways at every developmental stage. Attachment processes are neural-biological in nature.

CAUSES OF ATTACHMENT DISORDER

- Prenatal exposure to drugs and alcohol
- Poor prenatal care
- Long hospitalizations and chronic pain
- Maternal depression
- Early trauma and abuse
- Neglect
- Pathogenic parenting

The majority of attachment problems are due to parental ignorance about child development rather than from the abusive parent. In an enriched country with a high value on education, we continue to put into practice what we already know young children need.

THE YOUNG BRAIN

Any experience in a child's life that reduces development of the cortical brain or increases primitive brain function can create a violent child. Violence decreases when people are able to empathize, self-regulate and problem-solve; these abilities are all cortical brain functions. This is the most primal part of the brain and forms earliest. It is our survival instincts and has no pictures or language. It is where traumatic early memories are stored and what helps govern strong emotions.

In his lecture on trauma's effects on the childhood experience, Dr. Bruce Perry notes the synoptic connections formed in a child's first years create his world view. Early memories, conscious or not, become one's filter for all resulting messages; one makes his interpretations about the world through these filters. We give our response to situations through evocative cues that link into our early associations. If a relational cue taps into a threat response and the earlier message—whether positive or negative—was intimate, the reaction is much more powerful. Therefore, an early experience of abuse or neglect, especially by a caregiver, will result in experiencing new situations through this traumatic filter.

Dr. Perry further explains:

> *When children experience repetitive activation of the stress response systems, their baseline state of arousal is altered. The result is a constant psychological state of fight or flight, even when there is no external threat or demand. When a stressor arise—perhaps an argument with a peer or a demanding school task—the child can escalate to a state of fear very quickly. When faced with a typical exchange with an adult—perhaps a teacher or parent in a slightly frustrated mood—the child may over-read non-verbal cues such as eye contact or touch. Compared to their peers, therefore, traumatized children nay have less capacity to tolerate the normal.*

In *Child Abuse: Implications for Child Development and Psychopathology*, David Wolfe explains the developmental perspective of an abused child: "Child development normally follows a predictable, organized course, starting with the mastery of physiological regulation (eating, sleeping), and continuing throughout the development of higher skills, such as problem solving and peer relationships. But under abnormal and unusual circumstances, especially abuse and neglect, predictability and organization are disrupted and thrown off course, resulting in developmental failure and limited adaptation. Psychological problems that result from parent mistreatment during childhood (e.g. low trust of others, poor moral development, aggressive behavior) may readily lead to long-term, developmental impairments that persist into adulthood...Developmental dimensions such as self-control, closeness and attachment to others, peer relationships, and social competence are common themes that pervade the literature on abused children."

The severity of the problem is related to how early in life, how prolonged, and how severe the neglect has been. An abused, neglected little body will have an underdeveloped, damaged little brain. That brain will not be wired to self-regulate, so the child must have an external brain (adult) to provide the regulation and voice in their head to make good choices. When the child is left on his own to manage, understand, and make meaning of traumatic experiences, the child fails to learn to reach out to others for help or comfort. Even after the child is placed out of danger, the brain continues to function in a survivalist mode.

EFFECTS OF CHILDHOOD TRAUMA AND ABUSE

The effects of pre- and post-natal exposure to neglect, drugs, trauma and violence are devastating to a child. Children can lose the capacity to form meaningful relationships for the rest of their lives.

Childhood abuse hinders the development of emotional, psychological, and behavioral maturity. Children who have experienced trauma often experience difficulty with safety issues, managing stress/emotions, and adjusting to life changes. Literature notes, "Children exposed to neglectful, chaotic, and terrorizing environments have an increased risk of significant problems in all domains of functioning" (Hambrick).

In his work on childhood adversity, psychologist Seth Pollak has studied hormones and brain imaging among children who have experienced abuse, neglect, or poverty. His research shows an abused child's development changes the way a brain recognizes and learns about emotion.

"Children who fail to develop interpersonal trust, receive little affection from others, and are governed by authoritarian rule (i.e., common characteristics of the abused child) have missed important socialization experiences that may interfere with adolescent and adult relationships" (Wolfe). There is a loss of trust and healthy attachment, which manifests in boundary issues and relationship hindrances.

These children are hard to comfort and hard to parent. They have sensory integration problems, show tactile defensiveness and may have eating and sleeping disorders. They demonstrate primary process lying, stealing and cruelty to animals.

When a child is abused, neglected, or maltreated by their caregiver, their trauma is more impactful and far more difficult to recover from. Within the traumatic experience, the child has lost their caregiver, their safety, and their nurture. All of the messages about trust, vulnerability, affection and confidence are shattered. When abuse comes from a person whom the child relied on for safety, the child's world view shifts. They become hyper vigilant, avoidant, anxious, fearful, and angry. They internalize a sense of

shame about what occurred. They wonder why it happened, what they might have done to make it happen, and what they were supposed to have done to make it stop.

THE HARM OF DISRUPTION

When removed from their caregivers, young children experience disruption in their attachment relationships. Because the attachment process is important to the child's sense of security and trust, it is necessary to consider the child's possible reactions to separation from his primary attachment figure (Child Welfare; p. 72). Loss of an attachment relationship for a young child is interpreted as a message that adults have no staying power and continuity of care cannot be taken for granted. After losing a caregiver, there is no guarantee the child will pick up where he left off and go about the business of developing an attachment relationship with another caregiver.

Moving children is always scary. Children recount the scariest day of their life as the day they were "taken". No matter how bad home was, they will always want to go back. Moving—with no understanding of who will be there for them, who will care for them, who will live in the house or what will be expected of them—is terrifying. Being comforted, bathed, changed, fed, disciplined and parented by a stranger is anxiety-producing. We must remember this fear when working with children. However, we must also remember that trauma is always bad and the younger the trauma occurs, the worse it is.

LONG-TERM IMPLICATIONS

When left unaddressed, the emotional distress and physical manifestations caused by trauma can be lifelong. Some of this depends upon the child's proximity to the perpetrator, their relationship with the perpetrator, the child's temperament, and the response of the adults in the child's life.

The long-term impact of trauma on the maturing adult can include poor body image, low self-esteem, lack of confidence, impaired relationships, rigid or overly diffuse sexual boundaries, high arousal states based on being triggered, intrusive and repetitive thoughts or feelings relating to the abuse, and difficulty establishing a healthy sense of give-and-take in relation to acquiring or relinquishing control. Survivors can experience obsessive fears or worries relating to their safety or the safety of their children.

To avoid lifelong complications for hurt children, we must address trauma, abuse, and broken attachments as quickly as possible with truly effective services.

ATTACHMENT REPAIR

"Every person needs a place that is furnished with hope." –Maya Angelou

EFFECTIVE SERVICES

Children do heal. Parents do change. Families CAN figure it out. Even when parents don't change, children can get better. However, we must accept the concept of "critical periods of development" and embrace the idea of early intervention. A child's education begins at age 0 and waiting to intervene is usually a mistake: Trying to fix a small problem is easier than trying to fix a deeply embedded one. The longer a child continues to be exposed to a negative environment, the more damage that has to be undone.

Diagnosing Reactive Attachment Disorder is a specialty. Attachment work is a specialty. Both encompass a great deal of grief work. Grief is developmental. We need to speak to children early and honestly about loss, sibling separation, and possibilities for their future.

These children need a constant and reliable caregiver. They need an opportunity to be physically and emotionally safe. They will usually not tell their trauma story until they know they are not going back home. They may enter and reenter therapy as needed.

Services need to be family-centered. It is always the caregiver who must do the work, not the child. This work is concrete, hands-on work daily and weekly, long-term and intense. It is teaching attunement, helping parents learning to fall in love with their child.

Therapy should be developmentally focused and must include the parent and the child. Group work for parents is excellent. In-home models work well. Good daycare and respite care are very helpful.

With very few exceptions, children should visit parents. Home visits for newborns and young children at risk are critical. Contact is an excellent way to determine what is or is not going well. Children's acting out behaviors pre/post visits should not always be interpreted as the child not wanting/needing contact.

WHAT MIGHT NOT WORK

- Attachment work is about parental behavior; sending kids to therapy without the attachment figure won't help heal the attachment problems.
- Anger management won't fix domestic violence.
- Talk therapy will not be very effective.
- Parenting skills classes will not fix maternal disengagement or depression.
- Getting kids "ready" for adoption is usually backwards thinking.

Fractured service delivery is more costly, less integrated, and not very effective. We overwhelm families with too many people and too many appointments

CHILDHOOD RESILIENCY

Resiliency is a **critical** component in understanding which children can tolerate more extreme circumstances. Some children have significantly diminished ability to manage and survive negative parental relationships.

Any move requires a child to start over: He must accommodate to strange people, sounds, tastes, routines, rituals, expectations and family members. The chances of flourishing in a new environment and attaching to a new caregiver are affected by the child's capacity for adaptation and positive functioning despite high risk or stress, also known as resiliency. The more resilient the child, the more likely he is to succeed in a new setting.

However, a child moved is a child in grief. No matter how resilient, a child will need parenting that is extraordinarily attuned, sensitive, and predictable. He will need a parent who understands his significant losses and who has the empathy and capacity to address the needs of a vulnerable child. Good outcomes for children who are moved depend a great deal upon the quality of care they receive after a disruption takes place. The more moves a child has had, the less resilient he is.

Some resiliency factors include:

Previous Exposure: The child who has been prenatally exposed to drugs, alcohol, and violence will be less resilient.

Previous Attachment Relationship: The child has experienced consistent, positive caregiving. Resilient children have not had broken attachments or prolonged bond disruption during their first two years (Werner & Smith; 51). Resilient children are more likely to come from homes filled with warmth, affection, emotional support, and reasonable structure and limits (Brooks). "Children whose attachments are repeatedly broken—by being placed in multiple placements, for example—may have difficulty forming secure attachments anywhere" (Child Welfare; 71).

Temperament: Warm, easygoing dispositions are a protective factor in children (Werner & Smith). Optimism, courage, humor, and an ability to endure have also been identified as traits contributing to resiliency (Seligman). Even in infancy, resilient children are more responsive, flexible, and adaptable (Werner & Smith). This type of temperament leads to a stronger social orientation, also noted as a strong resiliency factor (Benard).

Neurological and Physical Health: The child is physically healthy and does not appear to have special needs or safety issues. The child's health care needs have been met routinely. The child has not been

neglected or abused. In terms of resilience, a longitudinal study has shown health, along with temperament, has the greatest developmental impact in infancy and early childhood (Werner & Smith).

Autonomy: The child is appropriately independent and has a sense of identity. As early as age 2, the resilient child will balance positive social competence with a great deal of independence (Werner & Smith; 68). Resilient children are often found to possess self-help skills and have a strong sense of self-esteem (Benard). These abilities allow a young child to act on his own while also relying on his caregiver when needed. Autonomy may also allow a child to psychologically separate himself from a dysfunctional family environment (Benard).

Age and Developmental Task: The child is able to attend to tasks at an age-appropriate level and does not appear to have vulnerabilities. The resilient child likely has age-appropriate social, sensorimotor, and perceptual skills (Werner & Smith). Any behavioral problems are positively managed.

Cognitive Abilities: The child shows age-appropriate cognitive abilities and appears to have conscience development. Research has shown intelligence is a protective function for children (Rende). Resilient children have repeatedly been found to have strong problem-solving skills (the ability to think reflectively and flexibly, abstractly attempt solutions to problems, etc.) (Benard).

POSITIVE INDICATORS FOR FAMILY RESILIENCY

In addition to a child's individual protective traits, the child's family and larger social environment influence resilience. Research has shown a family's protective factors could outweigh an individual's vulnerability (Walsh). While no single model of family health fits all, there has been a great deal of research into determining what factors reliably predict a family's ability to succeed when faced with stress, adversity, or strained family relationships. These domains, or systems, in a family can and do point towards positive outcomes for children, especially those recovering from loss or trauma. The following family resiliency features are adapted from the Family Resilience Framework (Walsh) and Concurrent Planning Curriculum (National Resource Center for Foster Care and Permanency Planning).

CARING AND SUPPORT SYSTEMS

Parent-Child Relationship: The parent shows empathy, reciprocity, and responsibility for the child. The parent is able to read the child's cues and responds appropriately. The parent understands child development and age-related tasks. The parent can keep focused on the inner world of the child and puts the child's needs first. The parent provides nurture, structure, and stability.

Significant Child Welfare History: The parent has not abused, neglected, lost custody of, or abandoned a child. The parent is interested in understanding and learning about their child's development. The parent has consistent contact with his or her children and shows emotional commitment.

➢ *Red Flags for Prognosis*:

- An inability to empathize with the pain, grief and fear their children have experienced.
- Parents who have been inconsistent in attending visits with their children.
- A child who has severe chronic special needs that require extraordinary parenting.

BELIEF SYSTEMS

Expectations: The family values learning, change, and growth in each member. Individuals are encouraged to realize their potential.

Outlook: The family is hopeful yet realistic; they normalize adversity and have confidence in themselves. The family has beliefs, practices, and values which guide their purpose in life.

➢ *Red Flags for Prognosis*:

- When the parent has an inability or refusal to take responsibility for their past actions and harm done to their children and continue to blame others for their problems.

SUPPORT SYSTEMS

Kinship and Connection: The parent has evidence of positive and supportive relationships with other adults who seem not to have overt problems. The family has healthy connections with friends and extended family. The parent has safe child care. The people the parent relies on are capable and willing of assisting the parent in times of need.

Community Ties: The family has established a connection to their community. The parent can provide the child with religious, spiritual, and or cultural influences in keeping with the child's background. The parent is willing to teach the child about his or her birth family. Professionals can help families build their support systems.

➢ *Red Flags for Prognosis*:

- When a family has no informal, community or family support system.

STABILITY SYSTEMS

Family History: The parent's history shows a positive parenting role model as a child and the parent's own needs were met as a child. The family's cultural background includes an emphasis on mutual caretaking in times of crisis. The parent did not experience physical or sexual abuse, neglect, or maltreatment.

Family Relationships: The parent demonstrates relationship stability. If the parent has a history of domestic violence, he or she has been able to establish a more positive pattern of interacting.

Self-Care and Maturity: The parent is able to consistently provide essentials such as shelter, food, clothing, and medical care. The parent has a stable employment history or the capacity to meet the child's needs. The parent provides a safe and predictable living environment. The parent's history is free of serious criminal activity. The parent is not addicted to illegal drugs or alcohol. If the parent has chemical dependency issues, he or she has acknowledged the problem and obtained help.

Inherent Developmental Problems: The parent is mentally stable. If the parent has been diagnosed with a serious mental health problem, he/she is compliant with medications and treatment. The parent does not have delays which would hinder parenting. The parent has demonstrated an interest in and followed recommendations for services.

➢ *Red Flags for Prognosis*:

- When parents are trying to learn skills, behaviors, and lifestyle choices that are brand-new, as opposed to returning to a happier time of life.
- When the parent cannot prioritize the needs of the child over their own. This indicates emotional immaturity.
- Co-morbidity, such as chronic mental health problems with a chemical health issue, or poverty and violence paired with mental illness.

CONCLUSION

It is never too late to intervene in a child's life to provide and ensure safety and security. We know that the younger the child is, the more vulnerable he or she is. We also know the sooner we intervene, the more effective our services will be, with a greater impact on the child's outcome. Having children languish in foster care is a negative experience; postponing permanency deadlines only exacerbates the problem. Attending to the child's development and having some understanding of the brain formations and attachment relationships these children have or need is critical and must inform our practice and decision-making processes.

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The Impact of Trauma on Attachment and Brain Development

1. What provides the framework for all subsequent relationships?

2. The majority of attachment problems are due to what?

3. What abilities are cortical brain functions? This part of the brain is our survival instincts, it has no pictures or language, it is where traumatic early memories are stored, and is what helps govern strong emotions.

4. When a child is left on his/her own to manage, understand, and make meaning of traumatic experiences, the child fails to learn what? How does the brain function even after the child is placed out of danger?

5. When abuse comes from a person the child relied on for safety, the child's view shifts. What behaviors can the child have?

6. What are long-term impacts of trauma on a maturing adult?

7. Capacity for adaptation and positive functioning despite high risk or stress is known as what?

8. What are the four positive indicators for family resiliency identified?

Provider Signature & Date:	Provider Signature & Date: