FosteringNC:

Child Development and the Effects of Trauma Series

Facilitator Guide

FosteringNC:
Child Development and the Effects of Trauma Series

Facilitator Guide

Guide Instructions

The guide can be used in its entirety or facilitators can select questions from each section to adjust for training needs.

Created by the NC Division of Social Services and partners, FosteringNC (FosteringNC.org) is a learning site for North Carolina foster and adoptive parents and kinship caregivers. Vaya Health developed this guide to complement FosteringNC's training series, Child Development and the Effects of Trauma. It can be used for in-person or virtual group settings.

Facilitators of this curriculum should be prepared to provide participants with access to supplemental handouts, activities, and other downloadable resources in advance of each training session. These can be found in the upper right-hand tab of each module on the FosteringNC website. The resources provided can be downloaded and printed by the trainer (if done in person) or sent out via email to participants (if done virtually). Many of the activities and discussion opportunities provided in this guide require participants to have individual access to these materials.

All activities and discussions were designed to be altered to meet the needs of any size training group. Whether activities are done in small or large groups is at the discretion of the facilitator. Facilitators may also consider incorporating the use of flip charts, sticky notes, or web-based engagement tools for activities and discussions provided to assist in increasing participant engagement and retention of the information.

The "Possible Answers" provided indicate potential answers for the questions and should not be considered the only correct response. "Possible Answers" can be used by facilitators to generate discussions or provide examples if participants get stuck.

Contents

Foundations of Development

Milestones and Domains

1) Do parents in the group have experience with developmental milestones not being on track with their own children or foster children?—Slide 12

Activity:

Have participants answer the question above. After participants have had time to answer, facilitators can:

- Engage in a group discussion sharing participant responses
- Select a few participants to share what steps were taken in those situations
- Share examples of other milestones from their own work experience in the event there were few examples provided.

Influences on Development

2) Nature Vs. Nurture—Slide 18

Activity:

Complete the *Nature vs. Nurture* activity on Slide 18 as a group.

- Many of the items in the "drag-n-drop" activity may go either way. When the group gets stuck on where they would like to place an item, the facilitator should ask participants to briefly share their reasoning for why the item is more influenced by nature or nurture
- Remember, for many of these there may be no "correct" answer. The next slide will explain how both interact and influence one another.

3) Initial Temperament Trait—Slides 23-31

Activity:

Have participants complete the *Initial Temperament Trait* activity on their own sheet of paper as the facilitator navigates the slides. Have them give themselves a score of 1-5 for each of the traits listed. Following the activity, facilitators may engage participants in group discussions. As a part of the discussion for this activity, facilitators can:

- Have participants discuss examples of different traits with children they have had in their homes.

4) Ask participants how these variations in trait expressions may impact a child who is in a high-risk environment. —Slide 32

Possible Answer:

A child with high activity levels, intense reactions, and high persistence may be at greater risk for maltreatment in an unhealthy abusive environment than a "quieter" child with less intense reactions; whereas a quiet child may be a greater risk in a neglectful environment because they may be less likely to speak up about forgotten or unattended needs.

5) **Environmental Influences and Temperament Traits—Slide 35**

Activity:

Have participants answer the three questions before hovering over the answers on the slide. Once participants have had the chance to answer, hover over the answers and have participants share additional things they wrote down for that item.

6) **Goodness/Poorness of Fit—Slide 36-37**

Activity:

Use the three questions below to generate discussions with participants about environmental influences and traits.

- What does support look/feel like when caring for a child with a different temperament than you?
- What are some ways you can cope with a child who has a different temperament than you?
- What additional support could you have in place to make sure you don't get burnt out?

7) **Quick Check Questions—Slides 41-44**

Activity:

Complete the Quick Check Questions together as a group. Read the question a loud for participants and give them a moment to respond aloud to each question. If participants get the information incorrect, explain the correct answer and why.

8) **Learning Application: Temperament Traits Download—Slide 45**

Activity:

Trainers should download and send out or print copies (if in person) for participants prior to training so each participant has their own sheet for this activity.

- Facilitators should begin by using the Goal and Instructions sections on page #1 of the worksheet to explain the purpose of using this tool with families.
- Next, ask participants to complete pages 3 and 4 of the worksheet by thinking of their own child or a child they have cared for in the past. Participants should use an asterisk (*) to represent their children and a circle (o) to represent themselves. Participants should mark where they and their child fall on the spectrum for each trait. Allow five minutes for individual completion of this tool.
- Once everyone has completed the tool, use the questions below to generate discussions about the tool and its uses with participants.
  - o Now that you have completed this, do you see areas where this could be helpful?
  - o Did this tool help you learn anything about areas of "fit" between you and your child's temperament traits?
  - o Are there areas that fit better than others? If so, do you have ideas to improve alignment?

Attachment

9) Think It Out — Slide 52

<u>**Activity**</u>:

Have participants complete Think It Out activity individually.

- Ask a few volunteers to share what they wrote and open conversation to the group.

10) Review and Closing—Slide 53

<u>**Activity**</u>:

Select 4 participants to each read one of the key points on the slide. Afterwards, ask the group if they have additional takeaways from this course that they want to share.

Participant Notes and Study Guide:
Foundations of Development

What Will Be Covered

- Identify 4 key developmental milestones and domains.
- Define temperament and "goodness of fit."
- The role of temperament traits on personality and development.
- Describe how authoritative parenting supports healthy development.
- Youth and caregiver attachment.

Milestones and Development

1) **What experience do you have with caring for youth with developmental delays?**

Influences on Development

2) **Nature vs. Nurture**

List the characteristics that are most influenced by *nature*:

Example: fashion sense

_____   _____

_____   _____

_____   _____

List the characteristics that are most influenced by *nurture*:

Example: height

_____   _____

_____   _____

_____   _____

3) Think about yourself as a child and rate where you would have been as a child on a scale of 1-5 for each of the traits listed below.

_____ Active → Quite	_____ High Intensity Mild intensity
_____ Adapts Quickly→Adapts Slowly	_____ Easily distracted→Not Easily Distracted
_____ Regular→ Irregular	_____ Positive Reaction→Negative Reaction
_____ Approach→Withdrawn	_____ Long Attention Span→Short Attention Span
_____ Non-Sensitive→Highly Sensitive	

4) How may these variations in trait expressions impact a child who is in a high-risk environment?

5) Environmental Influences and Temperament Traits

- If you have a less active child, what could you do to influence the child to be more active?

- If your child is shy, what could you do to influence the child to be more outgoing?

- If your child has a quick temper, what could you do to help the child manage their emotions?

6) "Goodness of Fit"

- What does support look/feel like when caring for a child with a different temperament than you?

- What are some ways you can cope with a child who has a different temperament than you?

- What additional support could you have in place to make sure you don't get burnt out?

7) Quick Check

- Initial traits of temperament refer to nine inborn traits that occur on a continuum, are unchanging, and cannot be influenced by the environment? True or False?
- List which of the traits listed on the screen are among the nine initial traits of temperament.
- List these traits: *slow to warm, difficult, easy,* in order from most to least common.

Attachment

8) Think About It

- Write the name of the child you have known that may have an insecure attachment with their birth parents:
- Why do you think this is?

- What problems does the child experience that might be related to their insecure attachment?

Key Learning Points

- The four developmental domains are physical, cognitive, social-emotional, and moral.
- We use milestones within each domain to tell if kids are on track.
- Temperament is a set of inborn personality traits that influence how we interact with our environment.
- Secure attachment is a critical building block for all development.

Normal Development in Infancy and Early Childhood: Part 1

Brain Development

Review modules 1-11 on brain development then use questions 1-4 to facilitate discussion with foster parents

1) **Why is it critical to understand and optimize brain development in the first three years? –Slide 4**

   Possible Answer:
   Because the first three years is when 90% of brain development will occur.

2) **How can we optimize early brain development in infancy and early childhood? –Slide 5**

   Possible Answer:
   By having frequent, regular, and predictable experiences and occur in the context of a warm and supportive relationship. Learning should be fun, exciting, involve humor, and comfort. They should involve several senses at once and should build on the child's interests and strengths

3) **Discuss examples of activities that optimize early brain development and examples of activities that hinder it. —Slide 5**

   Possible Answer:
   Playing games, coloring, going fishing, playing a sport, watching a show, listening to music, or participating in any of their favorite activities. Having a child help with cooking or a routine task that is performed regularly can be a good opportunity as well because they are regular, frequent, and predictable things that will occur.

4) **What are *Windows of Opportunity* for brain development? –Slide 7**

   Possible Answer:
   Sensitive periods of development when the brain can learn information more quickly and effectively

Windows of Opportunity

Use questions 5-8 to facilitate discussion with foster parents (using Windows of Opportunity chart)

5) **As a foster parent, how can this knowledge be especially helpful? What are some of the unique challenges and opportunities you face when bringing young foster children into your home? –Slide 8**

   Possible Answer:
   It can help a resource parent know if a child is still within the window of opportunity to meet certain developmental milestone or not. In addition, if a child is placed in your home during an "optimal window" or "next best opportunity" for a particular developmental milestone, this knowledge can help a caregiver prioritize skills to be worked on

   Possible Answer:
   Unique challenges include that because a resource parent may not have always known the child, they may not

know what milestones have or have not been met. And, because of this they may also confuse certain behaviors as being character or personality concerns for children when they may have missed certain developmental windows. They may also see things of concern but have trouble advocating for the appropriate resources or support due to lack of information shared with them.

6) **What are some of the questions you may want to ask your social worker? Consider information you may need to facilitate early brain development. –Slide 8**

   Possible Answer:

   Questions about when certain milestones where met, if previous caregivers voiced concerns about certain areas of development, a child's interests. (So you can engage in developmental learning activities that optimize brain development, ask about traumas and other past experiences as they can alter development, any treatment history.)

7) **Keeping these challenges and opportunities in mind, review and discuss activities that can be done in each "optimal window of opportunity" to promote early brain development, and the skills they promote. Do the same with activities that can be done in the "next best opportunity "window. –Slide 8**

   Activity:

   Facilitator should break participants into groups and assign each group 1-2 of the developmental milestones listed in the table. Give participants five minutes to work as a group to come up with activities that can optimize brain development in that area. Once the groups have had time to come up with a list of activities, have one person from each group report out what activities they came up with for their assigned milestones.

8) **What ideas and support might be used if you have a child in your home who might have missed these windows of opportunity?**

   Possible Answer:

   Answers may vary based on resources available in your community. CDSA and CC4C are available in most communities in NC. However, facilitators may want to provide caregivers with a list of community resources the county has that may assist caregivers with children struggling with developmental milestones listed on the chart.

9) **Knowledge Check—Slides 9-11**

   Work with the group to come to consensus on answers. The facilitator may also consider a round-robin approach to the activity where they call in various participants to answer each question.

   Activity:

   As a large group navigate the Knowledge Check activity on the screen and work

   Possible Answers:

   Opportunity, vision

10) From the video, what were some of the milestones mentioned in the video? –Slide 16

Activity:

As a large group navigate the questions on the screen and work with the group to come to consensus on answers.

Possible Answer:

Smiling back, respond to name, turn head, pretend play, point to objects of interest, enjoy games, name things, use simple sentences, follow simple instructions

Milestones

Review slides 12-17 then use questions 10-19 to facilitate discussion with foster parents

10) From the video, what were some of the milestones mentioned in the video? –Slide 16

Activity:

As a large group navigate the questions on the screen and work with the group to come to consensus on answers.

Possible Answers:

Smiling back, respond to name, turn head, pretend play, point to objects of interest, enjoy games, name things, use simple sentences, follow simple instructions

11) What is a developmental milestone, and why do we need to understand them? –Slide15 (video)

Possible Answer:

The age at which certain goals should be reached

12) What are some of the ways to assess an infant or child reaching a developmental milestone? – Slide15 (video)

Possible Answer:

By paying attention to how the child plays, learns, speaks, and acts by paying attention to how the child is comparing to older siblings' milestones or playgroup mates

13) What steps can we take if we have concerns about an infant or child reaching developmental milestones? – Slide15 (video)

Possible Answer:

Talk to the child's doctor, contact an early intervention agency if under three or the local school district if over three

14) Why is early identification of developmental delays so important? –Slide15 (video)

Possible Answer:

The earlier we identify the more identified interventions may help them to meet their full potential

15) **Review the milestone domains of physical, cognitive, and social/emotional activities you can observe (i.e., how children play, learn, speak and act) to engage in discussion of the following question: Given this list, how could you determine if an infant or child is meeting these milestones? What may be signs of a delay? –Slide 17**

Discussion:
For each domain, after participants have had a chance to review the lists of milestones for Infancy and Early Childhood associated with that domain, ask participants the discussion question above to engage in

16) **What might be some of the unique physical, cognitive, and social/emotional challenges faced by children in foster care?**

Possible Answer:
Physical: Delays that may be associated with abuse, neglect, or other maltreatment. For instance, smearing poop or not meeting very many milestones at all.

Possible Answer:
Cognitive: Make-believe games being violent in nature or not understanding the concept of "playing", not having "memory" due to possible dissociation.

Possible Answer:
Social Emotional: Not showing emotions or having flat affect, overwhelming defiant behavior, inconsolable crying not related to colic

Possible Answer:
Moral: Lack of sympathy and/or understanding of right/wrong

17) **As a foster parent, what are some of the questions you may want to ask your social worker? What information may you need to determine if an infant or child is on target with milestones? –Slides 16 and 17**

Possible Answer:
Caregivers may want to ask social workers questions about the child's history and experiences, routines, likes and dislikes. To assist in knowing about delays you may want information about how the child met other milestones prior to being placed in your home or if the social worker is already aware of delays and if any steps have been taken to get the child back on track.

18) **What are some of the ways that you can partner with your social worker and school to address any developmental delays your foster child is experiencing? –Slides 16 and 17**

Possible Answer:
Sharing information and establishing team meetings where goals, concerns, and progress can be shared from all parties in one setting. Driving the team to select similar goals and milestones to work on so that there is some consistency and repetition of certain skills which is beneficial in development and will not overwhelm the caregiver or child with conflicting or competing goals. If the child is seeing a specialist of therapist having their insight present as well. This may mean asking for specific recommendations for how to best respond to certain behaviors at school as well as in the home and sharing that with school personnel.

19) **Discuss the services and supports that are available in your community to help children with developmental delays (physical, cognitive, social/emotional). How can your social worker help you get the support your foster child needs? –Slides 16 and 17**

   Possible Answer:

   Answers may vary based on resources available in your community. CDSA and CC4C are available in most communities in NC. However, facilitators may want to provide caregivers with a list of community resources the county has that may assist caregivers with children struggling with developmental milestones listed on the chart. Facilitators may also want to share expectations of the agency for social workers to assist caregivers with certain problem areas such as home visit expectations as well as any programs specific to your agency that may help them.

Milestones: Moral Development

Review slides 18-20 to answer questions 20-24

20) **How does early moral development set the stage for later moral reasoning and decision making?**

   Possible Answer:

   It serves as a natural baseline. This is our predisposition. It can be enhanced and altered through our experiences and environment, but we all have a natural "starting point." If nurtured appropriately most children can develop sound moral reasoning and decision-making skills.

21) **How does bias for oneself impact our future relationships?**

   Possible Answer:

   We are predisposed to break the world up into "sameness" versus "differences." We are built to create "us" versus "them" reality so it can cause us, if not aware of it or raised in an environment that focuses on shifting that, to be not only more drawn to people like us but to possibly show biases towards those that are not. This can impact who we become friends with or

22) **What were some of the key findings in "Born Good"?**

   Possible Answer:

   Humans show a preference towards helpful individuals and disapprove of antisocial or "mean" individuals as early as three months. And there seems to be some basic sense of morality at a noticeably early age as well. Babies do have an idea of justice as well and it is a part of our biological nature.

23) **What might be some of the unique ways that an infant or child in foster care's moral development is impacted by their experiences in their birth home?**

   Possible Answer:

   Negative or positive experiences may sway an infant's moral development. So, even if a child is born with a certain predisposition, their life experiences or previous traumas can sway them to be less compassionate or be more likely to have an affinity towards what is considered to be poor morality

24) **What are ways a foster parent can build positive moral development?**

   Possible Answer:

   Be warm and nurturing in your parenting style, be responsive to their needs, label your emotions, point our cause and effect in stories and in your (and their) actions, have clear expectations, explain reasoning for

consequences, discuss your day and focus on why events occurred and your reactions to them, highlight the effect of certain actions on others, discuss right and wrong, good and bad.

25) Milestone Activity—Slides 22-31

Activity:

Select participants to read scenarios aloud. Then as a group select if you would be concerned or not based on the information provided.

Possible Answer:

- A 4-month-old who is unable to hold their head up; daily back and tummy time or holding toys for baby to reach.
- A 6-month-old who doesn't smile at people; hold, sing, rock, and talk to the baby. Play games like peek-a-boo.
- A 1-year-old who doesn't babble or point and gesture, talk, sing, and read to them regularly. Narrate your day to them.
- A 2-year-old who doesn't show any response when another child is crying or hurt; Label and talk about your emotions in your interactions and in stories. Be responsive to a child when they are hurt or in need of comfort.

Closing Discussion

At the end of training review questions 26 and 27 as a group. Share notable feedback with agency leadership.

26) As a group, discuss ways a foster parent can monitor and address early brain development and achievement of/or recognition of developmental delays in reaching milestones.

27) What kinds of supports would be helpful to you as a foster parent?

Participant Notes and Study Guide:

Normal Development in Infancy and Early Childhood: Part 1

What Will Be Covered

- Brain development
- Early recognition of delays
- Milestones of normal development
- Moral development in infancy and early childhood
- Promoting healthy development

Brain Development

1) Why is it critical to understand and optimize brain development in the first 3 years?

2) How can we optimize early brain development in infancy and early childhood?

3) Give some examples of:

a) Activities that can optimize early brain development:

b) Activities that hinder:

4) What are *"Windows of Opportunity"* for brain development?

Windows of Opportunity

5) As a foster parent, what are some of the unique challenges and opportunities you face when bringing young foster children into your home?

60 What are some of the questions you may want to ask your social worker to help you facilitate early brain development with youth in your home?

7) *Group Activity* After reviewing the information on slide 8, work with your partner(s) to come up with activities caregivers can do with children during their "optimal window of opportunity" that can optimize brain development in the developmental milestone category (listed below) that you were assigned.

   a) Social/emotional Skills
   b) Motor development
   c) Vision
   d) Early sounds
   e) Music
   f) Thinking skills
   g) Second language

8) What are some ideas of supports that might be used if you have a child in your home who might have missed these windows of opportunity?

9) *Group Activity* Knowledge Check

    a) Windows of _____ are times when optimal development occurs.

    b) An example of a skill with a critical window of opportunity is _____,
       which will be lost if not developed within the first six months of life.

Milestones

10) Thinking of the video you just watched called Baby Steps, what were some of the milestones mentioned?

11) What is a developmental milestone, and why is it so important for us to understand them?

12) What are some of the ways to assess an infant or child reaching a developmental milestone?

13) What steps we can take if we have concerns about an infant or child reaching developmental milestones?

14) Why is early identification of developmental delays so important?

15) How could you determine if an infant or child is meeting these milestones? What may be signs of a delay?

16) What might be some of the unique physical, cognitive, and social/emotional challenges faced by children in foster care?

   a) Physical:

   b) Cognitive:

   c) Social Emotional:

   d) Moral:

17) As a foster parent, what are some of the questions you may want to ask your social worker about this? What information may you need to determine if an infant or child is on target with milestones?

18) What are some of the ways that you can partner with your social worker and school to address any developmental delays your foster child is experiencing?

19) How can your social worker help you get the support your foster child needs?

Milestones: Moral Development

20) How does early moral development set the stage for later moral reasoning and decision making?

21) How does bias for oneself impact our future relationships?

22) What were some of the key findings in "Born Good"?

23) What might be some of the unique ways that an infant or child in foster care's moral development is impacted by their experiences in their birth home?

24) What are ways a foster parent can build positive moral development?

25) *Group Activity* After reading the case scenarios aloud as a group, write down which of the cases you would be concerned about based on the information provided.

Closing Discussion

26) What kinds of supports would be helpful to you as a foster parent?

Normal Development in Infancy and Early Childhood: Part 2

Attachment

Review slides 1.1-1.11 then answer questions 1-7

1) **Why is developing secure attachment so important in infancy and early childhood? How is secure attachment formed? –Slide 1.4**

   <u>**Possible Answer**</u>:
   The child can use the caregiver as a secure base and safe haven as they begin to explore the world.
   It also lays the groundwork for all our future relationships.

   <u>**Possible Answer**</u>:
   By consistently being available, responsive, and nurturing.

2) **How does understanding an infant's cues build secure attachment? –Slide 1.4**

   <u>**Possible Answer**</u>:
   That is their way of communicating and when you understand the cues you can respond to their needs which builds the child's trust

3) **Why does this foundation of trust help build secure attachment? –Slide 1.4**

   <u>**Possible Answer**</u>:
   It creates a since of safety and security. It creates a sense of emotional well-being and a positive world view.

4) **What are activities you can do during infancy/early childhood to build secure attachment? –Slide 1.4**

   <u>**Possible Answer**</u>:
   Be responsive. Respond quickly and consistently. Talk to them. Establish routines and predictability in your responses. Be comforting. Engage in appropriate physical touch and play. Respect their cues of interest and disinterest

5) **Why is taking care of yourself so important in building secure attachment? What are some ways to take care of yourself? –Slide 1.4**

   <u>**Possible Answer**</u>:
   You can engage and be present. Children feed off your energy

   <u>**Possible Answers**</u>:
   Get enough rest, eat well, get reliable support, take breaks, go for walks or exercise, spend time meeting your emotional and social needs, and find balance.

6) **As a foster parent of an infant or noticeably young child, what might be some of the unique challenges and opportunities you will have in building secure attachment? –Slide 1.4**

   Possible Answer:

   Challenges—You may not know the child very well, you may not understand their cues, they may have formed insecure or disorganized attachments prior to entering you home that you have to contend with. As a result of prior experiences they may have difficult or challenging behaviors and responses that make it hard to connect with them

   Possible Answer:

   Opportunities—Foster parents receive trainings like these that may give them knowledge about attachment and milestones that other parents may not typically seek out on their own. Having the support of social workers and other foster parents may provide a built in support system that you would not have otherwise. Certain agencies may have built in respite options that are low cost or free that can help you have time to take care of yourself

7) **What are some of the most essential elements you can use as a foster parent in building secure attachment with your foster infant/young child? –Slide 1.4**

   Possible Answer:

   try to understand cues, create a foundation of security and trust, be responsive and consistent, connect through appropriate touch, laughter, and play, make regular eye contact, talk to and smile at the child, follow the child's lead in play, read together, and take care of yourself

8) **How could the development of secure attachment have been hindered in the infant or young child you are caring for? What are supports or tools that could help you build secure attachment in your foster infant/young child? –Slide 1.5**

   Possible Answer:

   Answers will vary based on individual children and families. Have participants spend a few minutes answering the question individually. Next have participants spend a few minutes in small groups and discuss their responses. Once they come back together, ask participants what takeaways (in any) they had from their small group discussions.

9) **What questions or information from your social worker would be helpful in identifying concerns regarding secure attachment with your foster infant/child?**

   Possible Answer:

   Questions about the child's relationships with previous caregivers, family members, siblings, or other constant figures (teachers, coaches, neighbors, etc.) may help; as will questions about their history, including potential traumas, triggers, and number of moves or separations.

10) **What is PURPLE crying and how can this be a barrier to building secure attachment? How can you cope with PURPLE crying as a foster parent? What are the possible repercussions of not understanding PURPLE crying? –Slide 1.5**

    Possible Answer:

    Progressive crying until it reaches a peak from two weeks to 3-4 months and typically peaks around two-months, Unexpected, spontaneous crying that is unprovoked, Resistant to soothing, Pain is often what the

crying looks like although they may not be, Long lasting crying bouts that last on average 35-45 minutes, Evening and later in the afternoon is when this typically happens. All infants have PURPLE crying although length may vary.

Possible Answer:
This can be a barrier to attachment because it can cause frustration in the caregiver that can make them difficult to want to be comforting and soothing to an infant

Possible Answer:
You can cope by taking breaks, finding a support system, reminding yourself that it is not anything you caused or that your infant is doing intentionally to annoy or frustrate you. Remember that it is normal for all infants and that this stage will end.

Possible Answer:
Getting overwhelmed, resulting in abusive behavior and potential long-term attachment issues

Parenting Styles

Review slides 1.12-4 and answer questions

11) Match the parenting styles—Slide 1.14

Activity:
As a group, come to consensus on selecting the parenting styles associated with the definition

Possible Answer:
Warm, accepting; don't ask for mature behavior, don't stifle child's creativity—Permissive

Possible Answer:
Controlling, insist on obedience, rely on punishment, don't expect children to disagree—Authoritarian

Possible Answer:
Meets basic needs, but demands little, responds minimally to child—Uninvolved

Possible Answer:
Warm; effective communication with child; respects child's opinion but does not waiver on decisions; retain authority and expect mature behavior—Authoritative

12) What is a Parenting Style? –Slide 1.13

Possible Answer:
The overall patterns of actions and attitudes of parents

13) How can a Parenting Style either positively or negatively impact outcomes for an infant or child? –Slide 1.15

Possible Answer:
Authoritarian—lack social competence, low self-esteem, less intellectual curiosity, and spontaneity, relies on authority

Possible Answer:
Authoritative—more mature, better social skills, increased empathy and altruism, higher academic achievement, more cooperative, more positive reasoning

Possible Answer:
Permissive—less impulse control, difficulty accepting limits and responsibility, immature

Possible Answer:
Uninvolved—lower school performance, less empathy and self-esteem, more antisocial behavior, and depression

14) **Which Parenting Style is the optimal for healthy outcomes for infants or children? –Slide 1.16**

Possible Answer:
Authoritative

15) *Parenting Styles* **Case Scenarios—Slides 2.1-5.3**

Activity:
Use the instructions on Slide 2.2 to navigate the group through the case scenarios. Facilitators may choose to do all scenarios as a large group or a combination of individual, large, small, dyadic group discussions. At the end of each case scenario have the participants share any takeaways from the scenarios.

Possible Answer:
- Style #1: Authoritarian
- Style #2: Permissive
- Style #3: Uninvolved
- Style #4: Authoritative

16) **What is your Parenting Style? If you have a partner or spouse, do you share the same Parenting Style? – Slide 6.1**

Possible Answer:
Responses will vary depending on training group

17) **In reviewing and studying this segment, are there any changes you want to make in Parenting Styles? – Slide 6.1**

Possible Answer:
Responses will vary depending on training group

18) **What are some of the challenges that a foster child may feel in coming from their home family to their foster family as it relates to Parenting Styles? –Slide 6.1**

Possible Answer:
The rules in their previous home could have been more lenient or strict and they may have trouble adapting. Children coming from more lenient (permissive or uninvolved) households may feel the need to rebel or be defiant. They may feel the rules of the new home are unnecessary or view them as punishment. Children coming from more strict environments may not know how to navigate individual choice and free will and may present as regressive or may struggle to be on their own in certain situations.

19) **With your understanding of the outcomes for children in relation to the 4 parenting styles, what tools, skills or supports do you feel that would be helpful in working with a foster child who may be experiencing some of the negative outcomes outlined? –Slide 6.1**

> **Possible Answer:**
> Responses will vary depending on training group

Key Learning Points for Normal Development in Infancy and Early Childhood

Review and discuss the key learning points from parts one and two of normal development in infancy and early childhood on slide 6.1

20) **What are some of the questions or concerns you have in applying these key learning points to being a foster parent?**

> **Possible Answer:**
> Responses will vary depending on training group

21) **How can a foster parent use these key learning points to promote healthy physical, cognitive, and social/emotional wellbeing of their foster child?**

> **Possible Answer:**
> Responses will vary depending on training group

22) **How can your social worker help support you as a foster parent in achieving this goal?**

> **Possible Answer:**
> Responses will vary depending on the training group. Be sure to share notable feedback with agency leadership.

Participant Notes and Study Guide:

Normal Development in Infancy and Early Childhood: Part 2

Learning Objectives

- Define attachment.
- Explain how attachment happens.
- Identify barriers to attachment.
- Define common parenting styles.
- Parenting and goodness/poorness of fit.

Attachment

1) **Why is developing secure attachment so important in infancy and early childhood? How is secure attachment formed?**

2) **How does understanding an infant's cues build secure attachment?**

3) **Why does this foundation of trust help build secure attachment?**

4) **What are activities you can do during infancy/early childhood to build secure attachment?**

5) **Why is taking care of yourself so important in building secure attachment? What are some ways to take care of yourself?**

6) **As a foster parent of an infant or noticeably young child, what might be some of the unique challenges and opportunities you will have in building secure attachment?**

7) **What are some of the most essential elements you can use as a foster parent in building secure attachment with your foster infant/young child?**

8) **How could the development of secure attachment have been hindered in the infant or young child you are caring for? What are supports or tools that could help you build secure attachment in your foster infant/young child?**

9) **What questions or information from your social worker be helpful in identifying concerns regarding secure attachment with your foster infant/child?**

10) **What is PURPLE crying and how can this be a barrier to building secure attachment? How can you cope with PURPLE crying as a foster parent? What are the possible repercussions of not understanding PURPLE crying?**

Parenting Styles

11) **Match the Parenting Styles**

     a)

     b)

     c)

     d)

12) **What is a Parenting Style?**

13) ***Group Activity* How can a Parenting Style either positively or negatively impact outcomes for an infant or child?**

     a)

     b)

     c)

     d)

14) **Which Parenting Style is the optimal for healthy outcomes for infants or children?**

15) *Group Activity* List the Parenting Style described in each of the scenarios provided on the screen.

- Style #1:

- Style #2:

- Style #3:

- Style #4:

16) What is your Parenting Style? If you have a partner or spouse, do you believe you share the same Parenting Style?

17) In reviewing and studying this segment, are there any changes you want to make in Parenting Styles?

18) What are some of the challenges that a foster child may feel in coming from their home family to their foster family as it relates to Parenting Styles?

19) What tools, skills or supports do you feel would be helpful in working with a foster child who may be experiencing some of the negative outcomes outlined as they related to the four parenting styles we just reviewed?

Key Learning Points

- There are critical windows of opportunity in infancy and early childhood development.
- Parents play a key role in promoting development through nurturing interaction and experiences.
- Secure early attachment forms the foundation for future development and relations.
- An authoritative parenting style promotes positive development and outcomes.

20) What are some of the questions or concerns you have in applying these key learning points to being a foster parent?

21) How can a foster parent use these key learning points to promote healthy physical, cognitive, and social/emotional wellbeing of their foster child?

22) How can your social worker help support you as a foster parent in achieving this goal?

Normal Development in School Age

Brain Development

1) **Brain Power: From Neurons to Networks—Slide 3**

   <u>Activity</u>:

   Watch the video comparing a child's brain to the internet. Facilitator should ask participants to pull out a piece of paper and label it 1-3. Ask participants to answer the 3 questions below (also listed on screen). Following the video, the facilitator should conduct a "round-robin" with the group asking people to share what they wrote. Once participants have completed sharing their responses the facilitator should add any missing responses and correct any misconceptions shared.

   - Two Similarities and two differences between a child's brain and the internet
   - Key things that stood out to them about the relationship between toxic stress and brain development
   - 1-2 examples of how to stimulate brain development

   <u>Possible answers:</u>

   Please use the answers below to assist participants if they begin to struggle

   - Similarities: Neuron=webpage; it's an information center
   - Differences: The internet is bigger, a child's brain has more connections, toxic stress and brain development relationship: it prunes connections for learning and self-control, fear and rash behavioral connections get stronger; child brain is more complex
   - Examples to stimulate: read, sing, dance, paint, talk, laugh, play piano, exercise

2) **As caregivers, do you find any of the ways to Support Development in School-Age Children more difficult than others? If so, please share. –Slide 6**

Milestones

3) **Have you ever witnessed a child in your care make big leaps or slow down in meeting their developmental milestones? If so, what did you do? —Slide 8**

4) **What behaviors might you see if a child is struggling with Cognitive Milestones like cause and effect or problem solving? —Slide 9**

   <u>Possible answers:</u>

   Below are possible responses to share with participants.

   - Cause and Effect: Inability to see how their actions or behaviors are result in something; have difficulty understanding consequences and may feel attacked; engage in more risk taking/dangerous activities; trouble making or keeping friends
   - Problem solving: Have trouble in school subjects that require skills like math, science, etc. Have trouble answering questions like, "What do you need to do to get your game back?

5) **If a child has difficult behaviors that may be a result of problematic development, will relying on punishment and consequences be likely to help? —Slide 9**

Possible answer:

No, not exactly. What you might see is a child's behavior "improve" slightly or temporarily. If we consider a cognitive delay in an area like *cause and effect*, since they do not fully understand *cause and effect*, they likely don't have a well-rounded understanding of how what they are doing keeps resulting in punishment. For example, if a child continues to get in trouble and receive consequences, they may begin to avoid interactions with that caregiver to avoid consequences since they likely have trouble figuring out how. This may result in what appears to be better behavior but really the child has just limited their interactions to avoid issues. This can add to difficulties with the child's attachment down the line if it persists, can impact their world or self-view ("I'm just bad," "People just don't like me," "No one cares"), or sometimes we even see that children lash out even more.

6) **How would you separate normal behaviors from trauma behaviors in youth? –Slide 9**

Possible answers:

You really cannot without proper assessments and treatment. It is important to make sure children have access to appropriate support and treatment. If you know a child has experienced trauma and have information around their history, you can begin to help them identify potential triggers and coping skills. However, it is also important to remember that these behaviors are "normal" for them and changing them will require work, patience, consistency, effort, and understanding.

7) **After clicking through the four domains of development, break into groups and assign each group a developmental domain. Each group will work to answer the question, "If a child has a delay in this domain, what types of behaviors might we see as a result?" –Slide 9**

Activity:

Facilitator should have a way to provide each group with a list of the functions presented on the slide that are associated with that domain. Allow groups a few minutes to generate their responses then pull the group back together and discuss their responses. Examples of behaviors you might see in each domain if there were delays are provided below.

a) Physical: Speech issues, clumsiness, tripping, or falling often (result of poor body awareness), difficulty with fine motor activities like extremely poor handwriting, difficulty threading beads, etc.

b) Cognitive: Illogical solutions or ideas, difficulty following rules, choppy sentences, difficulties with math and/or science, trouble generating their own solutions to problems (this could be day-to-day tasks like how to clean a spill etc.

c) Social Emotional: overly attached to caregiver, social issues,

d) Moral: Difficulty accepting responsibility, still struggle with issues of self-centeredness, trouble with delayed gratification,

8) **What would you do? –Slides 11-13**

Activity:

Read or have a participant read the slide aloud. Click to the next Slide and read the question. Break back into groups and have participants answer the question on the slide. Encourage participants to refer to their

Healthy Development handouts for ideas. Allow 5 minutes for group work. Then, bring the group back together and ask for a spokesperson from each group to share 2 strategies they came up with.

9) **In what ways does trauma show differently in boys and girls? —Slide 14-15**

Possible answers:

They may show more aggression or be more defiant especially since it is not as socially acceptable for boys to show their emotions. Boys are more likely to engage in risky behaviors or be diagnosed with a behavioral problem for high activity levels and distractibility.

10) **What would you do? Part II –Slides 17-18**

Activity:

Read or have a participant read the slide aloud. You can have participants return to groups or have them come up with their responses on their own. Encourage participants to refer to their *Healthy Development* handouts for ideas. Allow five minutes for group work. Then, bring the group back together and ask for a spokesperson from each group to share two strategies they came up with.

Activity Part II:

On the next slide, ask the group to share aloud which items to select as appropriate strategies for Aaron's development.

Possible answers:

All the above

Attachment

11) **How could you help a child develop their secure base? —Slide 20**

Possible answers:

By being consistently available, responsive, and nurturing; help maintain and strengthen attachments with birth family, support and provide opportunities to build healthy relationships outside of the family

12) **How would you identify a child's secure base? –Slide 25**

Possible answers:

They are better able to trust and have a good relationship with others, they feel free to explore,

13) **What can be done to support secure attachment? —Slide 26**

Activity:

Work as a large group to drag and drop the responses into the appropriate field

Possible Answers:

The following are the correct responses

- Ensure Consistent and Sensitive Caregiving: Maintain placement in your home when possible; consistently provide nurturing, one-on-one interactions; understand the child's history, needs, and behaviors; normalize and validate their feelings
- Maintain Healthy Connections: Ask kids who they're close to and how to provide support; maintain previous activities when possible (sports team, scout troop, etc.); Support visits with siblings, grandparents, and extended family; use books to capture memories

Parenting Style

14) Practice Identifying Parenting Styles—Slide 27.3 - 27.8

<u>**Activity**</u>:

Work as a group to answer the questions on the slide. Have a participant read aloud each scenario before directing the group to share their thoughts.

<u>**Possible answers:**</u>

Below are the correct answers for each question.

- Style #1: Authoritarian
- Style #2: Permissive
- Style #3: Uninvolved

15) Think about one thing you learned in this course that you want to remember and write it down. — Slide 28.1

16) Review and Closing—Slide 28.2

<u>**Activity**</u>:

Select four participants to each read one of the key points on the slide. Afterwards, ask the group if they have additional takeaways from this course that they want to share.

Participant Notes and Study Guide:

Normal Development in School Age Children

Learning Objectives

- Brain development at this stage.
- Developmental milestones for this age group.
- Ways you can support healthy development for school-age youth.
- How attachment changes.
- What authoritative parenting looks like in school-age children.

Brain Development

1) *** Group Activity* Watch the video comparing a child's brain to the internet.**
   Then, answer the three questions below.

   a) List two *SIMILARITIES* between a child's brain and the internet
      i)

      ii)

   b) List two *DIFFERENCES* between a child's brain and the internet
      i)

      ii)

   c) List a few key things that stood to you about the relationship between toxic stress and
      brain development.
      i)

      ii)

      iii)

      iv)

d) Give two examples of how to stimulate brain development

i)

ii)

2) **As caregivers, do you find any of the ways to *Support Development in School-Age Children* more difficult than others?**

Milestones

3) **Have you ever witnessed a child in your care make big leaps or slow down in meeting their developmental milestones?**

4) **What behaviors might you see if a child is struggling with *Cognitive Milestones* like cause and effect or problem solving?**

a) Struggling with *cause and effect:*

b) Struggling with *problem solving*:

5) **If a child has difficult behaviors that may be a result of problematic development, will relying on punishment and consequences be likely to help?**

6) **How would you separate normal behaviors from trauma behaviors in youth?**

7) ***Group Activity* Using your group's assigned developmental domain, answer the following question, "If a child has a delay in this domain, what types of *behaviors or symptoms* might you see as a result?"**

   a) Physical:

   b) Cognitive:

   c) Social Emotional:

   d) Moral:

8) ***Group Activity* What would you do? Read the case scenario about the sibling group (Andrea, Aaron, and Alex) that have been placed in your home. How can you boost Andrea's development while in your care? Think of strategies for more than one domain.**

9) **In what ways does trauma show differently in boys and girls?**

10) ***Group Activity* Refer to the case scenario on the slide. What are some strategies that could help Aaron? Think about what you would do differently with boys.**

Attachment

11) **How could you help a child develop their secure base?**

12) **How would you identify a child's secure base?**

13) ***Group Activity* What can be done to support secure attachment?**

Parenting Styles

14) Practice Identifying Parenting Styles—Slide 27.3 - 27.8

Activity:
Work as a group to answer the questions on the slide. Have a participant read aloud each scenario before directing the group to share their thoughts.

Possible answers:
Below are the correct answers for each question.
- Style #1: Authoritarian
- Style #2: Permissive
- Style #3: Uninvolved
- What would you say and do if you wanted to respond to this situation using an authoritative style?

15) Think about one thing you learned in this course that you want to remember and write it down.

16) Please write down any additional takeaways from this course

Key Learning Points

- School-age development is about proficiency in skills and knowledge.
- Caregivers need to reinforce learning and skills in their interactions.
- Primary attachment remains crucial, but attachment also expands.
- To maximize development, strive for authoritative parenting.

Normal Development in Adolescence

Brain Development

Complete questions 1-5 once Slide 1.9 is finished as a review of the information that was presented. The rest of the information will be built on this, so you want to make sure participants are engaged and understand the material thus far. Facilitators should clarify any areas participants seem uncertain about or are unable to answer.

1) **The prefrontal cortex is the last part of the brain to develop. It controls a teen's ability to always make good decisions and it regulates their emotions, and organization skills. As a foster parent to a teen, how can this information help you? —Slide 1.4 and 1.9**

   Possible answers:

   It helps to understand why they do what they do. It could help a foster parent have more patience and recognize "normal" behaviors.

2) **How can an understanding of the adolescent brain development affect your approach with a teenage foster child in your home? —Slide 1.4**

   Possible answers:

   It helps you understand what is considered appropriate behaviors and activities for youth in your home and helps you alter expectations accordingly. It can also help you identify when youth may be behind or struggling but may not be personally aware of their challenges. It can also help you explain to adolescents what is going to help normalize their thoughts, feelings, and behaviors.

3) **Why is puberty a vulnerable time for Teens/Adolescents? —Slide 1.5**

   Possible answers:

   Their hormones are more active than their cognitive skills, so they tend to be more reactive and impulsive, they also tend to seek instant rewards, and engage in risky and thrill-seeking behaviors during this stage. They are also trying to establish autonomy (sense of individuality) while also having an increased need to find belonging which can enhance the difficulty of avoiding peer pressures.

4) **Can entering a child's life during their teen years be a positive or wonderful opportunity for a foster parent? —Slide 1.7**

   Possible answers:

   Yes, teens are also expressing their independence and exploring their skills and need guidance and stability. The brain is still developing. A foster parent's understanding can have a positive impact on a teen's life.

5) **Teens need more sleep for normal brain development. How much sleep do you think they should have? —Slide 1.8**

   Possible answers:

   Studies indicate for normal brain development a teen needs around nine hours nightly. The average adolescents' brain is not wired to wake before 8 a.m. or 9 a.m.

Milestones

6) Drag and Drop activity—Slide 1.13

<u>Activity</u>:

Facilitator should navigate the slides while participants work together as a large group to decide where each of the items should be placed.

7) To support moral development in teens what specific examples would you use with a teen in foster care? — Slide 1.19

<u>Possible answers</u>:

Participants may come up with various answers. Here are a couple examples: Engage them in conversations about their morals by asking them their thoughts on abstract concepts like justice, truth, equality. You could talk about recent news to see if they have strong thoughts or feelings about certain things. You can also pose moral dilemmas, like "What would you do if…."

8) Promoting Moral Development Activity—Slide 1.19

<u>Activity</u>:

using the case scenario prompt on the slide, read the scenario aloud and then pose the question on the slide to the group. Allow a few minutes for discussion on:

- What caregivers say they would do
- How caregivers would have this conversation with the youth in their care
- Ask caregivers if it is in their regular practice to engage in these types of hypothetical discussions with youth in their care? If not, ask participants if they see the benefits of incorporating them.

9) Moral Dilemma Download—Slide 1.2

<u>Activity</u>:

Have participants read the two dilemma scenario options and ask them to answer the questions below. Some prep will need to be done prior to training to make sure participants have access to the downloads during the training and to think through how your agency wants to follow-up on the homework with families. Allow participants five minutes to answer the questions on their own before opening it up for group discussion. The rest of the worksheet should be completed as a part of a homework/follow-up assignment.

- Who are you going to pose this moral dilemma to? What made you choose them?
- Which dilemma would you choose? Why, and how will you explain it to the youth?
- What potential challenges may you run into when participating in this activity with your youth?
- How will you overcome them?

Attachment

10) Can foster parents provide teens with opportunities to develop normally beyond their trauma? If so, how? If you answered no, why? —Slides 1.24

<u>Possible answers</u>:

Yes! Absolutely! By keeping them safe, providing stability, by developing secure attachments that allow teens to feel comfortable exploring and asking questions without fear of penalty; by normalizing their experiences and reactions; by supporting their exploration of their likes, dislikes, and motivations; by encouraging their

participation in developmentally appropriate activities; by advocating for appropriate trauma informed services and support, and by giving them opportunities to establish secure attachments with peers and other safe and appropriate adults.

Other Opportunities:
Engaging them in discussions about current events, encouraging their critical thinking skills, helping them create budgets or learning to communicate with teachers and others especially around conflicts

11) **Is it possible that teens can form lifelong attachments with foster parents? If so, what factors can contribute to lifelong bonds between foster parents and teens? —Slide 1.26**
Possible answer:
Modeling healthy conflict resolutions, limiting time on electronics, staying in-tune and maintaining healthy eye-contact

12) **Promoting Secure Attachments —Slide 1.27**
Activity:
As a group, navigate the slides while asking participants to choose where they want to place each item. If the group does not agree on where certain items go, ask one person from each opposing side to explain their reasoning. Facilitators should help clarify misconceptions during this activity.

Parenting Style

13) **Which of the four parenting styles do you have? —Slide 2.1**

14) **Have you ever experienced a parenting style challenge with youth placed previously in your home? If so, how did you adapt? —Slide 2.1**

15) **What skills and abilities do you have that you can offer a foster teen if you are needed?**

16) **Encouraging Marcus—Slide 2.3**
Activity:
As a group, the facilitator should navigate the training screen while working as a group to select answers. If the group does not agree on where certain items go, ask one person from each opposing side to explain their reasoning. Facilitators should help clarify misconceptions during this activity.

- At home answers: Set clear limits on screen time and make screen time dependent on completing chores
- At school answers: Give him a choice of what activities to let go to make room for schoolwork and talk with him to find out what supports he needs
- With friends' answers: Plan a time for him to host his new friends at your house and enroll him in a martial arts class
- At work answers: Help him open a checking account and help him find another way to earn extra money

17) **Review and Closing—Slide 2.4**
Activity:
Select a few participants to each read one of the key points on the slide. Afterwards, ask the group if they have additional takeaways from this course that they want to share.

Participant Notes and Study Guide:
Normal Development in Adolescents

Learning Objectives

- Brain development at this stage.
- Developmental milestones for teens.
- How to promote teens' healthy development.
- How attachment changes and parenting style influence the outcomes teens experience.

Brain Development

1) **The prefrontal cortex is the last part of the brain to develop. It controls a teen's ability to always make good decisions, it regulates their emotions, and organization skills. As a foster parent to a teen, how can this information help you?**

2) **How can an understanding of the adolescent brain development affect your approach with a teenage foster child in your home?**

3) **Why is puberty a vulnerable time for Teens/Adolescents?**

4) **Can entering a child's life during their teen years be a positive or wonderful opportunity for a foster parent?**

5) Teens need more sleep for normal brain development. How much sleep do you think they should have?

Milestones

6)   * Group Activity* Sort the activities listed on the slide into the right developmental category.

Early: 12-14 years	Middle: 15-17 years	Late: 18-21 years

7) To support moral development in teens what specific examples would you use with a teen in foster care?

8) After reading the two moral dilemma scenarios, answer the following questions.

    a)   Who are you going to pose this moral dilemma to? What made you choose them?

    b)   Which dilemma would you choose? Why, and how will you explain it to the youth?

    c)   What potential challenges may you run into when participating in this activity with your youth?

    d)   How will you overcome them?

Attachment

9) Can foster/resource parents provide teens with opportunities to develop normally beyond their trauma? If so, how? If you answered no, why?

10) Is it possible that teens can form lifelong attachments with foster/resource parents? If so, what factors can contribute to lifelong bonds between foster/resource parents and teens?

11) *Group Activity* sort the activities that are on the screen according to how they are promoting secure attachment.

    a)   Ensure Consistent and Sensitive Caregiving:

    b)   Maintain Healthy Connections:

Parenting Styles

12) Which of the four Parenting Styles do you have?

13) Have you ever experienced a Parenting Style challenge with youth placed previously in your home? If so, how did you adapt?

14) What skills and abilities do you have that you can offer a foster teen if you are needed?

15) Encouraging Marcus — Read the scenario and decide on what you would do in the following settings.

    a)   At home:

    b)   At school:

    c)   With friends':

    d)   At work:

Key Learning Points

- Because of the sequence of brain development, adolescence is a time for vulnerability.
- In adolescence, look for progressive development of new skills and abilities.
- You still have a very important role in supporting healthy development in teens.
- Secure attachment has big benefits for teens.
- There are things you can do to strengthen attachment with teens.
- Authoritative parenting is the parenting style that works best.
- Balancing structure with the need for increasing independence is key.

Trauma and Brain Development

1) **What are some examples of trauma that children placed in your home may experience? —Slide 2**

   Possible answer(s):
   Physical abuse, witnessing domestic violence, sexual abuse, physical neglect, loss of a loved one, separation from caregivers, emotional neglect, etc.

2) *Through Our Eye: Children, Violence, and Trauma* **video responses and discussion—Slide 3**

   Activity:
   Ask participants to watch the video and on a separate sheet of paper have participants write down:
   a) Two impacts of trauma on the developing brain mentioned in the video
   Possible answer(s):
   Changes the brain and the stress response we have, Inability to sleep, inability to focus, inability to attend to learning
   b) Two outcomes for children who experience trauma but do not get adequate help
   Possible answer(s):
   Trouble establishing trusting relationships, 2X likely to develop depression, 3X as likely to develop anxiety issues, behavioral issues, juvenile justice involvement, attempt suicide
   c) Two ways we can intervene
   Possible answer(s):
   Come together to collaborate across systems, train and educate community members and stakeholders on the effects and impacts of trauma, develop innovative individualized responses for children's experiences, get children connected to proper care and resources

3) **How did the storytellers cope with the trauma they had experienced? –Slide 3**

   Possible Answers:
   Hold everything in, anger, escape mentally, running away, isolation, suicide attempt)

4) **Tell me about a time when you had interacted with a child who was experiencing a trauma response. How did you identify that this was a trauma response? What were some of the signs? —Slide 4**

   Possible answers:
   Signs of a trauma response—Terror, powerlessness, physiological arousal, fear, crying, hyper vigilant

   More Information:
   These can change based on age, developmental level, previous traumas, and presence of support

5) **What are some types of trauma experienced by children in the child welfare system? —Slides 6 and 7**

   Activity:

   Give participants two minutes to answer individually. Once finished, have a few participants share their answers and type them in the box on the screen.

   Possible answers:

   Physical abuse, sexual abuse, neglect, sexual assault, exposure to community violence, serious injury/illness, domestic violence exposure

6) **Based on the video, what did you hear them say were the three areas of development most affected by trauma? –Slide 9**

   Possible answer:

   Cause structural changes to the brain, changes the stress response system, creates deficits in normal learning and attachment

7) **Given that children who have experienced trauma, abuse and neglect have structural changes in the brain and sometimes have lower IQ, what is the best way to give instruction about a task to a child who has experienced trauma? –Slide 10 and 11**

   Possible answers:

   Give one instruction at a time, step by step process. Demonstrate what you need them to do. Be calm.
   Ask in a polite, non-threatening way

8) **How can we facilitate healing for youth whose brain development has been compromised by trauma? – Slide 14**

   Possible answer:

   Healing begins with physical and psychological safety. Physical safety does not equal psychological safety. Working to increase feelings of psychological safety can help children feels safe to explore and conquer other much needed developmental milestones

   More Information:

   Psychological safety – The experience of feeling safe, secure, and protected from harm and danger. Children feeling safe, capable, and lovable

9) **We heard that trauma affects the perception of the children who have experienced the traumatic event. In what ways have you witnessed the world view of youth in care being different from your own? –Slide**

   Possible answer:

   Increased fear, pessimistic views, always expecting danger, not trusting adults or others in general, feeling or expressing feelings of inadequacy

10) Safe, Capable, and Lovable Drag and Drop

Activity:

Work together as a group to determine where each of the caregiver behaviors provided fit best. Read each statement aloud and allow the group to decide where each of the behaviors fit best.

Possible answers:
- Safe: Make a safety plan; Have clear expectations and set limits; observe and eliminate trauma triggers; be flexible in meeting the child's needs
- Capable: Give children choices and responsibilities; provide opportunities for kids to learn new skills; teach strategies for managing intense emotions; nurture strengths
- Loveable: Accept and validate all emotions; maintain connections with important people in the child's life; praise positive behaviors; provide affection

11) Effects of Trauma by Developmental Stage—Slide 20

Activity:

Click on each tab and listen to the information for each tab

12) What were some of the key things mentioned about "how we help" children at their different developmental stages? What are some ways you have incorporated this in the past? —Slide 20

Possible answers:
- Kids 0-5: Provide comfort, rest, opportunities to play or draw pictures. Help kids identify and verbalize their feelings. Provide consistent caregiving (being on time/following through with your commitments), letting them know information in advance (where you will pick them up). Learn to tolerate regressive behaviors, not embarrassing them or pointing out regressions in public spaces.
- Kids 6-11: Continue to reassure child on safety of their loved ones when they are away from them, give them opportunity to talk about feelings and experiences even if uncomfortable for us, help normalize children's feelings and emotions, correct distortions about their trauma, form partnerships with the child's "team" to talk about how to best provide the child with safe spaces when they feel overwhelmed
- Kids 12-18: Remind them of the safety of others and your support, normalizing their behaviors, thoughts, and emotions, help them explore healthy options for coping

13) Case Studies—Slide 21 - 24

Activity:

Facilitator should ensure participants have access to downloadable Case Studies prior to the training. Trainer should instruct participants to break into small groups and spend some time reading each of the three Case Studies provided and highlight the following for each case: developmental issues, signs of disrupted development, possible trauma triggers, and ways to promote psychological safety

Activity:

Once each group has had time to read each of the following and discuss the four areas pointed out above, return to a large group to review and discuss ways to increase psychological safety for each of these children.

Possible answers:

Rachel
- Disrupted development: speech regression, little interest in food, lack of sleep, difficulty being soothed
- Trauma triggers: loud noises (screaming/yelling/banging), being left alone, daycare drop-offs

Andrea
- Disrupted development: Regression in skills (baby talk, thumb sucking, etc.), Sexualized behaviors (self-exposure), Attention seeking behaviors
- Trauma triggers: being late for event pickup or feeling forgotten

Javier
- Development: hyper arousal
- Trauma triggers: Being in large crowds, loud noises (guns shots, sirens, cars backfiring, etc.); Loud arguing/screaming; Sudden movements by others

14) Review and Closing—Slide 26

Activity:

Select a few participants to each read one of the key points on the slide. Afterwards, ask the group if they have additional takeaways from this course that they want to share.

Participant Notes and Study Guide:
Trauma and Brain Development

What Will Be Covered

- Definition of Trauma
- Impact of trauma on the developing brain
- Psychological safety
- Effects of trauma for each stage
- How you can help

Getting Started

1) What are some examples of trauma that children placed in your home may have experience?

Video: Through Our Eyes: Children, Violence, and Trauma

2) While watching the video, complete the following:

a) List two **Impacts** of trauma on the developing brain.

b) List two **Outcomes** for children who experience trauma and do not get help.

c) List two **Interventions** aka ways we can help.

3) How did the storytellers cope with the trauma they had experienced?

4) **Share a time when you had interacted with a child who was experiencing a trauma response. How did you identify that this was a trauma response? What were some of the signs?**

5) **What are some types of trauma experienced by children in the child welfare system?**

6) **The different types of trauma:**

   - Acute—

   - Chronic—

   - Complex—

Video: Trauma and Behavior

7) What three areas of development are most affected by trauma?

   a)

   b)

   c)

8) **Given that children who have experienced trauma, abuse and neglect have structural changes in the brain and sometimes have a lower IQ, what is the best way to give instruction about a task to a child who has experienced trauma?**

9) **How can we facilitate healing for youth whose brain development has been compromised by trauma?**

10) **In what ways have you witnessed the world view of youth in care being different from your own?**

Safe, Capable, and Lovable

11) ***Group Activity*** *Safe Capable and Loveable* **Drag and Drop**

List the caregiver behaviors that are provided on the screen in the category below that fits best.

- Safe:

- Capable:

- Loveable:

12) Note one thing to look for and one thing that can be done to help at each developmental stage listed below.

    a) 0-5: Early Childhood

        • What to look for:

        • How to Help:

    b) 6-11: School-Age Children

        • What to look for:

        • How to Help:

    c) 12-18: Adolescents

        • What to look for:

        • How to Help:

13) *Group Activity* Below, write down the developmental issues, signs of disrupted development, possible trauma triggers, and ways to promote psychological safety for each of the case studies you read.

    a) 0-5: Early Childhood-Rachel

        • Developmental issues:

        • Signs of disrupted development:

        • Possible trauma triggers:

        • Ways to promote psychological safety:

    b) 6-11: School-Age Children-Andrea

        • Developmental issues:

        • Signs of disrupted development:

- Possible trauma triggers:

- Ways to promote psychological safety:

c) 12-18: Adolescents-Javier
   - Developmental issues:

   - Signs of disrupted development:

   - Possible trauma triggers:

   - Ways to promote psychological safety:

Key Learning Points

- Trauma affects children in diverse ways.
- Trauma impacts brain development in 3 primary ways: Structural changes, stress response systems and deficits in learning.
- Psychological safety is key to healing.
- The impact of trauma looks different at each developmental stage.
- Addressing trauma early is key.
- Know that healing begins with **safety**
- Ensure physical **AND** psychological safety
- When **BOTH** are in place, the child can engage in activities that support healthy development.
- Address trauma first.