

“My Child” Worksheet, Module 4: Building a Safe Place

My trauma-informed safety message to my child

Blank space for writing a trauma-informed safety message to the child.

My child’s trauma reminders and reactions

Blank space for writing about the child's trauma reminders and reactions.

MC-10



Managing Emotional “Hot Spots”: Tips for Resource Parents

Emotional “Hot Spots”

Safety is important for all children, but it is particularly crucial for children who have experienced trauma. For these children, the world has often been a harsh and unpredictable place. Before such children can heal, they need to feel safe and believe that there are adults in their lives who can offer safety and security.

Feeling oriented is an important part of feeling safe. To a child, coming into a new home—even the home of relatives—may feel like being sent to another planet. Some times or situations may be particularly emotionally charged for children who have experienced trauma, and may trigger a child to act out, struggle over control, or become emotionally upset. These emotional hot spots include:

- Mealtimes or other situations that involve food
- Bedtime, including getting to sleep, staying asleep, and being awakened in the morning
- Anything that involves physical boundaries, including baths, personal grooming, nudity, and privacy issues

Food and Mealtimes

Being fed by a caregiver is one of the first and most significant interactions we have with the outside world. It is how we come to understand whether—and how—our needs will be met.

For many traumatized children, food and the experience of being fed are emotionally charged. Meals may have been inadequate or unpredictable. In some families, mealtimes may have been scenes of verbal or physical abuse. In other families, food may have been the only source of comfort. In others, children may have been forced to fend for themselves, scrounging food from dumpsters or begging from strangers.

The foods we eat, how we prepare them, and how we behave during mealtimes are also partly determined by culture. Foods that a

I made a list of things my sister and I eat so [our new foster mother] could buy our food, but she didn't buy exactly what we wanted.

She bought the wrong kind of cereal, she put ginger in the juice even though I told her not to, and the bread was some damn thick . . . bread.

All of these little things made me furious. I believed she thought it didn't matter what I told her, and that she could treat us how she wants.

A. M., former foster child

Am I too angry to love? *Represent*. Nov./Dec. 2004.

Available at <http://www.youthcomm.org/FCYU-Features/NovDec2004/FCYU-2004-11-10.html>

child may equate with safety and comfort may seem foreign or even unhealthy to you. How you handle mealtimes can send traumatized children powerful messages about:

- Your interest in nurturing them
- How your family works
- Whether they really belong

You can help make mealtimes “safer” for the children in your care by:

- Accommodating their dietary preferences as much as possible
- Giving children a chance to help plan and prepare meals
- Ensuring that at least some of their favorite foods are available
- Setting consistent mealtimes
- Having meals together as a family
- Keeping mealtimes calm and supportive

Sleep and Bedtime

Bedtime and sleeping may be especially difficult for traumatized children. A child suffering from traumatic stress reactions may have trouble sleeping. When children who have been through trauma close their eyes at night, images of past traumatic events may appear. When they do fall asleep, nightmares may awaken them. Being in bed can also make children feel especially vulnerable or alone. They may have been sexually abused while in bed, or thrown into bed at the end of a parent’s raging and physical abuse.

For this reason, traumatized children may avoid bedtime. They may also find waking up in the morning difficult. Children who have grown up in unstable, unpredictable environments may feel that no sooner did they feel safe enough to go to sleep than they were being asked to wake up and face the day again.

Helping a traumatized child to feel safe and protected when going to bed, sleeping, or waking can be challenging. But there are steps you can take to make these potentially frightening times safer for your children:

- Reassure children that their rooms are their personal space and will be respected by all members of the family.
- Always ask permission before sitting on a child's bed.
- Set a consistent bedtime to give children a sense of structure and routine.
- Set up predictable, calming bedtime rituals and routines.

- Encourage a sense of control and ownership by letting children make choices about the look and feel of the bedroom.
- Acknowledge and respect children's fears—be willing to repeatedly check under the bed and in the closet, show them that the window is locked, provide a nightlight, and provide assurances that you'll defend them against any threat.
- Let children decide how they want to be awakened. An alarm clock might be too jarring for children who are always on alert for danger. How about a clock radio tuned to their favorite station? A touch on the shoulder?
- Make sure children know exactly what to expect each morning by creating dependable routines so they can start the day reassured of their safety.

Children who are having a great deal of trouble with bedtime and sleep may need help from a therapist specifically trained in trauma treatment.

Grooming and Personal Boundaries

Many children who have experienced physical and sexual abuse have learned to see their bodies as the enemy, or as something that needs to be hidden and made as unattractive as possible. Seemingly positive things like a hug, having their hair brushed, or a hot shower may have very different meanings for children whose bodies have been violated. So we need to be very sensitive to our children's trauma history when it comes to situations that involve physical boundaries, including personal grooming, privacy, and touch.

Children who have been abused and neglected may never have learned that their bodies should be cared for and protected. Sexual and physical abuse can leave children feeling disconnected from—or even at odds with—their physical selves, with no sense of ownership, comfort, or pride in their bodies. Instead, their bodies may feel like “constant reminders not only of what has happened to them but of how little they are worth.”¹

All too often, children come into care with teeth that are desperately in need of cleaning, hair so tangled it's hard to get a brush through it, or clothes that are soiled or ill-fitting. They may be resistant to grooming, to bathing, to anything that involves seeing or touching their bodies.

I don't think there was a time when I wasn't abused as a child. In order to survive the abuse, I made believe that the real me was separate from my body. That way, the abuse was happening not really to me, but just this skin I'm in.

Still, my body sometimes betrayed me. Crying when I wanted to remain strong, becoming tired and refusing to obey my commands to stay awake, and, most horribly, physically responding to sexual advances. It seemed to me like my body had a mind of its own. I hated the thought of sexual contact, yet my body would respond to it, even when it was unwanted.

C. M., former foster child

My body betrayed me. *Represent.* Sept./Oct. 2003.

Available at <http://www.youthcomm.org/FCYU-Features/SeptOct2003/FCYU-2003-09-24.htm>

Helping such children to feel safe enough to respect and care for their bodies will take time and patience. Steps you can take include:

- Respect children's physical boundaries—don't assume a child wants to be hugged; take cues from child before initiating physical contact.
- Introduce older children to all the workings of the bathroom, and make it clear that their time in the bathroom is private and that no one will be walking in on them during bath time.
- When helping to bathe younger children, be careful ask permission before touching and to be clear about exactly why, how, and where you will be touching them.
- Give young children the time to splash around, play with water toys, and enjoy the positive sensations of bath time.

References

1. Pughe B. & Philpot T. (2007). *Living alongside a child's recovery*. London, UK: Kingsley Publishers.

The Importance of Touch: Caring for Young Children Who Have Experienced Trauma

Touch is essential to healthy development, yet for children who have been abused, it can prompt more anxiety than comfort. Children—particularly very young children—who have survived physical abuse may come to associate all human touch with pain, and may find it difficult to accept physical affection and comfort from their caregivers. Those who have experienced sexual abuse may not understand that touch doesn't have to be sexual.

It can take time for traumatized young children to accept—and give—touch in a way that is comforting, appropriate, and that reinforces their self-worth and self-esteem. It may take many, many small experiences of pleasure and safety to counteract the big experiences of trauma and pain they have endured. Below are some simple steps to take when caring for children who have difficulty with physical contact.

“Touch seems to be as essential as sunlight.”

—Diane Ackerman

A Natural History of the Senses (1990).
New York: Vintage Books

- **Be consistent and reliable in meeting the child's physical needs.** Every time these needs are met—whether for food, a clean diaper, or getting back to sleep after waking—the child will begin to make new associations. The more you can anticipate the child's needs before he or she cries, the more the child will be able to “take in” the wonderfully new experience of being cared for.
- **Create a soothing environment.** Because loud noises can be strong trauma reminders for babies and young children who have been physically abused, it's important to keep the environment as soothing as possible: soft music, soft light, and soft, calm voices. Potential trauma reminders such as an alarm clock going off or even a phone ringing should be avoided as much as possible.
- **Avoid surprising the child.** Sudden or unexpected contact is all the more scary for traumatized babies, so it's important to describe what you are doing before you do it: “I am going to change your diaper now” or “Here is your nice bottle.” Though babies may not understand what you are saying, they will be calmed by the sound of a voice that is soft and soothing. Babies have also been shown to respond well to soft “shushing” noises.
- **Use texture and movement to soothe and calm.** Babies who are very distressed by human touch may still be comforted by the sensation of soft fabrics or plush toys. Giving children plush blankets or stuffed animals to cuddle can help them to get used to pleasant sensations against their skin, which you can then build on. Babies are also comforted by gentle swinging motions. Babies who cannot tolerate touch may benefit from being in a baby swing or simply rocked gently in a cradle or carriage.

- **Take it slow.** When it comes to touch, the first step may be to just be present in the child's room, sitting by the crib, and singing or talking to the child in a soft, calm voice. It may take many days or weeks of such "being present" before the child can tolerate even a simple touch, such a gentle stroke of the arm. If the child avoids eye contact, don't force it. Wait for the child to initiate eye contact, and reinforce the action with a smile and comforting words or sounds.

The more "tuned in" we become to children's nonverbal signals, the more we will be able to build on their positive responses. For example, if you notice that a baby seems to calm down when sucking on her hand, you may be able to offer comfort simply by helping her get her hand to her mouth.

Coping with Trauma Reminders

What are trauma reminders?

Many children in the foster care system have been through multiple traumatic events, often at the hands of those they trusted to take care of them. **When faced with people, situations, places, or things that remind them of these events, children may reexperience the intense and disturbing feelings tied to the original trauma.** These “trauma reminders” can lead to behaviors that seem out of place in the current situation, but were appropriate—and perhaps even helpful—at the time of the original traumatic event. For example:

- A seven-year-old boy whose father and older brother fought physically in front of him becomes frantic and tries to separate classmates playfully wrestling in the schoolyard.
- A three-year-old girl who witnessed her father beating her mother clings to her resource mother, crying hysterically when her resource parents have a mild dispute in front of her.
- A nine-year-old girl who was repeatedly abused in the basement of a family friend’s house refuses to enter the resource family’s basement playroom.
- A toddler who saw her cousin lying in a pool of blood after a drive-by shooting has a tantrum after a bottle of catsup spills on the kitchen floor.
- A teenager who was abused by her stepfather refuses to go to gym class after meeting the new gym teacher, who wears the same aftershave as her stepfather.
- A two-year-old boy who had been molested by a man in a Santa Claus suit runs screaming out of a YMCA Christmas party.

What happens when a child responds to a trauma reminder?

When faced with a trauma reminder, children may feel frightened, jumpy, angry, or shut down. Their hearts may pound or they may freeze in their tracks, just as one might do when confronting an immediate danger. Or they may experience physical symptoms such as nausea or dizziness. They may feel inexplicably guilty or ashamed or experience a sense of dissociation, as if they are in a dream or outside their own bodies.

Sometimes children are aware of their reaction and its connection to the original event. More often, however, they are unaware of the root cause of their feelings and may even feel frightened by the intensity of their reaction.

How can I help?

Children who have experienced trauma may face so many trauma reminders in the course of an ordinary day that the whole world seems dangerous, and no adult seems deserving of trust. Resource parents are in a unique position to help these children recognize safety and begin to trust adults who do indeed deserve their trust.

It’s very difficult for children in the midst of a reaction to a trauma reminder to calm themselves, especially if they do not understand why they are experiencing such intense feelings. Despite

reassurance, these children may be convinced that danger is imminent or that the “bad thing” is about to happen again. It is therefore critical to create as safe an environment as possible. **Children who have experienced trauma need repeated reassurances of their safety.** When a child is experiencing a trauma reminder, it is important to state very clearly and specifically the reasons why the child is now safe. Each time a child copes with a trauma reminder and learns once more that he or she is finally safe, the world becomes a little less dangerous, and other people a little more reliable.

Tips for Helping Your Child Identify and Cope with Trauma Reminders

- **Learn as many specifics as you can about what your child experienced so you can identify when your child is reacting to a reminder.** Look for patterns (time of day, month, season, activity, location, sounds, sights, smells) that will help you understand when your child is reacting. Help your child to recognize these trauma reminders. Sometimes, just realizing where a feeling came from can help to minimize its intensity.
- **Do not force your child into situations that seem to cause unbearable distress.** Allow your child to avoid the most intense reminders, at least initially, until he or she feels safe and trusts you.
- When your child is reacting to a reminder, **help the child to discriminate between past experiences and the present one.** Calmly point out all the ways in which the current situation is different from the past. Part of the way children learn to overcome their powerful responses is by distinguishing between the past and the present. They learn, on both an emotional (feeling) and cognitive (thinking and understanding) level, that the new experience is different from the old one.
- **Provide tools to manage emotional and physical reactions.** Deep breathing, meditation, or other techniques may help a child to manage emotional and physical reactions to reminders. If you are unfamiliar with such techniques, ask a counselor to help.
- **Recognize the seriousness of what the child went through, and empathize with his or her feelings.** Don't be surprised or impatient if your child continues to react to reminders weeks, months, or even years after the events. Help your child to recognize that reactions to trauma reminders are normal and not a sign of being out of control, crazy, or weak. Shame about reactions can make the experience worse.
- **Anticipate that anniversaries of events, holidays, and birthdays may serve as reminders.**
- **With your child, identify ways that you can best reassure and comfort during a trauma reminder.** These might be a look of support, a reassurance of safety, words of comfort, a physical gesture, or help in distinguishing between the present and the past.
- **Seek professional help if your child's distress is extreme,** or if avoidance of trauma reminders is seriously limiting your child's life or movement forward.
- **Be self-aware.** A child's reaction to a trauma reminder may serve to remind you of something bad that happened in your own past. Work to separate your own reactions from those of your child.

The Story of Tommy (4 years old)

Summary: Tommy's case provides an excellent example of traumatic play and of how a preschool-aged child reacts to a trauma reminder. It also demonstrates how foster parents can give an effective safety message, and speak honestly about trauma and trauma reminders with preschool aged children.

Tommy is four years old and has been in foster care for three weeks. He was taken into care after his father beat his mother so severely that she required hospitalization.

Tommy plays repeatedly with a toy police car and ambulance, crashing them into each other while making the sound of sirens wailing.

When his foster father tries to change Tommy's play by having the ambulance take someone to the hospital, Tommy screams and throws the police car and ambulance.

Background

Tommy witnessed his parents' frequent, violent fights for all of his young life. Whenever things got really bad, Tommy would retreat to a corner under his bed and cover his ears. Sometimes Tommy would feel guilty because a fight would start over something he had done, and his parents would argue over how he should be punished.

Tommy was placed in foster care after neighbors heard shouting in his home and called the police. When the police arrived, they found that Tommy's father had beaten his mother severely. He went to jail for the assault, and Tommy's mom was taken to the hospital. She was found to be suicidally depressed and after being released from medical care was admitted to a psychiatric facility for inpatient treatment.

Tommy watched as his father was taken away in handcuffs and his mother was taken away in an ambulance. Tommy has been told that his mommy is in the hospital, but hasn't been able to see her.

Tommy Hears an Argument

Recently, Tommy's foster parents had a minor disagreement over household finances.

Tommy came into the room just as his foster father was starting to raise his voice. Tommy became hysterical, clapped his hands over his ears, and ran and hid under his bed, where he curled into the corner and chanted "Stop, stop, stop" over and over.

Tommy's Foster Parents Respond

After realizing what had happened, Tommy's foster parents stopped arguing and went into Tommy's room. Together, they coaxed Tommy out from under his bed.

When he came out, they cuddled him and told him that they were sorry they had scared him and understood why he had been so frightened. "When we raised our voices at each other, it scared you," they said. "We're sorry that what we did made you feel so afraid."

"You've heard mommies and daddies fight before," they said, "and sometimes bad things happened, so maybe you're afraid that something bad is going to happen now too."

Tommy looked sad and nodded his head slowly.

His foster parents reassured him that even though they might raise their voices and get upset with each other, they would never hit each other.

"Everyone gets scared sometimes, but you don't have to hide under the bed to be safe," they said. "We'll keep you safe." They also asked that whenever they, or anyone else, did something to scare him, Tommy should let them know how he was feeling so that they could help him feel safe.

Tommy Gets a Safety Message

After Tommy reacted so strongly to hearing the argument, his foster parents discussed what had happened with his caseworker. They also described how he continued to repeat the events of the night he was taken from his home in his play. The caseworker arranged a visit to their home so that she could assist Tommy's foster parents in providing a safety message.

They all sat down with Tommy, and the caseworker explained, "We all want to make sure that you understand that your mommy is in the hospital but she's safe and getting better. You'll be able to talk to her on the phone very soon. We're going to work to help your mommy and daddy stop fighting. It's our job to do that, and not yours. Nothing that happened is your fault. You're safe here and we're going to work with your parents so that you'll be safe with them too."

It was clear to everyone that even though Tommy's foster parents had told him that his mother was okay and in the hospital, he had been confused and afraid that he would never see her again. He may also have been blaming himself since his parents sometimes argued over his behavior and appropriate punishment. Of course, he would need more help to make sense out of what he had seen, and what had happened afterward.

After this meeting, although he still played with the police car and ambulance, Tommy began to be more open to playing out different stories with his foster father. His foster parents also supported Tommy's sense of connection to his mother by encouraging him to make drawings or other little presents for her.

The Story of James (12 years old)

Summary: James' case is a good example of: (1) withdrawal and avoidance in a preteen who suffered early childhood trauma followed by a traumatic loss; (2) a reaction to a trauma reminder that could be misinterpreted as anger and rebelliousness; and (3) traumatic grief.

James is 12 years old, and has been with his foster family for about six months. He had been living since early childhood with his maternal grandparents, but was taken into care after his grandfather died and his grandmother's health declined.

He is withdrawn and hardly speaks to his foster parents or other adults. When asked what he wants, he says "Whatever" and shrugs his shoulders.

James has been doing poorly in school and hanging out with a group of kids who dress all in black and listen to music about everything being hopeless.

When James first moved in, his foster parents asked if he wanted to put up some pictures of his grandparents.

In a rare show of emotion, James snapped, "No, I don't. Leave me alone!" and retreated to his room for several hours.

Background

James was removed from his parents' home for neglect when he was two years old. His parents were drug users and frequently left him alone. They also injected him with dissolved sleeping pills to keep him quiet while they partied. James still has scars on his arms from the injections.

From the ages of two to 12, James lived with his maternal grandparents, with whom he was very close. When he first came to live with them, he moped around as if he had given up. He would hold out his arms at bedtime as if he expected to be given a shot. He also gave shots to his stuffed animals. But then he began to play ball and go fishing with his grandpa and came back to life.

About a year ago, James' grandfather had a massive heart attack and died while sitting at the dinner table. The paramedics came and tried to resuscitate him while James and his grandmother watched helplessly.

Afterwards, James' grandmother could not recover from her grief. She stopped eating, became confused, and went downhill physically. During this time, James' mother began to visit, saying that she wanted to help and take care of James, but she was unreliable. When his grandmother had to go into an assisted living facility, the court ruled that his mother was unfit to care for James, and he was placed in foster care.

James Refuses to Come to Dinner

Over the last six months, James has rejected any attempts by his foster parents to talk to him about his grandfather, and has also stopped doing many of the sports and other activities he

used to do with him. James spends most of his time in his room. When James' foster parents try to draw him out, he responds with a shrug and "Whatever."

James' foster family has a tradition of sharing a meal together on Sunday evenings. One Sunday night James' foster mother prepared a leg of lamb for dinner. When James came to the table and saw the leg of lamb he grew pale. Then he said to his foster parents, "I'm not hungry," and left the table.

James' foster father followed him to his room. "You know we have a rule that Sunday night we all sit down to dinner together," his foster father said.

"I'm not hungry," James said.

"That's the rule," his foster father said.

James threw down some schoolbooks that had been sitting on his desk. "You can't make me!" he yelled.

James' foster father tried to put his arm on James' shoulder but James shook him off and said, "Don't touch me!"

James' foster father decided not to press James, and went back down to dinner alone.

James' Foster Parents Respond

After dinner, he came back to James' room. "I need to understand what's going on with you, and I want to help you. What got you so upset?"

"I don't know," James mumbled.

"Let's just go over what happened," his foster father said.

"I came to the table and I felt sick," James said.

"What about the table?" his foster father asked.

"I don't know!" James snapped.

"Let's think about it calmly," his foster father said. "What was different about tonight?"

After a while James remembered that his grandmother had made a leg of lamb the night his grandfather had his fatal heart attack at the dinner table.

"The way you reacted was understandable. Seeing that leg of lamb must have made you remember what happened," his foster father said. "It's lousy that you had to see your grandfather die that way. I lost my father when I was a teenager and it was really rough."

"My grandfather didn't have to die that night," James said. "It was my fault. That afternoon, we had a fight. I wanted him to take me to the batting cage and he said he was too tired. I kept arguing with him. It's my fault he died."

"It's not your fault," his foster father said. "Your grandfather was old and had a heart condition. It could have happened any day. Your grandfather loved you very much."

James Refuses to Do His Homework

On a recent Friday, James went to visit his grandmother in the assisted living facility. He spent the rest of the weekend holed up in his room.

By Sunday night, his foster parents were feeling aggravated. They wanted to set limits and be clear and consistent about the household rules, but suspected he was upset about his grandmother. Together, they went to James' room and told him that he needed to come down to Sunday dinner or lose some privileges. James said, "I don't care. Do whatever you want to me."

"What about the social studies test you have tomorrow?" his foster mom asked. "Don't you think you should study?"

James mumbled "What difference does it make? I'm just going to wind up a junkie like my parents."

"Did something happen today at your grandma's that's making you feel this way?"

After a while James explained that when he was visiting his grandmother, his mother had appeared and started pestering her for money. His grandmother grew more and more agitated and confused, and a nurse asked James and his mother to leave.

James' foster mom listened quietly as James told his story and then tried to put words to James' emotions. She acknowledged how upsetting the visit must have been, and that it must have brought up very strong feelings. After a while, James said that he was ashamed of his parents, and repeated his fear that he would end up "just like them."

James' foster mom reassured James that even though his parents were very troubled and had made some very bad choices, James had the power to make different choices. She reminded him of how much his grandparents loved him, and of how happy he had made them. She then pointed out that those choices could begin with studying for his test. Then she offered to come back to his room and drill him on the test questions in an hour.

Meeting Grandma

James' foster parents asked the caseworker if they could transport James to his visits with his grandmother and—if James agreed—meet his grandmother. The caseworker and James agreed. James' foster parents also asked the caseworker about getting James into psychotherapy. They were concerned that James still could not bear to talk about his grandfather, and about his continuing problems with motivation and depression. James entered therapy with a clinician experienced in treating traumatic grief.

The first few times James' foster parents transported him to his visits, they dropped him off and picked him up afterward. But after several weeks, as James got out of the car, he turned back and said "Ummm . . . do you guys want to come up?"

James' foster parents introduced themselves to James' grandmother. They told her they were doing their best to take care of James, and thanked her for raising him so well. They let her know that they considered him a great kid, and that he loved her very much.

Making Connections

James' foster parents began to join James regularly on visits to his grandmother. James' foster parents began to develop a relationship with his grandmother as she told them stories of James' early childhood, and they shared with her details of their current family life.

After having been in therapy for a number of weeks, James began to talk a bit about his grandfather and to acknowledge just how much he missed him. He showed pictures of his grandfather to his foster parents, and asked his grandmother questions about what his grandfather had been like as a young man. Through these conversations, James began to realize just how many good traits he shared with his grandfather.

The Story of Javier (15 years old)

Summary: Javier's case illustrates how trauma-informed parenting can modify impulsive and aggressive behavior in adolescents who have experienced trauma, help them to make better choices, and assist them in channeling their energy and talents in constructive ways.

Javier is 15 years old, and has been in foster care for a little under a year. He has gotten into trouble for not paying attention and joking around in class. Now he's skipping classes to drink or smoke pot in a nearby park.

At a party, Javier saw a friend verbally abusing a girl. When his friend pushed the girl, Javier beat up his friend.

When his caseworker asked what had happened, Javier said, "I don't know. I just went into kill mode."

Background

Javier grew up watching his parents battle. One night when Javier was six he awoke to his mother's screams and the sound of his father throwing furniture. Every time his mother screamed, he imagined her lying on the floor but was too afraid to get up from his bed. He lay trembling, feeling too weak and small to do anything.

During one fight, the neighbors called the police, but the officers "didn't do anything to help her, they just left."

Unable to convince his mother to leave his father, Javier tries to divert his mother by making jokes, and takes great joy when he can make her laugh.

A year ago, Javier witnessed a drive-by shooting. He was standing right next to a friend who was shot. He still has nightmares about the shooting and wakes up with his heart pounding. Shortly after the shooting, Javier tried to intervene in one of his parents' arguments and was severely beaten by his father. His father was arrested and Javier was taken into care.

Javier will not be allowed to return home until his father completes anger management and parenting classes, but his father refuses. "It's my right to put my boy in his place," he said. Javier's mother comes for supervised visits with Javier at the child welfare offices. Javier worries about his mother's safety.

Javier and the iPod™

Ever since seeing his friend get shot, Javier gets nervous in crowds. He doesn't like loud noises and startles easily.

One day in math class, the door opened suddenly and another boy came into class late. As he passed Javier's desk, he abruptly reached into his pocket. Javier instinctively ducked under his desk, knocking his books to the floor.

The other boy looked at him in confusion, holding the iPod™ he had just pulled from his pocket, and everyone laughed at Javier, including a girl who sits in front of him whom he really likes.

Furious, Javier jumped back up, grabbed the kid's iPod™, and threw it across the room.

Javier's Foster Parents Respond

Javier's foster parents were called in to meet with the vice principal. During the meeting, Javier's foster parents discussed Javier's traumatic past and persuaded the vice principal to give Javier a week's detention rather than expulsion, as long as he apologized and paid for the other boy's iPod™.

At home, Javier's foster parents asked him to explain what happened in the classroom. Javier admitted that when he saw the boy's sudden move, he thought "Gun!" and ducked under the desk. For the first time, he told his foster parents about seeing his friend get shot. He said his classmates' laughter made him feel like "some sort of weak fool."

Javier's foster parents heard him out, and acknowledged that his reaction made sense given what he'd experienced. But they also pointed out that once he realized there was no threat, he had a choice of how to respond. He had chosen to throw the iPod™ because he felt angry and humiliated.

They reviewed with him the risks and benefits of other actions he could have taken instead: he could have informed his classmates that he was reacting to something that reminded him of a very bad event he'd witnessed; he could have said nothing and simply told his teacher later. Javier realized that he could have just made a joke of the situation, since his classmates were used to him goofing around. His foster parents then helped him to plan what he would say in apologizing to the boy for breaking his iPod™.

Javier's foster parents also told him that even though they would front the money for the new iPod™. Javier would have to work off the cost by spending several Saturdays working with his foster mom at their church food bank. His foster mom noted that the many older ladies who worked at the bank could "really use a set of strong arms" to load boxes.

Concerned about Javier's violent outbursts, Javier's foster parents pressed the caseworker to arrange therapy so that Javier could get help in dealing with his grief, anger, and impulse control. They also consulted with the school counselor about finding ways to channel Javier's energy, particularly his "class clown" tendencies, in a more positive direction. She noted that the school drama club was going to be doing a comedy that year, and suggested that Javier audition.

Javier Finds New Strengths

Javier continued to see a therapist. After some initial grumbling about having to spend Saturdays at the food bank, Javier discovered that he enjoyed the work, particularly handing out boxes of food to families in need and making them laugh. He also got a part in the school play and between rehearsals and the food bank has no time to hang out at the park.

Stress Busters for Kids Worksheet

When. . .	What helps me feel calm and relaxed?
I get up in the morning	
I have to do something I don't like at school	
I am having a hard time concentrating	
I am worried or scared about something	
I am sad	
Something reminds me of something bad that happened	
There are too many people or too much noise	
It is too quiet or I am lonely or bored	
I am so excited I can't wait for something!	
I feel like moving around but I can't (in school or church maybe)	
In the evening, before bedtime	
I am in bed and can't sleep	
Some other time: (name it)	



Tuning In to Your Child's Emotions: Tips for Resource Parents

As resource parents, we can play an important role in helping our children to understand, express, and regulate their emotions. Here are some crucial dos and don'ts to keep in mind when reacting to—and talking about—children's emotions.

Things to Do

Validate the child's emotions

When your child expresses an emotion, let him or her know that you have heard, understood, and accepted how he or she is feeling. Validating emotions will help your child feel comfortable and secure, and encourage the child to express of emotions and have conversations with you about them.

Keep in mind that validating an emotion does **not** mean accepting a problem behavior (such as hitting when angry or frustrated). You can validate an emotion but, at the same time, set appropriate limits on behavior (“I can tell it makes you really mad when your sister takes your toys . . . but it is not okay to hit your sister.”)

Be empathetic

Being empathetic lets your child know that you understand his or her emotion. Try to:

- Take your child's perspective
- Let your child know you understand the way he or she feels
- Use warmth and affection

Empathy also can be a powerful tool for helping children to recognize the deeper, more complicated emotions that may lie just beneath their initial reactions. As you empathize with your child, try to help him or her to understand the mixed feelings he or she may be feeling, and to make finer distinctions between related emotions such as anger, frustration, disappointment, etc. For example:

Child: “I can't do my homework. I'm mad. School is stupid.”

Parent: “Sounds like you're getting frustrated with your homework. It is getting pretty hard.”

Child: “Dad didn't pick me up this weekend like he said he would. I hate him.”

Parent: “Sounds like you are really mad at Dad. I wonder if you are also feeling kind of sad or hurt?”

Let your child know his or her feelings are normal

Normalization makes your child feel comfortable with his or her emotion(s). Let your child know that you sometimes feel the same way and that other people do, too.

Example: "I bet a lot of other kids also feel scared when the lights go out in a storm."

Things to Avoid

Invalidating the child's emotions

Steer clear of anything that may devalue what your child is feeling, such as suggesting that something wasn't as bad as the child felt it was ("There's nothing to be scared of.") or that he or she should have gotten over it ("Big boys aren't scared of the dark"). Invalidating can make your child feel uncomfortable with his or her emotions and uneasy talking to you about feelings and experiences.

Lecturing or Interrogating the child

Before giving advice or explaining the situation, focus on how your child feels. Although asking questions can help you to understand your child's perspective, bombarding him or her with questions can also move the conversation away from feelings. This is especially true if you focus only on the specifics of what happened ("What did Johnny do?"), as opposed to what the child experienced ("How did it make you feel?"). In particular, avoid questions that are criticism in disguise. ("Why would you do that?" or "What did you do to make Mommy so mad?")

Telling the child what to feel

"Should" statements can send a message that the child has no right to feel the way he or she does. Avoid saying things that question or doubt your child's experience ("Are you sure you felt so sad?") or that tell your child what he or she is supposed to feel ("You shouldn't be mad at your brother").

Hangng the child out to dry

When your child shares something emotional, don't leave your child waiting for a response. Traumatized children, in particular, need reassurance that their feelings are worthy of your attention and care. Even if the timing isn't ideal, stop and acknowledge what the child has shared, and let him or her know that you are willing to listen.

Criticizing or blaming the child

Avoid statements that blame or criticize your child for what he or she is feeling, even if the child was the cause of the situation.

Adapted with permission from: Shipman, K., & Fitzgerald, M. (n.d.) *Teaching caregivers to talk with children about emotion: Implications for treating child trauma*. [Slide presentation]. Available online at http://www.chadwickcenter.org/CD/SDConference/Presentations/C9_Shipman-Fitzgerald_Teaching%20Caregivers%20To%20Talk%20with%20Children%20about%20Emotion.pdf

“Make Your Own” Feelings Chart

Instructions: Look through magazines, or color copies of photos of family and friends, and cut out pictures of faces that show you each of the feelings named below. You will notice there are blank spots for you to add other feelings you would like to include.

Happy	Calm	Tired	Sad
Worried	Scared	Peaceful	Confused
Angry	Excited	Lonely	Proud
Hurt	Shy	Stressed-Out	Other _____
Other _____	Other _____	Other _____	Other _____



"My Child" Worksheet, Module 6: Connections and Healing

My child's connections

Name	Role in my child's life	Relationship with my child

Steps I can take to help my child . . .

Feel safe when talking about trauma

Build connections across the disruptions in his or her life

Look positively toward the future

