

Advocating for Children 0-3

CASA Training

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CRADLES Project

Work to ensure that infants and young children under six have safe, nurturing, and permanent homes.



CRADLES Playroom



Find a new seat and partner!



What is your first memory of a childhood fear?

Feel free to give you partner a hug or kiss on the cheek to comfort them.

Perspective



Outline

- Myths of 0-3
- Attachment and Infant Mental Health
- Red Flag Behaviors
- PTSD
- Brain Research
- Domestic Violence
- Substance Abuse
- Rebuilding Relationships
- Placement
- Role as a Provider
- Resources



Group Questions

- Can an infant have attachment problems?
- Do you think children remember their life from 0-3? Prenatal?
- Is love enough to help children with attachment disorders?
- What does it take for a birth parent to make changes after mistreating children? How long should this process take?
- How long do you think it takes for children to emotionally transition to new placements?



Myth: Infants do not have attachment problems

- Every child that has been **separated from their mother has suffered trauma**. Many times, that **single trauma** is enough to produce **attachment problems**. Attachment therapists can treat children whose trauma happened at any age, even birth.

FAQ: When newborns are placed with a foster family at birth, how can they miss their birth mother?

- A baby's first attachment is to the biological mother. Research indicates that **attachment develops throughout pregnancy**. At birth, the child knows his mother's voice and her smell. His emotions, heartbeat, and respiration are regulated by hers. He believes that he and his mother are one. If this attachment or bond is broken, trust becomes an issue and the child may have difficulty forming a secure and healthy attachment to the foster/adoptive/family placement caregivers.

MYTH: Babies don't remember



- One of the biggest myths is that "they're too young to remember". Early memories are remembered by the body. Although a child may not consciously remember early trauma (including separation from the birth mother), the experience is difficult to erase because it is **stored as a nonverbal/emotional memory in the body**. Neurons in the heart, stomach, and other parts of the body can fire messages, effectively hijacking the thinking parts of the brain...especially if these memories took place before the child developed cognition skills.
- Children do remember very early events. It isn't a memory of the event but an **emotional reaction to an event** that has a relationship in their hyper stimulated brains. The reaction is usually completely out of proportion to the current event and so far removed from the original trauma that you'd never guess what the basis is.

Babies do remember

EXAMPLES:

- At the age of 13 months, my son was miserable and had been for several days. Then we looked at pictures of his foster family. The whining stopped. And he just looked intently through the album. He'd turn the pages quickly when there weren't photos of his foster family or of us, his adoptive parents. He'd carefully study photos with any of his parents. He looked studious, and sentimental, but not heartbroken. Then, on one page, he leaned in and kissed his foster mom's photo. After the pictures, he was sad and a bit whiney, but could be comforted by me easily. (a. 6mo, FC)
- When my son was 17 months old, we started holding time. During the sessions, he would scream, "Eye, Eye!" No one was touching his eyes, neither was anything wrong with them. He had never said anything like it before, under any circumstances. But he was hospitalized for the first month of life with pink eye. (a. 5.5mo, FC)

Myth: All They Need is Love!

- Although love is inarguably what attachment disordered children need, the challenge is getting them **to accept** 100% of their parents' love. They are like tiny banks, desperately in need of deposits, that have put up signs saying, "Closed for business." Adoptive parents with attachment impaired children find it helpful to consider where their children are in the attachment process by asking, "Is my child willing to accept ALL my love?" When the answer is no, the task then becomes figuring out how to get the **love in when the child shows resistance**.



Attachment

- A bond is a connection between one person and another. In the field development, attachment refers to a special bond unique qualities that forms in maternal- infant infant relationships.
- The attachment bond has several key elements:
 - (1) an attachment bond is an **enduring emotional relationship** with a specific person;
 - (2) the relationship brings **safety, comfort, soothing and pleasure**;
 - (3) loss or threat of **loss** of the person evokes intense **distress**.
- *Timing is everything.* During the first three years of life, the human brain develops to 90 percent of adult size and puts in place the majority of systems and structures that will be responsible for all future emotional, behavioral, social and physiological functioning during the rest of life. There are critical periods during which bonding experiences *must be present* for the brain systems responsible for attachment to develop normally. **These critical periods appear to be in the first year of life and are related to the capacity of the infant and caregiver to develop a positive interactive relationship.**

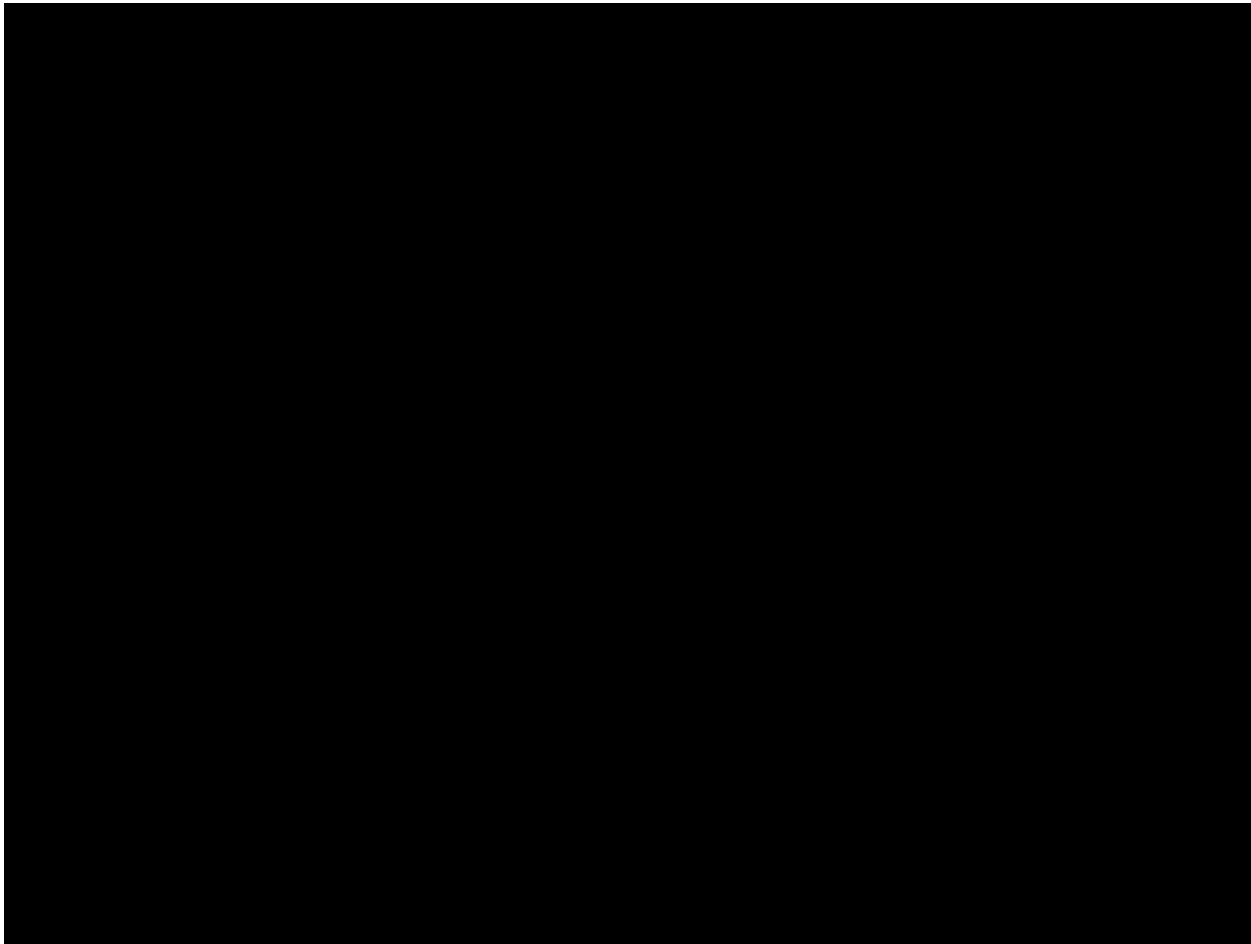


Signs of Healthy Attachment

Even children who are experiencing attachment strain may have some of these signs of healthy attachment. Knowledge of positive attachment will help parents build on the areas that are strengths, but should not be used to ignore indications—even mild ones--that a baby/child is experiencing difficulty.

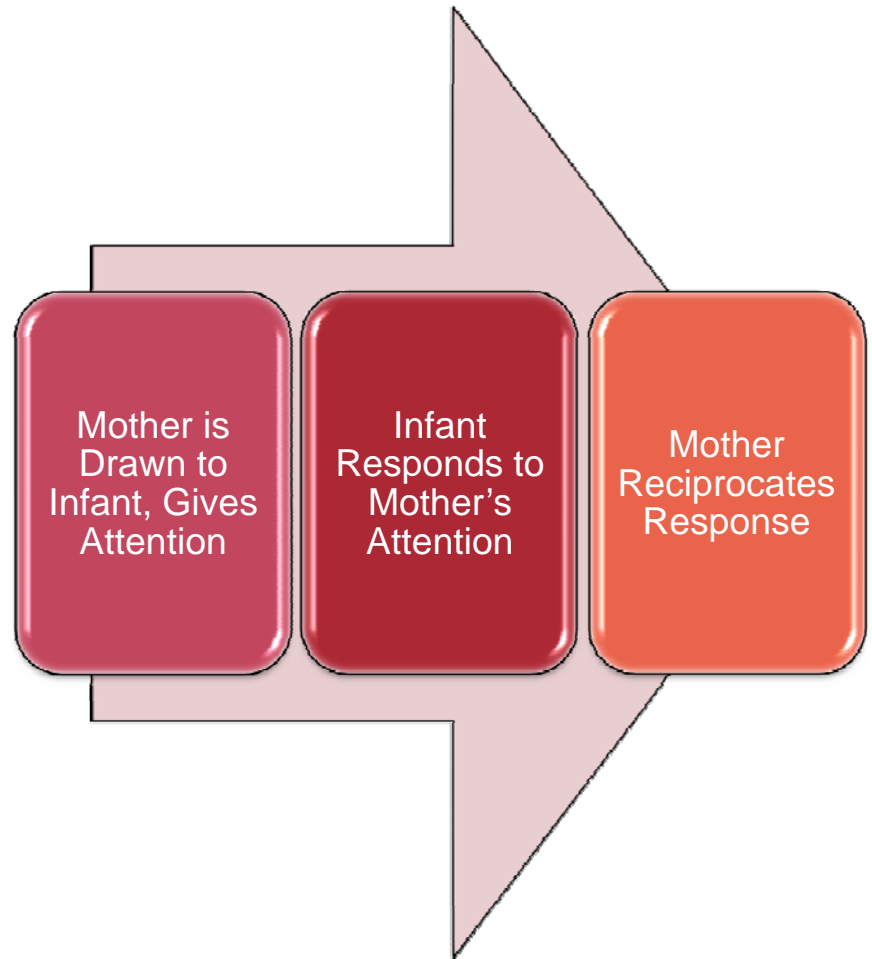
- Joyful the majority of the time.
- Seeks out primary caregiver for comfort and to meet needs.
- Likes to be cradled and held facing primary caregiver.
- Makes good eye contact with primary caregiver and initiates eye contact--both close & distant proximity.
- When primary caregiver makes eye contact, the child smiles back, showing signs of being happy with the interaction.
- Frequently engages in playful interactions with primary caregiver (interactions initiated by both parent and child.)
- Uses different cries to alert primary caregiver of needs and wants; easily consoled by primary caregiver.
- Reacts appropriately to pain; wants primary caregiver to nurture him when in pain or sick; easily consoled.
- Uses food appropriately. Recognizes when hungry and full.
- Shows appropriate stranger anxiety.

Still Face Baby Experiment



Reciprocal Positive Feedback Loop

An emotionally and physically healthy mother will be drawn to her infant - she will feel a physical longing to smell, cuddle, rock, coo and gaze at her infant. In turn the infant will respond with snuggling, babbling, smiling, sucking and clinging. In most cases, the mother's behaviors bring pleasure, soothing and nourishment to the infant and the infant's behaviors bring pleasure and satisfaction to the mother. This reciprocal positive feedback loop, this maternal-infant dance, is where attachment develops.



Infant Mental Health

- Oser (2004) defines infant mental health as the developing capacity of a child from birth to age 3 to experience, regulate, and express emotions; form close, secure interpersonal relationships; explore the environment and learn in the context of family, community, and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development (Oser, 2004).
- Relationships are important to child development. During the first three years, development is complex. All **areas of development are interdependent**. We typically tend to view development across several domains. Those domains are sensory, motor, cognition, language, social and emotional. Accomplishments in one area impact several other areas. (National Research Council and Institute of Medicine, 2000).
- Infants learn to depend upon the caregiver. The primary caregiver, through consistent, nurturing, and predictable responsive caregiving, provides the patterned, repetitive neural stimulation for the infant's developing brain required **to build in an adaptive and flexible stress-response capacity (self-regulation)** as well as healthy attachment capabilities. If the caregiver is depressed, stressed, high, inconsistent, or absent, these two crucial neural networks (stress-response and relational) develop abnormally.
- The result is a child more vulnerable to future stressors and less capable of benefiting from the healthy nurturing relational supports that might help buffer future stressors or trauma.

Red Flag Behaviors



Strong-willed

- A child with an attachment issue feels an overwhelming need to control everything in his world. He may demonstrate what appears to be "strong-willed" behavior, that is actually masking his huge need for control. He may tantrum easily if he doesn't get his way. He may also try to enforce this "strong-will" more at home with his family--especially his mother--than he does out in public.



Independence

- He may show signs of wanting to be prematurely independent: holding his own bottle, wanting to walk by himself and not hold hands with Mommy, not wanting to be held, walking away in the grocery store, showing a lot of interest in strangers.

Quiet

- Children with attachment issues may seem to fade into the background, never asking for anything, always complying. She may sit on mom's lap for a long meeting and never move or make a sound. He may play quietly for hours, never calling out for mom. In many ways, these avoidant symptoms are the hardest to detect. No one questions the normalcy of a quiet, independent, well-behaved child.



Velcro Baby

- Many people (including professionals), can assume that children are well-attached because they wanted to be with the caregiver all day, every day. Sometimes this can be a failure to recognize this common symptom of anxious attachment.

Early Two-Year-Old Behavior

- “Terrible twos”: tantrums, short fuses, wanting to be independent, being bossy, etc... Parents of attachment-impaired children can see the terrible twos behavior as early as 9 months. If a child is in daycare, sometimes the behavior upon arriving home is called the "witching hour," chalked up to just being "really tired" after being gone all day, not recognizing that the behavior is happening primary with Mom and/or Dad. This can sometimes be a way to avoid intimacy or can be a reaction because they finally have the opportunity to fall apart after keeping it together all day.



Post Traumatic Stress Disorder (PTSD)

- All children and adolescents experience stressful events which can affect them both emotionally and physically. Their reactions to stress are usually brief, and they recover without further problems.
- A child or adolescent who experiences a **catastrophic event** may develop ongoing difficulties known as posttraumatic stress disorder (PTSD). The stressful or traumatic event involves a situation where someone's life has been threatened or severe injury has occurred (ex. they may be the victim or a witness of physical abuse, sexual abuse, violence in the home or in the community, automobile accidents, natural disasters (such as flood, fire, earthquakes), and being diagnosed with a life threatening illness).
- A child's risk of developing PTSD is related to the seriousness of the trauma, whether the trauma is repeated, the child's proximity to the trauma, and his/her relationship to the victim(s).

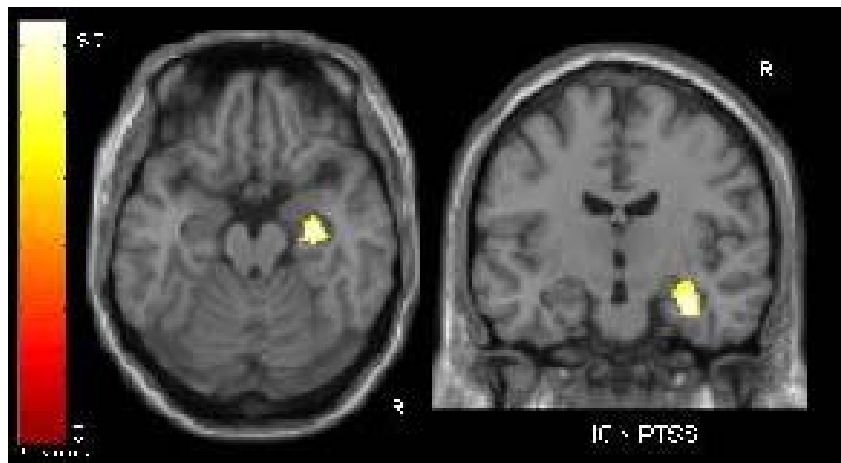
PTSD Symptoms

Some children have PTSD, some have attachment spectrum disorder, and many have both. The symptoms of the two disorders overlap and it may be difficult for anyone but a professional to identify the difference.

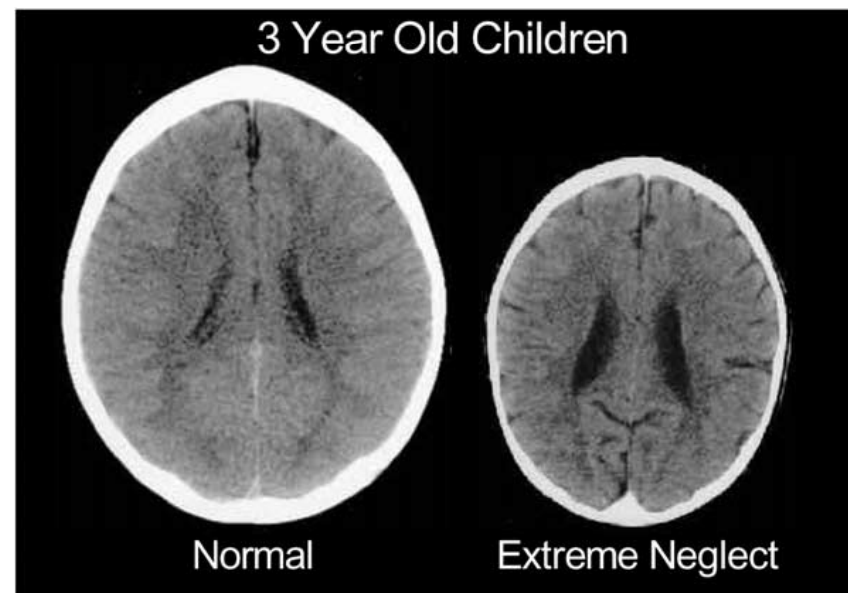
PTSD Symptoms and Triggers include (but are not limited to):

- Distress around Masks, Costumes, or Uniforms that hide the face
- Physical Punishment triggers emotional stress
- Sound of Native Language, Culture, Experiences
- Angry Outbursts
- Exaggerated Startle Response
- Dissociation
- Extreme Emotional Reactions to mildly upsetting events: hanging on my neck for dear life as if he expects to be hurt terribly
- Hypervigilance- Extremely alert to changes in routine or the environment
- Sleep problems/Fear at Night or Naptime
- Recurring Play Themes, Repetitive Play
- Acting Younger Than One's Age
- Unusual fears
- Severe stranger anxiety
- Excessive fear and whining for unknown reasons
- Never being comfortable being left--NOTHING could help them forget about and want to separate.
- Comforted by strict routine and ritual
- Hoarding food, inappropriate eating (like stuffing mouth till overfull)

Physiological Brain Changes

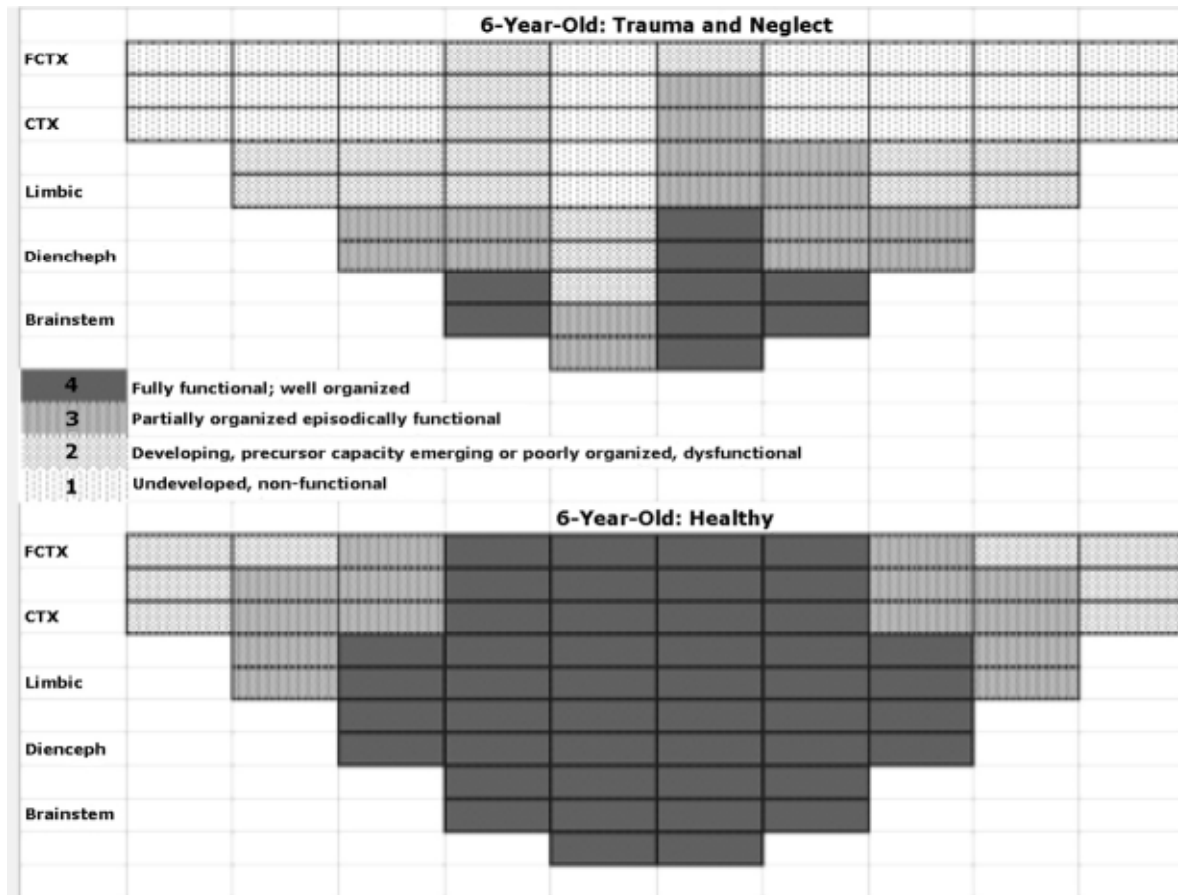


fMRI scans indicate greater hippocampus activity in healthy children during memory recall than in children with PTSD symptoms. (Credit: Copyright 2009: Journal of Pediatric Psychology)

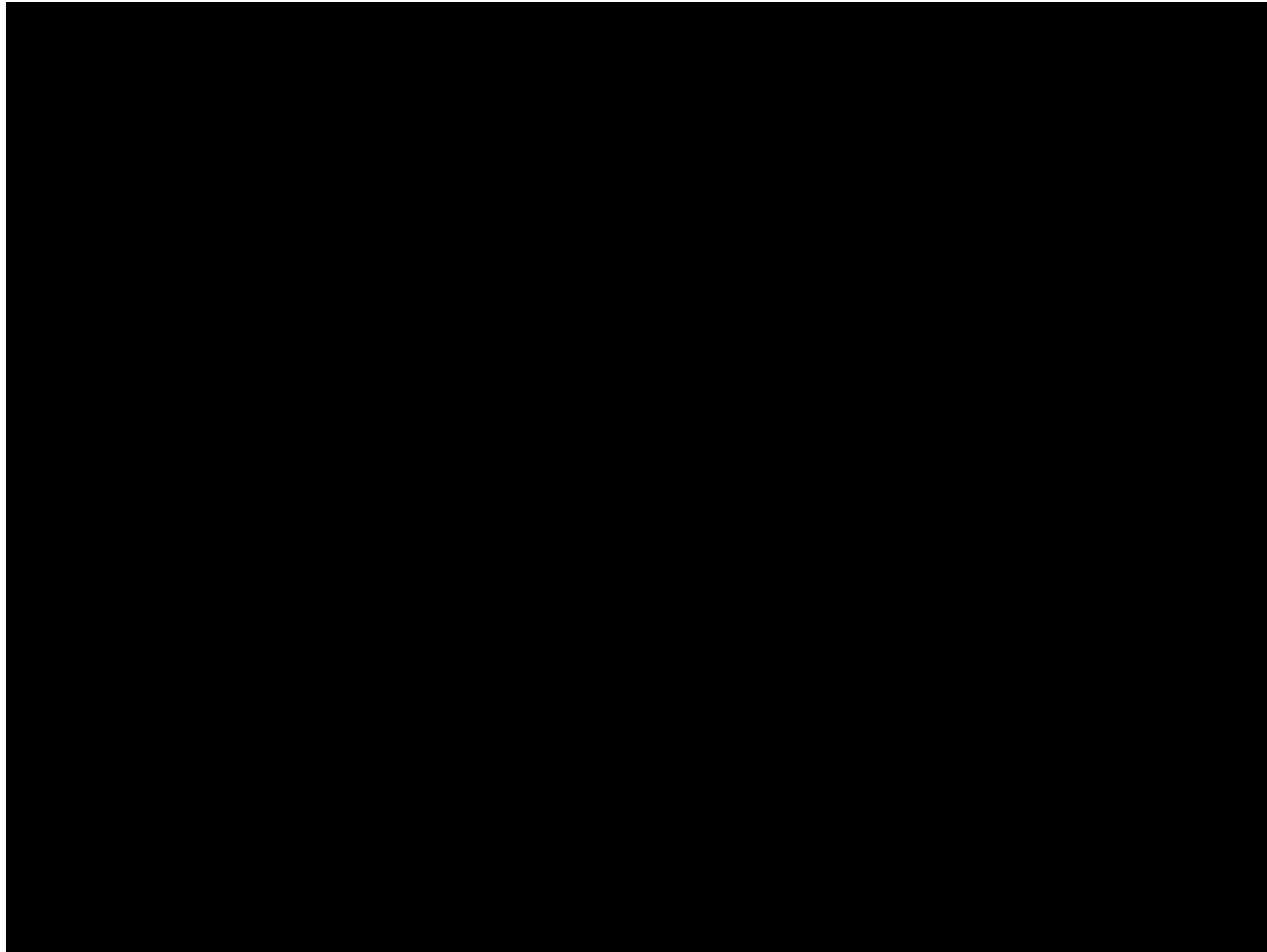


The image on the right is from a three year old child suffering from severe sensory-deprivation neglect. This child's brain is significantly smaller than average (3rd percentile) and has enlarged ventricles and cortical atrophy.

Neurosequential Model of Therapeutics



Faces of Trauma



How Parenting and Children are Affected By Domestic Violence



Statistics

- Each year an estimated **3.3 million children** are exposed to violence against their mothers or female caretakers by family members. (*American Psychological Association, Violence and the Family: Report of the APA Presidential Task Force on Violence and the Family, 1996*)
- Studies show that **child abuse occurs in 30 to 60 percent** of family violence cases that involve families with children. (*J.L. Edleson, "The overlap between child maltreatment and woman battering." Violence Against Women, February, 1999.*)
- A survey of 6,000 American families found that 50 percent of men who assault their wives, also abuse their children. (*Pagelow, "The Forgotten Victims: Children of Domestic Violence," 1989*)
- Research shows that 80 to 90 percent of children living in homes where there is domestic violence **are aware** of the violence. (*Pagelow, "Effects of Domestic Violence on Children," Mediation Quarterly, 1990*)
- In families where the mother is assaulted by the father, daughters are at **risk of sexual abuse 6.51 times greater** than girls in non-abusive families (*Bowker, Arbitell and McFerron, 1988*)
- A child's exposure to the father abusing the mother is the strongest risk fact for transmitting violent behavior **from one generation to the next** (*American Psychological Association, Violence and the Family: Report of the APA Presidential Task Force on Violence and the Family, 1996*)

Domestic Violence and Children

- Domestic violence affects every member of the family, including the children. Family violence creates a home environment where children live in **constant fear**. Children who witness family violence are affected in ways similar to children who are physically abused. They are often **unable to establish nurturing bonds** with either parent. Children are at greater **risk for abuse and neglect** if they live in a violent home.
- Dynamics of domestic violence are unhealthy for children. There is often the control of the family by one dominant member, abuse of a parent, isolation, and responsibility of **protecting the "family secret"**.
- Children react to their environment in different ways, and **reactions can vary** depending on the child's gender and age.
- Children exposed to family violence are more likely to develop social, emotional, psychological and or behavioral problems than those who are not. Recent research indicates that children who witness domestic violence show **more anxiety, low self esteem, depression, anger and temperament problems** than children who do not witness violence in the home. The trauma they experience can show up in emotional, behavioral, social and physical disturbances that effect their development and can continue into adulthood.

Age-Specific Indicators

Infants

- Basic need for attachment is disrupted.
- Routines around feeding/sleeping are disturbed.
- Injuries while "caught in the crossfire".
- Irritability or inconsolable crying.
- Frequent illness.
- Difficulty sleeping.
- Diarrhea.
- Developmental delays.
- Lack of responsiveness.

Preschool

- Somatic or psychosomatic complaints.
- Regression.
- Irritability.
- Fearful of being alone.
- Extreme separation anxiety.
- Developmental delays.
- Sympathetic toward mother.

Elementary Age

- Vacillate between being eager to please and being hostile.

- Verbal about home life.
- Developmental delays.
- Externalized behavior problems.
- Inadequate social skill development.
- Gender role modeling creates conflict/confusion.

Preadolescence

- Behavior problems become more serious.
- Increased internalized behavior difficulties: depression, isolation, withdrawal.
- Emotional difficulties: shame, fear, confusion, rage.
- Poor social skills.
- Developmental delays.
- Protection of mother, sees her as "weak".
- Guarded/secretive about family.

Adolescence

- Internalized and externalized behavior problems can become extreme and dangerous: drug/alcohol, truancy, gangs, sexual acting out, pregnancy, runaway, suicidal.
- Dating relationships may reflect violence learned or witnessed in the home.

Potential Effects of Domestic Violence

Emotional

- Grief for family and personal losses.
- Shame, guilt, and self blame.
- Confusion about conflicting feelings toward parents.
- Fear of abandonment, or expressing emotions, the unknown or personal injury.
- Anger.
- Depression and feelings of helplessness and powerlessness.
- Embarrassment.

Behavioral

- Acting out or withdrawing.
- Aggressive or passive.
- Refusing to go to school.
- Care taking; acting as a parent substitute.
- Lying to avoid confrontation.
- Rigid defenses.
- Excessive attention seeking.
- Bedwetting and nightmares.
- Out of control behavior.

- Reduced intellectual competency.
- Manipulation, dependency, mood swings.

Social

- Isolation from friends and relatives.
- Stormy relationships.
- Difficulty in trusting, especially adults.
- Poor anger management and problem solving skills.
- Excessive social involvement to avoid home.
- Passivity with peers or bullying.
- Engaged in exploitative relationships as perpetrator or victim.

Physical

- Somatic complaints, headaches and stomachaches.
- Nervous, anxious, short attention span.
- Tired and lethargic.
- Frequently ill.
- Poor personal hygiene.
- Regression in development.
- High risk play.
- Self abuse

Working with Children

Trust is a major factor when working with children exposed to domestic violence. Children need a safe place with an adult they can trust to begin healing.

- When first working with a child, it is helpful to ask what makes her/him feel comfortable and uncomfortable with adults.
- Listen to children and provide them with space and respect. Children may want to be in small spaces or covered and will sometimes sleep to disassociate.
- May see reenacting of behaviors they have seen or experienced in play or person to person. Can support play with protective involvement or allow processing outlet.
- Let children know you care about them, that there are adults interested in their opinions, thoughts and ideas. Tell them often that someone cares.
- Use books on the subject to help open children up.
- Use art, music, drama, and play to help children express themselves.
- Help children develop age-appropriate and realistic safety plans.
- Connect children to organizations in the community that work with youth, appropriate. Refer children to professional counselors, as needed.



How Parenting and Children are Affected by Substance Abuse



Statistics

- There are **22-28 million children of Alcoholics** with about 11 million under 18 years old with 1 in 4 children exposed to alcohol abuse or dependence before age 18
- Kid's whose parents abuse substances are 3x's more likely to be physically or sexually **assaulted** and 4 times likelier to be **neglected**.
- Addicted parents **often lack the ability to provide** structure or discipline in family life, but simultaneously expect their children to be competent at a wide variety of tasks earlier than do non-substance abusing parents.
- Research on behavioral problems **demonstrated by children of alcoholics has revealed some of the following traits: lack of empathy for other persons; decreased social adequacy and interpersonal adaptability; low self-esteem; and lack of control over the environment.**
- When alcoholism is in the family, children have a **higher rate of alcoholism**, earlier onset, and more excess behavior than their peers.

Children always know about use on some level

- Refer to NACOA handout for more

What Affects the Parent/Child Relationship

- Child's age (Cognitive Understanding)
- Child's Developmental Stage/Neurological Development
- Parenting Style (Neglectful, Authoritarian, Permissive, Authoritative)
- Child's Family Roles (Hero, Scapegoat, Clown, Invisible)
- Relationship History (passed to many caregivers)
- Extent of Trauma
- Child's Feelings about Parent's Drug of Choice
- Other Peoples' Judgments (Is my parent good? Bad? PSA commercials, Rules: Don't hit, Messages from school: "Drugs are bad")
- Family Culture of Abuse (Multi-generational)
- Timing and Circumstance of Sobriety



Struggles for the:

Parents

Children

- Compromised parental bonding
 - More complex shame and guilt associated with parenting
 - More difficult to accept and make amends to their children
 - Fear of rejection, fear that children won't love them
 - Low self-esteem
 - Want to be a "good mom" and "role model" often without parenting education or full self awareness
 - Unrealistic expectations
 - Return to instability: housing, employment, criminal charges, lack of identity documentation, lack of transportation, exhaustion, general elevated stress
- Parent has to spend a lot of mental energy and physical time in recovery process, time away from the child
 - Forever healing from mistrust
 - Parent may keep addictive patterns in other lifestyle choices
 - Realize earlier that parents aren't perfect, broken dream
 - See maladaptive coping skills and have limited emotional expression themselves so often act out in behavior
 - May suffer from Post Traumatic Stress Disorder (PTSD)
 - flashbacks, sleep disturbances, anxiety, depression
 - Role confusion
 - Children are often caregivers to parents, now they want to change
 - Egotistical: Feel responsible for the parent's emotions and use

Children's Emotions

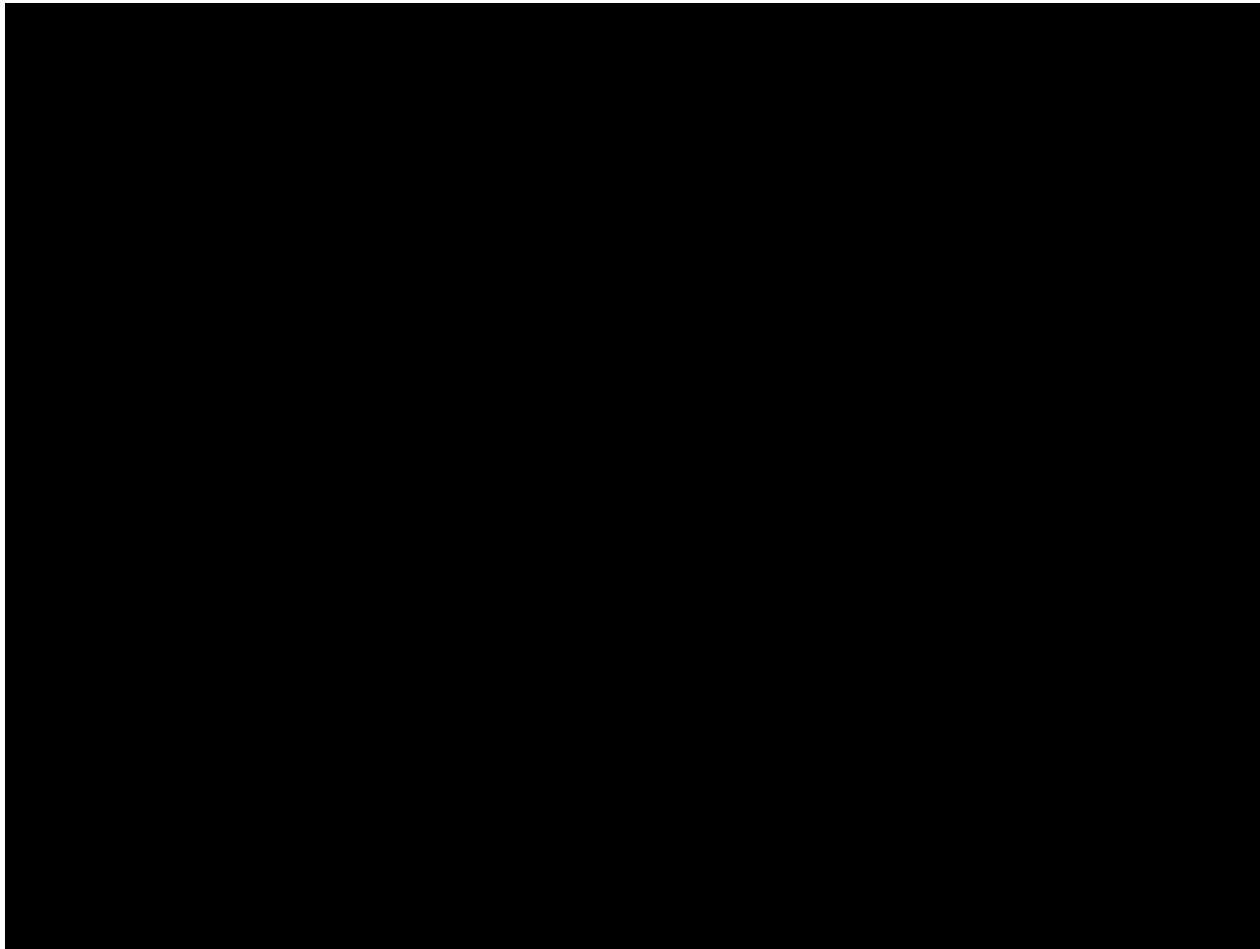
- “My mom’s drinking robbed me of my childhood and caused **embarrassment** to me and my family. I felt **confused, afraid** and **isolated**. I was only nine when every night I would watch her getting drunk and I would **cry** my eyes out. My mom only paid **attention** to us if we misbehaved or I was in a bad mood.” –[ToxicButterflyXx](#) (**anger, sadness, shame**)
- It has affected my life because I can't live without **chaos**, and I can't have a relationship because I still **cannot trust** anyone. I don't want them to get close because I know that I won't let them in. - [mysilentcries1](#)
- My mother has tried to commit **suicide**, she has committed drunk driving, and chased me round the table with a knife when I was 5. I often wonder what I’m supposed to do now. I **have nobody** to talk to. –[sumperliam](#) (**helpless, lonely**)
- I had to learn how to let people in, share my feelings, and stop holding back the tears because I learned not to cry. I **held everything** in with her b/c if I cried, she'd call me a baby and if I tried to tell her anything truthful about how she was an alcoholic, she would get **mad** at me. I **hated** the alcohol, not her. – [NavajoKoLiiNavajoKoLii](#) (**Secretive, rejected**)
- Things happened in my childhood which caused me to have a tremendous **fear of abandonment** and to **crave love**...at any cost. -[peacelovejoy54](#)
- People that have not grown up with this type of parent don't understand the spiderweb of **damage**. Panic attacks, eating disorders, can't stay in a relationship, can't trust or trust to much. I **never knew what would happen** from one day to the next. -[likethecats](#) (**anxiety**)

Children's Emotions

- I used to stay awake at night praying in my bed that he would come home, drunk of course but I wouldn't go to sleep until I knew that he was home. -[mysilentcries1](#)
(responsible, worried)
- I grew up with an alcoholic father, brother, grandparents, uncles, aunts, cousins, boy, you name the person, they were alcoholic. I believed in being **invisible** to **protect** myself and as a child this worked somewhat, but as an adult, not so much. -[tcichantk](#)
(unprotected)
- I'm 31 !!! and I **can't forget** how ugly my childhood WAS !! I still can't talk about it ??
-[eksxlife](#)
- I was chased with a knife when I was 4. I never ran out of the house so fast in my life. I still **remember** that as being one of my **worst moments**. It was hard to find adults that were good examples of what an adult was supposed to be. -[JayPourte](#) (no role model)
- Children are the biggest enablers, not only of choice, but because of the hierarchy in the family, **fear** associated with consequences, and the desire to make everyone and everything "okay." -
[sereneodat](#)
(guilt)



You Make a Difference



My Parent Education Principles

- Always work for the best interest of the children
- Meet the parents where they are
- Change occurs within relationships
- Be patient
 - Changing learned behavior takes time and often families only “practice” is limited while working services
 - Most clients learn from modeling and hands-on experiences
 - Often we are challenging everything they have learned
- Never do more work than a parent
- Build on Strengths (intervention must be individualized)
- Understand the family history to create understanding and realistic expectations for growth
- Work with children includes the following principles:
 - Create a Safe Place- All feelings are okay to feel -- sad, glad, or mad (more emotions for older children);
 - Foster Emotion Coaching- Teach the child healthy ways to act when sad, glad, or mad; When you sense that the child is clearly happy, sad, or mad, ask them how they are feeling. Help them begin to put words and labels to these feelings.
 - Implement “discipline techniques” that do not punish, seek to understand the behaviors and provide a learning experience. Find an appropriate outlet to offer.
 - Teach Empathy- Begin to explore how other people may feel and how they show their feelings - “How do you think Bobby feels when you push him?”

Role as a Provider

- Seek Further Education
 - Read books, attend trainings, review research
 - Ask experts
 - TAIMH (Texas Association of Infant Mental Health)
 - Meets on the 3rd Wednesday of the month at Child Inc.
- Be Committed, Consistent, and Present
 - You are one more transitional person in the child’s life and your bond has a value to them
 - Give children your authentic attention and care. Truly “see” them and show them their value.
 - Communicate when you will see them next and follow through as they are sensitive to changes
 - Always say goodbye!
- Be Aware of Bias
 - Look at each family for their own merits, given their specific past
 - Placements and biological families cannot be compared
 - Examine expectations to make sure they are realistic for the family
 - Get progress reports from all parties, including the parents
 - Observe interactions in varied environments regularly and for extended times
 - Be aware of perceived growth, internal shift can be happening (planting a seed)
- Take Care of Yourself
 - Caring for maltreated children can be exhausting. You cannot provide the consistent, predictable, enriching, and nurturing care these children need if you are depleted. Make sure you get rest and support.



Role as a Provider

- Model appropriate interactions and responses to children's behavior
 - Positive Guidance, Emotion Coaching, Re-direction, etc.
 - Adults have to teach children to regulate emotions
 - You also help create new social behavioral norms
- Facilitate a relationship between the child and the parent
 - A child might need your presence while they develop a new trust with their parent
 - Even if a case might lead to separation, this can be a healing time for the child and parent
- You have influence with the parent
 - May need to “re-parent” the parent in your interactions (give praise, listen, etc.)
 - When you help them feel what it feels like for the child, it increases their understanding
- Be careful not to misjudge a child's behavior
 - The same behaviors can have many different meanings
 - Ex. A child cries or does not cry as they leave the parent.
 - Hyperactivity does not always mean the child is having a stress response. Independence does not always mean disassociation.
- Provide resources

Resources for Young Children

- Community Services for Parent
 - Parent Coaching
 - Parent Mentors
 - Parenting Classes
 - Play Groups
 - Childcare
 - Early Childhood Intervention (ECI)
- Infant Mental Health Professionals
- Play Therapy 3 and up
- Traditional Counseling and Therapies
 - Attachment Therapy
- Trauma Informed Care in Schools
- Safety Planning
- Relaxation and Anxiety Management Skills
 - Breathing, meditation, visual imagery, artistic expressions, etc.)



Rebuilding the Relationship

- Be Present
- Meet Basic Needs (Build Trust)
- Nurturing Connections (with attunement to responses)
 - Loving Touch (may need to ask permission)
 - Soothing Talk to Promote Bonding
 - Caring Responses & Warm Facial Expressions
- Pattern of Interactions with Parent that Feel Safe
- Consistency/Routine
 - limit the number of new people to attach with
- Playful Interactions
- Learning Experiences
- Parent the Emotional Age of the Child
- Taking Responsibility with Older Children
- Be Patient as the Child Adapts to the New Dynamics and Begins to Heal
 - Respond with sensitivity, “At foster mom’s house...” Ex. Organic Foods
 - “Mommy” names
 - Okay to show appropriate emotions
 - Feel betrayal if like foster family



Role of the Parent or New Placement

Nurturing children from abusive homes can bring healing to their lives. In giving needed love and care to children, it is important for a caregiver to reflect these essentials:

Trust and Respect

Acknowledge children's right to have their own feelings, friends, activities and opinions. Promote independence, allow for privacy and respect their feelings for the other parent. Believe in them.

Provide Emotional Security

Talk and act so children feel safe and comfortable expressing themselves. Be gentle. Be dependable.

Provide Physical Security

Provide healthy food, safe shelter and appropriate clothing. Teach personal hygiene and nutrition. Monitor safety. Maintain a family routine. Attend to wounds.

Provide Discipline

Be consistent; ensure that rules are appropriate to age and development of the child. Be clear about limits and expectations. Use discipline to give instruction, not to punish.

Give Time

Participate in children's lives, in their activities, school, sports, special events, celebrations and friends. Include your children in your activities. Reveal who you are to your children.

Encourage and Support

Be affirming. Encourage children to follow their interests. Let children disagree with you. Recognize improvement. Teach new skills. Let them make mistakes.

Give Affection

Express verbal and physical affection. Be affectionate when your children are physically or emotionally hurt.

Care for Yourself

Resources for Older Children

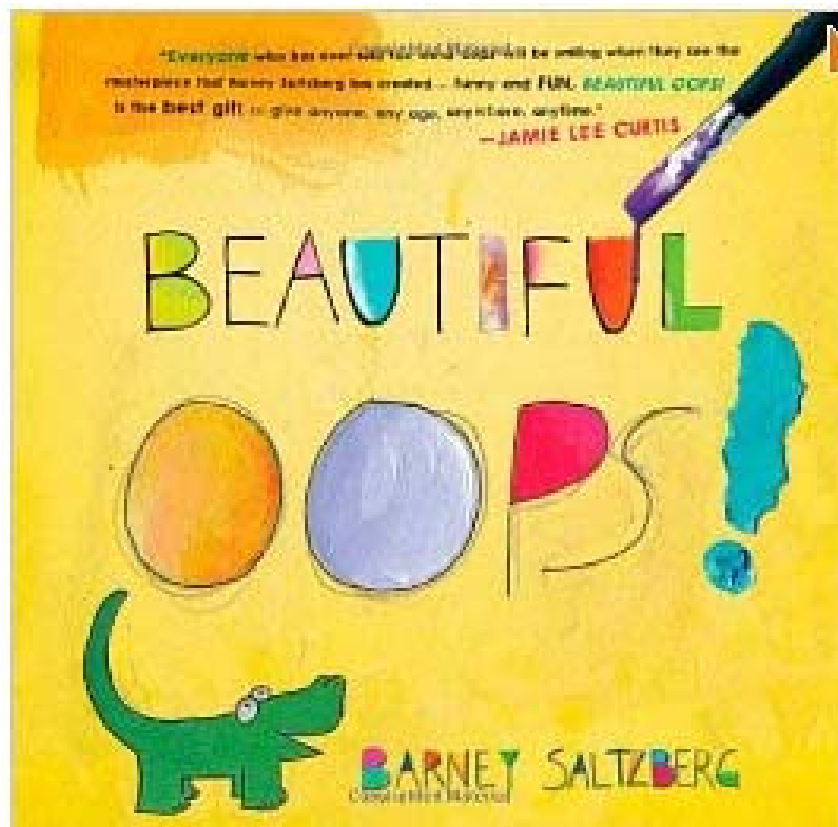
- Research
 - Children who coped effectively with the trauma of growing up in families affected by alcoholism often relied on the support of a non-alcoholic parent, stepparent, grandparent, teachers and others.
 - Children of addicted parents who rely on other supportive adults have increased autonomy and independence, stronger social skills, better ability to cope with difficult emotional experiences, and better day-to-day coping strategies.
 - Group programs reduce feelings of isolation, shame and guilt among children of alcoholics while capitalizing on the importance to adolescents of peer influence and mutual support.
 - Competencies such as the ability to establish and maintain intimate relationships, express feelings, and solve problems can be improved by building the self-esteem and self-efficacy of children of alcoholics.
- Resources
 - Al-anon and Alateen meetings
 - Children of Alcoholics Groups (COA)
 - Traditional Counseling and Therapies
 - Trauma focused CBT (3-18), Real Life Heroes Therapy, Somatic Experience, Trauma 1st Aid
 - Progressive Programs (Ex. Betty Ford Center Children's Program offers education, support, and hope to 7-12-year-olds impacted by a loved one's addiction to alcohol and/or other drugs. Through age-appropriate games, stories, art, and play, children learn about addiction, especially that it's not their fault, deepen communication skills, develop a variety of positive coping skills, and celebrate their intrinsic worth.)

Things to Consider with Placement

- Goodbye Visit Support (with bio or placement)
- Transition time with both caregivers when appropriate
 - visits, slow transition, conversations about routines, likes & dislikes, etc.
- Transitional Objects
 - Blankets, stuffed animals, picture, pillow, toy, etc.
- Photo Stories/Photo Books
- Cultural Considerations
- Environmental Differences
 - Light, sounds, smells, overly stimulating, energy level, etc.
- Supportive Books
 - Grief & Loss
 - Family Structures
 - Self-Esteem
 - Unconditional Love



“Beautiful Oops!”





Q & A



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