

Risk to Resiliency

(Working with Families in Crisis)

Session 1: Understanding Crisis and Crisis Intervention

Time: 3 hours

Tools Needed for Section:

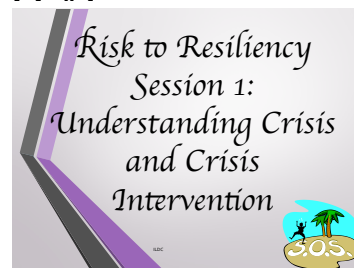
Power Points

Handouts

Other:

Tools

PP #1



PP #2



Trainer Guide

A. Welcome and Introduction to Training Series.

Welcome participants and conduct introductions. Introduce the training series and the modules, keeping this short. Each module is three hours long and designed to open awareness in preparation for ongoing learning to help lay persons understand and work with families in crisis.

Series: Risk to Resiliency: Working with Families in Crisis

Session 1: Understanding Crisis and Crisis Intervention

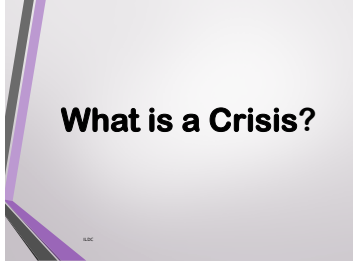
Session 2: Child Abuse and Neglect

Session 3: Attachment

Session 4: Trauma in the Family

Session 5: Engaging a Family in Crisis

Session 6: Working with a Family to Develop a Plan for Safety

<p>PP #3</p>  <p>What is a Crisis?</p>	<p>Session 7: Working with Foster, Kinship and Adoptive Families Session 8: Engaging Fathers Session 9: Secondary Traumatic Stress - Keeping Healthy Session 10: Resiliency</p> <p>B. Children at Risk.¹ The primary purpose of this curriculum is to identify families with children who are at risk of harm or injury due to acts of commission or omission by their parents or caregivers; and, when necessary, to initiate immediate action to protect the children and stabilize the family. By understanding their individual and interrelating dynamics, a valid assessment of potential risk of abuse or neglect can be made. An intervention plan can then be developed that promotes the safety of the child with the child.</p> <p>There is a checks-and-balances system within child welfare of the country. Child protective services workers (social workers) operate within nationally mandated laws and guidelines. The work of social work staff is governed by federal requirements. That is, the social worker reviews all cases involving the removal of children from their homes, approves the decision when and if a child returns to the birth parents.</p> <p>Further, the federal child welfare system develops rules to ensure that laws protecting children and families are applied appropriately, and others working with children and families to determine that rules are followed. This checks-and-balances system is set to protect the rights of the child, the family, and the community.</p> <p>To be effective, the church must be seen as one component of the system, a system where safety of the child is assured and the church can act as an immediate and intensive support to the family. The intervention of the church is to help in mitigating known and unknown risk factors and set the stage for children to live safely in their own homes.</p> <p>A system of last resort, removal of the child by the child protective system is initiated only when other child welfare interventions are unable to reduce immediate risk to the child. Removal and placement of a child in substitute care,</p>
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PP #4

Definition of Crisis

An internal disturbance caused by a stressful event or perceived threat to self in which an individual's usual coping skills don't work, precipitating in an increase in anxiety.

PP #5

Examples of Crisis

- Devastation
- Disaster
- Crucial time or event that changes a person's life
- End to happiness and achievement
- Incentive to achieve new and different goals



PP#6

Causes of Crisis

- Social pressure
- Job stress
- Family problems
- Defensive mechanisms



PP#7

Types of Crisis

- Maturational
- Situational
- Adventitious

PP #8

The Dichotomy of Crisis

Opportunity	Danger
<ul style="list-style-type: none"> ■ Develop new coping skills ■ Alter perceptions 	<ul style="list-style-type: none"> ■ Avoid seeking help ■ Lowered level of functioning

even if intended for only short periods of time, is not considered unless the child cannot be protected from maltreatment while in his own home.

C. Understanding Crisis. Crisis can “derail” a family and set into action behaviours and conditions that can cause physical and emotional harm to the family members.

Define Crisis - Crisis can be defined as:

- ◆ An internal disturbance caused by a stressful event or perceived threat to self in which an individual's usual coping skills don't work, precipitating in an increase in anxiety.

Ask the participants to identify different situations in which a crisis might arise. Flip chart their answers.

Types of Crisis - For the purpose of this training we will examine three types of crisis:

- ◆ Maturational or developmental crisis - adolescents, marriage, parenthood (normal expected events and changes for life)
- ◆ Situational crisis - loss of job, loss of a loved one, divorce
- ◆ Adventitious crisis - mass disaster, fire, war, floods, etc. (Unexpected traumatic events, e.g. Rape)

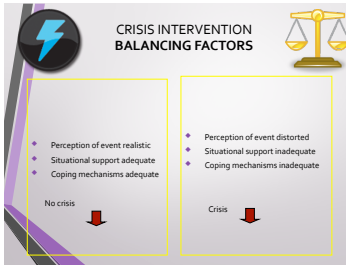
Ask the participants to give examples of behaviour changes they have seen in parents as a results of each of the different types of crisis. (Some will give positive changes and others will identify negative changes.)

Crisis is both a danger and an opportunity. In Chinese the characters are the same for both. In fact the crisis experienced is often dealt with related to the perception of the persons involved.

Crisis is potentially averted when:

- ◆ The perception of the event is realistic
- ◆ Situations support is adequate
- ◆ Coping mechanisms and resilience factors are adequate.

PP #9



Crisis becomes a reality when:

- ◆ Perception of the event is distorted
- ◆ Situational support is inadequate
- ◆ Coping mechanisms and resiliency factors are inadequate.

Some events become crisis and some don't, depending on the different balancing factors just mentioned.

- Perception of the event
 - Person has the cognitive skills needed to process the event
 - Can maintain self image and sense of purpose
 - Can redefine the event
- Situational supports
 - The person can utilize other people for support, encouragement and problem solving
- Adequate coping mechanisms
 - Has ability to express strong emotions
 - Has ways to expend energy in effective ways: writing, crying, talking to others, exercise, etc
 - Can tolerate and manage uncertainty
 - Has problem solving abilities and can make a plan in the middle of a crisis event

D. Balancing Factors - Activity

Read the scenario and identify the potential for each family to parent effectively, what behaviours they might exhibit due to the crisis.

Scenario: The family has been experiencing some financial difficulties. Mother has been feeling sad and discouraged lately. The oldest son who is now 10 years old is having difficulty in school and has been coming home showing some disrespect to both his mother and father.

Today a tragedy has occurred at father's work. There was a fire and the work place was severely damaged.

PP #10

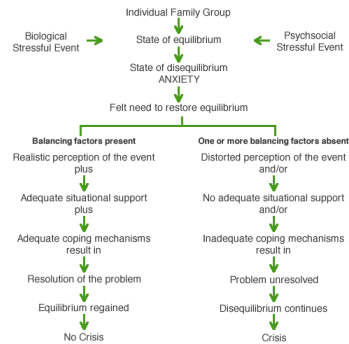
ACTIVITY - SCENARIO

- GROUP A:
Responding to fire and son – positive and healthy family with coping mechanisms in place..
- GROUP B:
Responding to crisis and son – family lacks coping mechanisms.

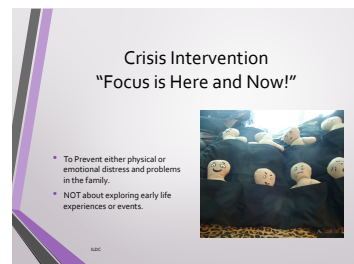
	<p>There will be no work now for him for many months as the company recovers their losses and is able to re-establish a safe working environment. Father has used alcohol in the past to deal with disappointments.</p> <p>Father arrives home to disrespect from son, and the news of the fire.</p> <p>Group A: Your task is to identify how a family who has all the above factors (perception, supports and coping mechanisms) in place in a positive way - might respond to the crisis and their son.</p> <p>Group B: Your task is to identify how a family who does not have all the above factors (perception, supports and coping mechanisms) in place might respond to this crisis and to their son.</p> <p><i>TRAINER NOTE: Expect to find answers as this:</i></p> <p><i>A - Perception: I have lost my job temporarily, but I have my health and there were no injuries or deaths due to the fire.</i></p> <p><i>Supports: My church is always a safe place to go for help and encouragement. They will be there for us during this time. I have family members to help as well for a short time.</i></p> <p><i>Coping: The first thing I need to do is encourage my family and let them know I will be looking for extra work and income right away. I can spend more time with my son in the mean time - to help him with the issues he is experiencing at school.</i></p> <p><i>B. Perception: I have lost everything and there is nothing left form me.</i></p> <p><i>Supports: My family already thinks I am a loser - this is the end. They are certainly right.</i></p> <p><i>Coping: This is too much - I just need to escape and I know the bottle will help me do this. My family is a mess - let my wife figure this out.</i></p>
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PP #11

Diagram to draw or describe:



PP #12



Crisis Model - How Crisis Looks - Review the handout with the flow of crisis. (See Power Point and Handout) This summarized the information previously shared with the group.

Crisis runs a predictable path and without intervention it can move from agitation to aggression to violence in the family. All depends on the degree of stress experienced by the family member and the time it take to move back into a normal sense of equilibrium. Again, all this depends on the family members perception, supports and coping abilities.

The purpose of this entire curriculum is to help in building and supporting the family members sense of resilience to crisis and therefore keeping their family safe and strong.

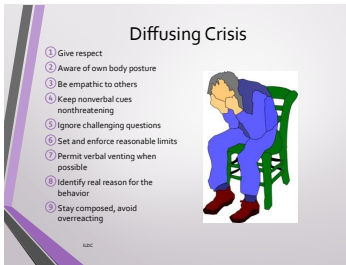
E. Crisis Intervention. Crisis intervention is NOT about exploring early life events or experiences. The purpose of an intervention is to focus on the “here and now.”

The purpose of crisis intervention is to prevent either physical or emotional distress and problems in the family.

Dealing with Crisis Behavior - There are seven factors necessary in working with a family in crisis. The helper should:

- 1) Be supportive
- 2) Be calm
- 3) Be honest and direct
- 4) State your concern clearly
- 5) Don't act shocked or surprised
- 6) Gather pertinent information
- 7) Refer to counselling when needed and at the same time expect some resistance:
 - I should be able to do it myself
 - Some will see me or find out
 - It will cost too much
 - I don't have time
 - No one can understand or help me
 - It will pass

PP #13



F. Diffusing Crisis²

When working with a family and they are reaching moments where they appear to be losing physical and/or emotional control of their behaviour, it is a warning sign the persons next behaviours are moving toward a crisis. The following strategies are early interventions the helper can use in working with the family members to decrease the intensity of the moment and potentially de-escalate the incident before it becomes out of control.

1. Give respect to personal space. Everyone has a space that we require to maintain comfort and when someone moves inside that space we can all feel a heightened senses of discomfort.

To avoid such a response from a family member, maintain at least an arm's length distance.

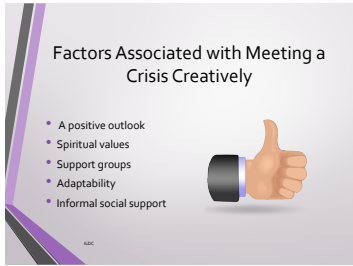
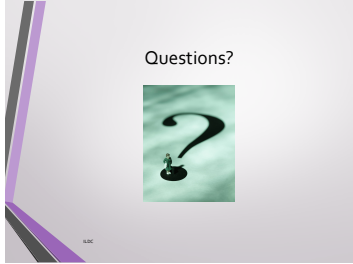
2. Be aware of your own body position. Avoid staring eye contact, toe-to-toe positions, as each can feel threatening and/or challenging to the family members. Positions perceived as challenging can evoke a "flight" or "flight" response from the other person.

3. Be empathic to others. Try not to judge or discount the feelings of others. Whether or not you think their feelings are justified, those feelings are real to the other person. Pay attention and accept silence when needed.

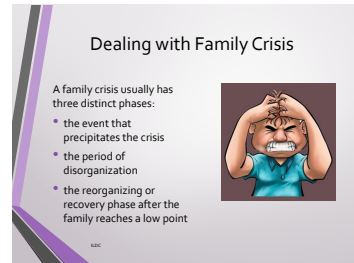
4. Keep nonverbal cues nonthreatening. Nonverbal communication - including gestures, facial expressions, movements and tone of voice all become paramount in conveying a calm, respectful attitude.

5. Ignore challenging questions. When a person challenges you - it is best to redirect attention to the issue at hand.

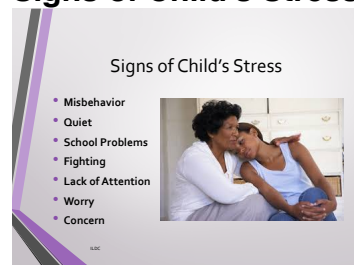
6. Set and enforce reasonable limits. If a person becomes belligerent, defensive or disruptive, offer simple choices and keep the conversation focused and safe. Remember you are a helper, not a psychologist. If the family does not want help, there is nothing you can do at this time.

<p>PP #14</p>  <p>PP #15</p> 	<p>7. Permit verbal venting when possible. Sometimes family members need to express their emotions verbally and loudly. As long as the venting is not aggressive, it can be part of their peaks and valleys of energy in the situation that is being expressed.</p> <p>8. Identify real reason for the behaviour. Even when the family is emotional, there is information to be gained. Try to listen for the real reasons behind the behaviour.</p> <p>9. Stay composed, avoid overreacting. It can be hard to keep calm when the family or family member is showing such emotions. Remember this is their crisis and living it is difficult for them. You are the helper, the listener and it is best to remain calm and composed. Your composure can go a long way to influencing the person to respond in a positive way.</p> <p>In session 5, we will practice engaging a family and will be using these strategies in helping to build a relationship with the family.</p> <p>G. Factors Associated With Success in Crisis Intervention. We have reviewed the three factors noted by researchers in crisis; perception, support and coping strategies.</p> <p>We end this section by noting the helper is there to help the family see the crisis through a:</p> <ul style="list-style-type: none"> ◆ Positive solution focused outlook ◆ Having support from the helper, church or others - having both formal and informal social support ◆ Building resiliency, adaptability and coping strategies ◆ Building a spiritual foundation of values to help. <p>A family crisis is a turning point that requires family members to change their patterns of thinking or acting. Stressor events do not have to lead to crisis situations; the key is how individuals and families respond to life events and stressful situations.</p>
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**PP #16
Dealing With Family
Crisis**



**PP #17
Signs of Child's Stress**



H. Impact on Children

Families in Crisis usually go through three distinct phases:

Phase 1: there is something that precipitates the crisis.

Phase 2: there is a period of disorganization in which the helper can assist the family walking through for solutions

Phase 3: there is a reorganizing and recovery phase after the family reaches a low point.

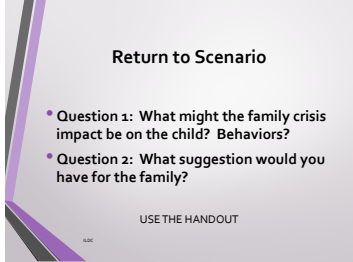
The Crisis of a family often has a serious impact on children. Special problems such as divorce, family violence or illness in the family can strongly impact children. During very difficult family changes, children may have developmental regressions. Such behaviour is not a selfish way to get attention. It may be a sign that the child is under stress and needs help from parents and caregivers in order to cope with the stress. Understanding how various factors may influence children helps the parents and caregivers know how best to relate to them.

We can look at the handout for ideas in helping a child through crisis. We will use this in the next activity.

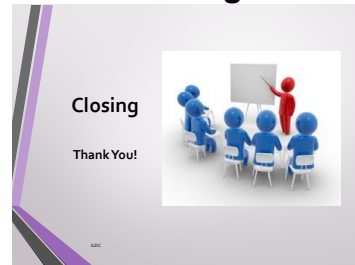
Kids Feel Stress Too³

When a family is experiencing a crisis, all its members are affected—including the children. Sometimes adults believe that kids do not really feel stress, but they do. Some signs that a child may be stressed are:

- misbehaving more than usual
- more quiet than usual
- school problems, such as fighting or not paying attention
- having trouble sleeping
- worry and concern about the family problem

<p>PP #18 Return to the Scenario</p> 	<p>Children need help to deal with the stress they feel.</p> <ul style="list-style-type: none"> • Talk with your child about the family problem, in words she can understand. • Let your child know he does not need to worry about “adult problems,” such as money. Be clear that some problems are not his to worry about. • Teach your child to relax when she is feeling stressed. Have her listen to some music, breathe deeply, perhaps release her tensions physically through playing outside or just laughing with you. • Give words to your child’s feelings. Sometimes children do not know they are stressed. “I heard you had another fight in school today. I am wondering if you are worried about my losing my job?” • Listen when your child talks about his concerns. Give him your full attention and listen for what he is feeling as well as disagreeing about in the family goals and how to reach them. • Spend some fun time with your child. This will help reduce her stress as well as yours. <p>Let’s return to the scenario. Answer the following questions:</p> <p>Question 1: What might the family crisis impact be on the 10 year old son? Behaviors?</p> <p>Question 2: Using the handout - what suggestions would you make to the parents to help their child in this situation?</p> <p>Be prepared to give a short summary of your ideas in 10 10 minutes.</p>
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PP #19 Closing



I. Closing

Considering today's topic, what do you see as helpful to you in working with a family?

What challenges do you see ahead of you?

What might your next step be in preparing to work with a family in crisis?

Thank the group and close the session.

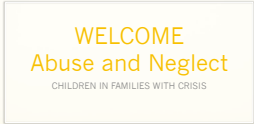
Risk to Resiliency

(Working with Families in Crisis)

Session 2: Child Abuse and Neglect

Time: 3 hours

Tools Needed for Section
Power Points
Handouts

Tools	Trainer Guide
<p>PP #1 Welcome</p> 	<p>A. Welcome and Introduction of Section. Begin this session with welcome and questions about how the previous session might have surfaced questions or thoughts - process this for a few minutes and then move to introduce this session.</p> <p>Introduction of Session on Child Abuse. Child abuse encompasses a wide range of parental acts or behaviours that place children at risk of serious physical or emotional harm⁴.</p> <p>Families who are experiencing stress or crisis are vulnerable to challenges in raising children, managing behaviours or successfully parenting a child. Families in crisis who are not coping can cause both physical and emotional harm to a child. As a helper working with families, helping them understand the impact of stress and crisis is an important prevention and intervention strategy to keep children safe in their own homes.</p>

PP #2 Child Abuse Is

CHILD ABUSE IS...

- Non-Accidental injury to the child inflicted by the caregiver
- Assault to the child
 - Physical
 - Emotional
 - Social
 - Sexual



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PP#3 Neglect is

Neglect is...

- Failure of parent or caregiver to meet the child's most basic needs:
 - Physical
 - Nutritional
 - Safety
 - Medical
 - emotional



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PP #4 Poverty Contributes

Poverty Contributes To:

- Abuse
- Neglect
- Stress
- Crisis



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PP #5 Forced Choice Activity

Forced Choice Activity



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Definitions of Child Maltreatment.⁵ Child abuse most often refers to physical assault on a child that leads to a wide range of injuries. These can include bruises, bone fractures, head injuries, internal organ injuries, burns, and injury to the genitals. Such injuries can result in permanent physical damage, scars, or disabilities such as mental retardation, epilepsy, and cerebral palsy. Severe abuse, particularly in an infant or toddler can lead to the death of the child.

In general, the term “abuse” refers to the “non-accidental” infliction of injury or harm to the child by the caregiver.

Neglect is the failure of parents or caregivers to meet a child’s most basic physical, nutritional, safety, medical and emotional needs. The risks of neglect are serious injury, pervasive developmental delay, developmental disability or death.

Poverty can contribute to both abuse and neglect, as can crisis in the family. In general, poverty places considerable stress on families, complicates most life decisions, and can prevent parents from meeting their children’s needs. Families in poverty may have inadequate shelter and food, may not be able to afford medical care, and may be so overwhelmed with just surviving, they have little energy left to attend to their children’s other developmental needs. Yet, the parents may be providing for their children to the best of their ability under extremely difficult circumstances.

B. Force Choice Activity. To better understand the stress and potential of crisis a family may experience the following activity will present a real situation where participants will need to make some difficult decisions.


TRAINER NOTE: On a flip chart, place the following information:

Single parent
Three Children, ages 3,4, and 6
Elderly grandmother care for children while mother works
Mother works for an hourly rate

PP #6 Points for Scenario

Scenario

- Single Parent
- Three children: 3,4,6
- Can barely cover needs
- Mother in poor health and she cares for your children
- Boss is not understanding
- Rent is due
- Child is ill



6

HO #1 Scenario with options

Give situation handout to participants and ask them to read the situation. While they are reading post the four potential solutions on the wall - one in each corner of the room. Once the participants have complete the reading - tell them they have only four choices - and they **MUST** choose one. They are to go to the corner of the room which represents their choice.

Situation: “Pretend you are the single parent of three children ages 3,4, and 6. You work every day and your pay barely covers your needs. Your elderly mother cares for your children while you are at work, but she is not in good health and is very susceptible to illness.

Your boss is not kind to you when you need to take time off to meet the needs of your elderly mother or children. In fact he has threatened to either dismiss you or make your life so miserable that you will quit. He often fines you for things and reduces your pay whenever he is unhappy about things. He most recently fined you the pay from three hours for a broken part, which you did not break.

This week your rent is due. You also need to purchase food, pay your bus fares, and purchase some needed supplies for your aging mother. Bus fares have just increased as well.

Your youngest child is feeling ill and is showing signs of a fever and a nasty cough which has been going on for five days now. She seems lethargic and doesn't appear to be getting over what seemed to be a cold.

Your mother is beginning to show the same signs and you know you must take your child to the doctor. To do this, you must travel across the city on a bus, leave your job for a day and also leave your mother alone with the other two children. You think she should see the doctor as well. That would leave the other two children unattended.

Your choices are:

OPTIONS ONE

Leave the children at home alone and take your mother and youngest child to the doctor - tell your boss you must

	<p>have the day off for this and just live with the potential anger he has. He will likely reduce your pay for a made up reason and that means you will not be able to pay your rent and will risk eviction again.</p> <p>OPTION TWO Go to work and hope your child gets better and your mother does not get worse. This way you will have money for rent, food and the needs you have at the present time.</p> <p>OPTION THREE Ask your neighbour's child who is 9 years old to stay with your mother and child and call you at work if things get worse. She will have to miss a day of school to do this. This is the only person you know that might be willing or able to stay with the family.</p> <p>OPTION FOUR Go to work and pretend you are ill and hope your boss will ask you to leave for the day.</p> <p>Processing the activity: After the choices have been made, ask the "corner groups" to identify the core values noted by the decision that has been made. Could be:</p> <ul style="list-style-type: none"> ◆ Child's health ◆ Providing for family ◆ Being treated well by boss ◆ Honesty ◆ Etc. <p>Ask the group how their own values assisted them in making their choice of which corner to stand in.</p> <p>Summarize the activity by noting how the helper must understand the dynamics in the families they are helping, and must also be able to empathize with their stressors and dilemmas, and recognize their strengths that enable them to survive as well as they do in extremely difficult stressful situations.</p>
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<p>HO #2 Abuse Data Sheet</p> <p>PP #7 Types of Abuse</p> <p>Key Points of Abuse</p> <ul style="list-style-type: none"> • Physical • Sexual abuse • Emotional Abuse • Neglect <p>Endangerment of Harm Inflicted Harm versus Absence of Proper Care Abuse and Neglect versus Families Who Need Services</p> <p>7</p>	<p>C. Types of Abuse.⁶ Child maltreatment falls into one or more of four general categories:</p> <ul style="list-style-type: none"> ◆ Physical Abuse ◆ Sexual Abuse ◆ Emotional Maltreatment ◆ Neglect <p>It is important to note that the indicators are often quite different, depending on the age of the child.</p> <p><u>Physical Indicators:</u></p> <p><i>Unexplained, Chronic or Repeated Bruising</i></p> <p>Be especially alert to bruises:</p> <ul style="list-style-type: none"> ◆ On the face, throat, upper arms, buttocks, thighs or lower back. ◆ In unusual patterns or shapes which suggest the use of an instrument (loop, lash, linear, circular or rectangular marks.) ◆ On an infant. ◆ In the shape of bite or pinch marks. ◆ In clusters. ◆ In various stages of healing. <p><i>Unexplained Burns</i></p> <p>Be especially alert to:</p> <ul style="list-style-type: none"> ◆ Cigarette burns. This type of burn is circular and often found on the child's palms, soles of feet, genitalia or abdomen. ◆ Immersion burns. These burns characteristically will produce sharp lines of demarcation and appear on the buttocks, genital area or extremities. On the hands and feet, burns can produce a glove or stocking effect; on the buttocks, immersion burns often will be doughnut shaped. ◆ Rope burns. ◆ Burns in the shape of common household utensils or appliances.
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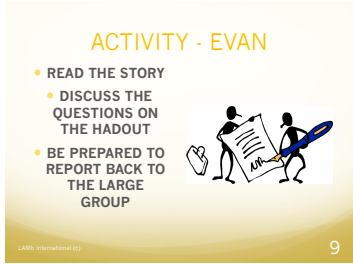
	<p><i>Unexplained Skeletal Injuries</i></p> <p>Skeletal injuries resulting from physical abuse often include:</p> <ul style="list-style-type: none"> ◆ Injury to the facial structure, skull and bones around the joints ◆ Fractures and dislocations caused by a severe blow or twisting or pulling of the arm or leg. ◆ Any skeletal injury in an infant. <p><i>Other Unexplained or Repeated Injuries</i></p> <p>Injuries resulting from physical abuse often include:</p> <ul style="list-style-type: none"> ◆ Lacerations, abrasions, welts, scars, human bite or pinch marks. ◆ Missing, chipped or loosened teeth; tearing of the gum tissue, lips, tongue and skin surrounding the mouth. ◆ Loss of hair, bald patches. ◆ Broken eardrum. ◆ Retinal hemorrhage. ◆ Abdominal injuries. <p><u>Behavioral Indicators:</u></p> <ul style="list-style-type: none"> ◆ Behavioral extremes (withdrawal, aggression, regression) ◆ Inappropriate or excessive fear of parent or caretaker ◆ Unusual shyness, wariness of physical contact ◆ Antisocial behavior, substance abuse, truancy and running away ◆ Reluctance to return home ◆ Belief that punishment is deserved ◆ Suggestion that other children should be punished in a harsh manner ◆ Victim's disclosure of abuse ◆ Depression, excessive crying ◆ Unbelievable or inconsistent explanation for injuries ◆ Attempt to hide injuries
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<p>HO #3 Sexual Abuse</p>	<p>CLUES TO RECOGNIZING SEXUAL ABUSE</p> <p><u>Physical Indicators:</u></p> <ul style="list-style-type: none"> ◆ Somatic complaints, including pain and irritation of the genitals ◆ Sexually transmitted disease ◆ Pregnancy ◆ Bruises or bleeding from external genitalia, vagina or anal region ◆ Genital discharge ◆ Torn, stained or bloody underclothes ◆ Frequent, unexplained sore throats, yeast or urinary infections <p><u>Behavioral Indicators:</u></p> <ul style="list-style-type: none"> ◆ The victim's disclosure of the sexual abuse ◆ Poor peer relationships, inability to relate to children of same age ◆ Regressive behaviors, such as thumb sucking, bedwetting, fear of the dark or unusual attachment to a favorite toy ◆ Sudden changes in behavior ◆ Promiscuity or overly sexualized behavior ◆ Aggression or delinquency ◆ Truancy or chronic running away (in late school age and adolescent children) ◆ Prostitution ◆ Substance abuse ◆ Difficulty in walking or sitting ◆ In young children, preoccupation with his, her parents', ◆ Recurrent nightmares, disturbed sleep patterns or fear of the dark ◆ Unusual and age-inappropriate interest in sexual matters
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<p>HO #4 Emotional Abuse</p>	<ul style="list-style-type: none"> ◆ Age-inappropriate ways of expressing affection ◆ Avoidance of undressing, or wearing extra layers of clothes ◆ Sudden avoidance of certain familiar adults or places ◆ Sudden decline in school performance <p>CLUES TO RECOGNIZING EMOTIONAL MALTREATMENT</p> <p>Other than obviously bizarre and deviant behavior, there is a wide range of opinion of what is emotionally abusive or neglectful. Some argue that spanking is a degrading experience, humiliating to a child, while others regard physical discipline as a necessary parental behavior. The Model Child Protection Act, developed by the National Center on Child Abuse and Neglect, provides criteria to aid in identifying emotional maltreatment:</p> <ul style="list-style-type: none"> ◆ Emotional maltreatment causes emotional or mental injury. ◆ The effect of emotional maltreatment can be observed in the child's abnormal behavior and performance. ◆ The effect of emotional maltreatment constitutes a handicap to the child. ◆ The effect of emotional maltreatment is lasting rather than temporary. <p><u>Physical Indicators:</u></p> <ul style="list-style-type: none"> ◆ Eating disorders, including obesity or anorexia ◆ Speech disorders, such as stuttering or stammering ◆ Developmental delays in the acquisition of speech or motor skills ◆ Weight or height level substantially below the norm ◆ Flat or bald spots on an infant's head ◆ Frequent vomiting ◆ Nervous disorders such as hives, rashes, facial tics or stomach aches
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	<p><u>Behavioral Indicators:</u></p> <ul style="list-style-type: none"> ◆ Habit disorders such as biting, rocking, head banging ◆ Regressive behaviors such as thumb-sucking, baby talk, bedwetting in an older child, wetting or soiling by school-age child ◆ Poor relations with peers ◆ Withdrawal or self-isolation ◆ Cruel behavior, seeming to get pleasure from hurting children, adults or animals; seeming to get pleasure from being mistreated ◆ Substance abuse, excessive risk taking, suicide attempts, severe depression, prostitution, delinquency ◆ Fire-setting ◆ Age-inappropriate behavior ◆ Loss of touch with reality, frequent daydreaming, hallucinating, over-fantasizing ◆ Behavioral extremes: overly compliant-demanding; withdrawn-aggressive; listless-excitabile <p>CLUES TO RECOGNIZING NEGLECT</p> <p>Indicators of neglect must be considered in light of the parent's cultural norms and financial ability to provide. Failure to provide for a child because of poverty is <u>not</u> necessarily neglect. Because many situations of neglect require judgment calls, you must be careful not to use personal values as the decision-making standard. Instead, ask yourself if the child is:</p> <ul style="list-style-type: none"> ◆ adequately supervised? ◆ appropriately and sufficiently clothed for the weather? ◆ clean and practicing good hygiene? ◆ receiving necessary medical and dental care? ◆ having his nutritional needs met? ◆ assured of a safe, warm and sanitary shelter? ◆ receiving adequate love and emotional support? ◆ receiving necessary developmental and educational stimulation?
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<p>PP #8 If you Suspect..</p> <p>Question – what do I do if I suspect child abuse?</p> <ul style="list-style-type: none"> • 1 Get someone else's perspective • Continue to talk to the child – build the relationship • Keep a written record of what you observe and are concerned about • Know the professional process you have available <p>NOTE: Behavior is the language of their pain.</p> <p>8</p>	<p><u>Physical Indicators:</u></p> <ul style="list-style-type: none"> ◆ Abandonment of a child ◆ Chronic uncleanliness or poor hygiene including untreated lice, scabies, severe or untreated diaper rash, bedsores, chronic and severe body odour ◆ Unsuitable clothing to protect the child from the weather; missing key articles of clothing such as underwear, socks, shoes or coat; or overdressed in hot weather ◆ Untreated illness or injury ◆ Excessive sunburn, colds, insect bites or other conditions which would indicate prolonged exposure to the elements ◆ Height and weight significantly below age level ◆ Lack of immunizations ◆ Child is repeatedly left unsupervised, in a potentially dangerous environment, or is left in the care of persons not qualified or able to care for the child <p><u>Behavioral Indicators:</u></p> <ul style="list-style-type: none"> ◆ Problematic school attendance such as frequent or chronic absence, lateness, coming to school early or leaving late ◆ Chronic hunger, tiredness or lethargy ◆ Begging or collecting leftover food ◆ Substance abuse ◆ Assuming adult responsibilities beyond the child's developmental capacity ◆ Reporting no caretaker in home ◆ Vandalism or delinquency; child appears to have few limits set on his/her behavior <p>D. What to do if You Suspect Child Abuse in the Family You are Working With.⁷</p> <p>Abuse is one of the worst things that can happen to a child in a family. But is it not easy to pick up the signs and the child might not be able or willing to tell what is happening to them. It is for this very reason, the helper needs to be alert for signs of how crisis might lead to maltreatment.</p>
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<p>PP #9 Activity with Evan</p>  <p>HO #5 Scenario with Evan</p> <p>HO #6 Reasons, Feelings, Behaviors</p>	<p>The child might not even know they are being maltreated and it is wrong. It is then vital to know what to do if maltreatment is suspected. By knowing what help is available, you can make a real difference to a child's safety and well-being in the family.</p> <p>If you suspect maltreatment to a child in a family you can do the following:</p> <ol style="list-style-type: none"> 1. Get someone else's perspective. 2. Continue to talk to the child, building the relationship. 3. Keep a written record of what you observe and are concerned about. 4. Know the professional process of your country for talking to a child welfare professional and report your worries. <p>If you suspect that someone is abusing a child, it may not be something you want to consider, especially if they are a friend or family - and your reaction may be to dismiss it or try to prove it is not true. However, it is important to recognize that children are valued being believed and as the adult they have chosen to tell, it is vital that you act on what you have been told.</p> <p>E. Scenarios - What Would You Do?</p> <p>Instructions: With your group - read the story of Evan Lason. Then with the group discuss the following questions and be prepared to have a discussion about your decisions:</p> <p>Question 1: What would you do to determine if there is actually maltreatment happening to Evan?</p> <p>Question 2; If maltreatment is indicated, what would be your next step?</p> <p>Question 3: What will you say to Evan about his disclosure to you.</p> <p>Question 4: What will you say to the parents of Evan.</p>
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PP #10 Reasons, Feelings and Behaviours

Reasons, Feelings, Behaviours



10

PP #11 RFB Instructions

RFB INSTRUCTIONS

Column #1

- Identify five reasons some youth enter the child welfare system
- Identify two reasons youth now are without permanent connections

Column #2

- Identify potential feelings for each of the reasons

Column #3

- Identify behaviors you might expect to see related to the different feelings you are experiencing



11

PP #12 Effective Questions Help

Effective Questions Help

- Makes sense of feelings
- Find solutions
- Identify thoughts
- Sort through behaviors
- Build confidence and relationships



12

PP #13 Problem Questions

Problem Questions

- Confusing Questions
- Drill Questions
- Point Questions
- "Why" Questions
- Attack Questions
- "Bingo" Questions



13

F. Reasons, Feelings and Behaviors - Activity

Give participants a flip chart and ask them to make three columns on their page. Title each column: 1st - REASONS; 2nd - FEELINGS; and 3rd - BEHAVIORS. Ask participants to work in a small group and complete the chart.

TRAINER NOTE - Give participants examples in each of the grid frames.

REASONS: Identify five reasons for youth to have been part of the child welfare system. List two reasons youth might now be without a permanent family connection.

FEELINGS: In the second column ask participants to identify the potential feelings they may have or be experiencing due to the identified reasons.

BEHAVIORS: in the final column, ask participants to identify the behaviours you might expect to see from the different feelings youth are experiencing.

Give participants 10 minutes to complete the task and then conduct a discussion about findings.

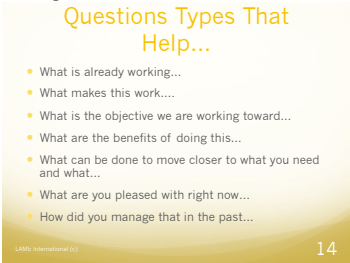
G. Responding to Behaviors - Questioning for Solutions⁸

Questioning is the art and science of helping youth and families make sense of their feelings, thoughts and behaviour and learn how to control their behaviour while improving their interactions and relationships with others. It is a science because the skills are based on theory, studies and research.

Some questions are quite harmful to relationships. Such are ...

1. *CONFUSING QUESTIONS* are questions where the caregiver asks two or more questions in a row and the person doesn't know which one to answer.


<p>HO #7 ,8 Questions</p>	<p>For example the caregiver might ask, “What did you do last night after the party and what were your feelings about going there again? No matter which question the person answers, it might be the wrong question and leave the caregiver still confused about the information they were seeking.</p> <p>2. <i>DRILL QUESTIONS</i> are a series of questions given to the person in rapid succession. These questions often leave the person feeling they are being interrogated. Drill questions often leave the person feeling defensive and angry.</p> <p>3. <i>POINT QUESTIONS</i> are actually statements of what the caregiver wants. For example, the caregiver might say, “Don’t you think it is time for you to get on with your life?” What point the caregiver really wants to make is, “Please think about moving on with your life versus looking backward.” Rather than making the direct statement, the caregiver “clouds” the point by making it a question. The caregiver needs to be sure they are not confusing the person by asking a question when they actually want to make a point. Another example of a point question is, “You don’t want to fail at your job, do you?” The point is, “When you show up on time each day, your boss is much more likely to give you a good report.” or “When you follow through with your commitments, you honor God.” Point questions can create confusion and argument. It is better for the caregiver to just make the point.</p> <p>4. <i>“WHY” QUESTIONS</i> create a good venue for excuses to surface. It is better to ask “what” or “how” questions than “why” questions. For example, asking a person why they behaved in a certain way might get responses about how bad another person or situations is, how awful they were treated, etc. The person might attempt to create pity or sympathy for their situation rather than taking responsibility for the situation and their part in it.</p> <p>5. <i>ATTACK QUESTIONS</i> generally focus on areas of high emotion for the person and are often “trick” questions. For example, “Are you still missing a lot of work?”</p>
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<p>HO #9 Effective Questions</p> <p>PP# 14 Questions that Help</p> 	<p>This question creates defensiveness, attacks the person and sets up a negative environment for future communication. Better restated, “You were having difficulty with your job, how is that going?”</p> <p>6. <i>“BINGO” QUESTIONS</i> set up the person and catch them in the lie! These questions hurt and tear down relationships. “Bingo” questions already have answers. The leader knows the answer and is attempting to catch the person in the lie.</p> <p>For example,”Have you been going to your AA like you promised?” Person: “Well yes, everything is going as promised.” Leader: “Are you certain? Your friend called me this afternoon and said that you had missed the last three meetings. The caregiver knew the person had skipped three meetings and set the person up to get caught in a lie. Much better would be: “Your friend called me this afternoon and told me that you have missed three AA meetings. Would you help me understand what happened to the plan you agreed to with the three of us?”</p> <p>Questions that help build a relationship and help the youth adult review their behaviours are those that are seeking solutions and looking forward as opposed to backward. They are questions that are framed in a positive manner and are looking for solutions and not the problems. Examples of these types of questions are questions that are of the following variety:</p> <ul style="list-style-type: none"> ✓ What is already working ✓ What makes it work ✓ What is the objective ✓ What are the benefits of doing this ✓ What can be done to move closer to what you need and want
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HO #10 Scenarios

PP #15 Practice Time for Questions

Practice Time for Questions



- Using the provided handout...
- Work with your group and assigned scenario and create three strength based questions...
- Each question should focus on the solution – NOT THE PROBLEM
- YOU HAVE 10 MINUTES

15

HO #11 Action Plan

PP #16 Action Planning

Action Planning Time

Complete the Action Plan...

Discussion Questions

1. What surprised you during this training?
2. What might be a big challenge for you in your family? How will you need to resolve this challenge?
3. What is a great strength you found in yourself in this training session?

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PP #17 Closing

Thank you -
we are counting on you!



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Practice Time: Ask the participants to turn to the handout provided with scenarios and create three strength based questions that are solution focused for their assigned scenario.

Give the group 10 minutes to complete their work.

Receive answers as given and correct as needed.

B. Closing Activity

Ask participants to turn to their Action Plan handout and complete it, After completion go over the following questions - asking for volunteers to share what they have put on their handout.

Questions to review:

Review: What surprised you during this training - something you need to give more thought to?

Review: What might be a big challenge for you in your family? Or with your family work? How will you need to resolve this challenge?

Review: What is one great strength you found in yourself in today/tonight's session?

Learning is a Key to Success!!!!

Close with the following quote: "To keep the lamp burning we have to keep putting oil in it." By Mother Teresa

Risk to Resiliency

(Working with Families in Crisis)

Session 3: Attachment⁹ Time: 3 hours

Tools Needed for Section
Power Points
Handouts

Tools

PP #1 Welcome



HO #1 Poem

PP #2 Poem

The Hand that Rocks the Cradle
They say that man is mighty
He rules o'er land and sea.
He wields a mighty scepter
Over lesser powers that be.
But, a mightier power and stronger
God from His throne has hurled,
For the hand that rocks the cradle
Is the hand that rules the world.



Trainer Guide

A. Welcome Participants. Begin the session with a quick review of the last session - ask if group has questions or comments about the previous module or modules.

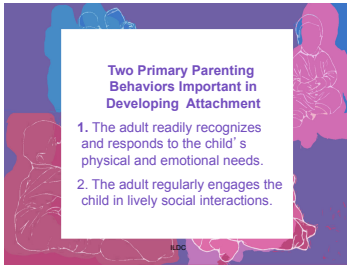
B. Attachment Introduced. Begin by reading the poem: The Hand That Rocks the Cradle (Author Unknown) bringing meaning that going back to basics means going back to the cradle.

The Hand that Rocks the Cradle

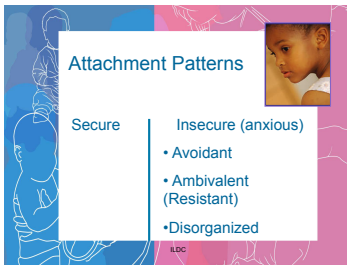
They say that man is mighty
He rules o'er land and sea.
He wields a mighty sceptre
Over lesser powers that be.
But, a mightier power and stronger God from his throne
has hurled, For the hand that rocks the cradle Is the hand
that rules the world.

Trainer Note: Continue with the following lecturette:
(do not read this lecturette - simply share the key points in an open discussion format.)

PP #3 Key Lecture Points



PP #4 Types of Attachment Patterns

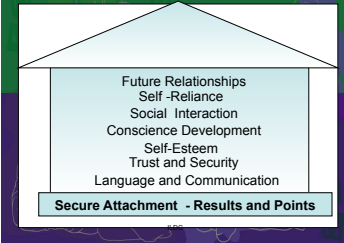


HO #2 Fill in sheet for Attachment

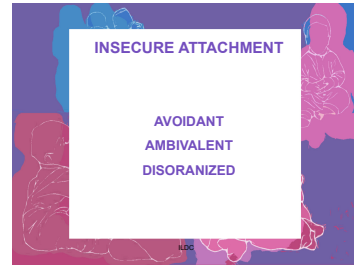
C. What is Attachments.¹⁰ The concept of attachment was proposed by Bowlby¹¹ more than three decades ago to describe the fundamental bond between parent and infant that is essential to survival and development. Bowlby conceptualized attachment as a biologically based repertoire of organized behaviours, (eg, infants' crying, smiling, clinging and proximity seeking) that foster infant-parent interactions and maximize survival. Under conditions of stress such as illness, unfamiliar environments and being left alone, infants direct certain behaviours toward their caregivers to gain protection and safety. In the absence of stress, proximity-seeking behaviours are reduced and the attachment system enables children to engage in other adaptive behaviours that promote exploration and mastery of the environment. The attachment system, therefore, allows children to relate to their parents both as a 'secure base' from which to explore, and as a 'safe haven' for obtaining support and protection in times of perceived threat.

Parents differ in the nature and quality of care that they provide to their children and, over time, children's attachment experiences are consolidated into 'internal working models' of relationships. Parental attunement and appropriate responsiveness give rise to secure attachment, marked by a view of the self as worthy of care and competent in mastering the environment, and a view of others as reliable and effective. Securely attached children readily seek out their caregivers when distressed, but feel sufficiently safe to explore their environment at times of low stress.

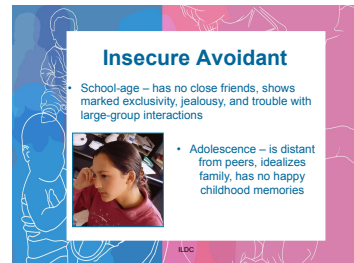
In contrast, parental unavailability and harsh rejection is associated with insecure anxious- avoidant attachment. These children view themselves as unlovable and unable to attract care from their parents, and they view others as punitive and disinterested in them. Anxious-avoidant children are reluctant to approach their parents even when distressed, because they fear their overture for comfort will be rejected or punished. Parental inconsistency is associated with anxious-ambivalent attachment.

<p>PP #5 Results/Points</p> 	<p>These children view themselves as unable to sustain the interest and care of others. However, they view others as able to provide support if their attention can be secured and sustained. Anxious-ambivalent children are vigilant about the whereabouts and responsiveness of their parents and display heightened overtures of need to provoke parental responsiveness. Their preoccupation with the availability of their parents inhibits appropriate exploration of their environment.</p> <p>Evidence of the impact of parental attachment on early to middle childhood development is indisputable and immense. Attachment has been shown to influence almost every aspect of early childhood development, from neurocognitive development to social-behavioural competence. Importantly, research demonstrates that the quality of attachment varies according to the nature of parent-child interactions, ruling out the notion that it is determined entirely by dispositional qualities of the infant and young child. Studies also show that while early attachment exerts substantial influence over later development, attachment status can change as a function of deterioration and stress in the parent-child relationship or improvements in the relationship.</p> <p>D. Types of Attachment.¹² 1) Secure attachment is necessary to create a foundation for Social Learning. For children and youth who are securely attached, it is common to see the following results:</p> <p>Articulate with reference to relationships and experiences</p> <p>Assertive but able to entertain other's viewpoints, especially parents and/or caregivers; able to handle conflict with parents</p> <p>Not prone to critical anger, equipped to deal with stress, emancipation, and time management, etc. So far we have described the process leading to secure attachment. Through the consistent provision of nurturance, protection, and stimulation, the caregiver becomes a "secure base" for the child, promoting and encouraging cognitive, social, emotional, and behavioural modulation.</p>
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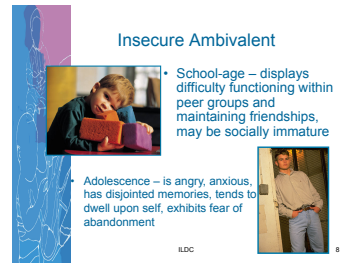
PP #6 Three types of insecure attachment



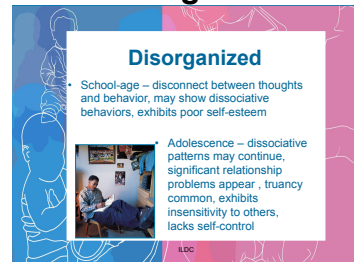
PP#7 Avoidant



PP#8 Ambivalent



PP#9 Disorganized



The child is learning and internalizing information about relationships basic to the development of his personality. He is repeatedly and simultaneously experiencing his role in the relationship (am I worthy of support?) and the caregivers' role (is this person available, reliable, and caring?).


2) Insecure attachment¹³ - In addition to secure attachment, researchers have identified three variations in attachment patterns that result primarily from differences in caregivers' responsiveness, availability, and sensitivity to their child. These variations would represent insecure avoidant, insecure ambivalent (also referred to as resistant), and disorganized patterns.

Characteristics of Insecure Avoidant Attachment:

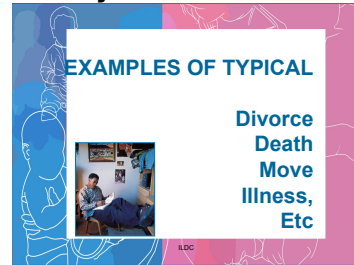
- ◆ More distant from peers
- ◆ Poor memory of childhood within family, less significance attributed to attachment in relationships
- ◆ Angrier, with peers
- ◆ Is dismissive of peers, appearing to not enjoy or need interaction with them

Characteristics of Insecure Ambivalent

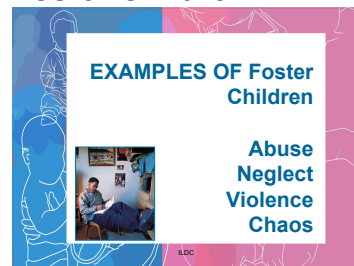
- ◆ Angry, anxious
- ◆ Disjointed memories of family
- ◆ Tendency to dwell on analyzing or thinking about oneself

<p>PP #11 Two Groups</p> 	<p><u>Characteristics of Insecure Disorganized Attachment</u></p> <ul style="list-style-type: none"> ◆ Dissociative patterns may persist ◆ Significant problems in relationships ◆ Poor performance/failure in school ◆ Dissociative patterns may persist ◆ Significant problems in relationships ◆ Poor performance/failure in school ◆ Less likely to gain or maintain employment ◆ Generally impoverished capacity for relationships and self-regulation ◆ Remember this group represents a significant percentage of children who suffer abuse and/or neglect. Children whose parents suffer from severe unresolved childhood trauma or mental health issues are also at risk of developing disorganized attachment. ◆ The parents they relied upon for care, safety, comfort, support, and consistency were also those they fled from or are struggling with. <p>E. Activity Understanding Attachment in Crisis Families - Small Group Activity</p> <p>Divide the group in half. One group will get a flip chart sheet labeled, “Typical Interruptions in Attachment in the Family Environment,” and the second group , “Attachment Interruptions in Children Entering Foster Care.”</p> <p>Ask the group to brainstorm all the interruptions they can think of in the short time you give them.</p>
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PP #12 Examples in Family



PP #13 Examples of Foster Children



PP #14 Quote

"Relationships are really what we're all about. That's what our lifetime is about – our relationships with ourselves, with each other, with our environment, with the world we live in... I'm so happy that we all think relationships are important. Because at the end of our life, relationships are really all we have." –

Emma Harris, Boys & Girls Club of the Northern Cheyenne Nation

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Examples for typical interruptions:

- ◆ Divorce
- ◆ Death in Family
- ◆ Move from community
- ◆ New Baby
- ◆ Illness of Family Member
- ◆ Hospitalization
- ◆ Etc.

Examples of interruption for foster children:


- ◆ Physical Abuse
- ◆ Sexual Abuse
- ◆ Emotional Abuse
- ◆ Neglect
- ◆ Chaotic environments
- ◆ Domestic violence
- ◆ Unresolved parental trauma
- ◆ Parental ADHD or mental health issues
- ◆ Inconsistent parenting
- ◆ Repeated, long separations
- ◆ Placement into foster care

F. What to Do? It is All About Relationships

"Relationships are really what we're all about. That's what our lifetime is about – our relationships with ourselves, with each other, with our environment, with the world we live in... I'm so happy that we all think relationships are important. Because at the end of our life, relationships are really all we have." –

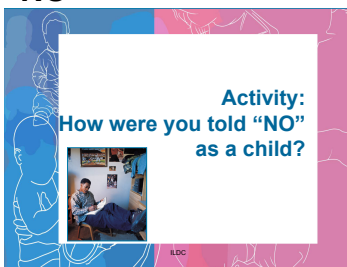
Emma Harris, Boys & Girls Club of the Northern Cheyenne Nation

The Annie E. Casey Foundation and the National Healthy Marriage Resource Center conducted a conference related to relationships: Relationships Matter: Strengthening Vulnerable Youth. During this conference with significant leaders who work with families and children several findings of significance were identified. In fact seven key themes surfaced:¹⁴

<p>PP #15 Key Points</p> <p><i>Key Points</i></p> <ul style="list-style-type: none"> ✓ Relationships are essential. ✓ Building relationships takes skill. ✓ Modeling of relationships is the best way to teach. <p><i>"Healing and healthy families come about as a result of relationships that are healthy!"</i></p> 	<p>1. Relationship education is essential – Leaders and practitioners broadly agreed that the need for relationship education is apparent.</p> <p>2. Relationship education is a development strategy – Healthy intimate parent relationships can have a positive impact on young people's lives.</p> <p>3. Defining relationship education – Relationship education is focused on skill building, interpersonal skills, safety, knowing oneself and setting the stage for healthy marriage.</p> <p>4. A holistic understanding of relationship education: benefits and challenges - Relationship education can serve a variety of purposes for young adults from equipping them with the skills to have healthy intimate relationships to enhancing their peer and adult relationships.</p> <p>5. Relationship education is not just an outcome – Parents and workers can model healthy relationships as well as teach relationship skills.</p> <p>6. How do we best deliver relationship education? – In the home the best education is the modelling a youth will encounter in communication with a caring adult.</p> <p>7. Relationship education in context – There is no one-size-fits-all approach to delivering relationship education to young adults; the content and service delivery method must resonate with the youth you are trying to reach.¹⁵</p> <p>Brokenness generally happens in the context of a relationship, healing also most often happens in the context of a relationship. Helping a youth attach will bring healing and the attachment means the youth has given to a healthy and healing relationship.</p> <p>G. Creating New Communication Patterns</p> <p>We are biologically organized to seek and maintain attachments with others through which we learn the lessons of love, inter-dependence and trust.</p>
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	<p>The quality of our core attachment and relationships has a profound effect on our health and well-being.</p> <p>Attachment styles learned in our early years can be changed by providing appropriate corrective emotional experiences whereby more "secure" attachment styles can be learned. These modifications can redefine the parent/child relationship in many significant ways. Learning to create a healthier relationship provides an arena to heal old wounds and to establish a meaningful bond for the future.</p> <p>To begin building an attachment with the youth, four specific skills are suggested to begin helping the youth change their attachment styles:</p> <ul style="list-style-type: none"> • <u><i>Demonstrate and Teach Relationship Building Skills:</i></u> Youth who grew up in families where problems were not openly discussed and effectively resolved, lack an effective model for how to solve problems and resolve conflict. This breaks down attachments. In helping the youth build relationships, we first can demonstrate effective ways to manage conflict, communicate openly ones feelings, wants and needs. Teaching a youth to "use their words" to be open to sharing their ideas, helps start the process of communication openness needed in a relationship. • <u><i>Help Youth Understand the Need to Resolve Old Grief:</i></u> We often need to go through a process of grieving our childhood losses and pain in order to properly move into adult roles. Otherwise we bring these unresolved feelings into our relationships. To help the youth resolve old grief, we must open the doors to communication and accept their stories, their feelings, and their expressions of their life experiences.
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**PP #16 Told
“NO”**



- *Attachment Communication Used With Youth:* Effective communication is a key ingredient in successful relationships. We provide the conditions and structure necessary to create safe and constructive communication for the youth to confide, be open and begin connecting. This is accomplished by practicing sharing and listening skills, which increases positive patterns of interacting. Being attuned to one another's needs and feelings promotes empathy, warmth and genuineness. Current relationship patterns are tied to prior family-of-origin attachment patterns. Help youth in developing healthy confrontation, problem solving and conflict management skills.
- *Use Strength-based Communication and Problem Solving Skills:* Youth have heard the word “NO” over and over again - often living in a “everything is wrong” world. To build a new pattern of attachments requires a re-mapping of the youths world view. One way of changing this world view is for the parent to communicate in solutions and strengths instead of in problems and weaknesses. This sometimes requires changing communication patterns of the parent as well as the youth. For example: We can say “No, you are not permitted to take our car. You have no experience driving at night.”; Or we can say, “Yes, I understand you would like to take the car tonight. Let’s look at how we can get more night driving experience for you so you can do this in the future, since we will need to wait for you to be able to drive alone at night.”

Activity: With a partner, identify all the different quotes or Ways you were told “NO” as a child. Example, “Don’t cry you are acting like a baby.”

HO #3 Practice Statements

PP #17 Questions

Questions:

1. What were the key teaching/learning points from today?
2. What challenges might you have with working with a child who is insecurely attached? The family?
3. What feelings? How might you manage these?



PP #18 Closing Quote

IN CLOSING....

"What we do to build attachment must not be driven by what we expect from our efforts."



H. Practice Time: With the following statements, work Together with your group and turn each of these statements into a positive, open and strength-based solution focused communication with the youth and family.

- ✓ Turn the radio down, it is way too loud.
- ✓ Don't use those words in this house!
- ✓ I expect you to show some appreciation and respect.
- ✓ Don't blame me for your past or your mistakes.
- ✓ If you want to live here, I expect you to obey my rules.

I. Closing

Our goal is to help families examine how they help build strong relationships and attachment in their families. Consider the following questions:

What were the key teaching and learning points from this discussion?

What challenges might you have working with a child and their family who is insecurely attached?

What might be the feelings of the parents toward the children? Children toward their parents? How might you manage this as a helper in the family?

Risk to Resiliency

(Working with Families in Crisis)

Session 4: Trauma in the Family: Building a Relationship is Key

Time: 3 hours

Tools Needed for Section
Power Points
Handouts

PP 1 - Welcome

Welcome
Leaders

TRAUMA IN THE FAMILY
Building a Relationship is Key

Session 4

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Trainer Guide

A. Welcome participants and begin this session with a review of the previous sessions. Give participants an opportunity to ask questions about their previous training and the opportunity to implement ideas since training.

B. Introduction to Session. Families who are experiencing Crisis often have experienced excessive stress and tension that has been building over time. This can be from multiple changes in a person's life or even trauma that has occurred over a period of time.¹⁶

Trauma can be frightening, dangerous or even leave the family or its members feeling vulnerable and unprotected. Different traumatic experiences can be:¹⁷

- Accidents or injury
- Death of a loved one

PP 2 - Trauma in the Family

Trauma in the Family

Examples

- Accidents or injury
- Death of a loved one
- Serious illness(s)
- Fire
- Abuse and/or neglect
- Sexual Violence
- Domestic Violence
- Losses
- Separation
- Child abuse
- Trauma history of individual
- War
- Natural disaster
- Etc.



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PP 3 - Family Functioning

Family Functioning Areas

- Individuals
- Adult Intimate Relationships
- Parent-Child Relationships
- Sibling Relationships



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- Serious illness
- Fire
- Abuse and/or neglect
- Sexual violence
- Domestic violence
- Loss or separation
- Etc.

These traumas can change a family as they attempt to adapt to their trauma and/or crisis situation. Relationships with each other are often impacted to a large degree¹⁸. Workers will need to extend help to the family where these relationships are at risk and help the family understand the impact of previous trauma.

The overall family functioning could look something like the following:¹⁹

- **Individuals** might be demonstrating a wide range of behaviours - from thriving to the other end of the spectrum - showing serious health concerns and/or developmental challenges.
- **Adult intimate relationships** can be stressed and where there was once a source of strength in the adult relationships, there are now problems with communication, managing emotions, intimacy and isolation behaviours.
- **Parent-child relationships** are vital to the development and well-being of a child. Children depend upon their primary caregiver for protection, nurturance, guidance and support. When trauma impacts a child and the parent is not available or struggling with their own crisis, children may have difficulty getting the needed help from the parent.
- **Sibling relationships** are an important source of companionship, and support for children. When crisis and stress in the family exists, siblings can move from the normal companionship to rivals and even surface serve and problematic conflict in the relationship.

Essentially, trauma in the family can drain the family members of their resilient factors and leave the family members struggling to find their own solutions to problems and their circumstances. This can cascade into even more crisis for the family.

<p>PP 4 - Group Activity</p> <p>Group Activity</p> <p>QUESTIONS TO CONSIDER</p> <ul style="list-style-type: none"> • What behaviors have you seen when a family is in crisis due to a trauma in their lives? • What are your greatest fears in working with a family who has experienced trauma? • What experience do you have in helping a family who has experienced trauma in their family?  <p><small>©2016 International - 11/2016</small></p>	<p><i>Growing awareness of trauma's impact on families – including the important roles families play in helping children recover, highlights the importance of putting families at the center of trauma services. When families carry out routines, rituals and traditions, they strengthen their connections and grow stronger together. Talking, laughing, sharing memories and feelings, as well as working together to solve problems, manage stress and plan for each day and the future are necessary for resilience and recovery from traumatic stress.</i></p> <p><i>If families experience numerous or ongoing traumas, resources diminish and the “wear and tear” effect on health and well-being may call for family informed trauma services, in addition to resources for recovery and ongoing healing.</i></p> <p><i>Providers who actively engage primary, biological, extended, kinship, birth and foster families and work with professionals in other child and family serving systems are better partners in the delivery of family-centered, trauma-informed services.²⁰</i></p> <p>Trainer Note: If the participants have had training on trauma - this is the place to remind them of the previous information of how trauma alters the brain and children AND adults can be operating out of the survival brain - often reacting in a flight, fight or freeze demonstration of behaviours that can be very difficult to manage and work with as a caregiver, worker or professional.</p> <p>Small Group Activity: Have groups gather and answer the following questions:</p> <ol style="list-style-type: none"> 1. What behaviours have you seen when a family is in crisis due to a trauma in their lives? 2. What are your greatest fears in working with a family who has experienced trauma? 3. What experience do you have in helping a family who has experienced trauma in their family? <p>Have groups report out their work. (This could also be done as a walk-around with flip charts on the wall.)</p>
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PP 5 - Communication is Key

Communication is KEY



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PP 6 - Stress Overload Process

Stress Overload – and the Process

- SHOCK
- RECOIL
- DEPRESSION
- REORGANIZATION



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HO 3 - REVIEW THIS: Ingredients for Success

C. Communication is the Key. Without communication, tough times can be even tougher. In any crisis situation, a family goes through a definite pattern of emotional responses as it handles the chaos or grief.²¹

Sharing and talking about problems are necessary for the overall well-being of the family and its individual members. Families and its members can be expected to go through a process of dealing with the stress and stress overload caused by the trauma in their lives. This process²² is very similar to the grieving process we know and understand that accompanies loss.

1. SHOCK - results in numbness or disbelief, denial
2. RECOIL - results in anger, confusion, blaming, guilt and bargaining
3. DEPRESSION - results in feelings of helplessness or hopelessness
4. REORGANIZATION - results in acceptance and recovery

Communication with the family during this process is critical to the continuation of open and honest communication. If the family member senses the worker is uncomfortable in the communication it is likely the communication will shut down and the worker no longer will be effective in helping the family move through the stress and process noted in the stages mentioned.

Clear and open communication joins workers and family members as they share their reactions and links them to outside sources of support being offered. Of course it is not uncommon that family members may be reluctant to talk about their crisis situation, feeling it might make things worse. The silence however only blocks the natural process that a family must go through to recover from the crisis or trauma in their lives.

D. HO - 3 - Building a Relationship Through Strength Based Communication. - It has been said many times that a bad beginning makes a bad ending. So before we look at the ways to generate strength-based communication, let's examine some of the common pitfalls of communication.

PP 7 - Communication Pitfalls

Communication Pitfalls

- Judging
- Criticizing
- Blaming
- Name-Calling
- Labeling
- Moralizing
- Advising



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HO 4 - REVIEW THIS 4 Agreements

PP 8 - Talking and Listening Speed

Talking and Listening Speed

- Talk
125 words per minute
- Listen
400 words per minute



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Communication Pitfalls²³ will ensure a bad beginning to a relationship and often destroy any chance of helping a family. These pitfalls include:

- ✓ **Judging** - projecting our own interpretation or judgement into someone else's message
- ✓ **Criticizing** - belittling another person's feelings or opinions
- ✓ **Blaming** - "We wouldn't be in this mess if you had done what you were supposed to do!"
- ✓ **Name-Calling** - used as an attempt to win an argument rather than to resolve the issue
- ✓ **Labeling** - "The main problem around here is that you're just plain lazy."
- ✓ **Moralizing** - telling others what they "should," "should not" or "ought" and "ought not" to do
- ✓ **Advising** - "If I were you, this is what I would do...."

The focus of these pitfalls are on the person rather than on the situation and the outcomes needed to help the family to experience well-being once again. This is a block to both helping and building a relationship that is a helping relationship. (Review Handout 4)

To build the helping relationship, we must learn to listen. Listening means more than just hearing words - good listeners listen for meaning of the words. To do this, one needs to do the following:

1. Put aside your own thoughts and opinions while the other person is talking to you.
2. Be open and respectful while the other person is sharing.
3. Use sensitivity, which means listening for feelings and meaning.

A big problem with the spoken language is that we talk at about 125 words per minute, but we are able to listen at a rate of about 400 words per minute. This means that we think ahead of the person who is speaking to us, which is why we need to WORK on being a good listener.

PP 9 - Guidelines for Strength Based Habits

Strength Based Habits

- 1) Let the family members know that you care and have time to listen.
- 2) Give each family member a chance to talk openly and/or privately
- 3) Allow for a "cooling off period" when talking becomes difficult

"YOU CAN DO THIS!"



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HO 5 - REFER TO THIS The How-Tos of Shifting the Focus...

PP 10 - Carl Rogers Quote

Carl Rogers - Quote

"The good life is a process, not a set of being. It is a direction not a destination!"



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PP 11 - Activity on Strengths

Finding Strengths - Activity

JOIN A GROUP:
With your assigned statements—identify all the potential strengths you might find or discover.

Work together and flipchart your strengths for each of the situations...



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Good Guidelines to Start our Strength-Based Habits.

Whether talking one-on-one or engaging in a group discussion, here are a few suggested guidelines for improving family communications:²⁴

- ✓ Let family members know that you care and have time to listen
- ✓ Give each family member a chance to talk openly and/or privately
- ✓ Allow for a "cooling off period" when talking becomes difficult


Open, honest, positive and consistent communication has been shown to be one of the most crucial elements in establishing and maintaining strong family relationships. During times of crisis, trauma, conflict or stress overload, good family communication takes on added importance to help bring the family back into balance emotionally.

Refer to HO 5. Solutions and Questions are the foundation to being strength-based. We approach every situation as having a solution. Carl Rogers (a renowned psychologist) claimed that every person could reach their goals if only the environment offered to the person three core conditions: genuineness (openness and self-disclosure), empathy (being listened to and understood) and unconditional positive regard (being accepted).

Rogers is quoted as saying, "The good life is a process, not a set of being. It is a direction not a destination". As we work with families who are experiencing crisis, trauma or overwhelming stress in their lives, we are likely more effective if we keep in mind this quote. Remembering that helping a family deal with life's challenges is not a "magical" quick fix! As quoted by Roger - it is a process!

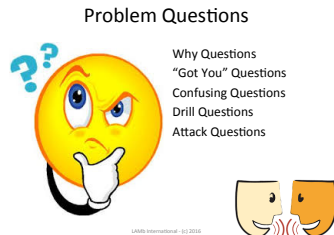
Activity - Finding Strengths. With your group take the assigned statements and consider all the strengths that could be part of the statement.

Example: 16 year old son goes weekly to visit friends at a park 2 km away from home - they play soccer in the open field.

<p>PP 12 - EVERY PERSON</p> <p>EVERY PERSON</p> <ul style="list-style-type: none"> • HAS STRENGTHS • HAS DESIRE TO BE SUCCESSFUL • HAS SOLUTION PATTERNS TO SOLVE PROBLEMS 	<p>Potential strengths:</p> <ul style="list-style-type: none"> ◆ Can negotiate getting to location ◆ Has a core group of friends ◆ Can make a schedule for ensuring he goes weekly ◆ Has a hobby - of playing soccer ◆ Active physically ◆ Knows his community enough to go 2km away from home alone <p>Ask groups to use the following statements (assign each group two statements) - give them flip chart paper to add the strengths they believe represent the situation:</p> <ol style="list-style-type: none"> 1. Mother cares for neighbours children each day as neighbour goes to work 2. Father takes children for walks on weekends 3. Mother and father go together to a couples cell/ prayer group weekly 4. Father has same job for over 10 years 5. Parents went to pastor to ask for help in dealing with crisis in their lives 6. Children are all together with parents for each evening meal and sit together at the table <p>Give groups 15 minutes to complete the flip charts. Have each group report out their work and then add a summary to close activity.</p> <p>Summary: All families have strengths and sometimes we need to think past the obvious crisis, trauma and situation to see these strengths. By asking questions about hobbies, activities and other areas of their lives, we learn the strengths of the family. We want to lead with strengths. Rogers further tells us that each person has three (sometime buried) characteristics: strengths, solution patterns to resolve problems, and the desire to be effective and/or successful in all we do.</p> <p>Next we will examine how to ask effective questions. BREAK TIME</p>
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HO 6 - REVIEW THIS HANDOUT - Hot Tips

PP 13 - Problem Questions



HO 7 - REVIEW THIS Strength Based Question Samples

PP 14 - Activity Time - Back to Two Situations

Back to Two Situations

- With the two situations you previously worked with, prepare two positive, strength-based question for each of the situations. You have 10 minutes to develop them.



E. REVIEW HO 6 - Starting with Effective Questions Which are Strength Based. There are many types of questions that are asked and not all of them are good questions. For example:

- ✓ **Why Questions** - begin to generate excuses and blame
- ✓ **“Got you!” Questions** - you already know the answer and seem to have the goal to trap someone into a lie instead of help
- ✓ **Confusing Questions** - you ask several questions in a row and have not allowed the family member to answer a the first question - they are confused to which question you want answered
- ✓ **Drill Questions** - you ask one question after another leaving the family member feeling they are being “interrogated”
- ✓ **Attack Questions** - asking questions about negative behaviour, “Are you still beating your wife?” (Better question would be - “What are some of the ways your are encouraging your wife?”)

HO 7 - Strength based question look for solutions. For example, the following list of questions are effective, strength based questions looking to the future and to solutions:

- ✓ What are you doing today that is working for you in this situation?
- ✓ What have you tried in the past that will help you move forward?
- ✓ When have you found success with this situation and how did it feel?
- ✓ What might you consider doing now to help?

Practice Time: With your group - go back to your two situations and prepare two positive, strength based questions for the situation. Be prepared to report them out in 10 minutes.

(As groups report these situations out - correct or clarify as needed. Be sure they are positive and solution focused.)

PP 15 - Listening Assessment

Listening Assessment



- Complete the assessment.
- Compile your score.
- Make a plan!



HO 8 - Listening Assessment

PP 16 - Active Listening Skills

Active Listening Skills



- Effective eye contact
- Leaning slightly forward if sitting
- Keeping an open posture
- Affirming gestures and words



PP 17 - Practice Activity

Practice Activity

- Join with a partner – there will be one person the listener and one the talker.
- Talkers – share your favorite holiday activities and location
- Listeners – ask ONLY strength based questions and use effective listening skills.

You will switch roles in a few minutes...



Since questions are best asked as a result of listening, next we will examine our own listening skills.

Turn to the Handout and complete your assessment for your listening skills! Give the group 10 minutes to complete the assessment and then ask who found themselves as:

- A) An Active Listener
- B) Good Listener, but Need a Little Improvement
- C) Focus is Questionable - Got to Practice and Improve

Reminder about listening - using Active Listening Skills - being able to listen, requires listening with mind, body and with intention. Some skills that are required for good listening are:

- ✓ Effective eye contact
- ✓ Leaning slightly forward if sitting
- ✓ Open posture (no crossed arms or clinched fists)
- ✓ Affirming gestures or phrases, such as, “yes,” “go on,” etc.

Final Activity for Practice: Ask participants to get a partner. They will conduct a conversation, where one person is the talker and the other is the listener. Once they have a partner and are positioned to carry on a conversation, instruct the talker they are to talk about their favourite holiday place and what they like doing best when on holidays. Listener is to ask positive questions, and show effective listening skills as just discussed.

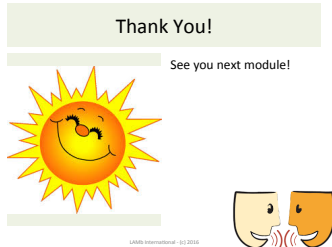
Give five minutes for this practice and then switch roles and allow the other person to listen or talk. Give an additional five minutes for the practice and then process.

Questions to ask:

- What good strength based questions were asked?
- Did anyone have a difficult time asking questions? If so, why?
- What have we learned from this activity?

HO 9 - Action Plan

PP 18 - Closing



- How can we apply what we have learned to working with families in crisis?

F. Summary and Closing - Take out your Personal Action Plan and complete the three questions.

Process by asking if anyone would like to share how this is going to help them work with families who are in crisis, experiencing the impact of trauma or overwhelming stress.

End of Session

Risk to Resiliency

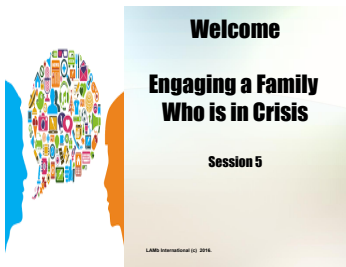
(Working with Families in Crisis)

Session 5: Engaging a Family In Crisis

Time: 3 hours

Tools Needed for Section:
Power Points
Handouts

PP 1 - Welcome



HO 2 - IDEA CATCHER PP 2 - Supportive Engagement vs Protective Authority



Trainer Guide

A. Introduction and Bridge from Previous Modules -

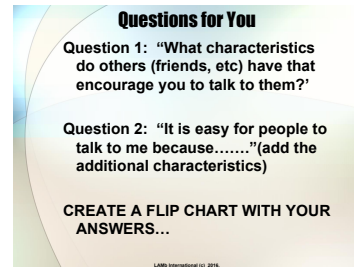
Welcome group and begin by asking for some examples of how the previous modules have been helpful. Accept answers as given.

Introduce this module as being a continuation of skill building in working with families. Clearly there are many more things to learn in order to be effective in working with families we meet who are either suffering from trauma/crisis or just feeling overwhelmed with stress.

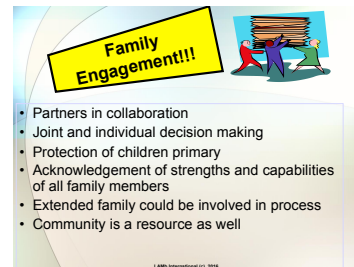
Since our focus is primarily on families where there has been some sort of crisis, trauma or stress, in this section we will examine how to better engage the family in order to help the family move closer to well-being as a family.

B. (Approximately 40 minutes for A and B) What is Supportive Engagement vs Protective Authority - Let's begin a large group discussion by answering the following two questions:

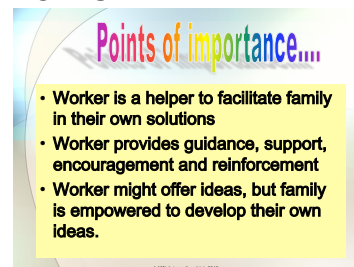
PP 3 - Questions



PP 4 - Engagement Defined



PP 5 - Engagement Points



PP 6 - Protective Authority



1. What characteristics do others (friends etc.) have that encourage you to talk to them? (Flip Chart the characteristics)
2. It is easy for people to talk to me because.... (Add the additional characteristics to the flip chart)

The Engagement Model - Supportive Engagement

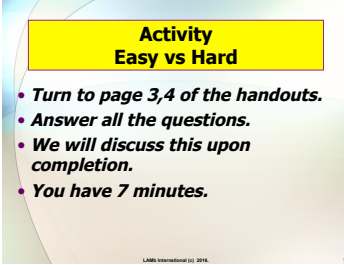

In the engagement model,²⁵ which we will refer to as Supportive Engagement, the role of the worker is one of an *enabler*. Underlying assumptions include the following:

- ✓ The family has the capacity to be partners in a collaborative process.
- ✓ Parents retain the right to make decisions about their families, including how to best protect their children.
- ✓ Family members have strengths and capabilities that can be mobilized for effective change. Extended family members and communities can be mobilized to assist with this process.

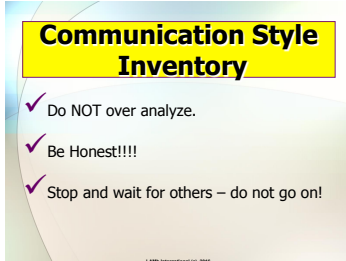
The engagement model consists of the following activities, or processes:

- ✓ The worker helps the family members identify strengths and solutions to the specific problems and identify changes that need to occur for the protection of children and strengthening their family.
- ✓ The worker provides guidance, support, encouragement, and reinforcement.
- ✓ The worker may provide advice, but the emphasis is on empowering families to develop their own solutions.

Protective Authority in working with a family is generally not part of the lay workers role - unless they are employed by a child protective service organization of some nature. Those persons who work within the legal framework of a country organization which is authorized or required to serve to protect rights have a different level of engagement with families who are experiencing crisis or trauma within the family. This level of engagement is often referred to as protective authority.

<p>PP 7 - Activity</p>  <p>Activity Easy vs Hard</p> <ul style="list-style-type: none"> • Turn to page 3,4 of the handouts. • Answer all the questions. • We will discuss this upon completion. • You have 7 minutes. <p>HO 3,4 - Easy, Difficult Questions</p> <p>PP 8 - What Bugs You?</p>  <p>What Bugs You? Page 5 in your handouts.</p> <p>HO 5 - What Bugs You Check List</p>	<p>Protective Authority is not the approach lay persons will be taking when engaging a family to help in the strengthening of the family. If protective authority is needed, the worker must engage those persons who have that authority and role through the legal processes of their country or jurisdiction. Supportive engagement is the focus of our interactions with families.</p> <p>Our goal of the engagement of families is to build a collaborative relationship of helping. The primary skills needed for this engagement are effective communication skills with some of the characteristics mentioned earlier and now posted on the flip chart. These skills can be natural for some and learned by others.</p> <p>Understanding your own personal strengths and weaknesses related to communication can greatly help in the intentional engagement of a family.</p> <p>Activity - What Do You Find Easy - Ask participants to complete the document - HO 3/4. This will help focus on where it could be easy, or difficult to engage a family.</p> <p>(Give 5-7 minutes to complete this document.)</p> <p>Process with group, asking where items were easy and where items were difficult - accept answer as offered and thanks the participants for being honest about their own strengths and weaknesses.</p> <p>Next, we will examine personal communication styles and further examine how our own style can lend to effective engagement or be a barrier to intentional and supportive engagement.</p> <p>Next, let's examine what really bugs us when we are working with families.</p> <p>Refer to HO 5 and check everything that truly "bugs" you. We will conduct a large group discussion on this.</p>
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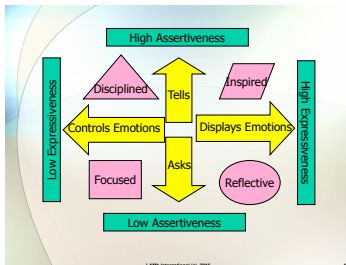
PP 9 - Instructions for Communication Styles



HO 6-9 Assessment

HO 10 - Fill in the Blanks

PP 10 - Fill in the Blanks



Summarize and bridge to next section: What we don't have control of, can actually control us. Our own communication patterns can be ineffective if we don't understand our own triggers and issues when working with a family in crisis.

Next we will examine our own communication style and how we can be more intentional in choosing an approach to work with a family that will be a helping strategy.

C. (Plan for about 90 minutes for C) My Communication Style and Implications for Engaging - HO 6-9 - Ask participants to complete the communication style inventory. This might take up to 20 minutes to complete. Once completed, give instructions for scoring, which is HO 9.

Explain the styles and implications. Ask participants to turn to HO 10 and fill in the blanks as you describe the styles.

1. First you will see at the top High Assertiveness and at the bottom Low Assertiveness. Every person has a comfort zone for giving freely their information. High assertiveness communicators are eager to share where the low assertiveness communicators will hold back and be more received - preferring to listen before speaking.

2. On the left you will see Low Expressiveness and on the right High Expressiveness. Speaking about emotions and feelings will be easier for those who score toward the High Expressiveness, where those who score toward the Low Expressiveness will be much more comfortable with data and facts.

3. The arrows in the middle of the diagram further explain the assertiveness and expressiveness.

- ◆ High Assertiveness is likely to be more comfortable with telling others what to do.
- ◆ Low Assertiveness is likely more comfortable asking others what they might want to do.

PP 11 - Strengths of the Styles



- ◆ Low Expressiveness will want to control their emotions and be more comfortable when others control their emotions.
- ◆ High Expressiveness is quite comfortable with the display of both their emotions and the emotions of other.

4. From this point we can add the different styles:

- ✓ **Disciplined Communicators** are High Assertive and Low Expressive
- ✓ **Inspired Communicators** are High Assertive and High Expressive
- ✓ **Focused Communicators** are Low Assertive and Low Expressive
- ✓ **Reflective Communicators** are Low Assertive and High Expressive

Ask participants to identify where their lowest score fell (this will be their primary style). All styles can be learned and all can be effective or ineffective given a specific situation.

Review the strengths and trouble spots of each style.

Strengths of Styles²⁶

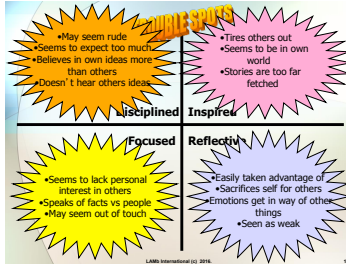
Disciplined Communicators:

- ◆ Excellent communicators
- ◆ Decision makers
- ◆ Can move forward when other are hesitating
- ◆ Not afraid of opening difficult conversations
- ◆ Will want to stay focused and not get off track
- ◆ Will move forward with confidence

Inspired Communicators:

- ◆ Will search for feelings and be willing to express feelings as well
- ◆ Friendly
- ◆ Have a positive outlook on a situation - always suggesting things will get better
- ◆ Loves to tell stories and good at doing this
- ◆ Is influential

PP 12 - Trouble Spots of the Styles



Reflective Communicators:

- ◆ Good listeners
- ◆ Generates trust and a caring environment
- ◆ Creates a safe environment
- ◆ Even keep in emotional conversations
- ◆ Steady and reliable to be a true listener

Focused Communicators:

- ◆ Appreciate facts and data
- ◆ Organized in communication
- ◆ Clear and articulate when speaking
- ◆ Emotionally safe
- ◆ Conscientious with what they say

Trouble Spots of the Styles²⁷

Disciplined Communicators:

- ◆ May seem rude and abrupt in their choice of words
- ◆ Can ask too much from the other person
- ◆ Can shut out others ideas with preference to their own ideas

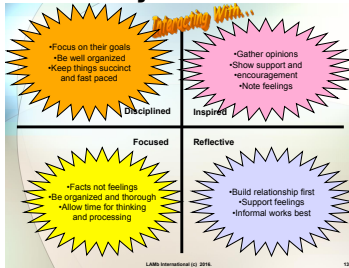
Inspired Communicators:

- ◆ Stories can become overwhelming and too wordy
- ◆ Can exaggerate too much and become unbelievable
- ◆ Might interrupt to tell their own story and example
- ◆ Could be said to listen in order to speak instead of listening in order to understand

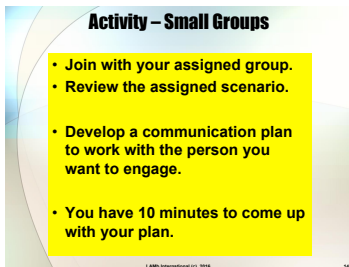
Reflective Communicators:

- ◆ Can be easily taken advantage of
- ◆ Will often sacrifice their own ideas for those of others
- ◆ Emotions can get in the way of other important things
- ◆ Can be seen as weak

PP 13 - Interacting with a Style



PP 14 - Activity with Scenarios



HO 11 - Scenarios

Focused Communicators:

- ◆ Seem to lack the interpersonal nature needed to build a relationship
- ◆ Might seem distant and aloof due to focusing on facts
- ◆ Can seem out of touch from the present situation

When Working With a Different Specific Style²⁸

Disciplined Communicators:

- ◆ Focus on their goals/results
- ◆ Ask for their ideas
- ◆ Be succinct and clear
- ◆ Keep things moving for them
- ◆ Don't become overly emotional

Inspired Communicators:

- ◆ Ask for their opinions and how they are feeling about where we are at this time
- ◆ Be supportive and encouraging
- ◆ Pay attention to feelings

Reflective Communicators:

- ◆ Build the relationship with them first
- ◆ Be supportive of their feelings - pay attention to feelings and ask them how they are feeling about the process

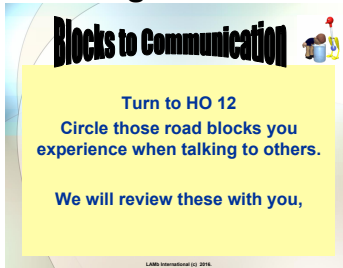
Focused Communicators:

- ◆ Be accurate and have your facts and data ready
- ◆ Be organized and systematic
- ◆ Allow time for thinking and processing

Activity: Refer to HO 11 - Create groups and assign each group one of the scenarios and have them discuss how they would approach the person in the scenario. Be prepared to give your communication engagement ideas back to the large group in 10 minutes.

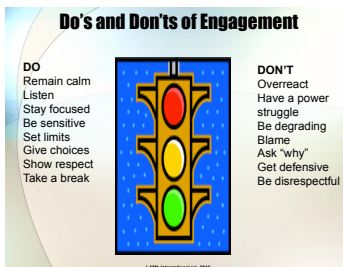
Process and Bridge to Next Section

PP 15 - Blocks to Listening



HO 12 - Blocks

PP 16 - Do's and Don'ts



D. Blocks to Communication and Communicating Under Fire²⁹

Blocks to Active Listening

Ask participants to turn to HO and circle those road blocks you experience when talking to others. Be honest.

Review each briefly.

Under Fire - Remain Calm as the family or person in crisis is often not in control and can demonstrate many different emotional outbursts. We can be helped with the HO 13 and the Do and Don't List:

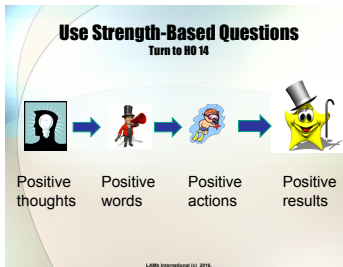
DO

- ✓ Be calm
- ✓ Listen
- ✓ Be aware of space and body language
- ✓ Stay on track
- ✓ Be sensitive
- ✓ Set limits and give choices
- ✓ Be respectful
- ✓ Acknowledge feelings
- ✓ Use "I" statements and reflect what you see in their feelings
- ✓ Take a break if needed (you don't need to make something happen before the family is ready)

DON'T

- ✓ Overreact
- ✓ Get into a power struggle
- ✓ Fight with words
- ✓ Be degrading
- ✓ Blame
- ✓ Discount feelings
- ✓ Say, "ought" or "should"
- ✓ Ask "why"
- ✓ Personalize and become angry
- ✓ Get defensive

PP 17 - Use SB Ques.



PP 18 - Stength Based

STRENGTH-BASED COMMUNICATION THE GOOD, BAD AND UGLY

- A bad beginning makes a bad ending (Aeolus, Euripides).
- Truer words were never spoken especially with regard to the engagement of a family
- How we speak to others and approach them has everything to do with the type of outcomes we can expect.

NOW..TURN TO PAGE 14 AND READ THE QUESTIONS

HO 14 - Questions

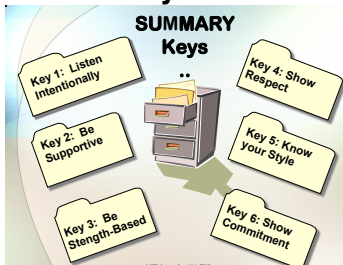
PP 19 - Activity

Engagement Question ACTIVITY

1. Review the scenarios you worked with previously. Use HO 15.
2. Write three strength-based questions....(good questions)
3. We will share these with the large group.
4. You have 10 minutes.

HO 15 - Worksheet

PP 20 - Keys



HO 16 - Action Plan

PP 21 - Closing



E. Building Rapport and a Helping Relationship - Being Strength-Based and Solution Focused - Skills that Help³⁰

Using Strength Based Questions to Engage can open the door to many good and long conversations as the relationship builds. Family members need to understand you are there to help where possible - sometimes just listening is the best help of all. By using effective questions, you open the door to a lasting relationship.

When is a question a good question? Let's look at some good questions and some bad questions. Turn to HO 14.

As you can see good questions lead to solutions and bad questions focus on problems and can seem like blaming. Effective questions will encourage communication and engage the family. They are positive and are focused to identify the solution patterns of the family and it's members.

"How did you accomplish that?"

"Are you able to do that again, as I can see it helped."

"What is your best guess at how to address getting a new job?"

ETC.

Activity: Review the questions HO 14. Upon completing the review, ask participants to return to their groups and take the scenarios they previously worked on. They are to write thee strength-based solution focused questions for review by the large group. Use HO 15 to write their question down.

Ask each group to read their questions to the large group - give coaching where needed to ensure the questions are positive and solution focused and do not imply blame or any negative judgement.

F. Closing - HO 16. Ask participants to complete the Action Plan - Sample and close.

Risk to Resiliency

(Working with Families in Crisis)

Session 6: Working with a Family to Develop a Plan of Safety and Permanency

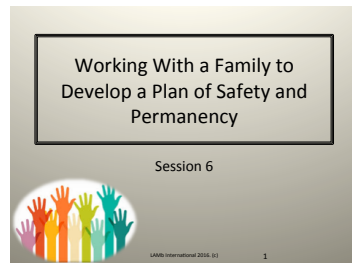
Time: 3 hours

Tools Needed for Section:

Power Points

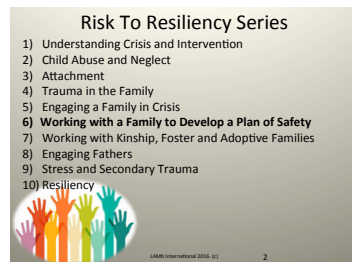
Handouts

PP 1 - Welcome



HO 2 - Idea Catcher

PP2 - Series of Risk to Resilience



Trainer Guide

A. Introduction and Overview of Series - Welcome the group to training and remind them this is Session 6 of 10 sessions.

Review with group what are some of the key learnings they have received from previous modules. Then update the group on the series:

Series: Risk to Resiliency: Working with Families in Crisis

Session 1: Understanding Crisis and Crisis Intervention

Session 2: Child Abuse and Neglect

Session 3: Attachment

Session 4: Trauma in the Family

Session 5: Engaging a Family in Crisis

Session 6: Working with a Family to Develop a Plan for Safety

Session 7: Working with Foster, Kinship and Adoptive Families

Session 8: Engaging Fathers

Session 9: Stress and Secondary Trauma

Session 10: Resiliency

PP 3 - Child Maltreatment



PP 4 - Risk of Maltreatment



B. Overview the Session - Child Maltreatment³¹ refers to:

- *Parenting behavior that is harmful and destructive to a child's cognitive, social, emotional, physical development and those with parenting responsibility who are unwilling or unable to behave differently.*
- *The US National Child Abuse and Neglect Data System³² (for national reporting of child abuse and neglect) refers to child maltreatment as "behavior outside the norm by a caregiver that ... causes physical or emotional harm."*

Risk of maltreatment³³ really means the likelihood that maltreatment will occur or reoccur in the future. You might think of risk as synonymous with words like chance, prospect or potential. Based on the first definition of child maltreatment above, risk of maltreatment might be defined as:

- *The likelihood (chance, potential, prospect) for parenting behavior that is harmful and destructive to a child's cognitive, social, emotional, physical development and those with parenting responsibility who are unwilling or unable to behave differently.*

It is easy to see that, while the definition for maltreatment and risk of maltreatment are similar, they are clearly different. Child maltreatment refers to something that has happened or is happening and risk of child maltreatment refers to something that probably will happen.

Risk factors are then the conditions, behaviours or practices that could cause child maltreatment in the future. One example of this might be drug use, domestic violence in the home or parents being absent from the home for long periods of time leaving the children alone. All the above present potential risk of harm to a child.

PP 5 - Child Safety

Child Safety

When there is no threat or danger to a child within the family/home and protective factors are in place to ensure this.



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PP 6 - Risk Concerns

Risk is concerned with...

- Likelihood of future maltreatment
- Family functioning is unstable
- General child well-being threatened
- Decision making is in question
- Etc.



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PP 7 - Safety Concerns

Safety is concerned with...

- Current dangerous family conditions
- Severe forms of dangerous conditions
- Specific threats to a child's safety
- Behaviors in family out of control
- Etc.



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HO 3 - Risk/Safety Fill in

PP 8 - Questions for Discussion

Activity

Get a partner.

- Write down the different risk or safety concerns you have seen with families you are working with.

- You have 5 minutes.



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Child Safety then exists when there is no threat or danger to a child within the family/home or their are protective factors in place should a threat exist that ensure the child is safe within the home.

To Summarize the Differences between Risk and Safety

Risk is concerned with...

- ✓ Likelihood of future maltreatment
- ✓ Family functioning is unstable
- ✓ General child well-being
- ✓ Decision making of family
- ✓ Family situation and behaviours from onset are progressing into seriously troubled behaviours
- ✓ Aspects of family life are indicative of potential future maltreatment

Safety is of concern with...

- ✓ Current dangerous family conditions
- ✓ Severe forms of dangerous family conditions
- ✓ Those family conditions that meet the threshold of danger
- ✓ Specific threats to a child's safety
- ✓ Family situations and behaviours that are currently out-of-control


All safety factors are risk factors, but not all risk factors are safety factors.³⁴

Question for Discussion: With a partner, write down the different risk or safety concerns you have seen with families you are working with - we will flip chart these factors and concerns.

Give participants 5 minutes to complete this task.

NOTE FOR TRAINER: Prepare a flip chart to take down information as it is shared back from participants. Record as suggested.

C. Assuring the Safety of the Child³⁵ is of primary concern when working with families who are in crisis. If the child is at high risk of maltreatment, immediate steps

<p>PP 9 - Family Safety Planning Question</p> <p>Key Priority Question</p> <p><i>“What needs to happen to ensure the children will be safe in their own family?”</i></p>  <p><small>UNICEF International 2010, 31</small></p>	<p>need to taken to ensure the child is protected. This generally means someone with Protective Authority needs to be involved.</p> <p>While removal of the child from the home to a safe place may seem to be the fastest, most certain way of guaranteeing the child’s safety, it is also the most traumatic and disruptive intervention for both the child and the family.³⁶</p> <p>Family-centered practice presumes that the best way to protect a child is to empower and strengthen the child’s family to provide this protection. Only when this is not possible should more intrusive interventions be considered.³⁷</p> <p>Family Safety Planning - involves developing and implementing a meaningful safety plan often in collaboration with the worker. The family and the worker work together to address the immediate safety issues and set goals for the intervention or remediation of the safety factors.</p> <p>This intervention answers the immediate question, “What needs to happen to ensure the children will be safe in their own family?”</p> <p>Safety can be considered as the parent’s capacity to provide physical safety (where children are kept safe from abuse/neglect and family violence), environmental safety (stable and secure housing which is hygienic and free from hazards), and adequate physical care (nutrition, hygiene, healthcare.)³⁸</p> <p>Safety and Crisis in the Family - is a stressful situation where finding the family able and willing to manage the crisis while at the same time ensure safety of a child can be difficult. A family in crisis is naturally stressful. A crisis demands some sort of change in the family and this change produces stress where families can feel immobilized by the stress. We often see the following:³⁹</p>
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PP 10 - What We See

What we See...

- ☐ Lack of cohesiveness
- ☐ Lack of positive conflict-management skills
- ☐ Blaming
- ☐ Fighting who is right
- ☐ No family time together
- ☐ Stress indicators
- ☐ Failure to communicate openly
- ☐ Talk too much to others
- ☐ Negative social network




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PP 11 - Children Suffer

CHILDREN SUFFER

- Misbehavior increases
- Silence surfaces
- School problems increase
- Difficulty sleeping
- Irritable
- Worry about family problems
- Develop "tics"
- Etc.



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- Lack of cohesiveness and closeness among members of the family
- Lack positive conflict-management skills
- Fight over "who is right"
- Lack time and positive interaction between the parents
- Lack family activities and quality time together
- Experience stressed-out-symptoms - including sleeplessness, lack of appetite, disorientation, memory lapses, depression and anxiety
- Talk openly and honestly. Poorly functioning families may not talk, may keep secrets, or have many topics they cannot or will not discuss with each other
- Develop a strong social network - not necessarily healthy to the family network

Poorly functioning families try to attach the blame to someone inside or outside the family. Healthy families see the crisis as a family-centered problem and work together to correct or change the problem.

Children feel this stress as well⁴⁰ - when a family is experiencing a crisis, all its members are affected - including the children. Sometimes adults believe that kids do not really feel stress, but they do. Some signs that a child may be stressed are:

- Misbehaving more than usual
- More quiet than usual
- School problems, such as fighting or not paying attention
- Having trouble sleeping
- Worry and concern about the family problem

Needless to say, when a family is in crisis - safety is of greater concern for all family members involved. Well-functioning families accept the hardship and use their energy and resources to meet the challenge. They work together to figure out what is needed and what options they have in moving ahead.

PP 12 - Maslow's Pyramid



HO 4 - Maslow fill-in

D. Understanding the Impact of Needs and Helping

When families attempt to tackle all the problems they are facing, this can be overwhelming. As helpers to the family it is important we look at what we can do and what the family can do - separately and collaboratively.

Maslow's Hierarchy of Needs theory tells us that people are unlikely able to focus on their family relationships, safety and well-being if their survival and safety needs are not being met first. Therefore families being exposed to domestic violence, abuse, being unable to meet their children's basic needs for stable housing, food and clothing or cannot pay the rent - may not have the personal capacity to engage in parenting interventions to ensure child safety and well-being.

Review of Maslow's Hierarchy of Needs Theory: Using the power point - develop the needs pyramid or draw a triangle on a flip chart to represent Maslow's Hierarchy of Needs and introduce the idea of having many different types of needs, starting with essential needs at the bottom of the triangle.

Share the titles of the different levels of need as you write them into the triangle:

- ✓ Physical Needs
- ✓ Safety Needs
- ✓ Belonging Needs
- ✓ Self-Esteem Needs
- ✓ Self-Actualization Needs

PP 13 - Instructions

Activity for Groups

- Work together – with all areas of needs
- Flipchart two columns
- Col1: different ways families might experience unmet needs
- Col2: identify feelings and behaviors related to unmet needs



You have 20 minutes.

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PP 14 - Approach

- Non-judgmental
- Respectful
- Courteous
- Sensitive with enquiry
- Focus on strengths
- Show care for whole family
- Share decision making
- Culturally sensitive
- Clear about goals

APPROACHES



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As a whole group, brainstorm some needs which may fit into each category, e.g.:

Physical needs - water, food

Safety needs - feel secure in home

Belonging needs - friendship, family love

Self-Esteem needs - confidence, respect

Self-Actualization needs - meaningful role in life

Group Activity: Create groups. Each group is given a flip chart paper and asked to make two columns on their paper. Column1 is to identify all the different ways families might experience unmet needs in each of the five areas. In Column 2, they are to identify different feelings and behaviours one might see when these needs are not being met.

Give groups 20 minutes to complete this task. Ask groups to report out their work. (Suggest that each group take only one of the areas to report - for example - Group 1 to report Physical needs; Group 2 to report out Safety needs, etc.)

Summarize this activity - Families who are experiencing crisis might very well be facing multiple issues and complex needs. This can be overwhelming for both the worker and the family. In working with the family to ensure safety of children, addressing the family's basic survival, safety and security needs are the first order of business.

Parents may be reluctant to engage in strategies or hope due to previous negative experiences with others.

However, as noted in Session 5, engaging the family is a good place to start. Engaging the family in collaborative partnership is crucial to address the raising safety concerns within the family.

In working with families to engage them for the safety of their children, there are several ways to approach them to build the needed rapport and trust:

- Approach in a non-judgemental way
- Be respectful and courteous
- Develop trust through sensitive and inclusive enquiry about their circumstances
- Focus on building the family's strengths

PP 15 - Four Questions

Four Critical Questions for a Plan of Safety

1. What are we worried about?
2. What is working well with the family?
3. What needs to happen to ensure safety?
4. How safe is the family/child on a scale of 1-10?



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- Take an active, caring whole of family approach to their situation
- Focus on children's needs
- Establish shared decision making
- Remain culturally sensitive
- Be clear about our goal of safety for children and that the family be strengthened and stay intact

Essentially from the research⁴¹ of helping families create a plan of safety, there are four questions to help in this:

- ✓ What are we worried about?
- ✓ What is working well with the family?
- ✓ What needs to happen to ensure safety?
- ✓ How safe is the family/child on a scale of 1-10?

Question 1: What are we worried about?


This is where we want to clearly articulate the safety concerns we believe important to the safety of the child in the family. All safety plans begin with being able to clarify the different safety concerns. In doing this we want to:

- ✓ Openly discuss and clearly define the safety concerns using simple language. Start with the basic survival and safety needs first and how these might be addressed.

Question 2: What is working well?

Recognizing and utilizing the family's own strengths and resources, by identifying and honouring the family for everything seen as positive in their everyday life and care for their children is a major contributing factor to engage the family for successful outcomes.

The ideal outcome is for the family to come up with additional ideas about what they can do to ensure the children stay safe.

<p>PP 16 - Jensen Stats</p>  <p>Applying Maslow Stats to consider...</p> <p>Low socioeconomic status:</p> <ul style="list-style-type: none"> • Greater exposure to family violence, abuse, etc. • More likely to have aggression in day care, school, etc. • Family disciplinary strategies likely are harsher as income decreases <p>UNICEF International 2010, 31</p>	<p>Question 3: What needs to happen?</p> <p>Helping the family set goals is important. Goals should be in behavioural terms that are specific actions parents need to undertake in order to ensure the child's safety.</p> <p>Goal setting is important in the development of a safety plan with the family. It helps the family to know exactly what needs to be done and when.</p> <p>A safety plan is collaboratively created and needs to be "owned" by the family to be meaningful. The ultimate aim is for the family to provide the adequate safety, stability and security so that the children can stay safe within their own family.</p> <p>Addressing the family's basic survival and safety needs (physical safety, food, clothing, and shelter) should be prioritized above other interventions. It may be necessary to be ready to either help with the basic needs or to refer the family to where these needs can be met.</p> <p>E. Applying Maslow to Meet Needs</p> <p>When working with families in crisis, we cannot assume the families will tell us what they lack and what they need. Many reasons for this, including embarrassment, or lack of trust in our role as a helper.</p> <p>Asking sensitive questions may be necessary to obtain information regarding the stressors in the family. One major stressor is commonly the lack of resources to meet the family basic needs. This stressor is a primary reason for safety concerns in many crisis families.</p> <p>Eric Jensen⁴² cites the following stats on the violence that comes with living in a chaotic environment in poverty:</p> <ul style="list-style-type: none"> • Compared with middle-income children, low socioeconomic status children are exposed to higher levels of family violence, disruption and separation • Compared with well-off peers, 2 to 4 year olds from low-income families interact with aggressive peers 40 percent more often in their neighbourhoods and 25 percent more often in child care settings
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PP 17 - Instructions

Back to Your Group

- Work with all area of needs
- New flipchart to be created
- You have 20 minutes
- Identify what helps are available for each of the needs and what you, your church, your NGO or others have available to help with meeting the identified needs.



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- Numerous studies document that caregivers' disciplinary strategies grow harsher as income decreases.

What can we do? Activity.

With your previous group - return to your flip chart and review each of the need areas. With your new flip chart, identify what helps are available for each of the needs and what you can offer from your own church, NGO or organization. Complete for each need area. Be prepared to report back in 20 minutes.

Review work done - and summarize.

You would want to see some of the following:

Survival/Physical needs

- Emergency housing
- Food bags
- Clothing bank
- Payment of a power bill
- Fresh water made available
- Taking over meals (creating a meal team)

Safety needs

- Parenting help
- Coaching offered
- Day care for a child

Belonging needs

- Parenting programs
- Training for parents
- Social groups
- Inviting out for coffee/tea

Self-esteem needs

- Education resources
- Helping to find a job
- Offering a job
- Job training

PP 18 - SMART Goals

Develop one SMART safety goal for a child.
You have 7 minutes.

- S – specific
- M – measurable
- A – achievable
- R – realistic
- T – time limited



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HO 5 - Goal Worksheet

PP 19 - Closing Activity

Return to your Idea Catcher and Action Plan

Idea Catcher
• Identify one major learning from this session

Action Plan
• Complete the Action Plan
• You have 7 minutes and then we will sample the room for their work, ideas, etc.



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HO 6 - Action Plan

PP 20 - Closing



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Self-actualization needs

- Goal setting with family
- Confidence building activities
- Recognition of success and goal accomplishment

F. Safety is the Goal

Being open and honest - and setting the goal of safety is key to this session. Goals need to be SMART - Clear, specific, achievable, realistic and time limited. Write these out with the family and sign them to bring forth the important significance of the goal set.

Examples of a goal:

Ivy will take her children to her mothers if her husband returns home intoxicated. This is done to ensure the children are safe and away from the potential of physical abuse. The children will remain with her mother until her husband is no longer intoxicated.

Albert will walk out of the house when his anger begins to escalate toward his children. He will remain in the back yard until his anger has subsided. Upon returning to the house he will talk to his wife about this anger escalation in a calm manner to better understand the situation and his reaction.

Activity: Ask groups to come together and write one goal related to one of the need/risk areas previously identified.

Give the groups 7 minutes to write one goal. Sample the goals. Give acknowledgement of them being SMART or correct as needed.

G. Close Session

End the session with the following: Return to your idea catcher and write down the most important learning you gained from the day - be prepared to share this next.

Then ask for 4-5 volunteers to share their learning. Thank the group and close. Next Session is: Working with Kinship, Foster and Adoptive Families.

Risk to Resiliency

(Working with Families in Crisis)

Session 7: Working with Foster, Kinship, and Adoptive Families



Time: 3 hours

Tools Needed for Section:

Power Points

Handouts; strips of flip chart paper for activity

Other - small prizes for the winner of the bingo game.

<p>PP 1 - Welcome</p>  <p>PP 2 - Instructions for Bingo Game</p>  <p>HO 2 - Idea Catcher</p> <p>HO 3 - Bingo Game</p>	<p>Trainer Guide</p> <p>A. Welcome the Group. As this is the 7th Session of the 10 Session Series, most participants should be well acquainted with each other. Open with a game that will get them up and walking around - finding new information about each person in attendance.</p> <p>Introduce the Risk and Resilience Bingo game. The goal is to get a coverall. Meaning, they are needing to find signatures for each of the squares. Here are the rules of the game:</p> <ol style="list-style-type: none"> 1. You can sign your own card only one time. 2. Others can sign more than once, but you must take only one signature from them - then move away and get someone else's signature before going back to the same person. <p>Time this for only 3 minutes.</p> <p>Find out who had the most signatures - sample some of the items not signed and award prizes.</p>
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PP 3 - Session Points

SESSION 7 - KEY POINTS

- Removal of a child is traumatic for the child
- Placement of a child is challenging for everyone involved
- A family cannot be fully ready for placement - it is a process that requires support, training and communication
- You can be a helper in the process

3

B. Introduce Session. Working with foster, kinship and adoptive families can be both rewarding and frustrating at the same time for workers. The dynamics that led up to a child being placed out of their own home were likely traumatic for the primary family and for the child.

When a child enters out-of-home care, that experience can be the most traumatic of his or her young life, even more than the abuse or neglect that might have led to the removal. The transition from removal to reconnection to reunification (permanency) is a fragile process full of emotion for all who are part of that process.⁴³

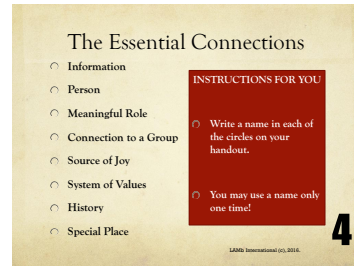
Removing a child is also an emotional activity for the worker who had the protective authority to make the removal of the child from the primary family and subsequent responsibility for placement into the family who would be caring for the child. Making a decision of whom to place the child with is sometimes the second major emotional decision a worker needs to make in the case of a child in need of protection.

This placement decision is made with the worker deciding what is the least restrictive placement possible for this child. The first option is for the child to be placed with a family member. This is referred to as kinship care. The next option is foster care. Both are considered temporary placements with the goal being reunification of the child with their birth family.

Adoption is a choice only when the reunification cannot occur due to an impossible situation of the primary family being willing or able to care for the child and keep the child safe.

For years, child welfare operated under the assumption that severing the ties from one's biological family best served everyone. That belief was that a clean break enabled the child to move on and form new attachments⁴⁴.

PP 4 - Activity Instructions



HO 4 - Essential Connections Work Sheet

The following exercise provides insight into the power of separation.

C. Essential Connections

NOTE: Advise persons they can choose not to participant if the activity becomes too difficult.

Prepare the handout in advance and cut each sheet on the dotted line. This allows for participants to easily tear off one of the connections at a time.

Introduce Activity⁴⁵: To grow and maintain healthy, happy lives, we all need essential connections to people, places, memories, etc. The following activity will provide participants with an opportunity to experience what it might feel like to lose those connections.

Part 1: First explain each category

Information: all the “how to’s” we have, like how to cook, how to drive a car, how to manage your funds

Connection: the most significant person in your life

Meaningful Role: might be mother, sister, daughter, bookkeeper, this role give you a sense of meaning to your life

Connection to Group: you might be a member of church, exercise team, or cell group.

Source of Joy: something that you can to to and feel deep happiness - might be a hobby, an activity

System of Values: what or whom dictate your principles and standards of living

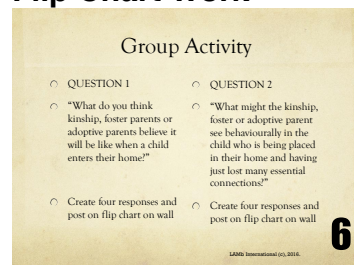
History: where and how do you recall your history - might it be in photographs, writings, persons you can talk to

Special Place: this is where you go to find special peace, might be where you grew up, where you live now, a special place in your home

PP 5 - Question - What Do Children Lose?



PP 6 - Instructions for Flip Chart Work



Part 2: Ask participants to write down what these connections are for them - write this into the box specific for each connection. Give the group 5 minutes to do this.

Part 3: When the group is finished, you will begin instructing then to tear off one of the connections at a time. Do not reveal you are going to take all their connections at this time.

Loss of first connection: "I have some bad news for you. You many not keep all you connections. Please choose one to tear off." Rip it off.

Loss of second connection and more: Repeat these instructions several more times and give the participants time to decide which connection they will tear off next.

Last connection - you now have one connection left - what is this? Most often it is the Significant Person.

Process - what do children lose first in their placement into a kinship, foster or adoptive home?

D. What kinship, foster or adoptive parents experience with a placement.

Place two flip charts on the wall. One titled; WHAT PARENTS THINK IT WILL BE LIKE; Second one titled: WHAT BEHAVIORS MIGHT THE PARENTS SEE IN THE CHILD HAVING LOST CONNECTIONS

Create groups and give each group the task to fill our four strips of flip chart paper with the following question being answered, "What do you think kinship, foster parents or adoptive parents believe it will be like when a child enters their home?"

Complete the next question with four answers, "What might the kinship, foster or adoptive parent see behaviourally in the child who is being placed in their home and having just lost many essential connections?"

PP 7 - Sources of Conflict



Process the activity. Perception, expectations, along with values and world view all play an important part in keeping to the realities of parenting a child who is not from your immediate family.

Kinship families, foster families, adoptive families and birth families along with you the worker can find yourselves in a conflictual relationship when these expectations, etc. do not match your own. The conflicts are inherent to the decision to receive a child into your home.

The kinship or foster family may feel fear and anger due to the unknowns about the child's future and plan for reunification. Children feel confusion and anxiety due to divided loyalties. All play a part in causing stress and potential decisions for disruption in the placement.

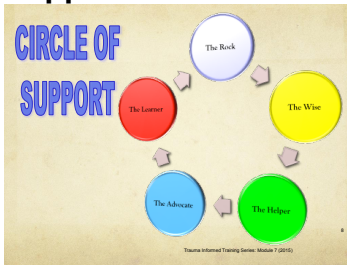
Kinship, Foster or Adoptive Families have several potential sources of conflict:⁴⁶

- Anger with the primary family for what has happened to the child.
- Desire to protect the child from further harm - don't trust the primary family to keep the child safe.
- Fear that the primary family may sabotage the child's placement and be non-supportive of the foster family's intervention.
- Fear that the primary family will hurt the child or even the foster family in an emotional or physical manner.
- Desire to have the child to become a part of heir permanent family.
- Different life style and culture between the foster family and the primary family.
- Unclear expectations.
- Limited team involvement and membership.
- Lack of effective resources to manage the concerns, fears and needs the placement surfaces.

E. Helping to Strengthen Kinship, Foster or Adoptive Families

When asking foster families what they need, Heather Bench a foster mom from Dayton, Ohio discovered that a theme began to surface and families identified things that

PP 8 - Circle of Support



HO 5 - Circle of Support

help. She identified what is now called the Circle of Support (something that not only kinship, foster or adoptive parents need - but workers too!)

Refer to the Power Point and Handout.

As helpers we can work with families to consider how they get the support they need to be effective as a parent to the child in their home.

Circle of Support⁴⁷

The five areas of support are:

The Rock - the person who is your primary person in your life - will be there for you no matter the situation.

The Wise - will always tell you the truth when you ask them a question about how you are doing.

The Helper - just seems to know when you have a need - gracious to step in and lend a helping hand.

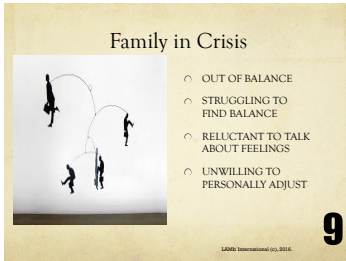
The Advocate - will not let anyone talk behind your back - they see your strengths and will only let others speak of them - never allowing gossip about you.

The Learner - a person who will find answers for you - look things up, study or research what you are puzzled about.

We are most effective when we can put a different name in each of the circles. No one person can be all these supports - it is asking too much of one person.

As a helper to kinship, foster and adoptive parents, one of the tools we can use is this Circle of Support. By helping parents see the benefit of a support circle, we also can advocate for building support teams of parents to help one another and take on different support roles for each other.

PP 9 - Family Crisis in Placement Points



Ask participants to return to the handout and fill in different names for each of the support circles - see how many could do all five with different names.

F. Family Crisis with Placement

When A Child Enters the Home⁴⁸

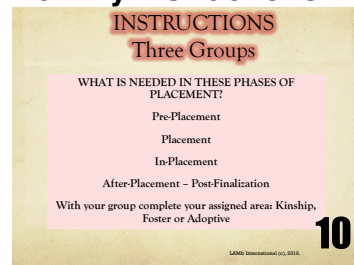
A family can be compared to a mobile hung in space. Each member is one of the components that brings the mobile into balance. When outside forces such as the wind disturb the mobile, temporary imbalance is created. When the outside force is gone, the mobile quickly returns to its previous balance.

When the family adds a new member, however, the mobile must change internally to achieve balance.

Foster, adoptive, and kinship families shift like the mobile when a new member is added. When a new member first enters the family, the shift is sudden and wild. The family may tolerate this shift for a few days or even weeks without complaining, but eventually it will react. The family will try to revert to its previous status to regain its homeostasis. As the family tries to achieve its' previous status, members make changes, like the various parts of the mobile. Their movement causes other positions to shift to accommodate them. On some occasions the shifting is gentle; in other cases the changes may be more dramatic, seemingly out of control. The changes in positions and shifting will continue until everyone is satisfied with their new position on the family mobile, and a new balance is achieved.

Prospective caregiving families must consider the willingness of each family member to make adjustments in their position on the family mobile. Sometimes, one adult in the household is much more enthusiastic about foster care or adoption than his or her partner. If one of the adults is significantly reluctant, their unwillingness to make necessary adjustments will impact the success of the foster or adoptive placement. The same is true if children in the family are unwilling to make adjustments. Each family must assess whether they are ready to take on the balancing act that will be necessary to incorporate a new family member.

**PP 10 - Placement
Activity Instructions**



**HO 6, 7, 8 - Worksheet
for Placement Phases**

The point is, of course, all family members will have to shift and realign themselves, like figures on a mobile in space, in order for the family to reestablish balance after adding a new member. Foster, adoption, and kinship care cannot be the project of just one family member.

Helping a family understand these changes and challenges is one of the most important things a worker can share in helping the kinship, foster or adoptive family adjust to do bringing a new child into their home.

Helping During Placement

Form three groups corresponding to different types of caregiving: foster, adoption, and kinship parents. Instruct each group to think about the various stages of the placement process, and things they might do to help the family adjust to the transition and achieve equilibrium during each of those phases, thus preventing crisis.

Place the four phase on a flip chart or use the power point.

- 1. Pre-placement:** Before the child has been placed
- 2. Placement:** while the child is actually being moved into the family
- 3. In-placement:** while the child is living with the family
- 4. After placement:** when the child moves out of the home or (in the case of Adoption) **Post-finalization:** after the adoption has been finalized

Encourage each group to consider as many strategies as possible to reduce stress and increase their family's constructive coping resources. They should record their responses on flip chart paper.

Give the participants about 20 minutes to work on the project. Each group should share *some* of their answers with the entire group. (You might ask each group to share one of the phases, giving each group a chance to report out their work and others add to what has been reported)

The following are ideas that can be recommended if missed by the groups:

PP 11 - Hints to Add to Phases

Consider This

Pre-Placement <ul style="list-style-type: none"> • Training • House rules • All family committed • Finding a support group or person(s) • Set house rules 	At Placement <ul style="list-style-type: none"> • Pre-placement visits • Take your time • Find out all you can about the child • Explain house rules • Keep open communication with worker
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PP 12 - More Hints to Add to Phases

More Hints

In-Placement <ul style="list-style-type: none"> • Keep good records of needs, growth and development • Ask questions • Continue with training • Take breaks • Have family meetings 	Post-Placement (foster and kinship) <ul style="list-style-type: none"> • Be open about feelings and losses of child going home Post-Finalization (adoptive) <ul style="list-style-type: none"> • Stay in contact with worker • Support group • Training continues
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Pre-Placement

- **Learn as much as possible about the child before** the child arrives
- Attend training to learn skills for working with children from difficult situations
- Prepare children in family about potential changes in receiving a new child into the home
- Ensure commitment from all family members
- Join a support group or talk to other foster parents
- Set up a system for respite when things might be difficult
- Set house rules and guidelines
- Define your own limits and hold to these
- Start having family meetings to discuss concerns, challenges and issues
- Establish a calendar that will give the family members as well as individuals free time

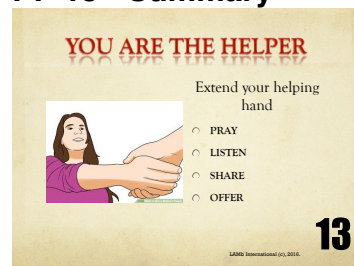
At the Time of Placement

- Ask for pre-placement visits to help both you and the child adjust to the upcoming changes
- Don't rush placement
- Be sure you know as much about the child as is possible
- Keep communication open with the worker that placed the child
- Explain the house rules to the child
- Keep time for the children already in your home
- Find out what the child likes, dislikes and is important to them
- Be fair but consistent
- Plan for your first respite break

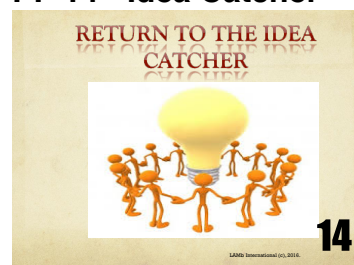
In-Placement

- Keep good records and documentation on the child's need, development, behaviours and progress
- Stay in contact with your worker
- Ask questions
- Advocate for appropriate services for the child and the caregiving family
- Continue being involved with a support group
- Take breaks

PP 13 - Summary



PP 14 - Idea Catcher



PP 15 - Closing



- Exercise and eat well - take care of yourself
- Refresh yourself spiritually
- Keep personal hobbies and interests going
- Define your limits and stick to them
- Continue with training to learn more about caring for a child who has had a difficult journey
- Have regular family meetings
- Take time for your spouse and communicate regularly

Post-Placement (foster and kinship care)

- Continue with your support group
- Let your children and yourself express feelings of fear, sadness, anger and joy when needed
- Discuss issues openly
- Take a break away with the family to re-group as a family

Post-Finalization (adoption)

- Stay in contact with other adoptive families
- Be open to additional support as needed along the way
- Get help for stress before a crisis arises
- Keep attending training to learn
- Be realistic about your expectations of yourself and of your child
- Become an advocate for adoption

Summary

As a helper, these ideas can be presented to the families you work with - helping each family, be they kinship, foster or adoptive family. Challenges will surface and parents will benefit from someone who is both ready and willing to help them think and talk through the challenges. This someone might be you.

G. Closing

In closing the session, ask participants to return to their Idea Catcher and identify the one thing they have learned this session that will be most significant in helping a Kinship, Foster or Adoptive Family. Sample the group and Close.

Risk to Resiliency

(Working with Families in Crisis)

Session 8: ENGAGING FATHERS

Time: 3 hours

Tools Needed for Section:

Power Points

Handouts

PP 1 - Welcome

HO 2 - Idea Catcher

PP 2 - Quote

A Good Thought...

"As long as the word "parent" is implies "mother" - father involvement will be limited and support services will fail to involve and support fathers."



A Good Thought...

"As long as the word "parent" is understood to mean "mother" - father involvement will be limited and support services will fail to involve and support fathers."



PP 3 - Research points

Research Points

- Better peer relationships
- Fewer behavior issues
- Lower crime behavior
- Higher self-esteem
- Greater life-satisfaction
- Belief in self increased



Trainer Guide

A. Welcome the Group. After welcoming the group, give a brief introduction to the session, Working With Fathers. The following quote is a good lead in:

"As long as the word "parent" implies "mother" father involvement will be limited and support services will fail to involve and support fathers."

Fathers identify that they have hope and great love for their children, however they sometime feel "invisible" when parenting issues, challenges, or opportunities exist that involve their children. Yet when dads are positively involved with their children, research⁴⁹ shows that children have:

- ✓ Better peer relationships
- ✓ Fewer behaviour problems
- ✓ Lower criminality and substance abuse
- ✓ Higher educational and occupational mobility
- ✓ Higher self-esteem
- ✓ Greater life-satisfaction
- ✓ Greater belief that they can control what happens to them in life

PP 4 - Walk About Instructions

WALK ABOUT



- Go to each of the five charts on the wall.
- Identify one strategy that will help fathers for each of the five areas.
- You have 7 minutes.
- Fill in your handout after walking about.



HO 3 - Walk About Ideas for Personal Use

PP 5 - Five Chart Titles for lecturette

Helping Fathers Five Themes

- Build Confidence
- Show Respect
- Receive Information
- Feel Encouraged
- Feel in Control of their Involvement



Working with the family is best done involving the fathers and providing opportunities for the fathers to be a central and important part of every intervention involving their children.

TRAINER NOTE: In advance post five flip charts on the wall that have the following titles:

- ◆ Build confidence
- ◆ Show respect
- ◆ Receive information
- ◆ Feel encouraged
- ◆ Feel in control of their involvement

Activity - Walk Arouds. Ask the group pick up a marker and to go to the five posted flip charts on the wall and add what might help fathers (something they or their organization/church can do to help fathers) in the area noted on the flip chart.

Give the group 7 minutes for this activity. Upon completion of the information review each chart and add the following information:⁵⁰

Chart 1: Build Confidence - Men can feel inexperienced as caregivers and easily question their skills. Find or create trusted environments that are inclusive and non-judgemental where they can develop confidence in their interactions with their children.

Chart 2: Show Respect - Dads define their role differently than mothers. They have different priorities that determine how they interact with their children and the contribution they make as fathers. It is important to acknowledge this in the programs, materials and interactions with the family when discussing their children.

Chart 3: Receive Information - Address dads in correspondence letters, and consider the channels of communication to include fathers. Information and resources for dads are often seen as unavailable or inaccessible. They are also often focused on the mother role and not the father role.

<p>PP 6 - Five areas of Development</p> <div data-bbox="224 352 532 571"> <p>Five Areas of Development</p> <ul style="list-style-type: none"> Cognitive Emotional Social Physical Spiritual </div> <p>λ</p>	<p>Chart 4: Feel Encouraged - Current offerings can leave dads feeling invisible and excluded. By providing them with appropriate points of contact to discuss their concerns and giving them trusted resources of information, they can feel like they are being supported. Finding information that is focused specifically for fathers will encourage fathers to be more involved with their children.</p> <p>Chart 5: Feel in Control of Their Involvement - Fathers can feel they are limited in their ability to interact with their children on their terms. Provide greater flexibility regarding scheduling and create a better awareness of what resources are available to them.</p> <p>B. Benefits to Children in Their Development - Over the globe, fathers are taking up the challenge to be more involved with their children. You will see fathers out walking baby strollers, shopping in the grocery store with their children, playing outside in playgrounds with their children, changing diapers, feeding, etc.</p> <p>Learning to be a father and being a good father takes time and experience. It also take encouragement. One of the opportunities to encourage fathers is to help them understand the benefits to their children's growth and development. As mentioned earlier, there are many benefits to father involvement. As fathers want to be more involved then ever, the benefits of co-parenting are significant on the development of their child.</p> <p>Know the Impact Fathers Have⁵¹. One of the important strategies to help fathers be more involved with their children is to share the value of their involvement and the impact it has on the child's development.</p> <p>Considering five areas of development - Cognitive, Emotional, Social, Physical and Spiritual - this will be the focus of the next discussion of involvement for fathers and their impact.</p>
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HO 4 - Development Benefits of Father Involvement

PP 7 - Cognitive Developments

Cognitive Development Benefits



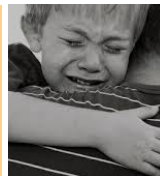
- Increase in cognitive competence
- Stimulating environment
- Enjoy learning more
- Better academically



PP 8 - Emotional Development

Emotional Development Benefits

- Attachment to father
- More resilient
- Manages stress better
- Less distress
- Personal sense of self-control and self-esteem



PP 9 - Social Development

Social Development Benefits



- Social competence with others
- Social maturity
- Gets along better with others
- Greater sense of empathy, tolerance and understanding



PP 10 - Physical Development

Physical Development Benefits

- Safety in home
- Not die in infancy
- Breast fed longer
- Maintains a healthy weight



Cognitive Development⁵² - Children involved with their fathers in a positive manner are more likely to:

- Be more cognitively competent as babies and toddlers
- Live in environments that stimulate them cognitively
- Enjoy school more
- Be better academic achievers

Emotional Development⁵³ - Children with involved fathers are more likely to:

- Be securely attached to their fathers
- Be more resilient and handle stress better
- Experience less psychological distress (fear, guilt depression, etc.)
- Have a higher sense of personal control and self-esteem

Social Development⁵⁴ - When fathers interact with their children in a social and playful manner, children are more likely to:

- Show higher social competence, social initiative and social maturity
- Get along with their siblings and peers better
- Have a greater sense of empathy, tolerance and understanding

Physical Development⁵⁵ - Children living with both biological parents are more likely to:

- Be safer in the home
- Not die in infancy
- Be breastfed longer
- Maintain a healthy weight

Spiritual Development⁵⁶ - When fathers lead the spiritual development of their children there are many benefits for children:

- Brings worth and meaning to the life of the child
- Gives a sense of value to the child
- Guides the child in the direction of faith

BRIDGE TO NEXT SECTION...

PP 11 - Spiritual Development

Spiritual Development Benefits



- Brings worth and meaning to life
- Gives sense of value
- Guides the child in the direction of faith, morals and beliefs



PP 12 - 6 Roles of a Father

6 Roles of a Father

- Provider
- Interactive
- Nurturing
- Affectionate
- Responsible
- Committed



C. Roles of Fathers in the Care of Their Children -

Fathers can carry many different roles in the family - there are traditional roles and there are non-traditional roles.

However the following 6 roles are significant for fathers⁵⁷. It is likely that fathers will have strengths and weaknesses in the different roles - this leaves room for development.

One of the important activities for the church or organization working with fathers is to recognize these strengths and weaknesses and help the fathers by being careful in the activities, materials and expectations of fathers as they are developing additional skills and strengths in their father roles.

Role #1: The Provider Father - (for the necessities of life) Dads often look after these basics, food, clothing and shelter. Providing for these things contributes to the family's economic well being and is an important role and traditional part of fatherhood. This does mean to bias against the non-traditional role of fathers caring for children in the home while mothers carry this role of provider.

Role #2: The Interactive Father - (for human interaction) Spending time with their dad gives them a chance to learn communication skills, social rules, and the values that are important in their family.

Role #3: The Nurturing Father - (for care and comfort) Nurturing means helping someone or something grow. Dads provide an environment where children feel important and cared for.

Role #4: The Affectionate Father - (for warmth and love) A child's first relationships need to be filled with love and warmth. Right from birth dads need to give kisses, smiles, hugs and affirming words to their children.

Role #5: The Responsible Father - (for guidance and protection) Fathers show they are responsible by giving their children guidance, keeping them safe and secure, and teaching them about the world.

PP 13 - Questions for Discussion

Discussion Questions

Question #1: "Within your own context, how can you encourage father to play with their child?"

Question #2: "Within your own context, how might you encourage development of the 6 roles of a father mentioned earlier?"



PP 14 - Hints to help in Fathers Roles

Great Hints to Help Fathers

- Make the space inviting
- Use neutral colors
- Offer magazines for men's interests
- Have a men's baby change area
- Put up posters of men and their families
- Ask fathers what the need



Role #6: The Committed Father - (for being important to someone) Commitment shows children that they belong somewhere and are important to someone. They learn that their dad will have their best interest in mind, no matter what happens.

One of the major activities that helps fathers connect and stay connected to their children is PLAY. Children love to play and in fact this is the "job" of childhood. To "play" and learn. Healthy attachment has been connected to dads' level of play sensitivity when those children were toddlers.⁵⁸

LARGE GROUP DISCUSSION: Use the following questions to conduct a large group discussion:

Question #1: "Within your own context, how can you encourage fathers to play with their child?"

Question #2: "Within your own context, how might you encourage development of the 6 roles of a father mentioned earlier?"

Make your space father friendly. Here are some good hints to help in your environment:

- ✓ Make sure there is space and engaging with the child which will not limit interaction.
- ✓ Use neutral colours on your walls - forget the flower and "pretty" look
- ✓ Offer magazines that fathers will be interested in to pick up
- ✓ Have a baby change area easy for dads to access
- ✓ Put up posters that have fathers and children interacting
- ✓ Ask fathers what they want to see in your environment and do your best to accommodate that change

PP 15 - Question Activity

Role Play - Question

- Find a partner
- Turn to the questions handout
- You will interview your partner (father) and get as much information about him and his family as possible in the time provided.
- You will then write a report of your findings and share with the large group.



SWITCH ROLES AND REPEAT

HO 5 - More Questions

D. Talking With Fathers - Good Questions to Open Doors

In previous sessions we have examined the importance of using strength-based and solution-focused questions. Again, this is a great beginning to having a meaningful and positive conversation with a father that goes beyond sports and weather.

Using the question list you have in your handouts, we will divide into pairs. One person will be the father and the other the worker. Your goal is to talk to the father using positive questions and find out as much about the father and their parenting as possible.

Keep notes and be prepared discuss your findings with the large group. Give 5 minutes for first interview. 3 minutes to write down findings and 5 minutes for discussion of Role Play #1.

Switch Roles and repeat activity with same time frames.

Question samples to use:

- Tell me about your child.
- What are the best benefits of being with your child during their play?
- What has your child/infant taught you?
- When did something really special happen between the two of you?
- What are your best memories of play time with your child?
- What is your favourite activity together?
- What have you done to help your child through difficult times?
- What have you changed about yourself since becoming a parent?
- What do you like most about parenting?
- When things look rough or become difficult what keeps you going? What do you do?
- ETC.

PP 16 - Strategies Activity

STRATEGIES CHECKLIST

- Turn to the handout – Strategies Checklist and answer yes or no to the items/ strategies you have in your context.
- You have 7 minutes to complete the checklist.



HO 6/7 - Strategies checklist

Important things to keep in mind when working with fathers:

- Keep it practical and be minimal on talking about feelings
- Highlight the things that dads do that show strength in parenting
- Do more asking than telling
- Be an encourager
- Let dads take ownership for their ideas

BRIDGE TO RESOURCE CHECK LIST

E. Potential Strategies⁵⁹ for Use in Your Program -

The Best Start Resource Center from Toronto, Canada has developed a checklist to guide in reaching fathers. This resource list can be modified to meet your own needs.

Turn to the handout and complete the handout answering yes or no if you have these strategies in place in your own program. We will discuss this once completed.

Give the group 7 minutes to complete the checklist. Then review the checklist together in a large group.

Items on the check list are listed in categories - Strategic, Methodical, Welcoming and Relevancy.

Strategic Items

1. We ask fathers about their needs and interests.
2. We ask mothers about their needs and interests.
3. We know who our priority population is.
4. We have a name for our dads that they like to be called.
5. We have a list of potential community partners for dads.
6. We have contacted these partners for access and eligibility information, so we can share this with fathers.

Methodical Items

7. Team has had training on how to engage fathers.
8. We have resources, articles, etc. for workers to read about engaging fathers.
9. Women workers understand the dynamics and challenges of working with fathers.

	<p>10. We have some activities that are for dads only.</p> <p>11. We offer activities where fathers and children are together.</p> <p>Welcoming Items</p> <p>12. We have a father friendly environment.</p> <p>13. We have communication methods and ways to connect with and keep in touch with fathers.</p> <p>14. We call fathers by their preferred name.</p> <p>15. We can offer ideas for men to engage with their children.</p> <p>Relevant Items</p> <p>16. Our planned programs and activities are practical and hands-on.</p> <p>17. We have resources available to read for fathers.</p> <p>18. We access services for men that they might be interested in.</p> <p>19. We have a male worker who can engage with fathers from time to time.</p> <p>20. We give men opportunities to lead in different programs involving their children from time to time.</p> <p>Summary: From this checklist, it is possible participants can see where they might improve their activities and interactions with the fathers of the children in their programs. Encourage the participants to return to their Idea Catcher and write down some ideas they will include into their programs or activities. Give them 2 minutes and then ask for some sharing.</p> <p>Consider giving a small sticker or token of appreciation for those who share an idea they will add to how they work with fathers.</p> <p>BRIDGE TO NEXT SECTION</p>
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PP 17 - Men have Postpartum Too



Some Men Have Postpartum Too



PP 18 - Signs of Concern

Postpartum Signs of Concern

- Withdrawal from family
- Avoidance of family
- Low interaction with family
- Feelings of inadequacy
- Irritable, aggressive
- Sadness, despair
- Increase of drugs or alcohol



PP 19 - Three Easy Points to Remember

Three Easy Points to Remember

1. Be Patient

2. Be Consistent

3. Be Flexible



F. Not Just Women Suffer from Postpartum

Depression - As we begin to close this session, and look at how we might help fathers, it is important to understand that even fathers (in fact many) experience postpartum depression⁶⁰ after the birth of a child.

It is for this reason we need to offer special consideration to some of the different symptoms we could see post birth of a child. New fathers might exhibit the following:

- ✓ Withdrawal from family
- ✓ Avoidance of family time
- ✓ Low to no positive interaction with the baby
- ✓ Feelings of inadequacy or fear in their role as a father
- ✓ Difficulties relating to their wife, the mother of the child
- ✓ More irritable, aggressive or angry than in the past
- ✓ Sadness or signs of despair
- ✓ Increase of drug or alcohol use


Men can be encouraged to talk about their feelings, but this might better be done with a trained therapist. If these signs are evident in the work you are doing with fathers, it might be time to ask for help, as these signs can lead to more serious problems in the family and end up putting the family into a major crisis.

The role of the worker is to be an encourager, supportive in engaging fathers to enjoy their role and to be an active part of the family system.

G. In Conclusion. This session is designed to bring to focus the importance of engaging fathers in all families, not just those in crisis. As workers focus and design ways to involve fathers more, the goal is to help fathers feel welcome in the ensuring the health and well-being of their children and their family.

Perhaps the best advice comes from those who have been working with fathers for some time.⁶¹

1. Be Patient - Building a viable and successful parenting program takes time.

<p>PP 20 - Closing</p> <p>CLOSING</p> <p>ACTION PLAN RETURN</p> <p>"What were your key teaching learning points from this session?"</p> 	<p>Give yourself that time and freedom to build this slowly. Focus on quality not quantity.</p> <p>2. Be consistent. Although there may be times and events that need some adjustment, the consistency of workers will help build relationships and trust.</p> <p>3. Be flexible. Cannot stress this enough. Be open to change and to do a reassessment of how things are going. Don't make assumptions, ask the question, "How is this working?" "What needs to change?"</p> <p>Our children and the families we work with need our encouragement. Fathers are ready to step in, we just need to give them the permission, space and encouragement to do so.</p> <p>Closing - Return to your idea catcher and add any new idea you have received. Sample a few and close the session.</p> <p>Next Session is on Self Care.</p>
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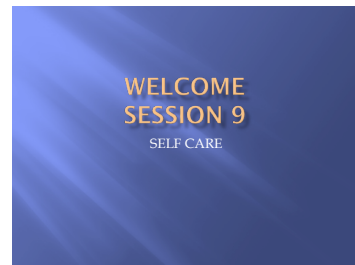
Risk to Resiliency

(Working with Families in Crisis)

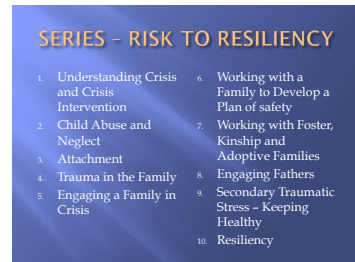
Session 9: Secondary Traumatic Stress Keeping Healthy Time: 3 hours

Tools Needed for Section:
Power Points
Handouts

PP 1 - Welcome



PP 2 - Session Names



HO 2 - Idea Catcher

Trainer Guide

A. Welcome and Introduction to Session. Open the session with a reminder of the 10 session series and that we are now almost at the end of the series.

Risk to Resiliency: Working with Families in Crisis

Session 1: Understanding Crisis and Crisis Intervention

Session 2: Child Abuse and Neglect

Session 3: Attachment

Session 4: Trauma in the Family

Session 5: Engaging a Family in Crisis

Session 6: Working with a Family to Develop a Plan for Safety

Session 7: Working with Foster, Kinship and Adoptive Families

Session 8: Engaging Fathers

Session 9: Secondary Traumatic Stress - Keeping Healthy

Session 10: Resiliency


This session will focus on you - the worker and the impact of working with a person who has experienced crisis and trauma can have on your own

HO 3 - Three Questions

PP 3 - Three Questions Activity

Three Questions

1. What is the most challenging part of working with crisis families?
2. What have you done in the past to manage your own emotions?
3. What has been the most significant impact on you of working with trauma and crisis in children and families?



PP 4 - Quote from Remen

TAKE NOTE..

☐ QUOTE:.....“the expectation that we can be immersed in suffering and loss daily and not be touched by it, is as unrealistic as expecting to be able to walk through water without getting wet”.

Rachel Remen

well-being. According the National Child Traumatic Stress Network, one of the most important skills in caring for a person who has experienced crisis or trauma is the skill of Self Care. Trauma or crisis in families we work with can cause stress on the worker and, if not managed, can take a worker from being committed and excited about being a helper to being depressed and exhausted, even to the point of becoming ill.

Our awareness of the impact of this indirect trauma exposure - referred to as **secondary traumatic stress** - is a basic element to protecting the health of the worker to ensure that traumatized children and their families receive the best possible care from those who are committed to helping them.⁶²

Activity - Ask participants to use the handout and answer the three questions - they will introduce themselves to the large group with these three answers. (Could do this as Likert - walk around survey Scales)

TRAINER NOTE - OPTIONAL ACTIVITY: If you have a large group - ask the participants to get into groups and share their answers to the three questions in their group. After giving them about 5 minutes, sample the room.

Question #1: What is the most challenging part of working with crisis families?

Question #2: What have you done in the past to manage your own emotions?

Question #3: What has been the most significant impact on you of working with trauma and crisis in children and families?

Summarize with a quote from Rachel Remen: *“the expectation that we can be immersed in suffering and loss daily and not be touched by it, is as unrealistic as expecting to be able to walk through water without getting wet”.*

Working with children who have experienced trauma or with a family in crisis will generate some form of stress for the

PP 5 - Figley definition of STS

Secondary Traumatic Stress (STS)

"A set of observable reactions to working with the traumatized and mirrors the symptoms of PTSD. Rather than the source of the trauma emanating from an event directly, it come to us indirectly."
-Charles Figley

worker. It is important to remember that it is not IF workers/caregivers will experience stress, it is WHEN we will experience it and what we do to remain strong and healthy.

B. Secondary Traumatic Stress - We won't have time to define the differences between Post Traumatic Stress Disorder (PTSD), Secondary Traumatic Stress (STS), Compassion Fatigue (which are the worst consequences of STS), Vicarious or Secondary Trauma. They are often used interchangeable with persons, but have specific differences.

It is, however, important to understand the difference between STS and Burnout.

First, burnout relates to a failure to manage a poor work environment, rather than to the persons stress while working with trauma and crisis.

STS and Secondary Trauma are all related to the experience we have working with others who are telling us their stories, or as we work with them to find the place of well-being coming out of their own trauma and crisis. STS and Secondary Trauma is relates to the impact of others experiences on ourselves. Figley explains STS further:

"A set of observable reactions to working with the traumatized and mirrors the symptoms of PTSD. Rather than the source of the trauma emanating from an event directly, it come to us indirectly."

-Charles Figley

PP 6 - Activity Instructions

Instructions for Activity

- ❑ Join with a group.
- ❑ Identify the different issues that have surfaced in your work that have been very stressful to you.
- ❑ List and prepare to discuss with large group
- ❑ You have 5 minutes

PP 7/8 - 10 Factors

10 Factors = Secondary Trauma

1. Empathy
2. Child's Trauma
3. Disparity Between Expectations & Realities
4. Mismatch between our perception as a helper & client's view of us
5. Disbelief & Dismissal

10 Factors = Secondary Trauma - continued

6. Child Fatality or Tragedy
7. Living in Same Crisis Community
8. Unresolved Personal Trauma
9. Information Overload
10. High Level of Accountability & Public Scrutiny

HO 4 - 10 Factors

STS, or Secondary Traumatic Stress is correctly used often as Compassion Fatigue as well. While STS is the more common description of the stress experience by workers to describe the exhaustion and desensitization to the traumatic and/or violent events of a family they are working with, Compassion Fatigue essentially has the same construct.

STS is found in all helping professions. The stress of STS results from wanting to help with the suffering and pain of another person, experiencing their stories emotionally and knowing the impact it has on the person we are helping.

Activity - Instruct the participants to join in a group and list the different issues that have surfaced in their work that have been very stressful to them personally.

Give them 5 minutes and then sample the room. This will likely be very similar across the room - showing the impact of what is likely to be experienced by all who work with crisis families. The work is stressful!

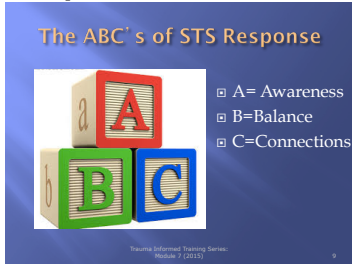
According to Pulido (2012)⁶³ there are 10 contributing factors to STS when working with children and families in child welfare (crisis and trauma).

Have participants turn to the handout and check off all that refer to the work they have been engaged in with crisis families. Review the factors:⁶⁴

Factor #1: Empathy - is a valuable tool for staff working with traumatized children and families. They recover in therapy or following solid caseworker intervention, because we are there emotionally for them. However, when we empathize with a child or adult, "feel their pain", the worker becomes vulnerable to internalizing the child's trauma-related pain.

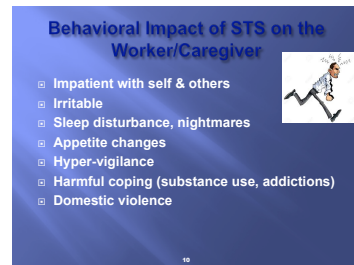
Factor #2: Children's Trauma - is especially difficult and provocative for workers and caregivers. Empathy with a child that has been abused, neglected, is ill or has lost a loved one produces stress for those helping them through their trauma.

	<p>Factor #3: Disparity Between Worker Expectations and Realities - This can be true for new workers who haven't anticipated the intensity of being a helper. Training alone can never prepare a new worker/caregiver for the emotional toll this might have on their own well-being. Unexpected events can also occur, that can make experienced workers second guess their desire to continue working in this challenging area.</p> <p>Factor #4: Mismatch Between Person's Perceptions of Being a Helper and How They are Perceived - While the worker /caregiver is doing everything required of them to protect children and empower families, they can still be perceived by families and community members as intrusive or even disruptive to a family receiving their services.</p> <p>Factor #5: Disbelief and Dismissal of Knowledge - When workers/caregivers are not believed by judges, police officers, attorneys, and other community professionals who are working together regarding the family.</p> <p>Factor #6: A Child Fatality or Tragedy - Often workers/caregivers may be embarrassed to admit that they are having a difficult time emotionally for fear of being perceived as "weak" or incompetent. Workers/caregivers may deny or try to conceal their true feelings.</p> <p>Factor #7: Workers/caregivers Living in the Same Crisis Situation or Community as the Family - are doubly impacted as they are still living in the area that precipitates many memories of the traumatic event or crisis situation the family is experiencing – even during off-work hours.</p> <p>Factor #8: Unresolved Personal Trauma - in the worker's own life – Many workers/caregivers have experiences prior personal losses or trauma of their own. The pain of these past experiences can resurface during work with children and families that have endured similar traumatic experiences, exacerbating the secondary traumatic stress impact for the worker/ caregiver.</p>
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<p>PP 9 - ABC's of STS Response</p> 	<p>Factor #9: Information Overload Due to Insufficient Recovery Time - This happens when a worker/caregiver takes in a lot of information quickly over a short period of time about a child/family's horrific situation.</p> <p>Workers/caregivers may be secondarily traumatized by listening to similar stories over and over without adequate time to recover and process their cases. Some studies suggest that the more trauma survivors a person works with, the more symptoms of STS he/she is likely to experience.⁶⁵</p> <p>Factor #10: High Level of Accountability and Public Scrutiny - Workers/caregivers may feel a lack of control over their work. Clients, supervisors and the program/ agency demands and public scrutiny all contribute to the stress and unavoidable imbalance experienced by workers/caregivers. Living and working in this type of “fish bowl” can generate stress.</p> <p>Summarize the activity and bridge to the next section - looking at the impact and reactions of STS.</p> <p>C. Reactions to Secondary Traumatic Stress - Symptoms of secondary traumatic stress can include some of the same symptoms experienced by the direct victims of trauma—including increased fatigue or illness, social withdrawal, reduced productivity, feelings of hopelessness, despair, nightmares, feelings of re-experiencing of the event, having unwanted thoughts or images of traumatic events, anxiety, excess vigilance, avoidance of people or activities, or persistent anger and sadness.⁶⁶</p> <p>As a first step in being Healthy we need to be aware of the risks of working with persons who are in crisis and/or have experienced trauma. In helping us be more focused on our health and well-being we will use the ABC's of STS Response: A - is for Awareness B - is for Balance C - is for Connections</p>
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HO 5,6,7 - Self Assessment Checklist

PP 10 - Behavioral Reactions



By exploring A - Awareness, we must understand the impact and our common reactions if STS is not addressed in our lives. It has an impact on our entire well-being.

Figley⁶⁷ expanded this listed and identified a number of typical reactions if secondary traumatic stress is not addressed in a timely fashion. These reactions fall into several categories:

- Behavioral manifestations;
- Physical affects;
- Psychological/emotional symptoms;
- Spiritual impact;
- Cognitive impairments;
- Social/Interpersonal challenges; and
- Work performance impacts.

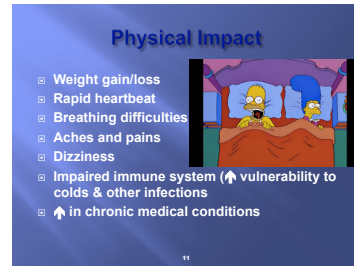
Self Assessment Checklist - As you review each of the sections below, ask participants to use their checklist and follow along, checking all that refers to their own situation. You will discuss this upon completion of the activity.

BEHAVIORAL

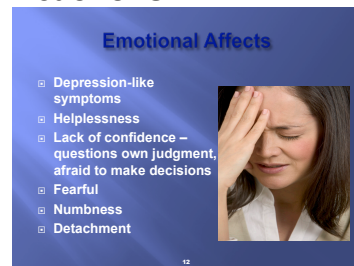
Behavioral Impact of Secondary Traumatic Stress on the Worker/Caregiver - Some of the common behaviors associated with secondary trauma include:

- Being impatient with yourself & others
- Being irritable
- Having sleep disturbances and/or nightmares
- Experiencing appetite changes
- Being hyper-vigilant
- Adopting potentially harmful coping behaviors including substance use and other addictive behaviors
- Experiencing domestic violence (as the victim or perpetrator)

PP 11 - Physical Reactions



PP 12 - Emotional Reactions



PHYSICAL

Physical Impact of Untreated Secondary Trauma on the Worker/Caregiver - The physical impact of untreated secondary trauma include:

- Weight gain/loss
- Rapid heartbeat
- Breathing difficulties
- Aches and pains
- Dizziness
- Impaired immune system
- Increase in chronic medical conditions

EMOTIONAL

Emotional Affects of Untreated Secondary Trauma on the Worker/Caregiver - The emotional affects of untreated secondary trauma may include:

- Depression-like symptoms (result in sleeping all the time, loss of appetite, crying all the time, being lethargic, not being interested in doing anything, etc.)
- Feelings of helplessness
- Pervasive feelings of lack of confidence; including questioning your own judgement and being afraid of making decisions
- Being fearful
- Pervasive feeling numb - not reacting emotionally in the way you would typically react; being unable to express any type of emotion; being emotionally 'flat'
- Feeling emotionally detached generally or towards specific situations or people

PP 13 - Spiritual Reactions

Spiritual Impact

- ❑ Questioning the meaning of life
- ❑ Doubting religious/spiritual beliefs
- ❑ Enhancing religious/spiritual beliefs
- ❑ Anger at God/Higher power
- ❑ Pervasive hopelessness




13

PP 14 - Cognitive Reactions

Cognitive Impairment Due to Untreated STS

- ❑ Poor memory
- ❑ Lack of concentration
- ❑ Confusion
- ❑ Poor judgment
- ❑ Preoccupied with the traumatic event & the victim
- ❑ Flashback of traumatic situation




14

PP 15 - Social/ Interpersonal Reactions

Social/Interpersonal Impact of STS

- ❑ Withdrawal from family/friends
- ❑ Social isolation
- ❑ Loneliness
- ❑ Decreased interest in intimacy/sex
- ❑ Mistrust & suspicious of others
- ❑ Negative impact on parenting



15

SPIRITUAL

Spiritual Impact of Secondary Traumatic Stress on the Worker/Caregiver - The spiritual impact of secondary trauma include:

- Questioning the meaning of life
- Doubting previously held religious or spiritual beliefs
- Enhancing previously held religious or spiritual beliefs
- Expressing anger at God
- Feelings of pervasive hopelessness

COGNITIVE

Cognitive Impairment Due to Untreated Secondary Traumatic Stress on the Worker/Caregiver - The resulting cognitive impairment that results from untreated secondary trauma include:

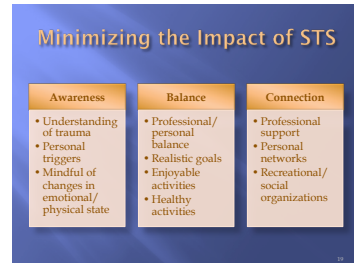
- Memory loss
- Lack of concentration
- Confusion
- Poor judgement
- Preoccupied with the traumatic event and/or the victim
- Experiencing flashbacks of the traumatic event; with the resulting flight-freeze-fight response

SOCIAL/INTERPERSONAL

Social/Interpersonal Impact of Secondary Traumatic Stress - The social/interpersonal impact of secondary trauma include:

- Withdrawal from family or friends
- Social isolation
- Self-imposed loneliness
- Decreased interest in intimacy
- Mistrust and suspicious of others
- Negative impact on parenting and ability to anticipate/ meet their child's needs.

PP 16 - Finding Balance



Review results of checklist with large group - asking how many feel they might need to be more careful in caring for self? (You will likely get most participants expressing this is the case.)

Summary - It therefore stands to reason that the impact of untreated secondary traumatic stress will have a detrimental impact on our behavioral, physical, emotional, spiritual and social functioning; which, in turn, will have a negative impact on our overall work-related performance (either as a worker or care provider).

HO - 8 - Mindfulness Wheel

PP 17 - Daily Mindfulness



D. Finding Balance for Self Care - Ask the participants to take a look at the handout with the Daily Mindfulness Wheel and enter three or more ways in each area where they can take time to find balance in areas not involved with crisis families or children of trauma

Give participants 5 minutes to complete their wheel, then ask for volunteers to share what they have added in their wheel. Do this one area at a time. Once completed, ask the participants to go back and add what they are willing to add into their wheel to ensure balance in their lives.


E. Connecting Yourself - "While self-care may begin by taking care of ourselves, another significant aspect of self-care involves an examination of the connections we make and the relationships we maintain that help restore a sense of health and well-being. Self-care is not practiced in isolation. When it comes to managing stress, maintaining positive relationships is not just a good idea – it is essential!"⁶⁸

Having a network of connections lends to a healthier life for a person serving those families who are in crisis and children who have suffered from trauma. We must all learn to do the following:

PP 18 - Two Points

Two Points

- Talk out your stress with others
- Build a positive support system



PP 19 - Connecting Yourself



HO 9 - Connection Circle

PP 20 - My Self Care Plan

MY SELF CARE PLAN

- PAIR WITH A PERSON
- Complete your own Personal Self Care Plan
- Share with Your Partner
- Make a time to connect after the training
- Be prepared to share with the large group.
- You have 15 minutes

HO 10 - Self Care Plan

PP 21 - Summary ABC's

The ABC's of STS Response



- A = Awareness
- B = Balance
- C = Connections

Leads to
RESILIENCE

PP 22 - Closing

THANK YOU

And thank you for
the good work
that you do

Talk out your stress with others. Process your thoughts and reactions with someone else (co-worker, therapist, clergy, friend, family, supervisor). Make sure that you don't isolate yourself from others - either at work or home.

Build a positive support system that supports you, BUT does not add to your stress. Seeking support from others who are also experiencing their own negative impact from STS may not be in your best interest. While they may understand "what you are going through", they likely won't be able to positively help you reframe your perspective on what is happening; and hence will only keep you focusing on the negative.

Developing a network of connections is the first step in having what is needed to build a healthy circle of support.

Ask participants to turn to their handout with the connection cycle and begin to name persons whom they see fit into these categories - the more names the bigger the support circle. Ideally each person will have more than one person for each category. They will next create a Self Care Plan.

My Self Care Plan - Pair the participants and have them each turn to their Self Care Plan Handout. They are to fill this out and share it with the person they are in partnership with. They are to make a time when they can check in with each other following the training.

Give the pairs - 15 minutes and then take samples.

Close Session - Resiliency can Impact STS! - Secondary Traumatic Stress can be turned to Resiliency - by paying close attention to the ABC's we have just shared. Remind group the next and last session, Session 10 is on Resiliency.

Risk to Resiliency

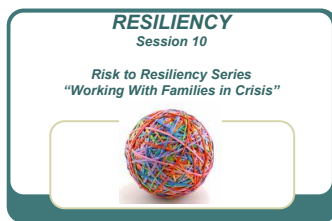
(Working with Families in Crisis)

Session 10: Resiliency

Time: 3 hours

Tools Needed for Section:
Power Points
Handouts

PP 1 - Welcome



HO 2 - Idea Catcher

Trainer Guide

A. Welcome and Introduction to Session. Welcome the participants to the last of the Risk to Resiliency series.

This session will end the series of preparing workers with the core foundation competencies to work with families in crisis. Remind the participants that this is a beginning - not the end of what is needed to work effectively with families who are in crisis. The goal of every worker is to help families strengthen and remain together, all the while ensuring safety, permanency and well-being for their children.

Families who come for help want this as well, they might not have the skills needed and/or the confidence to keep their family together and strong. When families are facing life's inevitable difficulties, they can feel at a loss at what to do, who to turn to and how to manage the situation for the immediate moment. This session brings to focus the important need for resiliency, or the ability to bounce back, stay strong and remain focused to ensure there are continuous and effective strategies being used to keep the family strong, healthy and safe.

PP 2 - 10 Sessions

SERIES - RISK TO RESILIENCY

- | | |
|-------------------------------------------------|-------------------------------------------------------|
| 1. Understanding Crisis and Crisis Intervention | 6. Working with a Family to Develop a Plan of safety |
| 2. Child Abuse and Neglect | 7. Working with Foster, Kinship and Adoptive Families |
| 3. Attachment | 8. Engaging Fathers |
| 4. Trauma in the Family | 9. Secondary Traumatic Stress - Keeping Healthy |
| 5. Engaging a Family in Crisis | 10. Resiliency |

PP 3 - Resiliency Definition

Definition of resiliency

- Resiliency is the ability to overcome challenges of all kinds - trauma, tragedy, personal crisis, plain "ole" life problems - and bounce back stronger, wiser, and more personally powerful.

• Vocabulary.comDictionary.



Risk to Resiliency: Working with Families in Crisis

Session 1: Understanding Crisis and Crisis Intervention

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Session 4: Trauma in the Family

Session 5: Engaging a Family in Crisis

Session 6: Working with a Family to Develop a Plan for Safety

Session 7: Working with Foster, Kinship and Adoptive Families

Session 8: Engaging Fathers

Session 9: Secondary Traumatic Stress - Keeping Healthy

Session 10: Resiliency

B. What is Resiliency - Resiliency is the ability to overcome challenges of all kinds - trauma, tragedy, personal crisis, plain "ole" life problems - and bounce back stronger, wiser, and more personally powerful.⁶⁹

If you bend a fork and it bends right back - that is resiliency. A car that is in an accident only has a few scratches has resiliency. A person shows resiliency if they are able to recover from a difficult experience. Going back to work after a horrible event like a close family member dying - shows a lot of resiliency. Doing a long running race shows physical resiliency.⁷⁰

One of the ways we can help families is to help them understand their own resilience and how to build more. It is important, as we all are faced with life's inevitable difficulties requiring for us to cope and bounce back.

We often hear stories of families falling apart when a crisis hits. They might be able to tell us what they would do in case of a crisis, yet when a crisis hits, they simply cannot or will not manage the crisis, often resulting in even more crisis.

Resilience on the other hand, is the persons ability to bounce back, adapt well in the face of crisis or difficulties. This does not mean the person does not feel stress or discomfort from the difficulty, rather it means they are able to "bounce back" from the difficulty and not be left worse off than before the problems surfaced.

PP 4 - Instructions for Questions

Questions to Consider ?

- Review the questions on the worksheet – be thoughtful and honest with yourself.
- We will discuss these questions in 10 minutes.



HO 3 - 8 Questions Worksheet

PP 5 - Summary Questions

All families have strengths! Summary Questions

- What can we learn from these questions about ourselves?
- What might we learn from our families by using these or similar questions when helping them work through their own crisis?

C. Understanding Your Own Resilience History

Focusing on your own past experiences and sources of personal strength can help you learn about what strategies for building resilience might help you.⁷¹ The American Psychological Association notes several questions⁷² to consider to help in discovering your own response to difficult situations.

Ask participants to turn to the handout and complete the 8 questions. Give them 7 minutes to think through and answer the questions.

- ✓ What kinds of events have been most stressful to me?
- ✓ How have those events typically affected me?
- ✓ Have I found it helpful to think of important people in my life when I am distressed?
- ✓ To whom have I reached out for support in working through a traumatic or stressful experience?
- ✓ What have I learned about myself and my interactions with others during difficult times?
- ✓ Has it been helpful for me to assist someone else going through a similar experience?
- ✓ Have I been able to overcome obstacles and if so, how?
- ✓ What has helped make me feel hopeful about the future?

Activity - Ask participants to find a partner to work with and share their resiliency experiences as noted on their answers to their questions. Allow 10 minutes to have this discussion and summarize with the following:

Summary Question #1: What can we learn from these questions about ourselves?

Summary Question #2: What might we learn from our families by using these or similar questions when helping them work through their own crisis?

Resiliency involves being flexible, open for ideas, change and working to keep balance in your life.

PP 6 - Demonstrating Resiliency

Demonstrating Resilience

- Express emotions
- Be pro-active
- Spend time with persons important to you
- Nurture yourself
- Rely on yourself AND others to help from time to time



PP 7 - Instructions for Personal Self-Assessment

Personal Self-Assessment

- Turn to the Personal Self-Assessment on pages 4,5,6 and complete each statement with an honest answer about yourself.
- Complete the scoring and wait for further instructions.



HO - 4,5,6 - Personal Self-Assessment for Resiliency

PP 8 - Scoring Key for Self-Assessment

Self-Assessment Scoring

- 25-35 – You have a high level of resiliency in this category
- 12-24 – Your resiliency is at a moderate level and could use some work in this category
- 1-23 – Your resiliency is low in this category and you will benefit greatly by developing in this category



This is demonstrated by the following:⁷³

- ✓ Expressing emotions in a positive and sometimes avoiding situations where strong emotions might surface.
- ✓ Being pro-active in stepping forward and addressing the demands of daily living and also stepping back to rest and re-energize yourself - knowing when to do each is best for you
- ✓ Spending time with those persons of importance in your life to gain support and encouragement
- ✓ Nurture yourself
- ✓ As you rely on yourself, rely on others from time to time too.

D. Resilience Self-Assessment⁷⁴ - The following self-assessment could be used to help families look at their own resilience strengths. Ask participants to turn to the Personal Self-Assessments and complete the 42 question assessment. Instructions are on the handouts.

Give participants 15 - 20 minutes to complete and score this assessment. Once it is completed they are to score each category (this is a horizontal - list of 7 questions). The maximum score would be 35 and the minimum possible would be 7.

After participants have scored all six categories, give them the key for their work:

If you scored between 25-35 - you have a high level of resiliency in the category.

If you scored between 12-24 - you have a mid level of resiliency in the category and this is an area you might want to focus building more resilience.

If you scored between 1-23 in a category - this is a low level of resiliency. You will benefit greatly by developing resiliency in this area.

PP 9 - Four Sources of Resilience

Four Sources of Resilience

Street Resilience
Resource Resilience
Relational Resilience
Rock Bottom Resilience
Not only survive, but thrive!



In order to remain strong, we must stretch ourselves and spring forward!

HO 7,8 - Four Sources of Resilience Write in

PP 10 - Street Resilience

Street Resilience

- Reframe limitations
- Focus on the good things done
- Look fear into the eye..



PP 11 - Resource Resilience

Resource Resilience

- Self-talk
- Others who are Resilient
- Action – Go on the offensive
- Kick complacency out the window
- Be persistent
- Challenge the NO's
- Use humor



E. Four Sources of Resilience⁷⁵ - According the Moore, there are four sources of resilience:

- 1) Street Resilience
- 2) Resource Resilience
- 3) Relational Resilience
- 4) Rock Bottom Resilience

Each of these sources are a part of normal life experiences and offer opportunities to develop stronger and stronger resilience. Helping families understand some of their own strengths and capabilities can develop a belief in their own potential to be more resilient.

Street Resilience⁷⁶ - When a person draws strengths from mistakes, disrespect and discrimination they are channeling their emotions for a productive purpose as opposed to letting their emotions control their behaviour.

We learn from our mistakes and these moments of crisis can be the key moment for learning and practising/building resilience. Key strategies to help become more street resilient are:

- Reframe limitations into potential strengths
- Focus on what was done right
- Look fear in the eye - everything is less scary when you face it and put it into the spotlight

Resource Resilience⁷⁷ - Everyone has known and unknown reserves of resources. By tapping into these reserves one can become more resilient.

- Spend time cultivating positive self-talk, demonstrating belief in self and abilities to manage crisis situations
- Hang out with others who demonstrate the resilience you want
- Go on the offensive - WITH ACTION
- Kick complacency out the window
- Be persistent
- Challenge the “no’s”
- Use humour

PP 12 - Relational Resilience

Relational Resilience

- Resist being a "one up" person
- Engage emotionally
- Don't take friendships for granted
- Help others
- Cut down on social media
- Connect spiritually



PP 13 - Rock Bottom Resilience

Rock Bottom Resilience

- Accept and plan to overcome
- Stay away from blaming
- Look for "wins"
- Don't tolerate the "broken window"
- Look to future and believe
- Engage in logic
- Forgive others



Relational Resilience⁷⁸ - Helping families identify their own important human connections, helps them see where others can be a resource for times of crisis. Key factors in relational resilience are:

- Resist the need to "one-up" on others
- Engage emotionally
- Don't take friendships for granted
- Help others - *"The roots of interpersonal conflict are often excessive concern for oneself, and an inaudibility to pay attention to the needs of others."* Mihaly Csikszentmihalyi
- Use social media minimally - focus on face to face interactions
- Connect spiritually

Rock Bottom Resilience⁷⁹ - Everyone is about two steps from rock bottom. The problem is not that there are problems and crisis in ones life - the problem is expecting life to be without problems. Overcoming obstacles creates strength, hope, dignity and self-respect. Rock bottom resilience:

- Accepts the circumstances of the moment and makes a plan to overcome them
- Stays away from blaming everyone else
- Looks for small wins
- Won't tolerate a "broken window"
- Eliminates disempowering labels: helpless, wounded, useless, etc.
- Looks to the future and believe in positive outcomes
- Holds logic as precious
- Forgives others

There are steps you can take today or any day that make it more likely that you will bounce back from any problem or challenge "stronger, smarter and with more self-esteem..." and are likely your family and others you care about will bounce back too!⁸⁰

Several additional factors are associated with resilience, including:⁸¹

PP 14 - Four additional Factors

Four Additional Factors

- Realistic steps
- Positive view of self
- Skills in communication
- Manage impulses



PP 15 - Qualities Worksheet

Turn to Qualities Worksheet

- Read through each of the qualities and check those that fully represent you.
- We will use this worksheet to help in developing the action plan next.



HO 9,10 - Qualities of Highly Resilient People

HO 11 - Action Plan

PP 16 - Action Plan

Success My Action Plan



- Turn to page 11 in your handouts and complete the Action Plan – using the materials from this session.
- Be prepared to discuss your ideas as we begin to close the series.

- ✓ The capacity to make realistic plans and take steps to carry them out.
- ✓ A positive view of yourself and confidence in your strengths and abilities.
- ✓ Skills in communication and problem solving.
- ✓ The capacity to manage strong feelings and impulses.

All of these are factors that people can develop in themselves.

Developing resilience is a personal journey and next we will review the list of the QUALITIES OF HIGHLY RESILIENT PEOPLE and end with developing an Action Plan for building personal resilience to help those who are in crisis.

F. CONTINUING ON YOUR JOURNEY - In closing we can summarize several of the main points in this session with the following example from the American Psychological Association.⁸²

Think of resilience as similar to taking a raft trip down a river. On a river, you may encounter rapids, turns, slow water and shallows.

As in life, the changes you experience affect you differently along the way.

PP 17 - Closing

Risk to Resiliency Closing Series

It's not what happens to you but what you make out of what happens to you that makes you resilient. And your resilience can be a model for others!



In traveling the river, it helps to have knowledge about it and past experience in dealing with it. Your journey should be guided by a plan, a strategy that you consider likely to work well for you.

Perseverance and trust in your ability to work your way around boulders and other obstacles are important. You can gain courage and insight by successfully navigating your way through white water. Trusted companions who accompany you on the journey can be especially helpful for dealing with rapids, upstream currents and other difficult stretches of the river.

You can climb out to rest alongside the river. But to get to the end of your journey, you need to get back in the raft and continue.

Closing Session and Series: This series has been designed to help you - the helper/worker in working with families who are in crisis, with the goal to strengthen families and ensure the safety, permanence and well-being of the children in each family.

Our hope is that this not only gives you tools, but will be a gift of development for each of you as well.

Thank the group.

NOTE: You might want to have a celebration, give certificates for completion or other activities to recognize completion of this 10 session - 30 hour Risk to Resiliency Series.

¹ Adapted with permission from: Pre-Service Training for Foster, Kinship and Adoptive Parents, Institute for Human Services, 2003. Session 2.

² CPI - Crisis Prevention Institute, 2015. Milwaukee, WI.

³ University of Delaware - Families Matter. Fact Sheet and Publications (2012).

⁴ Pre-Service Training for Foster, Kinship and Adoptive Parents. Institute for Human Services, 2003. Child Abuse Module.

⁵ Ibid.

⁶ Ibid.

⁷ NSPCC - What to do if you suspect abuse. 2015. London, England.

⁸ Understanding and Approaching Behaviors, Module 807, Child and Youth Care Curriculum - developed by Ruby M. Johnston for Manitoba, Canada.

⁹ Adapted from Connections Homes Curriculum, developed by Ruby M. Johnston 2016.

¹⁰ Marlene M Moretti, PhD and Maya Peled, MA - Department of Psychology, Simon Fraser University, Burnaby, British Columbia (2009)

¹¹ Bowlby J. Attachment and Loss: Volume 1. Attachment. New York: Basic Books; 1969.

Bowlby J. Attachment and Loss: Volume 2. Separation. New York: Basic Books; 1973.

Bowlby J. Attachment and Loss. Volume 3. Loss, Sadness and Depression. New York: Basic Books; 1980.

¹² Ohio Child Welfare Training Program; Understanding and Building Attachment (2009). Columbus, Ohio

¹³ Ibid.

¹⁴ National Healthy Marriage Resource Center - Conference paper.

¹⁵ Ibid.

¹⁶ Greenstone, James L., (1993), Elements of Crisis Intervention. Brooks Cole Publishing Company. A Division of Wadsworth, Inc., Belmont, California.

¹⁷ NCTS, <http://www.nctsn.org/resources/topics/families-and-trauma>

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ NCTSN: <http://www.nctsn.org/resources/topics/families-and-trauma>

²¹ Parents in Action, The Ohio State University. 2016. *Family Communication in Times of Crisis*.

²² Ibid.

²³ Ibid.

²⁴ Ibid.

²⁵ Caseworker Core - Module 2. Institute for Human Services., Columbus, Ohio. 2006.

²⁶ Johnston Lynn, Johnston Ruby. Revised - Communication, Conflict and Change - 2010.

²⁷ Ibid.

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³¹ Action for Child Protection, January 2003. Internet research. <http://action4cp.org/>

³² <http://www.acf.hhs.gov/programs/cb/research-data-technology/reporting-systems/ncands>

³³ Action for Child Protection, January 2003. Internet research. <http://action4cp.org/>

³⁴ Ibid.

³⁵ Rycus, Judith S. and Hughes, Ronald C. Field Guide to Child Welfare, Volume I, page 133. 1998.

³⁶ Ibid.

³⁷ Ibid.

³⁸ Australian Institute of Family Studies, 2016.

<https://aifs.gov.au/cfca/publications/planning-safety-risk-families-resource-guide-workers-intensi>

³⁹ Nelson Tanner, Pat. Extension Family & Human Development Specialist. University of Delaware, Article in Families Matter Newsletter, 2012.

⁴⁰ Ibid.

⁴¹ Signs of Safety <http://www.signsofsafety.net/signs-of-safety/>

⁴² Jensen, Eric. Teaching With Poverty in Mind. ASCD, 2009.

⁴³ Ohio Child Welfare Training Program, April 2006. Primary Family to Foster Family.

⁴⁴ Ibid.

⁴⁵ Holden, William, et.al. Preparing Youth for Interdependent Living. Child Welfare Institute.

⁴⁶ Ohio Child Welfare Training Program, April 2006. Primary Family to Foster Family.

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⁴⁸ Ohio Child Welfare Training Program, 2003. Effects of Caregiving on the Family. Institute for Human Services.

⁴⁹ http://socialinnovation.typepad.com/silkent/files/Engaging_fathers_review.pdf

⁵⁰ Ibid.

⁵¹ Best Start Resource Center (2012). *Step by Step: Engaging Fathers in Programs for Families*. Toronto, Canada.

⁵² Ibid.

⁵³ Ibid.

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- ⁵⁵ bid.
- ⁵⁶ <http://buildingbrothers.org/wp-content/uploads/8-3.pdf>
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- ⁷⁹ bid.
- ⁸⁰ Ibid, APA. (2016)
- ⁸¹ Ibid.
- ⁸² Ibid.