



# Foster Families and Trauma Informed Care

Continuum of Care Reform

## Objectives

- Describe some key characteristics of a trauma focused system of care for children in foster care
- Understand the role of Resource Parents in responding to traumatic stress
- Understand how primary and secondary trauma impact Resource Families
- Identify how transition planning can minimize traumatic stress
- Provide some specific tools, questions, and findings that the court may wish to consider in supporting trauma focused care

## What is a Trauma System?

- A “trauma system” is the social environment of a traumatized child and the system of formal and informal supports that help a child experiencing traumatic stress regulate his or her emotional state.
- Must reflect an understanding of the child’s developmental stage and how traumatic stress manifests differently at various developmental stages.
- Seeks to understand the moment to moment trauma triggers of the child, the resulting physiological responses in the child’s brain and body, and the resulting actions or behaviors of the child. (May be referred to as a *trauma focused functional assessment*)
- Supports the social ecology that the child lives in, starting with the primary caregiver, in helping the child respond to traumatic stress.

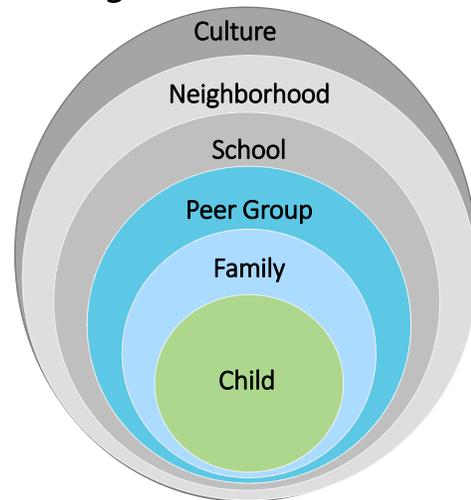
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## What is a Trauma System?

The family is the child’s first significant social environment and is key to helping the child regulate emotions

Safe and supportive peer groups, school and neighborhood communities are critical to helping the child feeling safe and cope with triggers and stress

The goal of outside agencies is to coordinate supports for the inner social environment – not to become the social environment



Social-  
Ecological  
Model

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## Trauma Science says:

“Being able to move and do something to protect oneself is a critical factor in determining whether or not a horrible experience will leave long-lasting scars” (The Body Keeps the Score)

Stress hormones → physiological sensations and feelings indicating threat, even when there is no threat → actions that do not appear rational and can not be verbally explained

“Did my patients also need to have *physical experiences* to restore a visceral sense of control?”

“The core problem of traumatized children involves the “fit” between the social environment or system of care and the child’s ability to regulate emotional states” (Collaborative Treatment of Traumatized Children and Teens)

“Traumatized children vigilantly appraise whether the therapeutic relationship is safe...it is important to understand that reluctance to form a therapeutic relationship is self-protective and should be encouraged”

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## Characteristics of a stable social environment

1. The child’s immediate caregivers are able to help the child regulation emotion and to protect the child from stressors
2. The child’s extended family, peer group, or neighbors are able to support the child, such that any limitations of the immediate family in their ability to help the child regulate emotion or to protect the child from traumatic reminders are mitigated
3. The child’s system of care (formal supports) have been accessed and if the child’s immediate family or extended social network is unable to help the child regulate emotion, or to protect the child from traumatic reminders, **services are in place that effectively provide these functions.**”

(Collaborative Treatment of Traumatized Children and Teens)

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## Characteristics of a distressed social environment

- The social environment is considered distressed when the family has difficulty helping the child manage emotion or protecting the child from stressors.
- The system of care is distressed when formal supports are unavailable or are unable to help the family help the child.
- The family and others are not attuned to the child's emotional states and have limited capacity to help the child regulate emotion.
- **The ability to help the child regulate their emotional state is “a critical task of parenting and indispensable for child development.”**

(Collaborative Treatment of Traumatized Children and Teens)

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## The Role of Resource Families

- For children in foster care, the relationship between the resource parents and the child is often yet to be well-established, it is essential that the family develop an attuned relationship with the child.
- Provide the child with an experience of being cared for, and of being safe.
- Provide “signals of care” communicating warmth, empathy and positive regard.
- A child that does not feel safe can not progress emotionally, developmentally, or educationally.
- The system of care should be focused on **supporting the family/caregiver in meeting the emotional needs of the child.**
- **Parents who are stressed, and fighting for supportive services can not provide the care our children need.**

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## The experience of Foster Parents

Foster parents interact with foster youth the most. They are the frontline of providing security and a supportive environment for healing.

- The experiences of Secondary Trauma is prevalent
- Disrupted attachments and bonds → new trauma
- Separations from youth they grow close to (fear) or the stresses of raising a youth (worry)
- Disrupted family rhythm
- Feeling helpless – not able to prevent further trauma and loss for the child during an abrupt transition
- Mixed (and complicated) feelings upon both reunification and adoption – there is joy and loss with both

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## Family Connections

- Siblings build relationships with foster youth. These connections help connect the Foster Family to the Foster Youth.
- Breaking these connections are painful to younger siblings and to the Foster Family.
- Maintaining connections with the Foster Family can strengthen the success of reunification.
- Place the child back with the former Foster Family if reunification is unsuccessful.
- The healing of youth who have experienced trauma at a young age is best achieved in the context of a stable loving relationships. Loving relationships are often based on stability and foster connections.

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## Family Permanency

- The relationship with a Foster Youth can be full of uncertainty, connections can be challenging to build and maintain.
- Foster Parents are asked to form attachments with their youth – that is the only way that youth can develop and thrive.
- If a Foster Family knows that their will be a trauma-informed transition plan in place if needed, there will be less stress around all of the “unknowns” of foster care.
- Maintaining relationships with the former family should be encouraged (when possible) if the child is adopted or reunified.
- Relationships provide for resilience in children who have suffered from trauma.

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## Trauma Focused Transition Planning

- Ask BOTH families to suggest an appropriate time or break in the child’s schedule for the transition
- Consider special events that the child might be looking forward to participating in either home
- Allow the child enough time to have closure with their foster family appropriate to their length of stay and their attachment
- Communication among all parties so that everyone knows what the plan is and has support in place during the transition
- Put the child’s needs above all others so that the experience of abandonment and loss is minimized

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# How can you help?

- Ask the right questions
- Support quality placements and relationships between youth/resource parent
- Encourage and require both families to continue contact if at all possible, at least through family maintenance.
- Depending on the age of the child, consider how relationships can be maintained with the Foster Family so that they can be part of a long term safety net.
- Listen to what children want, if they are able to communicate.
- If a child re-enters after reunification and is not placed with the former Foster Parent, ask why.