

Brain Development Symposium
Wisconsin Legislative Council

GRIEF, LOSS AND TRAUMA FOR CHILDREN
LIVING IN OUT-OF-HOME-CARE
JULY 24, 2014

Presented by Amelia Franck Meyer, MS, MSW, APSW, LISW

www.anufs.org

Introductions

Amelia Franck Meyer,
MS, MSW, LISW, APSW
Chief Executive Officer
Anu Family Services
See bio for more information

Anu family services - Connections to Permanence

Anu's Mission

***We create permanent connections
to loving and stable families.***

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Innovation and Quality Awards

Innovation Awards

National

- 2014 Center for the Study of Social Policy, National Youth Thrive Award for Exemplary Programs (1 of 15 Exemplary Programs named in the US)
- 2012 Council on Accreditation Special Recognition for Innovative Practices

Regional

- 2013 Bush Foundation Innovation Prize (1 of 3 in Minnesota out of 300 applicants; only child welfare agency named in MN)
- 2014 Minnesota Council of Nonprofits Mission Innovation Award (*current finalist*)

Local

- 2014 Twin Cities Business Journal Eureka! Award for Innovation

Quality Awards

- 2013 Council on Accreditation Special Recognition for Quality Initiatives
- 2011 Council on Accreditation Special Recognition for Quality Initiatives

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In Preparation...

- Prepare yourself that, at times, this can be a challenging topic.
- It may bring up uncomfortable thoughts or feelings now or after today.
- You may feel anger, guilt, outrage, fear, or other emotions.
- It is normal to have some level of negative impact.
- You are encouraged to discuss these thoughts and feelings with a supportive person or professional.
- Seek support if it is severe or persists.

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A Sense of Urgency

What we have to talk about today is **URGENT**.

Childhood is brief,
and we have a rare opportunity to shape a lifetime.

But children will spend a lifetime suffering
and trying to heal from the damage we do.

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In 6 months, the ties that bind us begin to fray...

How to develop a sense of urgency

Personalize the de-personalized

A Fundamental Shift...

We are undergoing a fundamental shift in child welfare in our country which is moving away from the old way of diagnosing, medicating, and blaming victims to creating safe and permanent spaces for youth who are survivors of trauma to heal and work through their grief and loss.

We used to believe (and many still do)

If we could just figure out...

- the right diagnosis, and match it with
- the right mix of pills, and
- the right therapy,

and we could fix these kids!

When we know better...

...we must do better

Diagnosing
Medicating
and "Treating" youth


has not yielded desired results.

Are the kids better off?

We spend \$26 billion per year in the US medicating and treating our youth, and ask anyone who does the work...

And are the kids in out-of-home care *better* or more challenging than they used to be?

Flawed Solution?



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FOSTER YOUTH

408.425


POOR EDUCATION

HOMELESS

NO MONEY

IN RISK

MENTAL HEALTH



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I have a theory...

Our traditional approaches
are not trauma-effective

We know this to be true,
but we keep doing them...

because we don't know what else to do.

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Grief & Loss

IN CHILDREN WHO HAVE
EXPERIENCED TRAUMA

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Loss

- Are normal experiences
- Happen nearly every day
- Happen to everyone
- Can be big and/or small
- Are given meaning by the griever

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Trauma, Grief and Loss

Children experience trauma
which result in losses
which must be grieved.

-Darla Henry

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The Importance of Human Connections

"The most traumatic aspects of all disasters involve the shattering of human connections."

~Dr. Bruce Perry

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At least we're all "okay"



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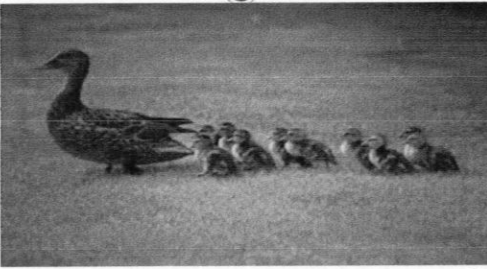
#1 Most Stressful Event

"The number one most stressful event for a child is the death of a parent. Number two is to be separated from a parent."

-Norma Ginther

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We are hard wired to bond to our caregivers



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Feeling Unlovable

Feeling unlovable is trauma.

As children, we are dependent on our caregivers for our *basic needs and survival.*


When we are unlovable, our very survival is put at risk.

-Dr. Brene Brown

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SHAME

The brain stores *shame* like *physical trauma*.




-Dr. Brene Brown

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Individual and Collective Responses to Grief

- How do we respond when we have a serious loss?
- How do others respond when we have a serious loss?
- What is socially acceptable?

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Disenfranchised Grief


The grief that is experienced when a loss is incurred that is not or cannot be openly acknowledged, publicly mourned, or socially supported.

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Disenfranchised Grief


- Relationships are unrecognized
- Loss is unrecognized
- Griever is unrecognized
- Loss is somehow stigmatized



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What Would be Your #1 Most Traumatic Event?


- Death of your child?
- Abduction of your child?
- Your partner leaving you?
- Your partner leaving you without explanation?
- Becoming seriously ill or disabled or being in pain?
- Becoming seriously ill or disabled or being in pain and not knowing why, how to treat it, and/or if you would get better?


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Ambiguous Loss

- Ambiguous loss differs from ordinary loss in that there is no verification of death or no certainty that the person will come back or return to the way they used to be.
- Ambiguous loss freezes the grief process and prevents closure.


-Pauline Boss



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Secondary Loss


- No less intense or difficult than the primary loss.
- Emerge out of, or are the consequence of the primary loss.
- The subsequent dominos that fall as a result of the initial loss.

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Elaine's Cherry Crisp

○

A special ingredient



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Normal Responses to Grief


○

Many of the behaviors we see in children/youth placed in out-of-home care are **NORMAL** responses to grief.

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Why can't they learn? Listen? Hold still?

○



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Loss Lines

○

Your line should look something like this:

0 50

|-----|

or...

1964 2014

|-----|

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Loss Lines

○

lost 1st job divorced
dog died dad died House fire

0 12 28 41 48 55

|-----|

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Group Exercise: Sharing your Losses

○

- Find a partner you don't know at all or not well.
- Tell them about your most significant loss and why it was so painful to you.
- We will then switch partners 5 times for you to retell the story to a new person each time.
- Be prepared to share your loss story with the entire group if you are called upon.
- Any questions before we begin?

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A Case Study of Multiple Moves

- 1) Carefully read the case study.
- 2) Choose a partner.
- 3) Together respond, "How many losses do you count?"

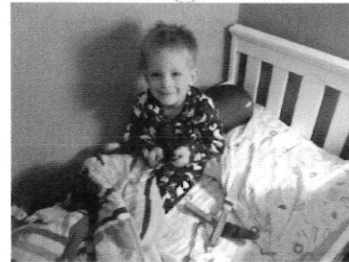
What are the losses?

- **How many counted:**
 - 10 or less?
 - 11-20?
 - 21-50?
 - 51-100?
 - Others?

Grief is Personal

**Only we can know
the meaning
our losses have,
and sometimes
we don't even know...
until it is triggered again.**

Noah's Stuff

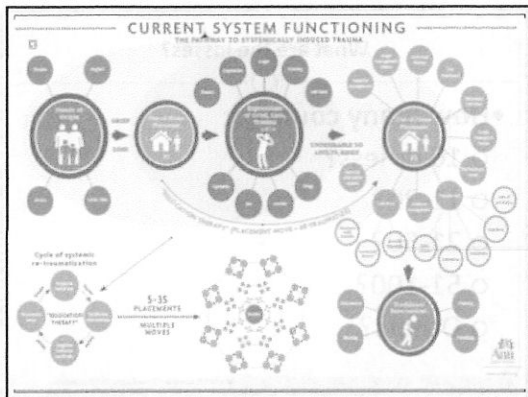


What Are the Losses?

- When a child is removed from their home, what are the losses they experience?
- Turn to the person next to you and name 10 losses experienced by youth when they are removed from the home or moved to another home.

How do Children Grieve?

**Children do not "talk" grief,
they "do" grief.**



Normal Responses to Grief

Many of the behaviors we see in children/youth placed in out-of-home care are **NORMAL** responses to grief.

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According to Dr. Darla Henry...

We pathologize grief and normal responses to trauma

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The "Honeymoon" Period

Is really an assessment of...

is it safe enough to express my grief here, or will you harm me or move me *again*?

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We all know, deep within us...

That sending kids away, who have already been sent away, does not heal trauma, it recreates the trauma and makes it worse!

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Grief...it's Not Just Crying

Sideways grief comes out in unexpected ways and can look like naughty behavior.



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A Matter of Framing

They are not “manipulative” or “disrespectful”, “defiant”, etc.

The are surviving.

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When is it safe for children to grieve?

- At 2:00pm on Tuesday when they have their individual therapy appointment?
- Children do not grieve on a schedule.

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Hurry Up and Grieve, Already!


What happens when youth do not grieve or express grief when or the way in which we expect them to?

The cycle starts all over again.

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Sanctuary

- When we have a significant loss, we need sanctuary.
 - A safe place
 - With people we know and love; or aloneness
 - Common routines to help us get through the day
- What do we do with foster or adoptive youth after a significant loss?



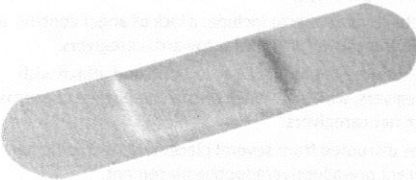
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Instead...

We do what we know, which is to blame, shame, medicate and “treat” the grief/trauma response...instead of trying to **HEAL the root cause** of the outward signs we are seeing.

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How do we respond?




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Evidence-based Practice

What is the evidence base for our current use of psychotropic medications with children and youth?




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Hugs, not drugs


Mental health is created by relationships, not pharmaceuticals.

-Tina Feigal

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Invisible Trauma

If psychological wounds left external marks the way physical wounds do, our children would look like people with leprosy and we would have an entirely different system of care.

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Referral

- 16 year old female, currently struggling with behavioral concerns and attending counseling on a weekly basis. Behavioral concerns include a lack of anger control, and rude/disrespectful behavior toward current foster parents. She acts out when told "no" and does not respond well to having expectations and chores at home. She struggles in understanding her role as a child vs. a caregiver's role in establishing rules and boundaries. At her current home, it seems as though she has the expectation that she is an equal with her foster parents. She is an excellent student and a very smart girl with a good sense of humor. She is sometimes too smart, and can be manipulative at times. She attends counseling to address her behavior and anger, and also to assist her in making appropriate bonds and attaching. Right now, it seems like it is hard for her to bond and attach with caregivers, which has been one of the biggest concerns with her current foster home. There are likely some undiagnosed mental health concerns, she is not currently taking any medications, however I think it would be a good idea to get her assessed. She has disrupted from several placements including her current pre-adoptive placement.

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Referral

- "Struggling with behavioral concerns, despite regularly attending therapy."
- "Behavioral concerns include, a lack of anger control, and rude/disrespectful behavior towards caregivers."
- "Seems like it is hard for her to bond and attach with caregivers, which has been one of the biggest concerns with her caregivers."
- "Has disrupted from several placements including her current pre-adoptive/adoptive placement. "

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Referral

- In need of a treatment level placement for a 3 yr old male who is currently in placement with his sister. The current foster family is no longer able to manage his behaviors, they have several foster children as well as their own birth children. He has not gone through any diagnostics; however, we are currently wanting to have him assessed once a placement is located. He is a Level 5 CANS. He is violent toward caregivers, never other children. He is described as oppositional, defiant, aggressive, he will hit and attempt to bite caregivers when disciplined. He tantrums and it appears as though he does not want to correct his behaviors or do the right thing. He has been known to bite the dogs' ears and then laugh when the dogs cry out in pain. He is not taking any medications and does not have any health conditions.
- Referral Specialist in response: I'm telling you. . . please don't try to find placement of a child if you don't have an understanding of trauma. If you can't even remotely understand what he has been through, how can you even attempt to find an appropriate match? This makes me crazy! I wish we had a thousand homes. THIS is what she is putting out there to find a good home? Those are the words chosen about someone's child, no, someone's baby!? Ugh.

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He's too busy surviving

“Life is squeezing him, and it’s the noise he’s making. He’s too busy surviving for things like empathy.”

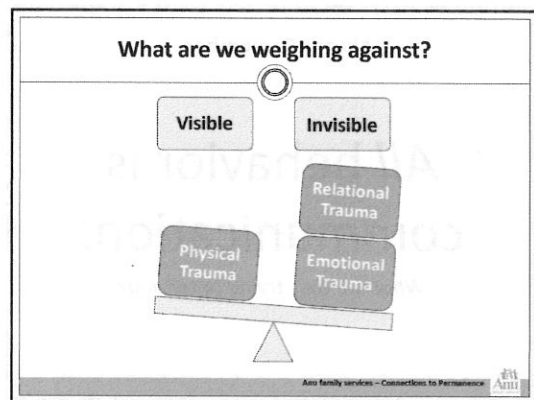
-unknown actor describing role in movie

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Psychological Safety

- Part of protecting youth is to keep them safe from psychological trauma.
- Psychological safety is achieved by parenting in a trauma-informed way, and not threatening to reenact their trauma by moving them if they don't "behave".

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Disrupt(ed) (ing) relationships = active trauma

The restoration of disrupted relationships is essential to healing.

Healing is challenging to impossible when a youth is actively being traumatized.
Safety must be created first.

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Connections Without Grief

Normal healthy brains turn off their ability to connect after multiple, unresolved losses.

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Grief work first, then connections

Grief work must be done for healing of connections and the restoration of the ability to connect.

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A Case Study of Joey

- *What took so long?*



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Always Remember...

All behavior is communication.

What are they trying to tell you?


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Resilient Survivors

- What we are seeing in our children/youth are adaptive survival responses.
- Understanding behaviors as adaptive behaviors, rather than "problems to be fixed" allows us to look at our children/youth as "survivors" who are powerful, strong and resilient. They should be admired for their strength of spirit.

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Trauma



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A new question:

Moving from:
"What's wrong with you?"

To:
"What happened to you?"
AND how do I do things DIFFERENTLY because of what's happened to you?

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It's about the present moment


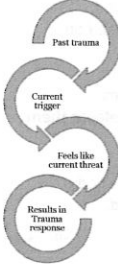
People repeat their trauma over and over in the present moment.


Treatment is not about the story of the past, it is about how the trauma story is being relived now, in the present moment.

-Dr. Bessel van der Kolk

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Responding today with yesterday's fear



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Linking the Past to the Present


- Trauma brings past experiences into today's responses and experiences.
- This pattern of response can be healed and relearned.

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Healing Trauma


"In order to move on, you must understand why you felt what you did, and why you no longer need to feel it."

-Mitch Albom, Five People you Meet in Heaven


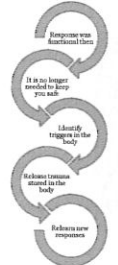
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The goal is SAFETY

The goal of trauma treatment and of working with those who have experienced trauma is to **make them feel safe.**

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You are safe now



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Stress Hormones

Stress hormones are good, but they are meant to be acted on.

To cause immense harm, create stress hormones and make people powerless to release them.

When this happens, the toxins get stored in the body **and must be released.**

-Dr. Bessel van der Kolk

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Trauma changes the brain

Our kids are different. They are not "typical" kids.

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Trauma Changes the Brain

Kids who have experienced trauma have brains that are disorganized and dysregulated.

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Things in nature

run fast only for short periods, and only when in danger.



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Our kids get stuck in the "on" position



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Trauma Survivors

Brains and bodies of those who have experienced trauma are **HARD WIRED** to see danger.

Long term exposure to stress hormones is destructive to the body.

This is why those who have experienced trauma are more prone to illnesses and health impacts.

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Trauma Responses

A disproportional reaction to something in the present which brings forth information from the past.

This information or response was functional in the past, but is no longer needed in the present.


Part of the brain is still stuck in the past. It needs to be educated to come back to the present.

Healing helps to tell the brain it's safe now, it's okay now.

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Where Healing Happens...

Interpersonal
or relational trauma,
must be healed
in relationship


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Re-traumatization

And additional trauma
comes in the form of
disrupted relationships.


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Isolation is FATAL



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Loneliness is as deadly as smoking




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We are wired to attach

We are built and hard wired to belong to a tribe.
Our brains need and crave connection, and relational
trauma interrupts our ability to secure this connection.
This is a threat to our very survival!



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Brain Development Symposium Wisconsin Legislative Council

PRACTICAL RESOURCES AND STRATEGIES
TO ADDRESS GRIEF, LOSS AND TRAUMA
JULY 24, 2014

Presented by Amelia Franck Meyer, MS, MSW, APSW, LISW

www.anufs.org

A Systems Perspective

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Historical Child Welfare	Innovative Child Welfare	Transformational Child Welfare
Maintenance	Treatment	Healing
Safety	Permanence	Well-being
Focus on harm reduction in care and preventing further abuse or neglect	Focus on keeping youth safe and finding them permanent families through adoption or reunification and understanding trauma-impact of grief and loss	Focus on keeping youth safe, finding youth permanent families, and ensuring they are healthy in all aspects of their development including: emotional, physical, spiritual, cognitive/mental; applying trauma-informed care with grief and loss

Public Child Welfare Systems

Historically, Public Child Welfare Systems are:

- Structured
- Funded
- Staffed
- Designed

Around safety...

...with the goal of protecting a child from abuse and neglect after that abuse and neglect has already occurred.

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Permanence is not enough

“Stop talking about Safety, Permanence and wellbeing like they are separate things...”


...There is only wellbeing.”

-Sandy White Hawk

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Historical Child Welfare	Innovative Child Welfare	Transformational Child Welfare
Maintenance	Treatment	Healing
Safety	Permanence	Well-being
Focus on harm reduction in care and preventing further abuse or neglect	Focus on keeping youth safe and finding them permanent families through adoption or reunification	Focus on keeping youth safe, finding youth permanent families, and ensuring they are healthy in all aspects of their development including: emotional, physical, spiritual, cognitive, social/functional
Well-being	Permanence	Well-being
Primary Evidence-Informed Technologies: Therapeutic Crisis Intervention for Family Care (TCIF-CF), Crisis Screen for potential and actual needs/risks	Primary Evidence-Informed Technologies: 3-5-7 Model of Care and Loss & Grief Family Reconnection Engagement (PFE)	Primary Evidence-Informed and Promising Technologies: Trauma-Informed Parenting Health Connection Scale
Behavior Management and traditional parenting techniques used	Behavior Management and traditional parenting techniques used and foster parents untrained in Crisis and Loss	Trauma-Informed Parenting which understands that all behavior has meaning and learning is used in the context of trauma, not control
Neurobiological of Trauma (NCT)	Development of secure objects	Journal of Trauma-Informed Care
Foster Parents	Treatment Foster Parents	Parent Models
Special Needs	Treatment Foster Parents	Healing Through
Long Term Care	Focus on shorter lengths of stay	Focus on reduction of families into care
Multiple moves without medical support	Temporary placement options	Focus on youth connections
Campers told don't get attached	Campers told adult right careers	Campers told how the bridge leads to best connections & relationships
Youth not allowed to contact family until after 30 days of placement, then only parents, siblings and grandparents (sister)	Youth allowed to contact others connected with them they know in their family	Youth engaged a worker to search for family and important others they have lost through multiple moves
Youth have multiple foster home moves	Focus on placement stability keeping kids in a single foster home	Focus on shortened length of stays in a single foster home
Length of stays out of homecare is often years (2-18 years in placement)	Length of stays average at 1 year, many still in "Long-term foster care" for 5 or 10 or 15 years	Out of foster care is seen as temporary and short-term; placement stability and permanence in family is key
Primary Campers: public systems	Primary Campers: public and private providers	Primary Campers: families supported by private and public providers
Minimal Youth from other Families	Trained Youth and adopted families	Engaged Youth and other Families
30% of youth in permanent families	62% of youth in permanent families	70-80% of youth in permanent families (perpetual)

The Fable of Upstream/Downstream



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What are Intensive Permanence Services?



Intensive Permanence Services: The Toolbox

Healing Services

- Intensive **P**ermanence Services

For those with relational trauma who are in need of healing, permanence and connections.
- Intensive **T**rauma Services

For those with relational trauma who have permanence but are still in need of healing and connections.

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Intensive Permanence/Trauma Services

Combining Grief, Loss and Trauma
 +
 Finding People who have been loved and lost through multiple out-of-home placements
 =
 Emotional/relational permanence and healing of relational trauma


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The Goal of Intensive Permanence Services...

...is to make sense of a youth's past and identify losses so that they may be grieved.

Grieving losses helps to heal relational trauma which allows youth to connect with others.


Important persons in the youth's life are identified and/or found and (re)connected with the youth, and the youth is supported in engaging in loving, stable connections with adults (kin and fictive kin).



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A Case Study

"I GET SO MAD, I JUST WANT TO RUN; I WANT TO RUN AND BANG ON EVERY DOOR I SEE ON THE STREET AND ASK, 'DOES ANYONE WANT TO LOVE ME, DOES ANYONE WANT ME'??!!!"



-16 yr. old girl

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Kinship Treatment Foster Care

OTHER INTERVENTIONS TO CREATE PERMANENCE

More Family, Fewer Strangers

Kinship Care

Out-of-home care

Kinship Philosophy

All children belong in families, preferably their own families. When children cannot safely live with their parents, they should have every opportunity to live safely with relatives or those with whom they have a family-like relationship.

Why Kinship TFC?

TFC Model	+	Kinship Care	=	Better outcomes
A Model that Works Specialized Training Case Management 24/7 Crisis Response		Good for Kids Stability Trauma reduction Social/emotional health Family connections		Key Outcomes Safety Permanency Well-Being Stability

Kinship TFC Responds to Current Child Welfare Priorities

- Focus on safety, stability, permanency, well-being and trauma
- Recruitment of resource parents
- Rightsizing congregate care
- Maintaining family connections

Kinship TFC

Different from TFC	Same as TFC
<ul style="list-style-type: none"> Youth Placed with someone known or related to them (kin or fictive kin) Child is not with strangers: more comfort, placement stability, etc. Reduced relational trauma Complex familial relationships 	<ul style="list-style-type: none"> Intensive supports to family with child in placement Small caseloads Highly trained social workers Enhanced parent training Frequent visits Engagement in Treatment Crisis response and support

Anu's Kinship Pilot

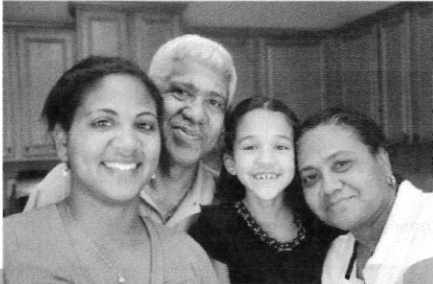
Kin is the Presumptive Placement

Every child should live with family, preferably their own.

At first Placement	Unstable kinship placement <i>Or</i> Family placement without permanence	Non-Family Placement
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Imagine a World,
where no child ever had to live with a stranger...



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What is needed to make dream a reality?

- More early prevention supports to parents
- Addition to the continuum of "Kinship TFC"
- Exhaustive Search
- Trauma-effective, grief and loss and regulation focused (brain-based) interventions

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A Focus on Healing

A TREND FOR GOOD.

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We are still not providing Trauma-Effective Care

We are still doing the same things we've always done, with the understanding that youth are in this situation because of what happened to them.

We make minimal changes to the same old toolbox of tricks we've always used.

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A move to healing

Treatment	Healing
<input type="checkbox"/> Something done to you <input type="checkbox"/> Belief that you are broken & need to be fixed <input type="checkbox"/> Goal is to manage symptoms	<input type="checkbox"/> Something you do with guidance & support <input type="checkbox"/> Belief that you have the healing inside of you which needs to be released <input type="checkbox"/> Goal is lasting remedy of root cause producing symptoms

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Using Interventions that Heal

- Brain-based interventions
- Regulating interventions
- Integrative healing interventions
- Grief and Loss interventions
- Connecting interventions

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Trauma Informed Parenting

AN IMPORTANT TOOL TO SUPPORT PERMANENCE

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What is our job?

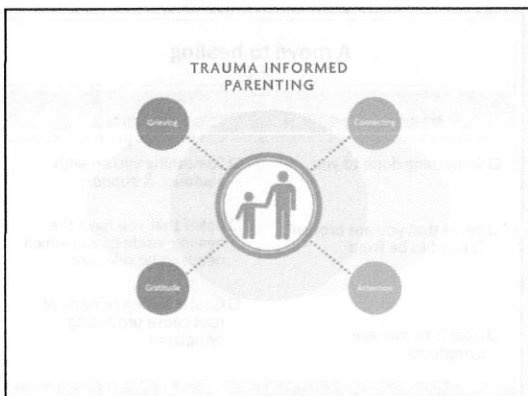
We must create a healing sanctuary in the context of our relationship with youth for them to safely do their grief work.

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Traditional Methods...

...of parenting and treatment may not be effective with youth who have experience multiple or complex trauma.


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Trauma-Informed Parenting


Use of parenting models that do not rely primarily on the use of punishment and reward or control which *disconnect*.

Instead, use models that support relational *connection*.

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Punishment


- Exacerbates trauma
- Re-enacts relational trauma
- Breeds retaliation
- Damages relationships
- Harms self-esteem and worth
- Can be abusive
- Is ineffective

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Traditional Interventions

That
Disconnect


DO HARM

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Interventions


That
Connect

Promote
Healing

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What do these kids need?


Consistent
Repetitive
Healing
Experiences/Responses

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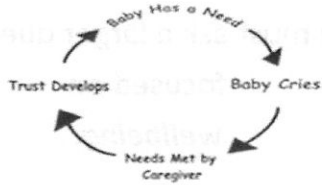
They ask over and over again...

...and we must answer; every single time:


- Do you care about me?
o Yes I do.
- Will you keep me safe?
o Yes I will.
- Can I exhale?
o Yes you can.

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The Attachment Cycle



Healthy Attachment Cycle

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At any given moment in time...

...we are either pulling a child towards us, or pushing them away.

-Tina Feigal

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Youth Wellbeing

A NEW APPROACH

- Damages relationships
- Harms self-esteem and worth
- Can be abusive
- Is ineffective

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Permanency + Wellbeing

Youth who have found permanence through out-of-home care are no better off, or are worse off, than those who have been left home in abusive and neglected environments.

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Promoting Wellbeing

Permanence is not enough

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A new measure

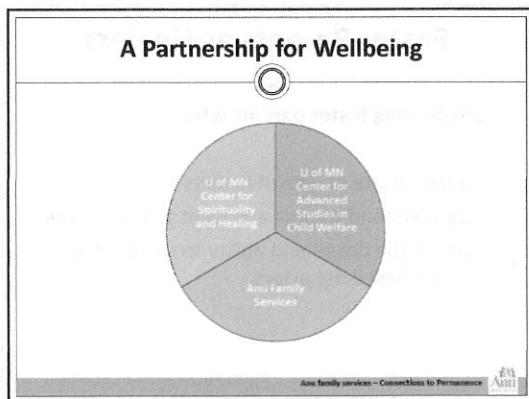
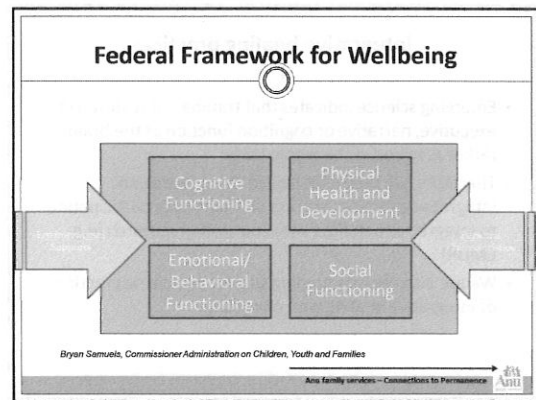
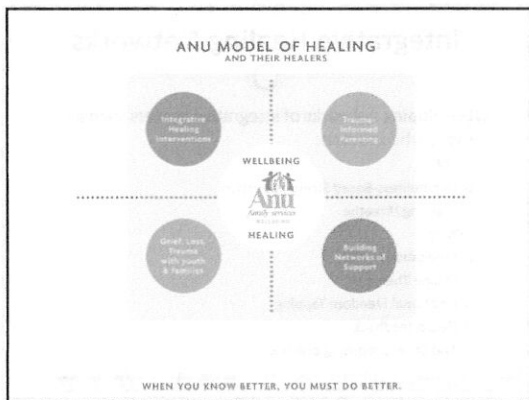
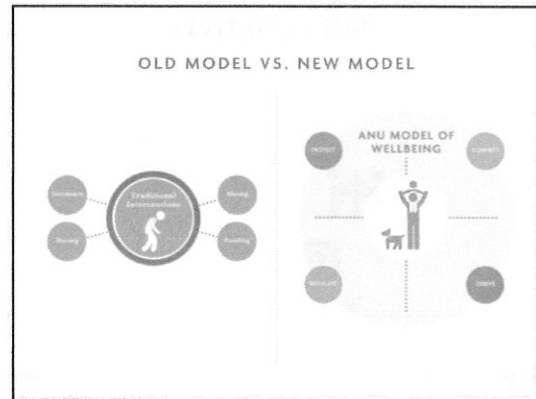
We must ask a larger question focused on wellbeing.

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Key Questions

- **Defining Child Wellbeing:**
"Are the children 'okay'?"
- **Measuring Child Wellbeing:**
"How do we know?"

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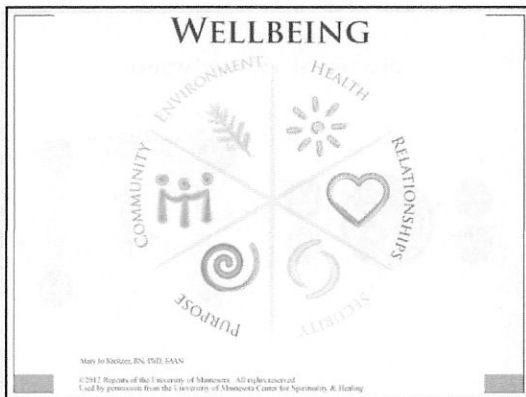


Defining Wellbeing

"Wellbeing is a state of being in balance or alignment (body, mind and spirit). In this state, we feel ourselves as content, connected to purpose, peaceful, in harmony, happy, prosperous, and safe."

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Defining and Measuring Wellbeing

- University of Minnesota's Center for Advanced Studies in Child Welfare & Center for Spirituality and Healing & Anu Family Services are working in partnership to develop a:
 - Youth-driven inventory assessment of youth wellbeing
 - Wellbeing Interventions Practice Guide

Integrative healing practices

- Emerging science indicates that trauma is not stored in executive, narrative or cognition function of the brain; rather is stored in the whole body.
- Therefore, we began looking at the research on integrative practices and are shifting youth participation to integrative practices with compelling research (e.g. EMDR).
- We are also seeking funding to pilot promising practices of integrative healing with our youth.

Integrative Healing Networks

- Developing networks of integrative healers such as those who practice:
 - EMDR
 - Mindfulness-Based Stress Reduction
 - Learning2Breathe
 - Yoga
 - Meditation
 - Equine Therapy
 - Emotional Freedom Tapping
 - Neuro-feedback
 - And other promising practices

Foster Parents & Foster Homes

AS HEALING PARENTS & HEALING HOMES

Foster Parents as Healers

- Recruiting foster parents who:
 - are natural or known healers
 - understand trauma and want to learn more
 - have the desire and ability to understand pain-based behaviors

Promoting Wellbeing

Old Toolbox	New Toolbox
<ul style="list-style-type: none"> <input type="checkbox"/> Punishment and loss of Privileges <input type="checkbox"/> Traditional talk therapies: individual, group and family <input type="checkbox"/> Sending away for "time out" or "treatment" <input type="checkbox"/> Medications to control behavior 	<ul style="list-style-type: none"> <input type="checkbox"/> Giving energy and attention to what we want to see more of to hardwire positive messages and behaviors. <input type="checkbox"/> Integrative healing approaches that regulate and organize by putting youth in touch with their bodies. <input type="checkbox"/> Building relational connections and permanence; "tuning in". <input type="checkbox"/> Healing trauma through grief and loss work and connections to promote wellbeing.

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Trauma-Informed Parenting

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A new perspective



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Full System Wellbeing

- Youth
- Foster Families
- Social Workers
- Supervisors and Leadership
- Board of Directors
- Environment & Culture
- Systems, Policies and Practices

Concurrent, simultaneous efforts

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Final Thoughts

The work MUST be done in order for wellbeing and health to be achieved.

Youth can do the work now, in the sanctuary we create, or spend more years than necessary in pain.

The average child will live approximately 60 more years after aging out of care.

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Now is our time. This is our issue.

"Our lives begin and end the day we become silent about things that matter."

-MLK, JR.

It is a Human and Civil Rights Issue.

Youth deserve to be free from:

- Experimentation of psychotropic medication.
- Disconnection from their family and those they love.
- Being blamed for what happened to them and the resulting natural responses.
- The persistent psychological trauma of having no permanent family and the constant threat of disruption of caregivers.

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Wrap Up and Questions



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Promoting Wellbeing

New Toolbox

Old Toolbox

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Full System Wellbeing

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A new perspective

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Final Thoughts

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