



Impact of Trauma on Brain Development, Separation, Loss, Grief, Culture, Prudent Parenting, and Bill of Rights

SESSION 1-C



Training Agenda

- Impact of Trauma on Brain Development
- Separation, Loss, and Grief
- Culture
- Prudent Parenting
- Special Considerations, Consultation & Support
- Bill of Rights



Competencies & Objectives

- Resource caregivers will learn how trauma impacts development and the brain
- Resource caregivers will learn how trauma and loss can impact brain function and how to support youth
- Resource caregivers will learn about the stages of grief that youth, parents, and resource caregivers can experience
- Resource caregivers will define prudent parenting and understand how to support this concept
- Resource caregivers will learn about the importance of the rights for youth in foster care



Impact of Trauma on Brain Development



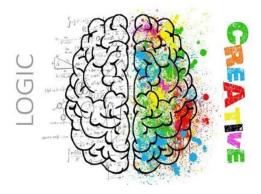


DHS | HANAI Guide Page 4

CHILD WELFARE SERVICES

Impact of Trauma on Brain Development

- Trauma affects different dimensions of a person's life
- Children may exhibit behaviors that can be linked to their trauma
- Children who have experienced trauma may often be worried, anxious, defensive or on-edge as a direct result of their trauma
- This stress response or behavior can happen any time, location, and often unexpectedly





Impact of Trauma on Brain Development

- Our brains continue to grow and can be rewired until our mid 20's
- Constantly making new connections with every new experience we have
- We can help children effectively manage their stress responses when they encounter triggers
- We want to create an environment that allows their brains to heal and develop positive coping mechanisms



Stress Responses



- Immediate
- Extreme
- Outside of conscious control
- Works to keep us protected, alive, and safe



CHILD WELFARE SERVICES

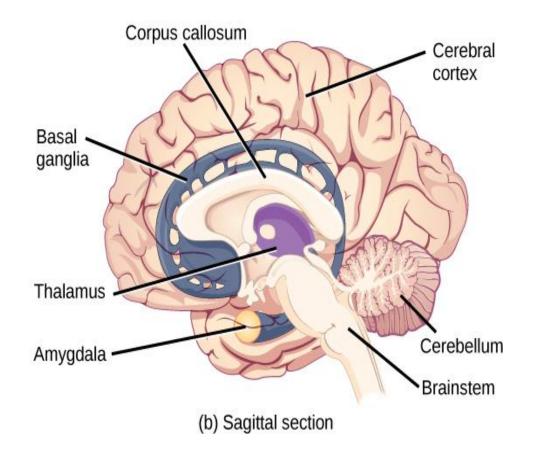
Stress Response in our Brains

Cerebral Cortex

- Manages planning & assessing
- Moral reasoning
- Complex decision making
- Information from our 5 senses

Amygdala

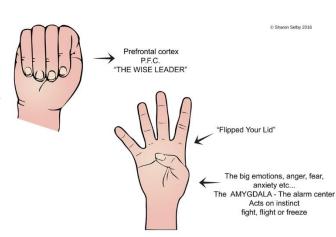
- Detects fear
- Fight/Flight/Freeze response
- Stores memories linked to emotional events





Stress Response in our Brains

- The cerebral cortex loses function when a stress reaction is occurring
 - Our coping mechanisms are overwhelmed
 - Traumatized
 - Triggered
- We lose the ability to assess and reason
- The amygdala takes over control of our stress response
- We sometimes call this "Flipping Your Lid"

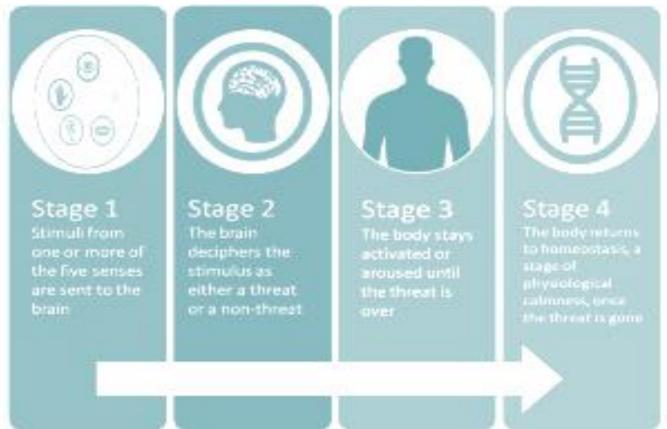


Adapted from Dr. Daniel J. Siegel's Hand Model of the Brain found in *Mindsight*: The New Science of Personal Transformation (Bantam Books, 2010)



EXAMPLES OF TRIGGERS

- Sound, Smell, Sight, Taste, Feel
 - Objects
 - Phrases or words
- Holidays
- Anniversaries
- Seasons





Stress Response and Triggers

- During moments of stress, our five senses passively store information about the event
- These things can later become triggers that start the stress response
- We may not even be consciously aware of what the triggers are and why we are reacting a certain way
- A child might react to a safe environment as if they are in danger, simply due to a trigger



How do we cope?

- Coping mechanisms ease symptoms of stress
- Some are productive/positive and some can be harmful
- Youth who have experienced trauma commonly develop coping mechanisms such as outbursts, tantrums, hiding, or biting
- It's important for us as caregivers to model healthy coping mechanisms for youth in care
- Over time, they will learn and slowly replace their current coping strategies with more productive ones



Separation, Loss, and Grief



Types of Loss

- Loss of significant other
- Loss of health
- Loss of identity
- Ambiguous loss

There are multiple different types of losses that youth in care may experience. Those losses can either be expected or unexpected losses.



Separation, Loss, and Grief

- Youth that enter into foster care experience separation, loss and grief that can increase the intensity of their trauma
- Some losses we know about (home, parents, siblings, school) but there many more that are unknown (friend, neighbor, toy)

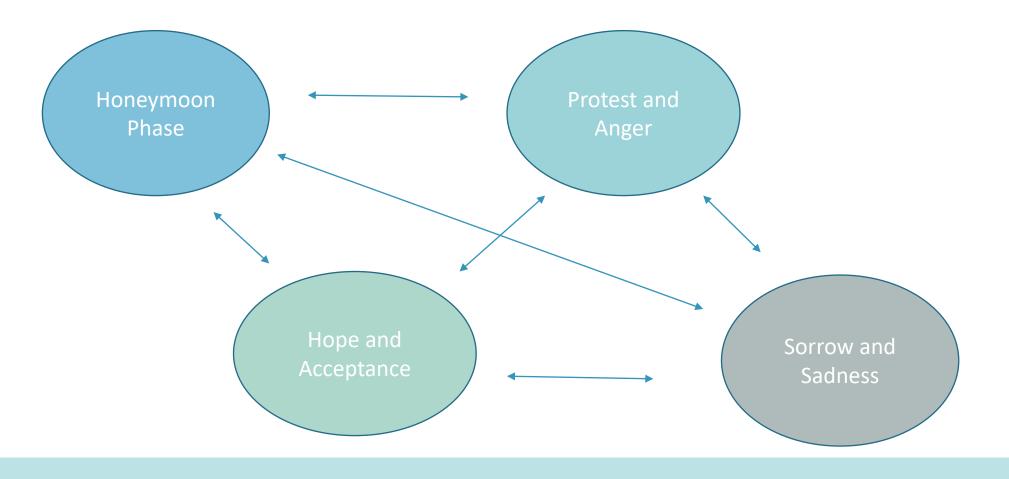


Stages of Grief

- Even if a move is for the child's safety, they are still experiencing loss
- Most of these losses are <u>unexpected</u>
- As with any loss, youth will move through the stages of grief and it may be very difficult



Stages of Grief





DHS | HANAI Guide Page 8

CHILD WELFARE SERVICES

Honeymoon Phase

What happens in this phase

- Life is relatively smooth
- Child is still adjusting to the home and may be in shock or denial
- Also called preservation or shock
- They are doing what they are told and keeping feelings inside to preserve their safety

- Be available to talk and provide support
- Encourage and support contact with their family or previous resource family
- Allow the child to show affection at their own pace
- Give them time to adjust and be patient
- Create meaningful activities (life book, storing items, collect memories)
- Be clear about rules and responsibilities but emphasize and enforce the most important ones



Protest and Anger

What happens in this phase

- Child begins to feel more comfortable and may challenge you
- We may see some of their most destructive behaviors
- May be the first time they are working out their deepest and strongest feelings with someone
- They may protest or act out after `ohana time concludes

- Identify things that are important & comforting to them
- Preserve parent and sibling connections
- Validate their anger; teach how to express it differently
- Provide simple rules, maintain limits and boundaries for their safety
- Encourage sports or physical activity to channel negative energy
- Communicate with all members of the team (SW, GAL, therapist)



Sorrow and Sadness

What happens in this stage

- Children may realize the reality of the situation and experience deep sadness that could lead to depression
- They may not take care of themselves
- Lack of motivation or interest in school or other activities
- Feelings of worthlessness and loss of control
- Risky behaviors that may put themselves in danger

- Listen to what they are or not saying
- Provide comfort
- Let them know their feelings are real, normal, and difficult
- Let them know when they are sad, it is safe to express themselves
- Be careful of false reassurances "It will be alright"
- Give them time



Hope and Acceptance

What happens in this stage

- Life seems to settle down for both child and resource caregiver
- There may still be feelings of sadness or anger, but has learned to cope and gained a sense of control
- Feelings may continue to resurface at any point

- Encourage and facilitate contact with family, especially if plan is for reunification
- Acknowledge good days and times
- Ensure children that the process is proceeding as quickly as possible









What is Culture?

- Traditions, beliefs, values, arts, and much more
- Family is an important role in shaping a child's self-concept, or personal and cultural identity

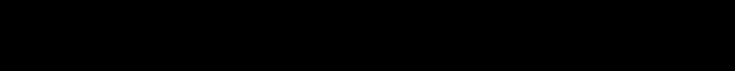


Culture

Historical Trauma

- When an a specific cultural, racial or ethnic group experiences multigenerational trauma. (overthrow of Hawaiian kingdom, Japanese internment camps, Bikini Atoll).
- Relating to major events that oppress a group of people that may or may not experience effects (disconnection from culture, health, low self-esteem, violent or aggressive behavior).





Culture

Are there any native practices that you are involved in or would like to learn more about?

Have you ever visited a cultural site? Tell us about that experience?

How can you provide experiences that bring healing for generations to come?



CHILD WELFARE SERVICES



- Important part of development
- Be aware and respect the youth's culture and family
- Encourage, build, and keep youth connected with their family



CHILD WELFARE SERVICES

PRUDENT PARENTING



Prudent Parenting

Reasonable and prudent parent standard is characterized by care and sensible parental decisions that maintain a child/young person's health, safety, and best interests while at the same time encouraging the child/young person's emotional and developmental growth that a caregiver shall use when determining whether a child in the care of the resource caregiver to participate in extracurricular, enrichment and social activities.



What Caregivers Can Do

- Be able to make decisions carefully
- Come to sensible parental decisions of what is in the best interests of the child without involvement from the child welfare team
- Be supported by the system in making the kinds of decisions that will create normalcy

Things to consider:

- Youth's age (developmentally/chronologically)
- Level of risk / danger
- Level of child/young person's skill
- Child input
- Would you let your child do this activity?



REASONABLE PRUDENT PARENTING STANDARD

- Your 9-year-old youth in care wants to have a cell phone just like your other children in the home. Would you allow it? What would you do?
- A 5-year-old youth in care wants to use iPad or other electronics in the home. Would you allow it? How often?
- There has been a 14-year-old girl living in your home for a month and she comes home asking about having a boyfriend. How would you handle the situation?



REASONABLE PRUDENT PARENTING STANDARD

- A 10-year-old boy has been living in your home for 6 months and shares that he used to go to the Buddhist temple with his family. How would you support him?
- Your 6-year-old youth in care expressed wanting to play a sport. How would you go about supporting him/her?
- Your family is going on a trip in 5 months to Las Vegas. Would you bring the children/youth with you? What steps need to be done to do so?



REASONABLE PRUDENT PARENTING STANDARD

- Your 16-year-old teen wants to dye her hair, would you allow it?
- A friend from a softball team invites your 14-year-old youth to stay over on weekend. Would you allow it? What information would you need?
- A 17-year-old youth wants to go to prom and stay at a hotel with some friends in town. Would you allow it? What needs to be considered?



Special Considerations...

- Pregnancy and Expected Parenting
- Disabilities
- Cultural Awareness
- Hair and Skin Care
- Religion and Spirituality
- Sexual Orientation and Gender Identity or Expression



Consultation and Support

- You are not alone
- Consult with Child's social worker, Licensing worker, Guardian Ad Litem, therapist, or other team members.
- If you need further training or relating to anything specific for your youth in care, then reach out to:

Warm Line : (808) 545-1130



Bill of Rights



Myth or Fact: Live in a home, free of physical, psychological, sexual or other abuse

Myth or Fact: Receive food, shelter, and clothing

Myth or Fact: Receive medical care, dental services, and corrective vision care. Youth also have a right to mental health care

Myth or Fact: Be enrolled in a health insurance plan and, within 200 days of out-of-home placement, be provided with a health assessment and recommended treatment.

Youth have a right to these within <u>45 days of placement</u>



Myth or Fact: Have regular, supervised or unsupervised, in-person, telephone, or other forms of contact with the child's parents and siblings while the child is in foster care, unless the contact is either prohibited by court order or is deemed unsafe by the child welfare services worker, therapist, guardian ad litem, or court appointed special advocate. Withholding visitation shall not be used as punishment.

Myth or Fact: Receive notice of court hearings, and if the child wishes to attend hearings, it is the youth's responsibility to gets there

The Department or authorized agency is responsible for child attendance in court.

Myth or Fact: Have in-person contact with the child's assigned child welfare services worker



- Myth or Fact: Have the ability to exercise the child's own religious beliefs, including the refusal to attend any religious activities and services
- Myth or Fact: Youth cannot request a bank account unless approved and managed by the caregiver

Youth have the right to a bank account and money management support.

Myth or fact: Be able to participate in extracurricular, enrichment, cultural, and social activities; provided that if a child caring institution or resource caregiver authorizes the participation, the authorization shall be in accordance with the reasonable and prudent parenting standards.



(vt) or Fact: Beginning at age 16, be provided with age appropriate life-skills training and a transition plan for appropriately moving out of the foster care system, which shall include reunification or other permanency, and written information concerning independent living programs, foster youth organizations, and transitional planning services that are available to all children in foster care who are sixteen years of age or older and their resource families.

Youth have this right beginning at <u>age 12.</u>

Myth or fact: If the child is 14 years of age or older, have a right to be involved in developing a case plan and planning for the child's future



Myth or Fact: If the child is 18 years of age or older, receive the child's credit report, free of charge, annually during the child's time in foster care and receive assistance with interpreting the report and resolving inaccuracies, including, when feasible, assistance from the child's guardian ad litem

Youth have this right beginning at age 14 years or older.

Myth or Fact: If the child is 17 years of age, receive prior to aging out of care certain personal records, such as an official or certified copy of the child's United States birth certificate, a Social Security card issued by the Commissioner of Social Security, health insurance information, a copy of the child's medical records free of charge, immigration documents, and a driver's license or civil identification card issued by the state.



Bill of Rights

- This bill was signed into law as Act 105 by Governor Ige on July 5, 2018.
- The purpose was to update and change the former existing guiding principles.



- To live in a home, free from physical, psychological, sexual, and other abuse
- Receive food, shelter, and clothing
- Receive medical care, dental services, corrective vision care, and mental health services
- Be enrolled in a health insurance plan and, within forty-five days of out-of-home placement, be provided with a health assessment and recommended treatment



- Have regular, supervised or unsupervised, in-person, telephone, or other forms of contact with the child's parents and siblings while the child is in foster care unless the contact is either prohibited by court order or is deemed to be unsafe by the child's child welfare services worker, therapist, guardian ad litem, or court-appointed special advocate. Withholding visitation shall not be used as punishment.
- Receive notice of court hearings, and if the child wishes to attend the hearings, the department or authorized agency shall ensure that the child is transported to the court hearings.



- Have in-person contact with the child's assigned child welfare services worker
- Have the ability to exercise the child's own religious beliefs, including the refusal to attend any religious activities and services



- Have a personal bank account if requested and assistance in managing the child's personal income consistent with the child's age and development, unless safety or other concerns require otherwise
- Be able to participate in extracurricular, enrichment, cultural, and social activities; provided that if a childcaring institution or resource caregiver authorizes the participation, the authorization shall be in accordance with the reasonable and prudent parent standard



- Beginning at age twelve, be provided with age-appropriate life skills training and a transition plan for appropriately moving out of the foster care system, which shall include reunification or other permanency, and written information concerning independent living programs, foster youth organizations, and transitional planning services that are available to all children in foster care who are twelve years of age or older and their resource caregiver
- If the child is fourteen years of age or older, have the right to be involved in developing a case plan and planning for the child's future



- If the child is fourteen years of age or older, receive the child's credit report, free of charge, annually during the child's time in foster care and receive assistance with interpreting the report and resolving inaccuracies, including, when feasible, assistance from the child's guardian ad litem
- If the child is seventeen years of age, receive prior to aging out of care certain personal records, such as an official or certified copy of the child's United States birth certificate, a Social Security card issued by the Commissioner of Social Security, health insurance information, a copy of the child's medical records or information to access the child's medical records free of charge, immigration documents, and a driver's license or civil identification.



DISCUSSION:

Thoughts?

Is there any support you need to ensure the youth's rights are being met?



CHILD WELFARE SERVICES

QUESTIONS??



CHILD WELFARE SERVICES





References

- Animated "Promoting Brain Gains for Youth Emerging from Foster Care" from The Annie Casey Foundation.
- Bill of Rights. Epic `Ohana, Inc.
- Information developed by Department of Human Services' Trauma Healing Informed Care training.
- Parenting a Child Who Has Experience Abuse or Neglect from Child Information Gateway
- <u>RCG Module 6 Jamee.mp4 Google Drive</u>-Na Kama a Haloa

