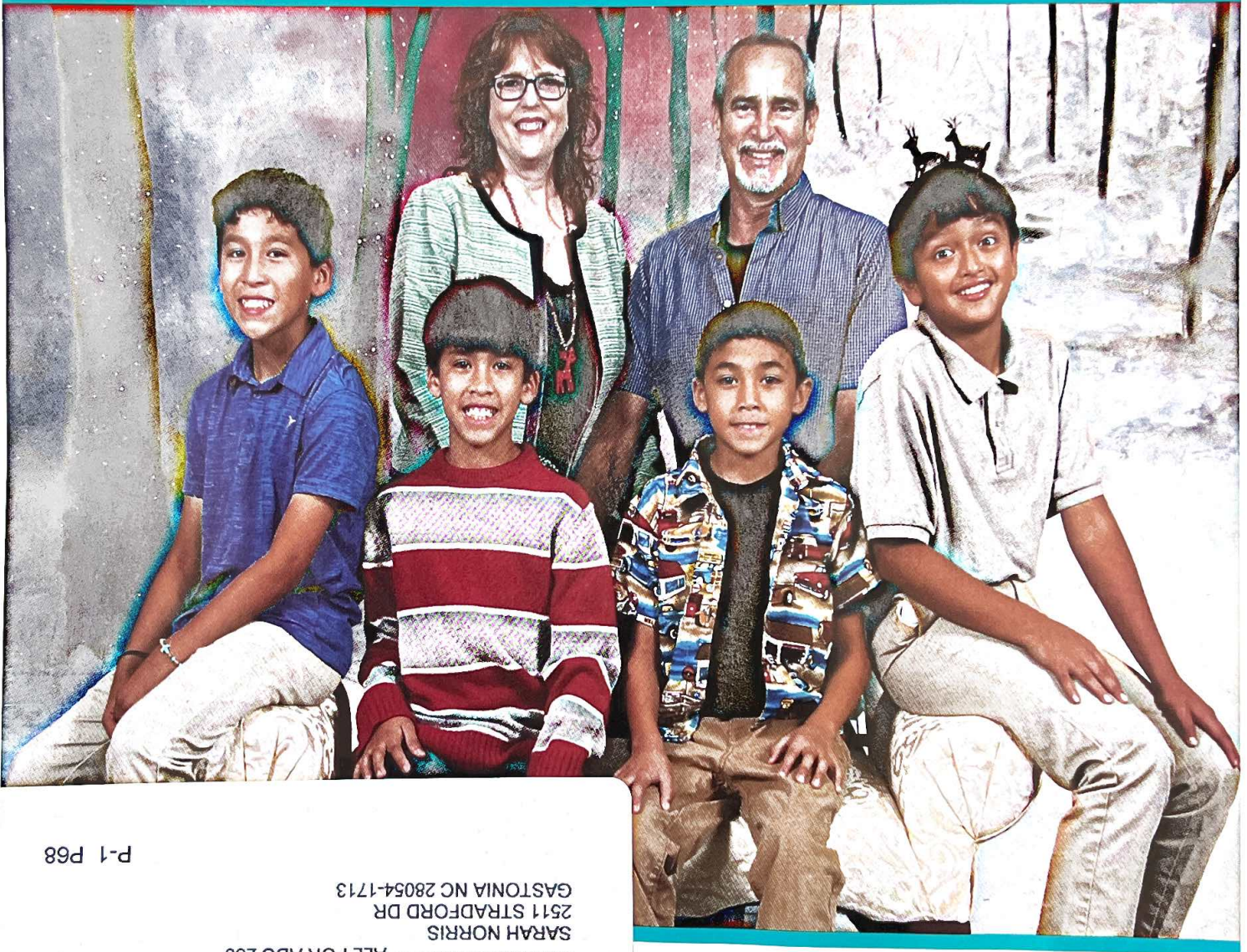


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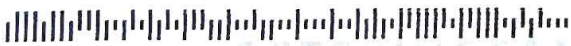
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# UNDERSTANDING THE UNSPOKEN

Recognizing Signs a Child  
Has Experienced Trauma

By Sarah Norris



Children in foster care often display a range of symptoms that are a response to the trauma they have experienced. Oftentimes caregivers may not connect what they see in children's behaviors as responses to trauma. It's helpful to both understand what trauma symptoms might look like and what factors may trigger those symptoms to better support and care for them while in foster care.

### **Behavior Changes**

Behavior changes are often the most noticeable trauma symptoms because they can show up anywhere, whether it be at home, school or in the grocery store. Children may display sudden behavior changes or fluctuate between types of behaviors quickly or frequently.

These changes may include behaviors such as withdrawing, aggression or defiance. Oftentimes caregivers may wonder where the behavior is coming from because the reaction is out of proportion to the situation at hand. A child may respond with a temper tantrum when told to take a shower.

Maybe they respond to a question about a test grade by running to hide in a closet. Children may also show regressive behaviors like bedwetting or clinging excessively to caregivers that are out of character for them normally. When sudden behavior changes occur, it may be a sign of something else happening in their brains that they cannot communicate or even understand.

### **Physical Symptoms**

Some children may show unexplained physical symptoms that have no medical cause. They may complain of a stomachache every morning before

school or a headache every evening before ball practice.

They may also express general aches and pains that have no cause. Sometimes symptoms may increase before or after a stressful event, such as a visit with a family member or a court hearing. Their bodies are experiencing what they may not be able to verbalize or show emotionally.

### **Emotional Distress**

Children may show emotions such as anxiety, fear, sadness or even mood swings that seem out of character for the situation.

Children may be deathly afraid of something benign or become intensely sad in response to something that is normally not a big deal for most people.

They may also have quick shifting moods that are hard to predict. Some children may have challenges with forming attachments or may attach to anyone and everyone too easily. Some children struggle with trusting anyone while others attempt to trust and please whoever will listen to them, including a complete stranger they meet for the first time.

Children who have experienced trauma can have struggles regulating their emotions which can be challenging to support because of unpredictability.

### **Sleep Disturbances**

Children who have experienced trauma can have disrupted sleep patterns. They may struggle with falling or staying asleep which can make bedtime routines a challenge. They may also have nightmares while sleeping or appear to remain sleepy even after seemingly getting a full night's

rest. Sleep is an opportunity for them to process experiences in dreams and thought patterns which are mostly out of their control.

### **Challenges in School**

Children may struggle with concentrating, learning, or retaining information at school, daycare, or even at home. Children can be distracted by their thoughts or feelings while in the learning environment which impacts their engagement.

They may have declines in academic achievement or disengagement from school activities.

### **Sensitivity Concerns**

Children can be heightened in their sensitivity, irritability or state of alertness. Small noises may cause them to be jittery or jumpy.

They may react strongly to overhead lights or even loud voices. When hyper-aroused, they seem to always be on edge.

For other children, they may experience hypoarousal which shows up as disconnectedness, numbness or dissociation from what's happening around them.

These children may sleep through a thunderstorm that wakes everyone else up, or they may not flinch at all when hearing a fire alarm or any really loud noise.

### **Not One Size Fits All**

Each child is different in their response to trauma, therefore any symptoms listed above that cause concern should be considered and discussed with professionals to assess their origin and what might be done in response.

It is also important to recognize situations or factors that may trigger trauma responses.

As caregivers, we don't always know the full extent of the situation a child may have experienced, so it is important to recognize when there are patterns in response to specific situations or factors.

### Specific Triggers

Certain situations or reminders of past trauma can trigger distressing reactions in children. These triggers vary from child to child but may include loud noises, physical contact, or specific places or smells associated with traumatic experiences. Some children may have a reaction every time someone tries to hug them before bed. Other children may react to having to eat certain types of food.

It often takes time to notice patterns in triggering situations, but learning as much about the child's trauma can help with preparation ahead of time. For instance, if a caregiver knows a specific place in town is a reminder of a traumatic event, the caregiver may avoid that place until the child can work through their healing related to that situation.

Specific dates, times or milestones can be a triggering event. For some children, birthdays or specific holidays can lead to responses. There may be other milestones that are less obvious, such as losing a tooth or the start of school that may also lead to trauma responses.

### Creating a Safe Space

Caregiving for children in foster care can feel challenging at times, especially when trauma responses occur and the caregiver isn't sure why it's

**Caregivers have to stay attuned to each child's needs individually. Doing so will allow them to more effectively recognize symptoms, patterns and what interventions seem to work best.**

happening. It's important to remember that those reactions are not usually about their current situation but about what happened in the past.

They may now feel safe enough to react in a way they could not in the past. With this context in mind, caregivers can provide an environment that can foster healing and resilience for children in their home.

Establishing routines, clear boundaries, norms and positive reinforcement will give a child a sense of safety and security as they manage their symptoms. Routines and boundaries allow a child to know what to expect which is often different from previous experiences of chaos and uncertainty.

Caregivers can build trust and bonds with children in foster care which will aid the healing environment. Being patient, empathetic and responsive to their needs in a consistent way will build trust and connection. Building trust takes time and caregivers should not expect immediate bonding.

Caregivers can help foster healing by ensuring children have access to mental health professionals who specialize in trauma-informed care. Therapeutic interventions can be tailored to each child's needs. Professional treatment is not a one-size-fits-all, but it often takes professional support to manage

long-term healing for children who have experienced foster care.

Lastly, continued openness to learning about the effects of trauma can go a long way. As caregivers learn more about the effects of trauma to one's physical, mental, emotional and behavioral health, the more they are able to provide effective and compassionate responses to children in need.

Love really does make a difference. Recognizing and responding to children who have experienced trauma requires patience and practice.

Caregivers have to stay attuned to each child's needs individually. Doing so will allow them to more effectively recognize symptoms, patterns and what interventions seem to work best.

Most importantly, children in foster care need adults to love and care about them unconditionally. Creating a safe, loving environment where children can open up and find connections will give them the best opportunity for growth and healing. •

*Sarah Norris, Ed.D., has worked in child welfare for almost 20 years at both state and local levels. In 2018, Norris joined Crossnore Communities for Children, a child welfare nonprofit agency in western North Carolina, as the child welfare division director and became chief program officer in 2020. She oversees strategic growth and development of all child welfare and mental health programs. She is passionate about making lasting changes in the child welfare system that positively impact outcomes for children and families. She has masters degrees in organizational leadership, business administration and counseling and development.*