

ICF CWIG Webinar

Steps Toward Change

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Elizabeth Kramer: Hello, and thank you for joining us. Today's webinar is hosted by Child Welfare Information Gateway, the information dissemination service for the Children's Bureau Administration for Children and Families, U.S. Department of Health and Human Services. My name is Elizabeth Kramer, and I'm the senior manager for Knowledge Transfer and Information Management at Child Welfare Information Gateway. This webinar is one of several that we are offering virtually to help ensure that critical information is shared with professionals and families during the covid-19 pandemic when we are prevented from gathering in person and challenged to continue to work with children and families in new and innovative ways.

Today's presentation was originally scheduled as a breakout session for the National Foster Parent Association's annual conference. Now I'm very excited to introduce our session for today, "Replacing the Trauma Bond with Healing Relationships" with Cindy Downey with the Centene Corporation. Cindy, I turn it over to you.

Cindy Downey: All Right. Thank you so much. And she said my name is Cindy Downey, and I am very excited today to offer this session for folks within the community that are caring for children within the child welfare system. My background is pretty similar to most folks working within child welfare.

I have worked in a variety of settings, including in home with families and children, in group home settings, as well as inpatient psych settings. My background--really, I have worked with some adults, but most of my background really has been working with those young children and their families, and I also had a brief stint working as a sign language interpreter for a little while as well. So that's a little bit about me. I've been with Centene since 2011 and have been working as a trainer with Centene since 2014. So today we're going to talk about looking at kind of that trauma bond between youth and abusers--sometimes that may be an exploiter, but looking at how--why kids in foster care are at a little bit more risk for that and what some of those risks and vulnerabilities are. We're also going to kind of take a look at how that happens, what it is about those risks and our kids' experiences that kind of put them at a disadvantage. We'll also take a look at what kids need and how can you as a caregiver, for your role within child welfare, help kids who might be in the situation.

All right. So let's get started. So looking at what some of the risks are, and we're going to kind of start on a much broader level in looking at kind of almost the macro risks that are involved. They are certainly--and some of you may be familiar with some of the laws and things that on the federal level that have been passed. TPVA, for example, the Trafficking Protection Victims Act of 2000. Lots of states have also passed legislation, some laws that are working towards protecting our youth, not just youth in foster care, but our youth in general from exploitation.

But sometimes there are differences or inefficiencies in the way that folks understand those laws, the way information is tracked, sometimes the way things get prosecuted or charges that get brought against offenders and buyers. And there's really-- they said there's a lot of inconsistencies, too, sometimes among the states. For example, only 30 states and the District of Columbia have

laws that prevent the prosecution or arrest of minors for prostitution. When you think about that, that's pretty staggering that we only have 30 states and D.C. as of 2019 that have the laws in place that prevent children from being arrested for prostitution. So there's still obviously a lot of work on the local, state, and federal level to improve some of those situations for our youth.

Then we also look kind of within our own system locally, and children involved in juvenile justice and child welfare and other state systems. Sometimes there aren't consistent screenings or assessments for exploitation. Sometimes the questions that are asked don't really delve or get into a way where a child might understand that they have, in fact, been exploited, because sometimes they are still kind of those myths about trafficking, right, that you have to have a pimp or that it means you're working on the street, things like that. And when folks don't have a good understanding of the dynamics of trafficking, sometimes they're not asking the right questions. A simple example of that could be, has your mother or a family member ever asked you to exchange sex for something for them or as a favor? So some of those just ways that we can, again, kind of change what's going on in a system level and the way that we are assessing screening for exploitation also needs worked. And when we think about just in general, sometimes we still, as a system, have kind of an approach of focusing on those behaviors, right? If a young person comes in maybe having been arrested for robbery or drugs, things like that, sometimes we don't kind of look beneath the surface at other things that might be going on. Kids come in maybe presenting issues with substance abuse, maybe we're not looking at maybe what might have been causing that substance abuse. And, of course, whether or not we're approaching our kids and our families with that trauma-informed approach, looking through that trauma lens with empathy and investigational, trying to figure out what happened that got them to this point, rather than maybe a shaming, blaming type of approach.

And finally, sometimes even the location, the way we care for our kids can put them at risk. Group homes, drop-in homeless shelters, facilities kind of similar to those sometimes allow for youth to be easily recruited by other young people. And certainly, we know as a system, we don't always protect our kids in the best ways, and sometimes even in our care for our children, we kind of continue to lay that groundwork, moving them frequently, having multiple placements, having them placed with people they don't know, right, and not having that relationship with people sometimes before they move in with a new foster family or are transported by someone, things like that. So sometimes even just our policies and our protocols kind of lay that groundwork for kids to not think much of being moved around, being asked to do things. So that can also create some of that risk.

On a more interpersonal or more micro-level closer to the child, when we look at these interpersonal risk factors, we really are looking at those early life experiences, like those adverse childhood events that we've all probably heard about by now that place kids at risk of exploitation and future trauma and abuse.

In the neighborhood and community, so many of our children are living in poverty. They're exposed to community violence, gangs. They grow up sometimes around sexual exploitation so that there's that normalization of violence, of sex.

The family dynamic, and we'll talk a little bit about that poor attachment and bonding, but we know how crucial that is for our young people. Children who don't feel that sense of belonging and safety, that is a huge risk factor, when they don't feel connected, they don't feel that sense of security within their family, their home. And, of course, sometimes our children have family members who are exploiting them. That's where their exploiter is in their home, down the street. And so that certainly increases that risk. And then when we look at the individual level,

we know that individuals who have been exploited, approximately 80 to 90% of them report having a history of abuse or neglect. And we know that specific populations have far more risk, like our LGBTQ kids, our homeless youth, and our youth with disabilities. And it's not about their poor decisions or anything that they've done, it's about how their experiences, maybe their lack of family support, being on the streets, meeting--your basic needs met. So those experiences shape that young person's ability to adapt, to problem solve, and certainly, their options for survival, especially when we're talking about our homeless youth. And there's really--when kids don't have that support, when they don't grow up without attachment, with those supportive environments, they really begin to have a limited ability to defend against that coercion and manipulation that they would have had if they had those caring adults and that support and nurturing. I kind of see how there's so many different factors really that go into that child's risk. So there are also some kids who face additional risk. And certainly when we look within the child welfare system and even the juvenile justice system, we know there's more risk, right, because of those kids' trauma history because of what they've already experienced. We know that within child welfare, there are disproportionately more children of color within the foster care system. They tend to stay in the foster care system longer. Also kids who are aging out of the system, they lack those supports, right. They lack those people they can turn to, depend on, because for most of us, even after we turn 18 or we go away to college, become--are out on our own, young adults, we still depend on those family members. We have some type of support system, right? So if we get a flat tire, if we can't work and you miss a paycheck, some type of setback happens, we have those folks that we can call, we can depend on, and many of our youth that age out of the foster care system don't have that. So that puts them right on the verge of sometimes having and being forced to make some decisions that they shouldn't have to make.

And we talked about the homeless youth and runaways on the previous slide, but they are at an increased risk due to not having that support. And of course, the longer a child is on the streets, the more likely it is that they're not getting their basic needs met and that they are in danger.

Another really significant and strong predictor of future exploitation is sexual abuse. And there are lots of reasons why that is. You can see a few of those here. Children who've experienced sexual abuse already have a skewed understanding about what a healthy touch is, what a healthy relationship is, that you can have affection without having to give something in return. Their boundaries, their autonomy, that has already been taken away, their ability to say no or the sense that they can--are in control of themselves, that's been taken away. Kids that have experienced sexual abuse are already used to giving up sex for something that they wanted or they needed, whether those were objects, maybe toys that the sexual abuser gave them, or just that love, affection, attention. That groundwork has already been laid in exchanging sex for something. And kids with sexual abuse histories sometimes are also more likely to already be using drugs either because their sexual abuser gave it to them to make them more compliant, or maybe they began using in order to cope with what was going on. And so that's just one more way that a trafficker or an exploiter can use to kind of lure that child in, keep that kid coming back.

We've kind of talked about the risk. Let's look at what some of the other things are that we know really are so important--to our kids, to us as human beings, honestly. We know how important healthy attachment is. I'm sure many of you have been through trainings that talk about that it truly is that crucial foundation for us, as human beings, to help us develop, and not just cognitively development, which we know attachment is important, but even our physical development, our social-emotional development, all really rest on that foundation of attachment.

Also, how or if we have a positive understanding of how relationships work and that secure sense of ourselves, that we feel confident and competent as we grow older and begin doing more things. It impacts our ability to trust. An attachment is something that starts so very early and has impacted--so many of the kids that come into child welfare, their attachments, the securities are impacted from the very beginning, because it is, it's hardwired into us from the time even before we're born, and then certainly as we get older, again, it helps us--it helps us understand relationships and navigate those relationships.

Healthy attachment serves as a buffer sometimes for us as we begin going out into the world, experiencing scary things, right? When we're little, that might just be venturing a little further off in the playground and things like that, though when we have that secure base to come back to, we slowly begin gaining confidence in our ability. But we still feel connected, valued, loved.

And that healthy attachment, what happens when a young person has good, strong, healthy attachments and they do encounter something that's difficult? Of course, depending on the age--a little infant, it might be feeling hungry. A toddler, it might be navigating how to share a toy, getting stuck trying to do something. Older kids, it is going to be navigating some of those difficult decisions--peer pressure, relationships, all those kinds of things.

But kids who have that healthy attachment, when a stressful event occurs that our internal stress response system is activated, right, and depending on how serious that stressful event is, we may--it may kick us all the way into that fight, flight, or freeze response, right? Which initiates internally something called our attachment-seeking response, and it's an innate response, especially in babies and children, to seek out a caregiver for protection. It's a survival reaction. So when we sense danger, and, again, for an infant, that could be not being

fed, having that dirty diaper, feeling alone. They sense that danger, that attachment-seeking response is activated, because they know it's their only way to survive.

In the perfect situation, that caregiver comes in, provides comfort, provides love, security, that buffer. Especially when we talk about for older kids, we help kids process what's going on--things like right now with the pandemic, right, helping kids kind of figure it out and process those emotions that can be sometimes very confusing or leave them with anxiety, fear.

And then what happens is that internal stress response system of that child begins to calm down. We co-regulate. We help them co-regulate. We help them maybe problem solve. We help them see kind of the other side of this event. They're going to come through, they're going to be ok. That's really--when things work well, this is what we hope for.

And part of that is a caregiver that is attuned, that when that signal is sent out by a baby or a child that something is wrong, or maybe it's just that they need connection and comfort, the caregiver picks up on that signal, attends to the child, and then provides whatever that child needs, right, whether it's through touch, through eye contact, or tone of voice, empathy. And you can tell that that balance is brought back, that that child's system is kind of being restored, the physiology, the increased heart rate, breathing, all those kinds of things begin to calm down, and when the body is calm, the emotions begin to calm down. And as I said, this is kind of the beginning of how babies and little ones begin to learn that emotional regulation and by feeling that sense of security and trust.

And a couple of things to remember, caregivers don't always get it right, right? We don't always know. I remember when I had my first daughter, I thought I was

a horrible mom because people had always told me, you're going to know by your baby's cry what they need, and I didn't. I couldn't--her cries all sounded the same to me.

So it's not that we're always going to get it right every time, especially with young children who still can't communicate with us, but it's the fact that we are responding. It's the comfort that we provide, that trust that's being built, that relationship that's being built that helps calm that system down, and that's what's important. When this doesn't happen, when their attunement isn't there, that the attachment isn't there, whether children are experiencing chronic neglect or abuse, maybe the caregiver's just absent, when they're distressed, they're crying, they're pleading, they're calling out and either nothing happens, there's a lack of response, or for some of our kids, that response is hurtful and harmful or shameful, kids begin to--become conditioned. They either give up, or they do whatever it takes to keep themselves safe.

So we can see that here again, that same call out, the child experiences that stressful event, that internal alarm system goes off, right, except the caregiver doesn't respond. And what happens is that child's stress response system stays elevated. They stay in that heightened sense of danger, anxiety.

And when that happens, again, they either begin to slowly give up, stop attempting to connect, or they stay in that heightened sense of alert or anxiety, alarm. They sometimes develop...difficulty, being very clingy, withdrawn. Sometimes we see kids develop aggressive behaviors. Because they don't--they're not being regulated, right? They're not experiencing-- first of all, they're not experiencing anyone responding to them, or the response is harmful and hurtful. They're not getting their needs met. But then on top of that, their system is not being calmed down, they're not experiencing

that co-regulation, so they're not learning how to regulate and figuring out how to manage those overwhelming emotions.

And this trauma that occurs in the context of that caregiving relationship, because, again, this is an innate response for a little person that seeks out that comfort from their caregiver. So we call that relational trauma, right, when that happens in the context of that relationship. It develops, really, a complex trauma where... the combined effects of that maltreatment or lack of treatment by that caregiver, a child loses that secure base, that sense of safety, and then they also experience that overwhelming dysregulation of not having any safety, not having anyone to go to. And that's a pretty scary combination when we talk about what's for children and youth to be experiencing. So that lack of safety and attunement and connection, that's what really is kind of setting that groundwork again. What's missing, that child's not getting, and what that child is seeking, right? They're trying to fill that void, someone who can offer them security, make them feel as though they're cared about. They can meet their basic needs even sometimes. They're searching for that emotional connection, that feeling, and so they're valued and believed in.

And when they're attempting to kind of fill that void, and because of their previous experiences, they may not recognize potentially unsafe relationships...or when someone is asking them to do something that maybe they're not comfortable with. But, again, remember those boundaries have already kind of been shattered, that ability to say no. And especially when someone is offering to provide what they feel they need, that love, that connection, that sense of safety, "I'll protect you," it's so much easier for them to fall victim to that.

So what we see sometimes with that trauma-coerced bonding attachment, that love and bonding that that child is searching for makes them the perfect target because

they're oftentimes so eager to feel loved, to feel the things that they've missed out on, the abuser doesn't even have to provide that much to them, right? But we know folks that are intending to harm children, talking about someone who's sexually abusing a child or an exploiter, they will take the time to get to know that child. They'll listen, they'll develop that relationship. They'll build that trust with that child. They'll get to know all the important things that that child is missing and seeking. And they're going to make that child feel important, that sense of worth, love, protection. Maybe it's material things, the things that a child feels like they've missed out on.

And in no time, the child will do pretty much anything for this individual to keep that relationship and to keep feeling special and connected and that sense of belonging. And they'll oftentimes overlook what's being asked of them, maybe overlook the physical abuse if they're experiencing that as well because part of what they need is being met.

So when we think about how that trauma bonding happens, we said that the abuse and neglect that kids have experienced already kind of lays that groundwork for this bond to happen.

And of course, there's that power imbalance, right, similar to what the child's already experienced. But it's not anything new, oftentimes, for many of our kids. They feel helpless, vulnerable. Those are not necessarily new feelings for many of our kids. They don't send up a red flag the way that they might for other children. And oftentimes that abuser, the exploiter, almost creates a false sense of empowerment. "You're beautiful. Of course, anybody would want you." Right? So they begin making that youth feel that they are making this decision to do this. They're not being forced into doing it. "And if you love me, this is what you'll do." Again, that power and

control imbalance is there, similar to domestic violence, right? That same kind of power imbalance is there. And for kids who are experiencing or continuing to experience abuse or threat of abuse or threats of being outed in what they're doing, or threats against family members--things like that--that abuse instills fear and anxiety. They're afraid what will happen if they leave.

And because they're also thankful for what the abuser or the exploiter is providing to them, there's that sense of gratitude. They don't want to lose that part of it. And so again, there's kind of that dynamic there similar to what they experienced, that attachment-seeking response with their parents, and seeking out that caregiver and that need not being met by the caregiver, it's almost a similar dynamic. So again, nothing new for many of our kids.

Another thing that oftentimes can be used against our youth is their age. And sometimes our kids are older, but we know because of the early life experiences, because of trauma and neglect, we know that sometimes kids' chronological age doesn't match that psychological maturity, right? And they're not always very keen or able to detect those manipulations or the motives behind what people are doing or asking of them. And with that early--those early life experiences of abuse and neglect, we know that that derails that typical cognitive development, right? So the ability to make sound decisions, their judgment, problem-solving skills, all of those things we know have been impacted by the abuse that brought them into foster care in the first place.

And as we said, the promise of what that trafficker can offer, whether it's love, a boyfriend, a relationship, sometimes it might be--maybe it's an older woman who's trafficking them, and she's like a mother figure and entraps that youth, and that creates that bond of

being cared for and kind of looking--not paying attention or not addressing what's actually going on. So for children who have grown up experiencing the chronic neglect and abuse, we said their instincts and their brain are sometimes telling them to kind of do the opposite things, that innate response that we talked about that seeks safety. But their brain is also telling them that some situations are not safe or their caregiver is not safe. Maybe foster care, their worker isn't safe, because we talked about sometimes our system, even the child welfare system, sometimes that abuse and neglect continues even after that child is in foster care.

And so for kids who've experienced that, their brain is telling them that there is no safe space, there is no safe adult. And so simultaneously, the child experiences that internal desire to seek comfort and safety, but they're also being told by that fear center of the brain to stay away, that they need to protect themselves. And their experiences have really confirmed this type of imbalance for them over and over and over again. So when we talk about blocked trust--and this is what everything we've kind of talked about so far results in this blocked trust, this conflict of, I should be able to seek out this comfort or I feel like I need to seek safety, protection, but then this other part of me is telling me it's not safe. And this conflict creates blocked trust. They stop listening to kind of that innate desire to seek that comfort and safety because they've either been let down so many times or they've been hurt.

And so sometimes they just stop trying because it's too painful, right? When little ones and older kids continue reaching out and their caregivers are not responsive or in some cases, are the reason for pain and harm, they begin to kind of block all that off. And when they begin to block off or close off to protect themselves, they also block off some of the feel-good receptors, right,

the areas of the brain that when they do feel connection--a true, safe connection. And normally we would kind of have that release of that oxytocin, right, when we feel good connecting? That's also blocked. In order to protect themselves and block the pain, they also block future connections, joy, laughter. And we see that sometimes kids are experiencing that where they just have kind of walled everything off, blocked everything off. And this blocked trust can make it really difficult to feel anything at all, to make any connection. And because our kids are already struggling with whether or not relationships are safe, recognizing and managing the feeling, sometimes it's easier to just not feel anything at all.

And sometimes our kids also not just block themselves off emotionally, but even physically from feeling. Certainly, kids who have had extensive trauma, physical abuse, sexual abuse, or have been exploited, because things have become so painful, they figure out ways to not feel, and, as we said, emotionally, but even physically. They've become almost disconnected from feeling anything at all.

And when that happens-- you know, we've talked about that blocked trust--but now blocked trust can sometimes lead to blocked care. And when this happens, because the caregiver is attempting to connect, attempting to build that relationship, attempting to provide safety for this child, and instead, that child returns with behaviors that at least on the surface appear to be pushing that caregiver away, right? Completely disinterested. They're not having it, right? Which we know with so many kids in foster care, we see these type of behaviors.

And caring for a child that has that trauma history is no small task, right? For kids who have been exposed to trauma and neglect or chronic stress, their brains develop those strategies to cope, right? Coping—

focusing on that self-preservation. "I'm going to do what I need to do to keep myself safe."

And sometimes that also leads them to kind of be acting in a way where they do see everyone as the next potential threat. And so for caregivers...these behaviors or the strategies that kids are using for self-preservation, as a caregiver, I may perceive these negatively. And the difficulties that come with caring for a child with extensive trauma may cause me to stop reaching out, stop trying to connect with this young child, or maybe respond in a way that's more reactionary, right, that might reinforce some of those old beliefs that that child has about adults being uncaring, disconnected.

And exploited youth, in particular, youth that have been exploited in some way, they also have so much internalized shame, judgment about what's happened, belief about it being their fault that that can truly make them feel unlovable and alone in this world, that there is no one out there that would want to connect with them.

And we know that connection between our thoughts and our beliefs and our behaviors--the more I think something, which makes me feel more ashamed, makes me believe that no one loves me, no one would ever want me as their child. And then my behaviors--I exhibit behaviors that almost kind of confirm that, right, that connection between those thoughts, behaviors, and feelings.

And as a caregiver, again, that can be very difficult. We kind of see this cycle when blocked care happens. That child's defenses are triggered, right? So we see--kind of start there about one o'clock at the hurt child, where you have a child who's been abused, neglected, and has shut down, right, and may be exhibiting some of those very difficult behaviors. Because of their

beliefs about themselves and what's happened to them. Maybe--had some of those behaviors that are very difficult for a caregiver to deal with or connect to that child because of those behaviors.

And so instead of responding and trying to provide more care for that child, sometimes that caregiver may react. We focus more on the behaviors, stopping those behaviors, or the negative aspects of what's going on, which then kind of fuels more of that shame, creates more distance and disconnect between the child and the caregiver, which oftentimes results in more behaviors. And then we see that blocked care where maybe the caregiver just gives up. They disconnect. They just say, "I can't--this child--I can't connect with this child. Nothing I do matters."

And--there's different reasons why sometimes that happens, too. When we talk about blocked care on the caregiver's side, there may be some issues--the caregiver's own history of trauma or those adverse childhood experiences that that caregiver may have had, right? So this may be kind of an ongoing issue for this caregiver.

It might be child-specific. Maybe it's this child that this caregiver feels they can't connect with, right. It may be--sometimes blocked trust and blocked care can come because both parties are stressed. Think about what we're all going through right now, where we all have kind of an added layer of stress, anxiety, fear, which may also kind of play into some of these situations.

So what can we do, then, when we're experiencing this blocked trust, blocked care dynamic? We want--obviously our goal always in child welfare is to help kids begin to trust again, right? And we know that can happen. But caregivers who are working with kids

with these type of histories have to realize that sometimes this process may be even slower, even slower than it might normally be.

We always have to go back to remembering that our brain has that plasticity, that children have the ability to build those new neural pathways with each and every new positive experience, loving experience that they have with a caregiver, each time that caregiver is attuned.

Even if the child doesn't respond in a way that the caregiver feels like they should, we can't give up, right? We have to keep providing loving, nurturing, safe responses and environments to build those new neural pathways for kids and rewire that brain to begin expecting something different from a caregiver or from an adult or from a relationship.

So it really is the job of that caregiver to convey, "You can trust me to comfort you. I am happy you're here." Right? Because again, we want to go back to that kind of that when we feel connection and attachment, it releases that oxytocin. And so that may be difficult at first, but we want to keep reinforcing that idea. "I am glad you're here. You are not a problem for me. I want you here."

And remember, our memory's tied to what we feel, so when we feel more positive things, those are going to be the things that begin to be reinforced for that young person. The trust.

Kids have oftentimes learned, coming from abusive and neglectful environments, they behave by anticipating what that caregivers' response or their biological parents' response is going to be, right, those self-preservation behaviors in anticipation of the anger, the physical abuse, whatever that child might have experienced. So now we have to change those

expectations by reinforcing, responding consistently as often as we can, responding the same way, providing, again, that sense of comfort, trust. "I'm going to be here, not going anywhere. We're in this together."

And we always talk about how we have to kind of have that empathic response, right, and--we don't want that to stop. We definitely want to continue that empathic response to kids. But we need to understand that sometimes, particularly with kids who have suffered extreme abuse--sexual abuse, physical abuse, or exploitation--sometimes that empathy is very difficult for them to return, right? And we know that empathy--just the definition of empathy is to the way that we respond to another person's display of distress, pain, struggle, right? It's our empathic response to that. But for kids who've experienced trauma, because they have oftentimes shut down, especially what they're feeling, right, like we talked about a few slides ago, it can be very difficult for them to express that empathy or to feel that they're in a safe space to begin having that kind of response back. And so, you know, the attachment-focused model, in fact, it highlights that need for parental empathy, doesn't it? I mean, that's what we know, and we don't want to get rid of that at all. We still want to maintain that empathy. We want to be responsive. But we just have to understand that that's not maybe sometimes what we get back, because it can be very difficult for kids who've experienced the degrees of trauma that some of our kids have.

And so if they are already kind of squashing those emotional responses for protecting themselves, then it's going to be difficult, then, for them to return that empathy.

And I think that that's another thing that sometimes we hear foster parents talk about or caregivers talk about is that, you know, they don't--they never think

about anyone else. They never--they only think about themselves, what they want, what they need, right? Well, when we think about what kids have experienced, then that really does make sense. It helps us, I think, understand the behaviors a little bit better.

And sometimes one model that we can use to really help replace what some of those kids may have missed out on in those early years when they were experiencing neglect--we know how important play is, right? Play is a key developmental piece for our kids, exploring their world, experimenting, trying new things, just having fun. That's such an important part of a young person's lives that many of them did not experience. And during that period when they're playing, when they're exploring, or doing, you know, learning how to stack blocks, learning how to put their clothes on by themselves, all those kinds of things, they're gaining independence, right, practicing, figuring out what they like, what they don't like. They're figuring out how to manage some of those frustrations when things don't work out the way they thought, when both their legs are stuck in one pant leg because they put their pants on that way, right? So having that parent that helped them navigate those things.

So the more that we can kind of implement play back into our kids' lives and letting them begin to really practice some of those skills again, helping them develop that and accepting that, right, accepting that it's not always going to be pretty, that they're not always going to be great at it, that they're not going to always like everything that they try, I think encouraging that, but doing it in a way that makes them feel safe.

Again, when little ones who were growing up in those chaotic or maybe abusive environments, when

they were maybe trying to do something, maybe they got punished or shamed because they did it wrong or because they made a mess. So they lose that desire to keep trying, right?

So...by accepting them and all aspects of them, we can begin building up that confidence and that competence again.

And then, of course, empathy. Like I said, we really- we do have to kind of rebuild that for some of our kids because it is a skill, and it's a skill that we oftentimes develop in those early years. And so because it is difficult for us to show empathy when it's not been shown to us, the more that we can provide that empathy for kids, validate their experiences, help them explore and understand their feelings, promote that compassion, and again, develop that sense of trust, be a different kind of caregiver for that young person.

When we think about--I've mentioned a couple times not being a reactionary parent--be more of a responsive parent. And really, caring for kids with extensive trauma takes a lot of work for caregivers, and we're not going to get it right. Just like any kind of parenting, we're not going to get it right 100% of the time. But more often than not, we want to be a responsive parent where we're in tune and attuned to that child. Not a reactionary, right? We want to tap into our own brain's kind of higher functioning, move into more thoughtful responses, more constant unwavering compassion.

Sometimes that means taking a minute before we say anything or react. And even more so in some of the more difficult moments with some of the more challenging behaviors. But understanding that your kindness matters. Even if sometimes it's ignored or rejected by that child who's struggling to connect,

we have to keep providing that. And that's where, again, kind of we come into that blocked care, where it is difficult. It's difficult to be the caregiver in a one-sided relationship, right? That's incredibly taxing.

But slowly as we continue to provide that consistent care, that compassion to that child, understanding of what is going on, why those behaviors are happening, we begin providing that trust, that comfort that was missing, that child feels that sense of belonging. Again, you're not going anywhere. You're sticking it out with them.

And that child's understanding of what a caregiver can be or what a caregiver is capable of slowly begins to change. And we think about, going back to that slide of what puts kids at risk, right? Lack of connection, that lack of feeling valued, as though they matter, feeling that sense of belonging to a family. Those are the things that we really want to replace for some of our kids.

And when we take away the important people in this child's life--and we learn that in foster care, don't we--even, you know, outside of talking about a child that might be exploited, we know that even that removal from their biological family, even though it is to keep that child safe, to bring them into a safe environment, we know that loss of that family is still significant. Even though we know we're doing it for the right reason, we know that that is a significant loss and trauma for a child to be taken from that family.

And when we look at the bond that sometimes kids have with individuals who are trafficking them, are exploiting them in some way, we also have to acknowledge that that relationship may

have been very important to that child as well. That child may have seen that person as someone who was caring for them, protecting them, took them away from more abuse and neglect. For some kids, it may be their boyfriend or girlfriend, so it's been a romantic relationship, as well, their intimate relationship.

And so we have to kind of acknowledge that there was significance to that relationship. And we need to be sure that we are replacing those things that put that child at risk in the first place. We kind of talked about that on that previous slide, right, that the consistency, the continuity of care is really important, and making sure that that child has adults in their lives that are stable, consistent, are there for them, knowing that sometimes that child may go back to that relationship...or that abusive situation.

But having those people be there when the child comes back. Again, "I'm not going anywhere. I'm sticking it out. We're in this together. We're going to figure this out together." Right? Changing that child's understanding of those significant relationships, what an adult and a caregiver, what that relationship can look like.

And the more of those type experiences, the lack of--experiencing the lack of danger, experiencing safety in an environment that is free from fear, from threats, more of those positive experiences and feeling--gradually beginning to feel more comfort, more joy in situations, more emotional connection.

As we said, it might take a long time, but eventually feeling some of that connection, those are going to be the things that eventually change for that young person. And so hopefully when

that young person experiences that empathy, safety, the reduction in that anxiety, they are finally experiencing someone that they can co-regulate with, right, that that provider provides--or that caregiver provides that calm, and the caregiver and child can work together.

And even when that child is experiencing or exhibiting some of that fear, anxiety because of those--that blocked trust and those behaviors come about, when that parent responds in a loving, nurturing way, a safe way, accepting that child for all the things that come with that child, eventually and slowly that child becomes and realizes that this is a safe space. Their belief about adults and caregivers change, their needs are met, their desires for love, connection, safety are met. And eventually, we will see that compassion results in eventually a child beginning to connect with those adults.

All right. So that is all I have for today. Thank you so much. At the end of the PowerPoint, there are some references and resources as well. Thank you so much for your time today, and even more importantly, thank you so much for the work that you do with the families and children that you work with. Have a great day.

Elizabeth Kramer:

Thank you, Cindy, so much. That was a lot of really excellent information. And I just want to thank you for taking time out of your day to share this with our audience. So thank you as well.

Cindy Downey:

Thank you.