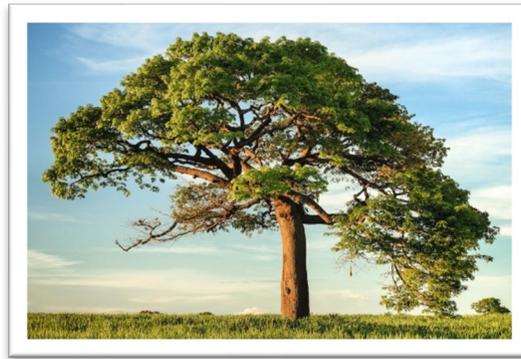


Trauma, Stress and Caregiver Well-Being



Facilitator's Guide



How to Use this Facilitator's Guide

It is important to note that this version of the module was created to be an alternative to an existing module within the existing *Caring for Children Who Have Experienced Trauma – A Workshop for Resource Parents (RPC)*.^{*} As such the look of the participant's manual and the slides are not the same as the original RPC module it replaces and you may want to point that out to the participants. In addition, the Facilitator's Guide is also set up differently and this is described below.

Set-Up of the Facilitator's Guide

In the Facilitator Guide you will find example scripts/talking points, facilitator notes, references and the corresponding page numbers for the Participant's Manual.

There are example scripts/talking points following each slide screenshot to provide context on what is meant to be presented, but it is not necessary to read these as scripts word for word. These example scripts or talking points are in plain font (not bold or italics). It is not critical to read each talking point to participants; what is most critical is to cover the material so that the four learning objectives are met.

Help resource parents:

- Identify sources of stress for themselves
- Understand what secondary traumatic stress is and how it might impact them
- Explore their window of tolerance and how to widen and stay within it to address stress
- Develop a personalized “stress buster” action plan

There are also facilitator notes which provide hints and tips for presenting the material. The *facilitator notes* are in *italics* with the star bullet (❖). Example scripts/talking points often follow *facilitator notes*.

There are references throughout this Facilitator's Guide to the handouts in Participant's Manual.

Set-Up of the Participant's Manual

The Participant's Manual contains slides as well as handouts that are integrated into the manual in the order they are used. The two exceptions to this integration are 1) the Case Examples (see more information on those following) and 2) the Action plan. The Action Plan which has four different parts is located at the back of the Participant's Manual so that participants can easily detach and keep it separately for their ongoing reference and use. The handouts in the Participant's Manual were created as fillable pdfs, so that participants can access the manual and/or taken notes either electronically or when printed out.

*If you are presenting it as a stand-alone training, there is a separate Facilitator’s Guide and Participant’s Manual that should be used. In that version there are several slides and additional discussions to provide a basic understanding of trauma and its impacts.

Case Examples in the Module

The curriculum was designed with the case of Natalia and Anthony as the standard case example used throughout the module. The case does not provide any cultural details so that it can be adapted to add in culturally relevant details (race, ethnicity, gender, sexual identity, etc.) as the facilitator sees fit.

There may be other case examples that may be relevant for different populations. A case example on Miss B. and Tia has been adapted, in collaboration with Jennifer Hossler, MSW and Maggie Huddle, MSW from their existing Project Intersect Case Study at the Georgia Center for Child Advocacy, for use with populations serving Commercially Sexually Exploited Children.

Other case examples can also be used in place of Natalia and Anthony, though it is suggested that they be adapted so that they will fit with the questions that are asked in the curriculum so that the necessary material is covered.

Note that the case examples are not included in the Participant’s Manual as slides, but there are separate handouts that provide all the information found on the slides as well as space to answer the questions for discussion. These are at the end of the Participant’s Manual to allow for ease of swapping them out. The Natalia and Anthony case example is included in the Facilitator Guide to provide details on how to cover that case which can be adapted as needed for any case example adaptations or changes. In addition, the slides for this case study are in slides 10 and 27 in the original slide deck and will need to be replaced if a different case is used. Slides for the other case examples are in separate slide decks.

Materials for the Module

- Copies of the Participant’s Manual for each participant- this contains space for the participants to take notes as well as worksheets that correspond with the activities and discussions. It can either be printed or shared with participants electronically and they can take notes on the fillable PDFs without printing it out.
- Copies of the Case Example being used
- PowerPoint Slidedeck
- Small Cup
- Cotton Balls (at least 10-15)

Timing for the Module

This workshop was designed as a two-hour training. The timing listed for activities and discussion is meant as a guide to help you plan your time. It is not a requirement to follow

these suggested times, but they are there to help you consider how to adjust the curriculum to meet your group's needs. While the workshop can be completed in 90 minutes, it will require some adaptation. Keep in mind that providing adequate time for participants to engage in discussion and activities may also vary depending on the size of the group, how talkative participants are and whether it is delivered in person or virtually. As noted below the timing does not include any introductory bridge time from the previous session nor does it include a comprehensive closure for the overall RPC. These are left for the facilitator to determine what will work best and to allocate time accordingly. Following is a breakdown of the suggested timing for the module.

Time Breakdown

Activities

Action Plan One: Window of Tolerance – Five minutes

Action Plan Two: General Stress Specific to Resource Parents (they can complete as it is reviewed, no time set aside)

Action Plan Three: Signs and Reactions – Five minutes

Invisible Suitcase – Eight minutes

Coping Cups – Seven minutes

Action Plan Parts Four and Five: Coping and Support Systems – 10 minutes

Closing Activity – Five minutes

Total Activity- 40 minutes

Videos

Brene Brown Video – Fivenminutes

Jaiya John Video (optional) – Five minutes

Total Videos- 5 minutes (10 minutes with optional Jaiya John video)

Discussions

Case Example – 5 minutes

Cultural and Historical Trauma – 5 minutes

Case Example- Secondary Traumatic Stress and Coping – 5 minutes

Total: 15 minutes of discussion

60 minutes of Activity, Discussion and Video (without optional Jaiya John Video and not including any added intro and closure discussion/activity that is added by the facilitator) The remainder of the time (60 minutes) is needed for lecture and spontaneous discussion as well as any added introduction and closure.

*It is important to note that you will need to review the module and consider how you might need to change the pace of the module to allow for time for checking in or following up on the preceding RPC module. There are options in the ground rules and welcome activity slides that provide some ways to borrow time to do a check-in from the previous module. If this is the final session of the RPC course, then you will need to think about whether you want to reserve some time to do a final closing activity for the group.



Presenting Virtually

Most of the exercises and discussions can be easily modified to be done virtually and there are notes and suggestions throughout. The handouts in the Participant's Manual were created as fillable pdfs and can therefore be either printed or sent to participants electronically. If this is being done virtually, it is important to have a plan for follow-up with participants if they need additional support or resources. This may involve reaching out via the chat or having a plan of how to have a follow-up call or email as needed.

Embedding the module in the *Caring for Children Who Have Experienced Trauma – A Workshop for Resource Parents (RPC)*

This training was designed as an optional alternative to module 8 of the RPC which is focused on taking care of yourself. It goes beyond self-care to look at the topic of understanding the impact and addressing the effects of general and secondary traumatic stress for resource parents.

Keep in mind that there is some time built into this session to allow for your standard opening and to allow for closure to the overall workshop series, but it is minimal and there is a lot of content in this module. There is a closing exercise for the module that can be used as an overall closing, but it may not be enough, and you are encouraged to end the session however works best for your group. You may want to consider whether including whether this session needs to be extended beyond the 2-hour time frame to allow for appropriate group closure.

Creating Psychological Safety

1. Due to the nature of this topic, it is important to create an environment where participants can share experiences that they have had as a resource parent and validate and normalize the experiences. It is important to let the participants know that they can reach out to a facilitator if they need support or have any feedback! See notes on psychological safety for more details on how to do this but be sure to explain that to participants briefly here. Due to the focus of this module being on the resource parents themselves, it is important to at least start off the session by acknowledging that there is sometimes stigma around asking for help or admitting that you are feeling stressed out and to normalize these reactions.
2. Keep in mind that if the group has kinship care providers present that there may be additional dynamics around their own trauma exposure and a more complex connection with the children and their parents. If at all possible, be sure that you have a sense of who is in your audience before starting the workshop so that you can make adaptations and provide support appropriately.
3. It is important to note that this is not the time or place to have participants share about personal trauma history. If someone starts sharing a personal trauma on their own, do validate their experience and invite them to chat privately after the training. You may

want to review with them who they identified as a support on their action plan and share additional resources for support.

4. If someone needs support, it would be best to check-in with them either during the training (if you have a way to have one facilitator available) or after the training. If doing the training virtually, you can tell them to private chat the facilitator that is not presenting if they need support. The facilitators can also send private messages to participants if they feel like a check-in is warranted. Be sure to have referrals for additional support if needed. If doing in person, and someone leaves the room, the facilitator who is not currently presenting might quietly follow to ask if the participant is okay, needs anything etc.

General Overview of the Module

This module begins with a reminder about the nine elements of trauma-informed parenting and highlights that this specific module will focus on #9 – Taking Care of Yourself (Trauma Stress and Caregiver Well-Being). This title was changed from the original RPC to reflect the new focus going beyond self-care.

The concept of the Emotional Container which is featured earlier in the RPC is then explored here in relation to the impacts on the caregiver of being the emotional container for the child or children in their care. This leads to looking at the importance of empathy and compassion to being a trauma-informed caregiver and includes information on the fact that being compassionate can be protective and bring hope to the person who is extending compassion.

Next the Window of Tolerance Framework is presented to help show how being impacted by the stresses associated with being a resource parent can impact us and can interfere in our ability to be empathetic and compassionate.

Using the Window of Tolerance frame, there are then specific strategies or “stress busters” that are woven throughout the remainder of the session. The first is mindful self-awareness. Following the description of mindful self-awareness, there is the first exercise related to creating an action plan. This one focuses on identifying what causes one to leave the window of tolerance and signs that indicate that one is no longer in the window of tolerance.

After the action plan, then there is a case study that gives participants an opportunity to review what they have learned and apply it.

This is followed by differentiating the types of stress and focusing on the concept of secondary traumatic stress (STS) while acknowledging that individuals may also be experiencing other stresses related or unrelated to their role as a resource parent. There are definitions as well as information about sources of STS. There is then a stress buster on managing trauma exposure-acknowledging that there are many things that resource parents can control to help limit the

trauma exposure they may have outside of that which is linked to their role as a resource parent.

There is a slide on cultural and historical trauma as it relates to secondary trauma which is meant to help acknowledge that there are individual and societal situations that can exacerbate and impact STS

The coping cups exercise provides a demonstration of how the different types of stress can be layered and the more stresses there are the more that one's ability to cope is impacted.

Signs of general stress and secondary stress are then highlighted to show the overlap and differences in stress reactions. Connecting to these stress reactions are two stress busters related to identifying physical reactions and understanding and expressing feelings.

This connects to the next part of the action plan which is focused on the participants signs of and reactions to STS and revisits the Window of Tolerance.

Following the action plan is the invisible suitcase activity which is an opportunity for discussion about how being a resource parent has affected them and their perceptions of the world, parenting etc. This connects to the next stress buster which is about "What's My Story" which focuses on how we can reframe and think about how we perceive our experiences. A final stress buster is then presented on the importance of social support and that also touches one when professional support may be needed.

The next slide is a stress buster slide that summarizes what was already discussed in the earlier stress busters and which can be used as reference in the 2nd case study that is focused on coping with STS as well as the final sections of the action plan that are also focused on coping with STS.

The session is brought to a close with a quick share out of one thing they will try next week from their action plan and a closing activity on one thing they find rewarding about being a resource parent. This and the other optional slides are available to be used to close out the entire workshop, or you can replace them with a closing activity of your choosing,

Note that the additional resources on the slide are also found in their Participant's Manual so you don't need to review them during the session, but just point out that there are additional resources on the topic.



Slide 1

Trauma, Stress and Caregiver Wellbeing



Photo: Unsplash Niko Photos

- ❖ *Welcome Participants and do anything needed to follow-up on the previous session. There are a few minutes built into the timing to allow you to do this but be aware that there is a lot of content in this module so do not spend more than a few minutes on this.*

Slide 2

Learning Objectives

- 1 Identify sources of stress for yourself
- 2 Understand what secondary traumatic stress is and how it might impact you
- 3 Explore your window of tolerance and how to widen and stay within it to address stress
- 4 Develop a personalized "stress buster" action plan

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❖ *Facilitator Note: Review the learning objectives listed on this slide briefly as an introduction to this module.*



Slide 3

9 Elements of Trauma- Informed Parenting

- Recognize the impact trauma has had on your child
- Help your child to feel safe
- Help your child to understand and manage overwhelming emotions
- Help your child to understand and manage difficult behaviors
- Respect and support the positive, stable, and enduring relationships in the life of your child
- Help your child to develop a strength-based understanding of his or her life story
- Be an advocate for your child
- Promote and support trauma-focused assessment and treatment for your child
- Take care of yourself (Trauma, Stress, and Caregiver Well-being)



Center on
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Evidence in action



STS-ISC
Secondary Traumatic Stress
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Traumatic Stress Network



University of
Kentucky

❖ *Facilitator Note: These are the nine elements of trauma-informed parenting that are introduced in the *Caring for Children Who Have Experienced Trauma: A Workshop for Resource Parents (RPC Curriculum)*. They can be found on pages three and four of the *Participant's Manual*.*

- The NCTSN has summarized what it means to be a trauma informed resource parent into nine essential elements. There is more detail on these elements in the Participant's Manual on pages three and four.
- The focus of the time today will be on element nine. We are looking at the impact of being a resource parent, the stress that can come with being in this role and the impact of being exposed to trauma on you. We will be also looking at ways to cope and build resilience in yourself so that you can be effective as a resource parent.

Slide 4

Emotional Container













Photo: PowerPoint Stock Photo

- ❖ *Facilitator Note: If you are running a two-hour group and time allows, you can have an optional discussion, asking parents: What skills do you need to be the “emotional container” to respond to your child’s needs?*

Reminder as a facilitator you are also being emotional containers for the resource parents who can become dysregulated during the training. It is important that you model for resource parents how to be emotional containers.

- Emotional container means that you can be a safe place for your child to share their feelings and to help them cope with these feelings. This is especially important when kids have been through trauma, abuse, neglect, prenatal exposure etc.
- Some of the skills that you need when your child is having a difficult time include being able to tolerate whining, soothe crying, sometimes ignore misbehavior, hold back anger and stay calm etc.

Slide 5



Photo: Screenshot from YouTube Video

- People often confuse the terms sympathy and empathy. It is being empathetic that is the first step in being able to be an emotional container for our children.
- The short video from Brene Brown provides a nice basic overview to help understand empathy.

Video- Brene Brown- Play Video by clicking on image (3 minutes) and then highlight the following:

- Sympathy is recognizing that a person is in pain.
- Empathy is being able to feel the pain of another.
- Empathic Strain is a term that is used to describe the impact of caring for others on our ability to be empathetic.
 - This strain is caused by the high needs of the child or having multiple children that you are caring for and not having adequate support to help you cope.

The video is linked on the slide, but the full address is: <https://youtu.be/KZBTYViDPIQ>

Slide 6



What is Compassion?

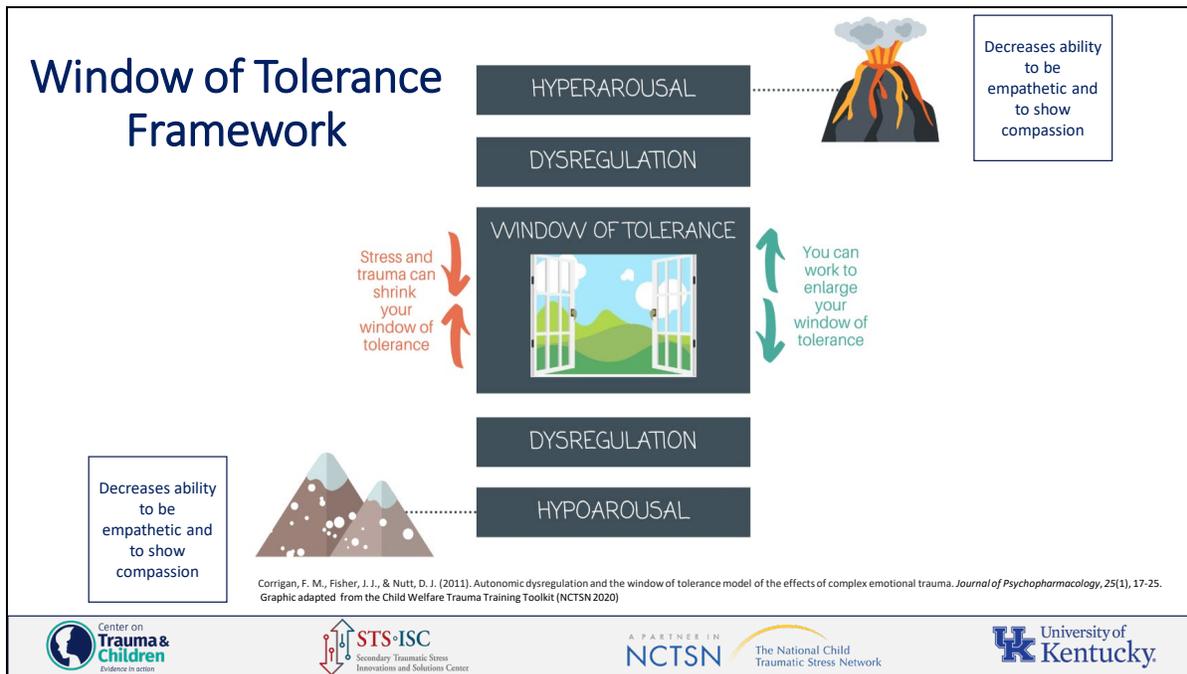
An understanding of another's suffering and the desire to somehow help make it better



Photo: Unsplash Joshua J Cotten

- The next step in being able to be an emotional container is having compassion.
- Compassion involves an action that is based on empathy.
- When you are compassionate, you recognize that someone is in pain, you can feel the pain of another and then you do your best to alleviate the person's suffering from that situation.
- This can be as simple as being present and listening to what someone is sharing with you about their situation.
- It has been shown that being compassionate can be protective and bring hope to the person who is being compassionate. We will talk more about this a little later in the training.

Slide 7



Graphic adapted from Child Welfare Trauma Training Toolkit

- ❖ **Facilitator Note:** The Window of Tolerance framework can be tied in with the feeling thermometer exercise with hot representing hyperarousal and cold representing hypoarousal. Do not get too caught up in using the hypoarousal and hyperarousal terms- it is okay to focus more on the metaphor of the volcano and the icy mountain to ensure that participants understand the concepts.
 - The Window of Tolerance Framework can be used to help us understand how we may have responses which can interfere with or decrease empathy and compassion.
 - If we are operating in a state of hyperarousal we are like the volcano.
 - We are on alert constantly and can easily erupt.
 - We might feel like fighting or running away or feel stuck in having power struggles. We may yell more or feel more out of control of our actions.
 - If we are in hypoarousal we are like the snowy mountain.
 - We are slow to react, we may be numbing/starting to checkout or feelings and having feelings of depression etc.
 - We may start to give up or ignore our parenting duties or feel disconnected from our child(ren)
 - This doesn't need to be the result of a high-level stressor. The impact of chronic stress, things that seem like a low-level stressor that persists for a longer than expected time, can drain your resources, and take you out of your window of tolerance.

- An example of this is dealing with ongoing behavioral challenges of a child and getting constant calls from the child's school.
- Being taken out of your window of tolerance is frequently associated with traumatic stressors.

Facilitator Note: to normalize this happens to all of us, you may want to share your own examples of being taken out of your window of tolerance.

Facilitator Note: Here is a list of some causes of Movement Outside the Window of Tolerance related to traumatic stressors that you can share:

1. Lots of indirect exposure to trauma (hearing stories and details about what has happened to your child)
 2. Feeling physically or psychologically unsafe
 3. Repeated loss or threat of loss
 4. Perceived Loss of Control
 5. High exposure to Trauma Reminders
- Reactions to these stressors can be magnified by being hangry, not getting enough sleep, lack of physical movement, hormones, pain/illness, etc.
 - We will talk a little later today about ways to widen your Window of Tolerance and how to stay within your Window of Tolerance but be aware that we all get out of our windows of tolerance from time to time and that you can repair the impacts of this.

Reference: Corrigan, F. M., Fisher, J. J., & Nutt, D. J. (2011). Autonomic dysregulation and the window of tolerance model of the effects of complex emotional trauma. *Journal of Psychopharmacology*, 25(1), 17-25.



Slide 8

Stress Buster: Mindful Self-Awareness

- Take regular check-ins of your stress level
 - Add reminders into your calendar to check-in during the day or pair a check-in with a daily activity (when you brush teeth, wash hands or dishes etc.)
- Be aware of what you are doing & try to do just that (stay in the moment)
- Know your window-narrowers and signs you are getting out of your window

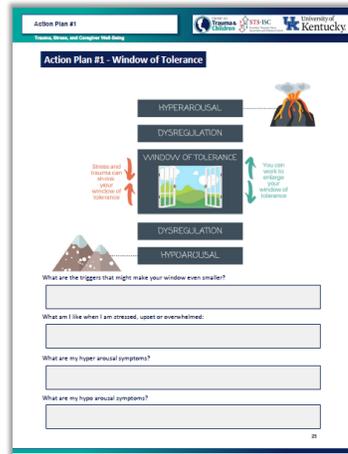


Photo: Unsplash Elisa Ph.

- ❖ *Facilitator Note: The Stress Buster slides are meant to be quick information for participants on how to address stress and do not have time built in for discussion. This can come as part of the other activities and discussions.*
 - Being aware of your stress level and signs that you are moving out of your window of tolerance is a very important first step to addressing stress!
 - Being mindful is the ability to be present, aware of where you are and what you are doing and being able to be in your window of tolerance (not over or underreacting to what is going on around you). By paying attention or being self-aware, you can keep tabs on how you are being impacted by exposure to traumatic material, as well as recognizing the warning signs that you are moving out of your window of tolerance.
 - When you are aware of your senses and your inner world of thoughts and emotions, you can identify when you may be moving towards spilling over like a volcano or checking out and freezing like the iceberg.
 - For example, your children are playing with their dollhouse, and you observe them using the dolls to argue and physically hurt each other, re-enacting what they experienced in their home. You notice that your body is tensing up and you are getting angry. It is important to think about what you can do in the moment to calm yourself down, and how do you address that after the incident as well?

Slide 9

Activity: Window of Tolerance: Action Plan Part 1



Corrigan, F. M., Fisher, J. J., & Nutt, D. J. (2011). Autonomic dysregulation and the window of tolerance model of the effects of complex emotional trauma. *Journal of Psychopharmacology*, 25(1), 17-25.
 . Graphic from the Child Welfare Trauma Training Toolkit (NCTSN 2020)

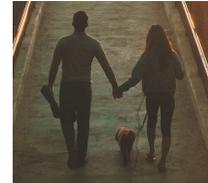
Activity- Action Plan Part 1 –Window of Tolerance (5 minutes)

- ❖ *In the Participant’s Manual there is an action plan starting on page 24 (note this is also available as a fillable PDF). This is the first of several exercises designed to help identify stresses, stress reactions and coping strategies.*
- ❖ *Give participants a few minutes to fill out the worksheet for Part 1 only. When they are done, then ask for volunteers to share some of the signs that they notice for themselves. Validate that there are commonalities and differences and that is okay. Let them know that later we will be digging into strategies to help get them back into your window of tolerance and to widen their window of tolerance.*

Slide 10

Case Example: Anthony and Natalia

Natalia and Anthony have been resource parents for about 2 years. Their most recent foster child is Henry who is 7 years old. In addition, they have a 10-year-old biological daughter, Marie. Henry was removed due to physical abuse and violence in the home. Henry has been verbally aggressive toward both Marie and Natalia on a few recent occasions. Most recently stating when he was upset that Natalia is mean and stating that he hates her. He also told Marie that she is stupid and that he is going to destroy her favorite toy.



- Does this scenario seem familiar to you?
- What do you think is going on with the child?
- What specific challenges does this type of situation pose for a caregiver?
- How might the adults be emotional containers?

Photo: Unsplash Shea Rouda (Natalia and Anthony)

- ❖ *Facilitator Note: Reminder that there are options to choose from for the Case Example- you will need to be sure that you are using the corresponding slide deck so that you have the correct one up. The questions for each case example are the same regardless of the example used. If you would prefer to use one of the case examples from the earlier modules, you are welcome to create slides related to those. The specific slides are not in the Participant's Manual and these handouts are in a separate document to facilitate easily changing them out. It is suggested that you pass out these case examples at this point in the training or if doing virtually send them electronically as a separate file.*

- We will be using this case example throughout today's session as we discuss the different concepts related to stress and well-being today. You can find the information from this slide on the case example.

Discussion- Case Example (5 minutes)

- Does this scenario seem familiar to you? What do you think is going on with the child? What specific challenges does this type of situation pose for a caregiver? How might the adult(s) be emotional containers?
- ❖ *Facilitator Note: Answers to look for and highlight in "What is going on for the child":*
 - Feeling rejection
 - Trauma reactions from his past experience are impacting behavior
 - May not have learned how to communicate safely



- ❖ *Facilitator Note: Answers to look for and highlight in challenges for the caregiver:*
 - Hard to not personalize it
 - Feeling that they must choose between the 2 children
 - Feeling that the child needs to be given a pass based on history
 - Feeling powerless or helpless to support the child
 - Feeling scared that he might hurt someone in the family
 - Hard to empathize or be compassionate
- ❖ *Facilitator Note: Answers to look for and highlight in “How Might the Adult(s) be Emotional Containers”?*
 - Being able to listen when the child shares his feelings and allow them to talk about feelings.
 - Help the child express feelings in safe ways (safe ways to be angry and frustrated)
 - Provide support to the other child about feelings when anger is directed toward her so that she can express her feelings.
 - Don't allow the situation to escalate by reacting with strong emotions. It is okay to have feelings, but in the moment keeping these in check models how we don't have to respond with anger even if we are feeling hurt. This allows us to model self-regulation and keep the event from escalating.

Slide 11



Photo: Unsplash Isabela Kronemberger

- ❖ *Facilitator Note: This is meant to be covered very quickly. It is designed to help differentiate between general stress, acknowledging that there are specific things that are stress inducing for resource parents and to introduce the concept of Traumatic Stress. Traumatic Stress will be covered more in depth on the next slide.*
 - There are sources of stress that anyone may experience regardless of whether you are a resource parent or not these are what we call General Stress.
 - It is important to note that societal stresses can be larger society or within and specific to your community.
 - Resource Parent Specific stress is related to the role of being a resource parent and may not be experienced by the general public.
 - It relates to raising a child who is involved in the child welfare system and the interactions that brings with the child's family of origin, their caseworker.
 - It also involves the impacts from trauma experiences and child welfare experiences on the child's behavior and your own expectations of what it would be like to be a resource parent.



Slide 12



Traumatic Stress

Primary Traumatic Stress
The emotional distress that results from your own experience of a traumatic situation

Secondary Traumatic Stress
The emotional distress that results when you hear about the firsthand trauma experiences of another person.







- ❖ *Facilitator Note: Please review the notes on psychological safety at the beginning of the Facilitator Guide. Reminder that the intent is not to have self-disclosure, and if someone seems to be having a difficult time, it is important to check-in with them individually and offer resources for further support.*
 - Now that we have a sense of what general stress looks like and its effects, let's look a little more at how exposure to trauma can cause traumatic stress.
 - Primary traumatic stress is when you yourself are directly exposed to trauma. This could be recent or in the past.
 - For instance, being in a car accident, your own history of abuse or experiencing violence in the community etc.
 - While our focus today is on secondary traumatic stress, it is important to consider that having your own trauma experiences (recent or in the past) might impact how you react to information about other traumatic situations- causing either challenges or providing you with a sense of resilience when exposed to other's trauma. Having your own trauma history may provide you with empathy in a way that wouldn't be the same if you hadn't experienced trauma.



Slide 13

Sources of Secondary Traumatic Stress

Hearing graphics
details about
the trauma

Seeing the
aftereffects of
violence/trauma

Witnessing
human suffering

Having to repeat
trauma details

Exposure to
trauma
reminders

Culture and
Historical
Trauma

Whitt-Woosley, A., Sprang, G., & Eslinger, J. (2020). Exploration of factors associated with secondary traumatic stress in foster parents. *Children and Youth Services Review*, 118, Article 105361.



- ❖ *Facilitator Note: Culture and Historical Trauma is addressed in more detail on slide 15.*
 - Research has shown that resource parents are exposed to trauma from the children that they work with as well as information shared by child welfare workers, other professionals, attending court and hearing details from their child. (A. Whitt-Woosley et al., 2020)
 - Resources parents may not always be aware of the impact of trauma on them and again having an awareness is key to being able to address any impacts.

Reference: Whitt-Woosley, A., Sprang, G., & Eslinger, J. (2020). Exploration of factors associated with secondary traumatic stress in foster parents. *Children and Youth Services Review*, 118, Article 105361. Advance online publication. <https://doi.org/10.1016/j.chilyouth.2020.105361>



Slide 14

Stress Buster: Managing Exposure to Trauma

- Being a Resource Parent will likely expose you to the trauma of the child(ren) that come into your life and you need to be the Emotional Container for them.
- It is important to manage what additional trauma inputs that you have and have awareness of how they may be impacting you.
- Think about what you are:
 - reading
 - watching (movies, tv shows, news etc.)
 - how you spend your time (what volunteer work or causes are you taking on)



Photo: PowerPoint Stock Photos

- Recognize that the number of children in your care or the intensity of the needs of the children in your care may be exposing you to higher amounts of trauma and may impact you. Be realistic about what you can handle so that you can be at your best for those in your care. Monitor your trauma exposure and be aware of your reactions. Have people that you can talk to about your feelings and get support from.



Slide 15

Culture and Historical Trauma

Parenting children and working with families who have experienced discrimination, racism or have high levels of trauma and do not have equal access to culturally appropriate resources can bring additional challenges for resource parents. If you have experienced similar challenges this might be a trauma reminder for you, and if you have not it may make it more challenging for you to be empathetic to them.

- Do you hold identities and experiences that are similar to those of your children in your care or not?
- If you do share common identities and experiences as the children, how might that impact your ability to empathize with them and care for them?
- If you don't share common identities and experiences as the children in your care, how does that impact your ability to empathize with them and care for them?
- How might having similar or different identities to the children in your care impact you and your experience of secondary traumatic stress?

Fast, E., & Collin-Vézina, D. (2019). Historical trauma, race-based trauma, and resilience of indigenous peoples: A literature review. *First Peoples Child & Family Review*, 14(1), 166-181.
Heart-Jordan, M. Y. H. B. (1995). *The return to the sacred path: Healing from historical trauma and historical unresolved grief among the Lakota*. Smith College School for Social Work.



❖ *Facilitator Note: This can be a very sensitive topic. Understanding that individuals all come with their own set of experiences and that some of these may be influenced by their identities (racial, ethnic, gender, sexual orientation etc.) and their families historical experience is important but can bring up a lot of reactions. The goal here is just to have them get a basic understanding of how this might impact their experience of secondary trauma. Another option if time allows is to have small group discussions about this, perhaps having participants reflect or write responses to the first three questions then have a small group discussion of the last question (how cultural differences or similarities impact their experience of STS). There is a space for them to take notes on their reflections on page 10 of the Participant's Manual.*

- Historical trauma is the emotional and psychological pain that accumulates over an individual's lifespan and across generations as the result of trauma of a group of people (Yellow-Horse Brave Heart, 1995). Examples include slavery and the violence and abuse committed against American Indian tribes over the years, and ongoing institutional racism experienced by African Americans and Native Americans.
- Resource Parents may experience elevated levels of STS and/or moral distress when working with children who have experienced discrimination, racism or have high levels of trauma and do not have equal access to culturally appropriate resources.
- It is important to consider the impact of culture, race, historical trauma, and oppression on your child as well as on yourself.



Discussion -Cultural and Historical Trauma: (5 minutes)

We aren't going to answer all of the questions on the slide but did want to provide these questions for you to reflect on for yourself and provide space for any thoughts on this topic.

❖ *Discussion prompts:*

- Is this something that you have thought about before?
- Are you able to see the connections between this and secondary traumatic stress?

References:

Fast, E., & Collin-Vézina, D. (2019). Historical trauma, race-based trauma, and resilience of indigenous peoples: A literature review. *First Peoples Child & Family Review*, 14(1), 166-181.

Heart-Jordan, M. Y. H. B. (1995). *The return to the sacred path: Healing from historical trauma and historical unresolved grief among the Lakota*. Smith College School for Social Work.

Slide 16



Photo: Unsplash Isabela Kronemberger

Activity- Coping Cups (7 minutes)

Materials Needed:

Small Cup Cotton Balls (at least 10-15)

- ❖ *Facilitator Note: This slide is automated, just click once and it will automatically fill the cup with the balls as you talk.*

If doing the training virtually, you will have to demonstrate the coping cup on video- you can still choose a volunteer and as they name the stresses, then you place the cotton balls in the cup. You may need to practice this to be sure you are comfortable with how to hold the cup or have a surface to place it on that makes it visible on the video screen.

- ❖ *Place one small cup on the table. Ask a volunteer or volunteers to discuss the feelings and physical sensations he or she has with normal parenting (e.g., daily schedules, homework, medical appointments) and place cotton balls in the cup for each of the feelings, sensations, stressors the parent describes. Attempt to fill the cup up, but make sure the cotton balls do not overflow (go to the next step before they do).*
- ❖ *Things to highlight in this activity include:*

- Even normal parenting can leave us filled up with intense emotions and physical sensations as indicated by the full cup of cotton balls.
- However, as our coping abilities kick in, our stress level, intense emotions and bodily sensations return to a more comfortable level or baseline.
- ❖ *At this point the trainer begin to take the cotton balls out of the cup while naming different ways people cope such as thinking about situations differently, engaging in self-care, taking a break for yourself, using support etc.*
- ❖ *Here highlight:*
 - When we hear about what our child experiences with trauma, and see the effects of years of victimization, this process of emptying our cups can be different because it activates different biological processes.
 - This is especially if we have our own trauma history or other negative experiences with trauma (negative experiences parenting other children with trauma histories).
- ❖ *Have the volunteer describe some of these feelings and body sensations.*
- ❖ *As the volunteer identifies the traumatic stress-oriented body sensations and feelings, fill up the cup with cotton balls. Make sure the cup runs over.*
- ❖ *Note:*
 - We try to use our normal coping skills to remove a few cotton balls, but this coping may not enough to lower the level of traumatic stress they are experiencing as a result of all the indirect trauma exposure because it can cause an extreme stress response.
 - As a result, our bodies remain full of intense feelings and body sensations even though we are trying to cope.
 - When our coping cups are already full (and overflowing), dealing with normal stressors or difficult situations and helping children deal with their full cups can be hard.
 - So, we need to have stronger tools in our toolkit to address secondary traumatic stress.
 - We will talk about this in the next few minutes as we look at how to address STS.
- ❖ *Optional end to this activity*
 - *To illustrate the parallel process, name the child's traumatic stressors- fill the cup with cotton balls as these are identified. Next identify situations children often deal with such as getting frustrated when they do not get their way, poor conflict resolution skills, or academic difficulties. As you name these difficulties, add cotton balls to the cup. Point out to the parents that we expect children to be able to handle these situations, but when their cup is already full, they have limited room to cope with these events. We don't always see that their cups were full to begin with.*



Slide 17

Signs of and Reactions to General Stress

- ⊕ Irritability
- ⊕ Feeling frustrated
- ⊕ Feeling overwhelmed
- ⊕ Mood changes
- ⊕ Feeling like you are losing control
- ⊕ Having difficulty relaxing and quieting your mind

- ⊕ Feeling bad about yourself (low self-esteem)
- ⊕ Loneliness
- ⊕ Depression
- ⊕ Low energy
- ⊕ Not wanting to socialize
- ⊕ Physical symptoms

https://www.medicinenet.com/stress_symptoms_and_signs/symptoms.htm



- These are some common signs and reactions that occur in response to experiencing stress.
- Everyone's reaction to stress is different and it is important to be able to identify what your warning signs are early so that you can address them before they get bigger.
- These warning signs help you identify when you may not be operating in your window of tolerance or when your window of tolerance may be getting smaller.
- We will be looking at ways to address stress a little later in this session.
- Some of these overlap with the secondary traumatic stress reactions we will talk about later, but those are much more intense and specifically related to trauma exposure.

Reference: https://www.medicinenet.com/stress_symptoms_and_signs/symptoms.htm



Slide 18

Signs of and Reactions to Secondary Traumatic Stress

Thoughts and
Feelings that Intrude
on Daily Life

Avoiding
Reminders of the
Traumatic Events

Numbing Out
and Feeling
Nothing

Feeling Physically Upset,
Irritable, Fearful and Reactive
to People and Situations

Negative Changes in
Ways a Person
Feels and Thinks

American Psychiatric Association, & American Psychiatric Association. (2013). DSM 5. *American Psychiatric Association*, 70.



- ❖ *Facilitator Note: Reminder there is a handout that gives examples of trauma responses on page 13 of the Participant's Manual. Note that this is not an exhaustive list but illustrates the types of signs in reactions in each of the categories.*
 - These are the five categories of the common signs and reactions of traumatic stress.
 - The research has shown that some resource parents experience moderate to high levels of secondary traumatic stress.
 - There are similarities to the reactions of general stress. Except that the reactions are more severe and can change the way that our body functions.
 - What we see more specifically with secondary traumatic stress are the guilt, intrusive thoughts, feeling isolated and the feelings of being trapped by the trauma that are all related to the traumatic experience itself.
 - These are very normal reactions to the way our bodies and brains hold the trauma of others that we experience- try to make sense of it and keep us safe. But it can take a toll on us.
 - Again, thinking about our window of tolerance, what do our reactions look like- are we feeling like the volcano or like the icy mountain or are we in our Window of Tolerance?

References:

American Psychiatric Association, & American Psychiatric Association. (2013). DSM 5. *American Psychiatric Association*, 70.

Whitt-Woosley, A., Sprang, G., & Eslinger, J. (2020). Exploration of factors associated with secondary traumatic stress in foster parents. *Children and Youth Services Review*, 118, Article 105361.



Slide 19

Stress Buster: Identifying Physical Reactions

Learning to identify physical reactions connected to the trauma exposure gives you the awareness needed to:

- recognize reactions
- respond to the reactions in healthy ways to help stay in your window of tolerance

Examples of physical reactions:

- tension in your body
- headaches
- stomachaches
- trouble sleeping
- changes in appetite/eating habits



Photo: PowerPoint Stock Photos

- One of the reactions to exposure to traumatic material and details is having a physical reaction.
- The overwhelming experiences of trauma exposure leave their mark in your mind and our body.
- Learning to identify physical reactions connected to the trauma exposure gives you the awareness need to recognize, respond to, and alleviate those reactions.
- In addition to awareness of your emotions, awareness of how your body experiences those emotions and how the trauma exposure impacts your body is vitally important.
- For example, is your body tense? Are you having headaches or stomachaches, or trouble sleeping?
- Attending to your physical reactions is important, as it teaches your body and brain that you are okay again and helps keep you in your window of tolerance.
- Accordingly, it is very important that you get enough sleep, eat well, and take time for yourself.

Slide 20

Stress Buster: Understanding and Expressing Feelings



- Being able to identify feelings that are a result of trauma exposure helps us to express them in healthy ways.
- We may have learned to avoid unpleasant feelings, but facing them and putting them into words takes away their power and helps us stay in our window of tolerance.
- When something is overwhelming:
 - learn to pay attention to what it is
 - what feeling it brings up
 - work to overcome it by
 - writing down feelings
 - identifying the safe people that you have to talk to (identify your emotional container)



Photo: PowerPoint Stock Photo

- Another reaction to trauma exposure is having overwhelming feelings or avoiding feelings.
- Being able to identify feelings that are a result of trauma exposure helps us in being able to express those feelings in healthy ways.
 - Being able to identify emotions enables you to respond to the experience, instead of quickly becoming reactive.
 - After hearing about or seeing your children replay a trauma experience, it is helpful to name your own experience surrounding the trauma exposure. For example, you can tell yourself that "I just heard upsetting details" or "I just saw details about my child's abuse" and the exposure made me feel "disgusted, overwhelmed, angry" etc.
 - Allowing yourself to respond to those feelings of disgust, overwhelm, and anger, navigating those feelings, and then bringing yourself back into your window of tolerance is a very powerful process!
 - In addition to helping yourself, you are also modeling for the children in how to handle their feelings and reactions—when something overwhelms me, I learn to pay attention to what it is, how it makes me feel, and then I work to overcome it.
 - This kind of self-regulation can look like having a good cry, taking some deep breaths, going for a walk, talking with a loved one, or doing a grounding exercise.

Slide 21

Activity: Signs, Reactions & Strengths Action Plan Part 2

Action Plan #2 - Signs of, Reactions to, and Strengths around STS

These are the areas of secondary traumatic stress for me:

- Lacking traumatic control
- Feeling traumatic material
- Experiencing traumata-related symptoms from others
- Having to share information on others' traumas with others
- Other (use the box below)

Are there any specific hyperarousal symptoms related to secondary traumatic stress?

Are there any specific hypoarousal symptoms related to secondary traumatic stress?

Activity- Action Plan 2 Signs and Reactions (5 minutes)

- Fill out part 2 of the Action Plan found on [page 25 of the Participant's Manual](#) (*note this is also available as a fillable PDF*). This looks at signs and reactions of STS and revisits the Window of Tolerance.
- Remember that the volcano and icy mountain reactions related to STS are likely more intense than those for general stress and there may be additional ones that are different than those you experience with general stress.

Slide 22

Activity: Your “Invisible Suitcase”

- Write down 2-3 invisible suitcase thoughts about yourself as a caregiver for children who have experienced trauma.
- Consider:
 - *Changes in how you view yourself*
 - *Changes in how you view the world*
 - *Changes in how you view others*
 - *Changes in how you view being a caregiver*



Photo: PowerPoint Stock Photo

- ❖ *Facilitator Note: Earlier in the RPC curriculum we gave instructions for responding to suitcase messages using statements that underscore the fact that the child is Safe, Capable and Loveable. The same three components can be emphasized in self-messaging. What are self-statements (or statements that resource parents can give each other) that underscore the fact that they are Safe, Capable and Loveable as resource parents?*
- Some of the impacts of secondary trauma can be similar to general stress, but what stands out is that they start to impact your view and feelings about yourself, the world and other people.
- Children come into care with an “invisible suitcase” filled with the beliefs they have about themselves, the people who care for them, and the world in general and for children who have experienced trauma, the invisible suitcase is often filled with overwhelming negative beliefs and expectations.
- Resource parents who are exposed to their child’s trauma may also have their own “invisible suitcase” filled with beliefs about themselves, about the world and about how to be a caregiver.

Activity- Invisible Suitcase (2 minutes for Part 1)

- ❖ *Facilitator Note: This is a 2-part activity and is continued on the next slide.*



Part 1: There is a space for writing responses on page 15 of the Participant's Manual for this exercise.

- First, write down your suitcase thoughts, about your role as a resource parent in caring for children who have experienced trauma.
- ❖ *Give them two minutes to write on their own.*
- ❖ *Here are some examples if they are having difficulty:*
 - *"These kids will break your heart"*
 - *"I can't do this job of foster parenting anymore; it is too much"*



Slide 23

Group Reflection: Repacking My Suitcase

Cross out the invisible suitcase statement and replace it with one that is trauma-informed. Consider these questions as a way to help guide you.

- What strengths do I bring to handling really tough situations with my child?
- What personal strengths do I bring to the table?
- What are some ways that my expectations need to shift to match my current reality (expectations of myself, my child, or other people)?



Photo by [STIL](#) on Unsplash

Activity cont.- Invisible Suitcase Part 2 (6 minutes for this part, 8 minutes total for part 1&2)

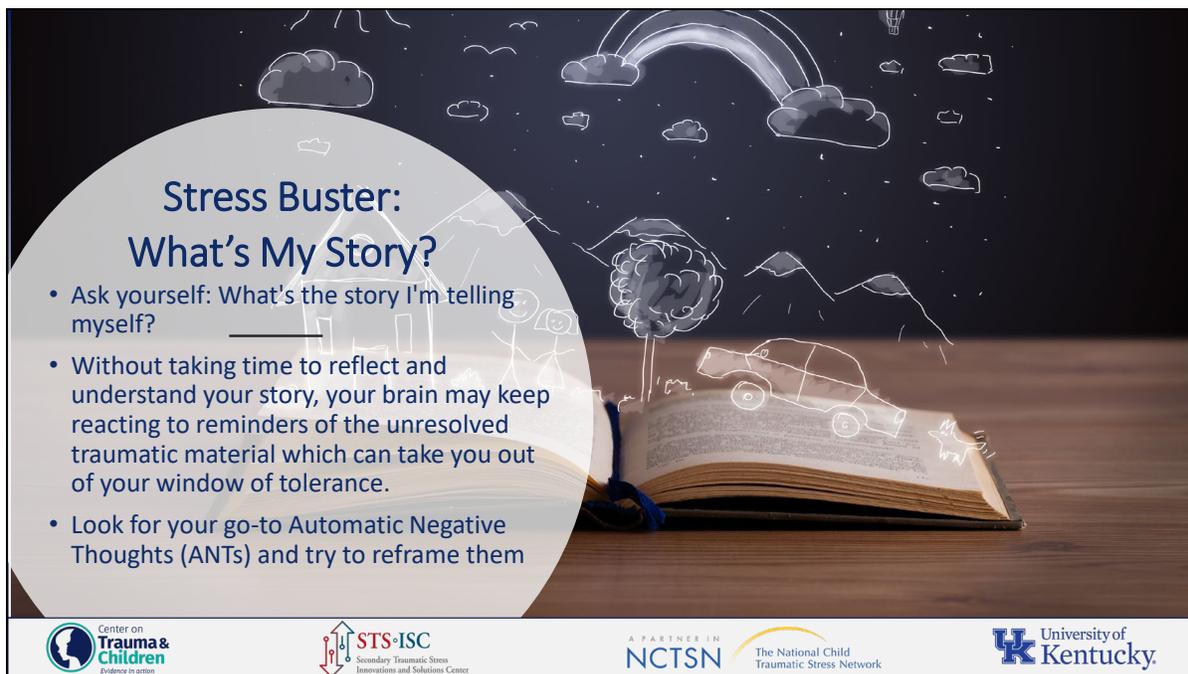
Part 2

- ❖ *Facilitator Note: Now, identify replacement statement that makes them feel more capable and loved. There is space on page 16 of the Participant's Manual for writing these down.*
- ❖ *Depending on how the training is being done, this can be done individually or place them in small groups via breakout online or ask 2-3 volunteers to share 1 belief that they wrote down and process in the large group. If in person, you could do as a partner exercise as well.*
- ❖ *If it is helpful, they can use the questions above to help them reflect and help fine tune their revision.*
- ❖ *Here are some examples if they are having difficulty:*
 - *"These kids will break your heart". Repack- "Sometimes these kids show you parts of themselves that are heartbreaking, but there is joy and resilience there also"*
 - *"I can't do this job of foster parenting anymore, it is too much" can be replaced with "There will be moments I really struggle with this job, but I have the skills to be successful".*
- ❖ *To wrap-up the activity you can note:*
 - These changes don't all happen right away and can happen over time.
 - Having these types of reactions does not mean that there is anything wrong with you or that you are not doing a great job.



- These are all very normal reactions to the repeated exposure to the trauma experiences of others. We see this type of reaction in people who work with trauma including child welfare workers, mental health professionals, police officers etc.
- When you are having these types of negative thoughts, it is important to recognize them and then to take the time to remind yourself of your strengths and positive experiences.
 - We can do this by taking time to reflect for ourselves or finding others that we can check-in with when we find ourselves feeling negative. This might be peers (other resource parents) or a significant other or it could be a friend or therapist. Sometimes having people who have been in similar situations can help us normalize our reactions and having people who have not been in similar situations can remind us of other perspectives.
 - Just be careful as you share information that you are doing so in a way that is helpful to you, but also respects others and doesn't include graphic trauma details (unless you are sharing with a professional who specifically has training to handle hearing such details.)

Slide 24



Stress Buster: What's My Story?

- Ask yourself: What's the story I'm telling myself? _____
- Without taking time to reflect and understand your story, your brain may keep reacting to reminders of the unresolved traumatic material which can take you out of your window of tolerance.
- Look for your go-to Automatic Negative Thoughts (ANTs) and try to reframe them

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- Another way of coping with stress that was demonstrated in the invisible suitcase exercise is creating a story that makes sense of your traumatic exposure.
 - Traumatic exposure fragments your memories and understanding. Overwhelming experiences can get paired with everyday experiences, such as the first-time riding in a car after a bad car wreck, or for your child, riding past a former home where they were hurt. Your brain wants a narrative that tells your story and helps of make sense of your experiences, both positive and negative.
 - Until you construct a narrative, your brain may keep sending reminders of the unresolved traumatic material, appearing in the form of the trauma responses we discussed earlier: nightmares, intrusive thoughts, flashbacks, or unsettled feelings.
 - When your body and brain feel like they are under attack by trauma reminders, making sense of your stories allows you to organize your thoughts, stay mindfully aware, and maintain the type of cognitive flexibility and emotional expression needed to create an ending to our trauma exposure stories to “that was not okay, but I’m okay.”
 - Writing or journaling about the traumatic exposure and how you felt
 - Spending time thinking about and making meaning of the experience
 - Talking with a supportive person about how you think this event impacts you in your life today

Slide 25

Stress Buster: Support Systems



Know who you can lean on to provide support when you are having trouble staying in your Window of Tolerance

May be different people for different stressors or for different needs

Professional Support



Photo: PowerPoint Stock Photo

- Having a strong support system that can provide you with both physical respite and emotional support as well.
- Feeling like you are not alone and isolated is very important to your well-being. Having someone who can be an accountability partner and help remind you to engage in activities that build resilience and well-being and for you to help remind and support them as well can be helpful.



Slide 26

List of Stress Busters for Addressing Caregiver Stress and Wellness:

Coping strategies for general stress

- What you can control (making changes to the situation itself)
- How you react in situations
- Healthy living (exercise, nutrition, sleep)
- Taking time for yourself/self-care (reading, going for a walk, spending time in nature etc.)

Specific coping strategies for Secondary Traumatic Stress

- Engaging in Mindful Self-Awareness
- Managing Exposure to Trauma
- Identifying and Confronting Physical Reactions
- Understanding and Expressing Feelings
- Creating a Story that Helps you Make Sense of your Trauma Exposure
- Support Systems

<https://www.c8sciences.com/about/8ccc/cognitive-flexibility/>



Photo: PowerPoint Stock Photo

- ❖ **Facilitator Note:** *There is a handout with more information on the coping strategies on pages 19 and 20 of the Participant's Manual. This slide is meant to put all the stress busters in one place to reference as they do the next 2 activities, you do not need to cover them again nor is this meant to have any discussion.*
- Here are a few ideas of how to cope with general stress as well as a list of the ones that we have already discussed throughout this session on coping with secondary traumatic stress.
- The goal of all these strategies is to bring you back or help you widen and stay in your window of tolerance.
- It is important to think about strategies that you can use throughout your day that are short and quick since few of us have long blocks of time in our day! These are called micropractices and can be found on page 21 of the Participant's Manual.
- Engaging in Cognitive flexibility (for more information: <https://www.c8sciences.com/about/8ccc/cognitive-flexibility/>).
 - The Invisible Suitcase exercise that we did is a good example of finding ways to be flexible in your thinking.
 - Cognitive flexibility is the ability to change what you are thinking about, how you are thinking about it, and even what you think about it. Adjusting your thoughts helps you make better sense of what is happening and allows you to let go of unhelpful thoughts to generate new ones.



- Formal Treatment
 - If you feel that the trauma exposure is impacting your functioning, reaching out for more formal help is important and is a sign of strength that you recognize that you need help. Being a resource parent is challenging!

Facilitator Note: Be prepared to provide appropriate referrals for professional intervention as well as ways to get ongoing support (resource parent support groups, peer support from other resource parents etc.)



Slide 27

Natalia and Anthony: Discussion on Secondary Traumatic Stress and Coping

Henry has been having nightmares and recently told Natalia that he dreams about his parents fighting and his mom getting hurt. Natalia and Anthony have both seen him playing out fights with his action figures on several occasions and noticed that his play with them is getting increasingly violent. Natalia asked him more about his play, and Henry shared several details about the violence that he witnessed between his parents.

Anthony witnessed his step-dad hitting his mom when he was a child and he has had several nightmares of his own in the past few weeks.

- How might hearing these details impact Natalia and Anthony?
- How might this impact their parenting?
- What are some ways that they might cope with the trauma exposure?



Photo: Unsplash Shea Rouda (Natalia and Anthony)

- ❖ *Facilitator Note: It is suggested that you pass out the case example part two at this point in the training or if doing virtually send them electronically as a separate file.*
- ❖ *You can find the information from this slide on the case example part two.*
- ❖ *Facilitator Note: Break into groups to discuss the three questions or if your group is small you can discuss in the larger group.*

Discussion – Case Example Secondary Traumatic Stress and Coping (5 minutes)

Here are some things to look for in answers:

- ❖ *Question 1: Impact of details on the caregiver(s)*
 - *Trauma reminders for the caregiver and ways that they can identify if it is bringing up reactions from them.*
 - *Perspective changes in world view after seeing the impacts of trauma on the child.*
 - *Feeling sad that the child was exposed to the violence and/or angry at his parents for traumatizing him.*
 - *Feelings that they have been infected by the trauma and can't unsee/unhear what the child shared with them.*
- ❖ *Question 2: Impact on Parenting*
 - *It may make them have difficulty setting boundaries for fear of retraumatizing the child.*
 - *It may make them more sensitive to how they react to behaviors as they can now link them to the trauma history.*
- ❖ *Question 3: Coping Strategies*



- *Trauma reminders for caregivers and how to respond to these (e.g., engaging in ways to get back inside his window of tolerance- taking deep breaths, grounding etc.).*
- *The child needs to see that they can handle hearing about these details and be supportive of the child and show appropriate reactions towards the parents. How they react is important. This is a good lead into the next slide that focuses on coping strategies.*



Slide 28

Activity: Coping Strategies Action Plan Parts 3 & 4

Taking a Buffet Approach



- Putting together a "buffet" of coping strategies that you can identify and then choose from. Identify 4-6 strategies that can be used in a variety of situations
- Like returning to a buffet at a restaurant, you make a small plate each time to try different things to find out what works for you and be open to trying something new.
- Remember that coping strategies are not a one size fits all situations approach.



Photo: Unsplash Asiya Kiev

- Just as we are the emotional container for the child, we need to identify support for us when we need someone to be an emotional container for us.
- Too often taking care of ourselves feels like one more thing on our to-do list. Our coping skills work when they fit with who we are and address the challenges we are experiencing.
- It is not the same for everyone and it should never feel like something you are doing just because someone told you to.

Activity – Action Plan 3 of 4 (10 minutes including share out)

Facilitator's Note: Work on part 3 and 4 of the Action Plan Focused on Coping Skills and Support Systems found on pages 26 and 27 of the Participant's Manual (note this is also available as a fillable PDF). Have them use ideas from the coping skills on pages 19 and 20 of the Participant's Manual. After they have completed it, have everyone share one strategy that they came up with...remind people that this plan is not set in stone and if they hear other good ideas, they can add to it.

Part 3: Strategies I Can Use to Cope with General and Secondary Traumatic Stress

The prompts on the worksheet are:

- ❖ When I am not in my window of tolerance:
- ❖ To feel safe when my child is talking about trauma:
- ❖ To address my trauma reminders:

❖ *To look positively toward the future:*

To recognize my strengths and build on them you may share information such as:

- As we work on the next part of our action plan, we want to also consider what we are doing well right now and identify some of our strengths.
- These could be things like:
 - Having self-awareness
 - Having strong social support
 - Feeling valued by others
 - Having support to develop parenting skills
 - Having skills to calm my stress response
 - Being able to identify unhelpful thoughts and replace them with trauma-informed perspectives
- Consider prioritizing and not trying to do too many new strategies at once.
- Think about things that you can fit in during your day and that are doable for you (micropractices). You can find a list of examples in the [Participant's Manual on page 21](#).

Part 4: My Support System

This is what part four looks like:

Action Plan #4 - My Support System

Action Plan #4 - My Support System

This might be your current support system, or what you would like your support system to look like, or a combination of both!

Name of Individual or Group	Role in My Life (friend, family member, community resource, faith based, etc.)	How They Support Me (accountability partner, provide respite, help me find solutions etc.)

- This part of the plan also includes reflecting on both your current and what you would like your support system to look like

Slide 29

Share Out

Share one thing you will do to widen your window of tolerance or to address the impact of trauma that you are committed to trying in this next week



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Photo: PowerPoint Stock Photo

- ❖ *Facilitator Note: This is a closing exercise, but also an opportunity to have participants to commit to something to try this week. It is a popcorn activity because they can “pop up” and share their ideas. If you are doing this virtually you can have them pick the next person to go or you can call on them to keep it from getting too chaotic.*

Activity- Closing (5 minutes)

- ❖ *You may ask them to:*
 - Share one thing that you came up with to widen your window of tolerance or to address the impact of secondary trauma on you that you are committing to try this week.

Slide 30

What is one thing that is rewarding about being a resource parent?

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Photo: Unsplash Tyler Nix

- ❖ *Facilitator Note: This is an optional closing exercise for the entire workshop since often this is the final module. You can also replace it with a closing of your choosing.*

Slide 31

Additional Resources

Additional Resources

- National Child Traumatic Stress Network (NCTSN) resources on Secondary Traumatic Stress includes fact sheets, articles, and self-care tips: <https://www.nctsn.org/trauma-informed-care/secondary-traumatic-stress/care-resources>
- Phone Apps and other websites with information on mindfulness:
 - HeadSpace www.headspace.com
 - Calm www.calm.com
 - Insight Timer www.insighttimer.com
 - Mindfulness Coach <https://www.afsp.ca/about-us/secondary-traumatic-stress/mindfulness-coach-app>
- PTSD Coach App, developed by the Veterans Affairs National Center for PTSD and the Department of Defense's DHS Connected Health. The PTSD Coach app can help you learn about and manage symptoms that often occur after trauma. Features include tools for assessing and tracking your symptoms, convenient, easy-to-use tools to help you handle stress symptoms, and direct links to support and help. <https://www.afsp.ca/about-us/secondary-traumatic-stress/ptdcoach-app>
- Resource Parent Self-Care and Secondary Traumatic Stress, article from S2015 in Restoring Perspectives: <https://www.restoreperspectives.org/2015/04/27/>
- Vicarious Trauma + Self-Care for Foster Parents, blog article by Kinhead + Co. <https://kinheadandco.com/vicarious-trauma-self-care-for-foster-parents/>
- Secondary Traumatic Stress Solutions and Innovation Center (STS-ISC). This is the Center that created the Trauma, Stress and Caregiver Well-Being Training. They have other supports and resources for STS as well. <https://www.stsisc.org/secondary-traumatic-stress-solutions-and-innovation-center/>
- Three-Minute Breathing Space with Diana Tkacs from Tend Academy <https://www.tendacademy.com/concerts/2020/04/Three-Minute-Breathing-Space-2020-04-04/>
- Grounding Technique: Feet on the Floor video with Diana Tkacs from Tend Academy <https://www.tendacademy.com/>

❖ **Facilitator Note:** In the Participant's Manual on page 23, there are additional resources for more information on Secondary Traumatic Stress and further supports to address it.

Slide 32



Photo: PowerPoint Stock Image

- ❖ *Facilitator Note: Optional ending video which provides inspiration. You can use this if you have time again as a final closing exercise for the workshop.*

Video- Jaiya John- Play Video by clicking on image (5 minutes)

Jaiya John Keynote: You Raised Me (from the book Beautiful): <https://youtu.be/R0iRQoen25Y>

An ode to foster parents, based on his own experience

Slide 33

Contact Information

{YOUR NAME}

{YOUR TITLE}

