**Module 2 Lesson 1** Know Your Whole Child

**Bio Parents:**

Name: Mother\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Father\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnic Background: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bio Siblings:** Name(s) & Ages

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where are they now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Family Members? Names, Relation, Where now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Anniversaries:**

Came to your family: Date(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Season\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Adoption Date: Date(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Season \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deaths: Date(s) & Who \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Season \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Change in Schools/Teachers: Date(s) & Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) & Names \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospitalizations-self or other: Date(s) & Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Season \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date(s) & Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Season \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Significant Experiences (i.e. found unsupervised and/or in danger, food deprivation, witnessed an event, was seriously hurt, etc.):

Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Season \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Season \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Season \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Moves:** How many? \_\_\_\_\_\_\_\_\_\_

Names, Dates and other information you know. (i.e. physical description, how long with them, quality of relationship) be as specific as possible.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name(s)** | **Date of move or season** | **Physical description** | **Quality of Relationship** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*use back to add more

**Your child’s culture**

List what you know about traditions, holidays, cultural beliefs, child rearing practices, hurdles, mind sets, etc

**Previous Holiday/Tradition Experiences celebrated in other institutions and/or family scenarios.**

List what celebrated or NOT celebrated and how.

**Other Diagnoses Information**

|  |  |
| --- | --- |
| **Name** | **Signs and Symptoms – comprehensive list** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Medications**

|  |  |
| --- | --- |
| **Name & Dosage** | **Side Effects – Comprehensive list** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Module 2 Lesson 2 Grief and Loss**

Loss is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grief is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grief is not only an emotional response it is also:

1

2

3

4

5

Check which losses your child has endured?

|  |  |
| --- | --- |
|  | Primary Attachment Figure |
|  | Other Adults (how many?) |
|  | A Family |
|  | Friends |
|  | Childhood experiences – never learned how to play, ride a bike, be read to, be cradled |
|  | Sense of Safety |
|  | Nievity – can’t let loose, always vigilant |
|  | Developmental Stages and Milestones – emotional age lower than chronological |
|  | Their Home |
|  | Sense of identity |
|  | Trust – suffered abuse and neglect |
|  | Culture – connection to like people |
|  | Brain Growth |
|  | Pets |
|  | Loss of a Dream(s) – reconnecting with bio parents or sibs |
|  | health |
|  | School relationships and routines |
|  | Jobs –older kids |
|  | other |
|  |  |

**Grief is deeply rooted in our \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_system**

**What can grief look like on your child? What do you see? Mark those that sound familiar.**

Some of the Behaviors you might see

Refusal

Regression

Hyper Activity (attempt to organize)

Attention Getting

Chatter

Aggression

Zoning Out

Repetitive Behaviors

Magical Thinking

Self-Soothing Behaviors

Failure to Regulate

Self-Abusive Behavior

Sabotage

Lack of Concentration

Sadness

Kinds of Delays that can happen

Growth

Speech

Motor

Cognitive

Physical Symptoms you may see

Hypersomnia/Insomnia (sleep Issues)

Hoarding/Gorging/Refusal (food issues)

Bathrooming issues

Failure to regulate

Withdraw

**Module 2 Lesson 3 Impacts of Trauma**

So in order to decide whether our children have been impacted by Trauma we can use the following list.

Please put a check mark by each traumatic event your child experienced within his care giving system

\_\_\_\_\_Prenatal exposure to alcohol and drugs

\_\_\_\_\_Neglect/Abuse

\_\_\_\_\_Institutionalization

\_\_\_\_\_Abandonment (loss of Primary Attachment Figure)

\_\_\_\_\_Multiple Moves

\_\_\_\_\_Pain or illness/Hospitalization (child or caregiver)

Bessel Van Der Kolk 2005

Trauma impacts human beings in the following areas: Attachment, Biological, Cognitive, Behavior, Affect, Dissociation, Self-Concept.

**Module 2 Lesson 4 Permanence**

What do we really “get” if we have object permanency?

If our children were not able to work through early Developmental Milestones they did not master Object Permanence…even at older ages.

We need to believe that the fear that we will go away is REAL for our kids for a very long time.

1. Does your child outwardly struggle with losing you?

2. Where?

3. When?