

# UTSHC Shelby County Relative Caregiver Program

## TRAUMA & RELATIVE PLACEMENT

Presented By: Laura Teresa English, MSSW and Chayla Ward, MPH  
UTHSC Shelby County Relative Caregiver Program

## Program History

- The **UTHSC Shelby County Relative Caregiver Program** is comprehensive public/private collaboration between the TN Department of Children Services and The University of Tennessee Health Science Center, Boling Center for Developmental Disabilities.
- The program is designed to support children whose parents are not able to raise them. These children may be cared for by a grandparent, aunt, uncle, or other extended family member. Eligible participants are children and their caregivers living in Shelby County.
- The majority of the children in the Shelby County have been placed in the care of relative kin because of neglect or abandonment; however, drug abuse, mental illness, incarceration and death are also issues that our children are forced to deal with.

## Statistics

- According to information released by the AARP in April 2015, across the United States there are **almost 7.8 million children** living in homes with relatives, with **more than 5.8 million children** living with their grandparents and **2 million** living with other relatives.
- In the state of Tennessee during 2013-2014, *Grandfacts* ([www.grandfactsheets.org](http://www.grandfactsheets.org)), reported that **72,094 children** lived with grandparents or other relatives who were their primary caregivers, and **29,654 of these children** had no contact with their parents. These numbers only reflect the cases that were reported by DCS or the courts.
- Many of these children have been placed into a relative's custody by the courts, as a result of some type of interaction with the Department of Children Services; however, there is also a large number of children living in relative placement that have had no contact with the courts or the department.

## What RCP Does

- The Relative Caregiver Program's goal is to take a holistic approach when working with the families by providing support and resources that address financial, emotional, physical and spiritual issues.
- The majority of the children are from one-parent homes, live below the poverty level, and lack financial resources that could provide enrichment activities and services to enhance their quality of life.
- The staff are able to refer families to community partners and collaborative agencies when the RCP cannot directly provide services such as counseling, therapy, etc.

## What RCP Does

- Although the Relative Caregiver Program staff doesn't provide therapy for children and families in the program, they are able to recognize the signs of trauma.
- The staff is able to identify these symptoms of trauma, and consult with the BCDD Department of Social Work, to help develop a plan of action for our families to address these concerns.
- Staff is also able to interact with the children through home visits and various support services offered by the program. Staff has the opportunity to communicate with caregivers who are able to talk about the children and how they are adjusting to their life changes, whether those are negative or positive.

## What Trauma Looks Like

- When a child's natural bond and relationship with his or her parent is damaged or broken, there is a lot of anger and sometimes self-blame for the child, who in many cases feels that he or she is the reason mom or dad doesn't want them or love them.
- Children in relative placement often experience some of the same issues a child would that has experienced the death of a parent.

## What Trauma Looks Like

- They are faced with many issues that they are not prepared to deal with when they are no longer able to stay with their parents. Not only are these issues traumatizing for them, it is also a challenge for the caregivers that raise them.
- These children experience both the emotional and psychological pain of not being able to be cared for by their biological mother or father. Some of our children are removed at such an early age, that they have little to no memory of their parents.
- Many experience behavioral and various mental health problems. They also have trust issues as a result of coming from homes where physical abuse, neglect, sexual abuse, drug use and other negative life experiences have occurred.

## Symptoms of Trauma

### Mood Symptoms

- Chronic feelings of insecurity
- Chronic depression
- Decreased self-esteem
- Feelings of loss of control over life
- Self-depreciation
- Isolation
- Obsessive thinking and intrusive thoughts about the abandonment
- Heightened emotional responses related to abandonment triggers, such as feeling slighted, criticized, or excluded

# Symptoms of Trauma

## ***Behavioral Symptoms***

- Vulnerability in social situations
- Addiction to self-medicating
- Hyper-vigilance related to perceived threat similar to original trauma
- Panic attacks related to unconscious triggers
- Bedwetting

# Symptoms of Trauma

**[Through Our Eyes: Children, Violence, and Trauma](#)**

## How the RCP helps families dealing with trauma...

- Family Advocate Counselors have been trained on the ***Child Welfare Trauma Training Toolkit*** and have attended other sessions that have addressed ***Childhood Trauma***. These training sessions addressed the essentials of a trauma-informed child welfare system, child trauma and child traumatic stress, how to identify trauma and the impact of trauma on a child's brain. Many of the sessions provided interventions, referral sources and best practices for dealing with childhood trauma.
- It is important that the Family Advocate Counselors know how to identify trauma so that when they are working with the families they are able to address these issues by being able to refer them to the proper resources and agencies who offer services to families dealing with trauma.