



connections

Message from the Provincial Director

What is Trauma?

By Lavonne Roloff

“A traumatic event involves a single experience, or enduring repeated or multiple experiences, that completely overwhelm the individual’s ability to cope or integrate the ideas and emotions involved in that experience.” (Trauma-informed; the trauma toolkit; Klinic - see resource list).

In the work we do, we can expect that a large number of families have been impacted by traumatic events. It doesn’t matter what the circumstances are, these events will affect their lives. Some examples of trauma are post-traumatic stress disorder, developmental trauma such as child abuse, experiences of immigrants and refugees, interpersonal and external trauma and residential school experiences.



the event. The experience will have an impact on how they view the world and how they fit into it. Their relationships with others will also be affected.

As caregivers working with families, we need to be open to how individuals deal with their situation. It is not unusual for

there to be co-occurring substance abuse issues related to trauma. At a recent AHVNA workshop on the addiction-trauma connection we learned that, in most cases of substance abuse, we can assume there has been trauma in the individual’s life and the substance use is part of the coping strategy. It demonstrates the complexity of the work that front line staff deals with when they

work with families.

In this issue of *Connections*, you will find some insights on how to work with families who have experienced trauma. Keep in mind that many people impacted by trauma have tremendous resilience, which is part of what keeps them going. It is important to acknowledge their strengths and encourage them to have self-compassion. It is also important to extend that caring and empathy to yourself as a caregiver.

Lavonne Roloff is the provincial director of the Alberta Home Visitation Network Association (AHVNA).



Alberta Home Visitation Network Association

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Resources for Working With Families and Trauma

Rice, K.F., & Groves, B.M. (2005). *Hope and Healing: A caregiver's guide to helping young children affected by trauma*. Washington, DC: Zero to Three Press.

Van Dernoot Lipsky, L. (2009). *Trauma Stewardship*. Washington, DC: Berrett-Koehler.

Trauma Stewardship
www.traumastewardship.com

CAST Canada
www.cast-canada.ca

Centre for Addiction and Mental Health
www.camh.net/about_addiction_mental_health/women_trauma.html

Child Trauma Academy (Bruce Perry)
www.childtrauma.org

Klinic's Trauma Toolkit
www.suicideline.ca/trauma-informed.html

Manitoba Trauma Information and Education Centre
www.trauma-informed.ca

National Institute for Trauma and Loss in Children
www.starttraining.org

Stephanie Covington
www.stephaniecovington.com

The National Child Traumatic Stress Network
www.nctsn.org

Zero to Three
www.zerotothree.org

The Role of Early Trauma in Developing Substance Abuse and Addiction

By Twyla Peterson Wilson

In the field of substance abuse, health professionals have long focused on the behaviours attached to the misuse of drugs and alcohol, and the behavioural and spiritual orientations needed to change from destructive action to constructive recovery. We have looked at the devastation wrought by the actions of addicted persons, both to themselves and others, during intoxicated states. We have asked people to abstain from the use of alcohol and drugs to repair the damage, when possible, and prevent further devastation for all concerned.

Only recently, however, have we started to pay attention to issues that might fuel substance abuse and addiction. We have long known that people overuse substances and engage in behaviours such as eating, gambling and sex to self-medicate. We are now looking closely at the role trauma may have played in the development of substance abuse and addiction. Health professionals more fully understand that rather than just focusing on healing the wounds of addiction, we must look at past traumas and heal those wounds also to reduce relapses and strengthen recovery.

The ACE Study (Adverse Childhood Experiences)¹ gives us important insights into the role trauma may play in the development of substance abuse and addiction. Initiated by The Center for Disease Control and Prevention in Georgia and Kaiser-Permanente of California, the study questioned people going to health care clinics about issues that occurred in childhood.

Did you, before the age of 18, experience any of the following?

- severe and recurrent emotional abuse
- severe and recurrent physical abuse
- contact sexual abuse
- emotional neglect
- physical neglect

Grow up in a household with

- an alcohol- or drug-addicted person
- a severely mentally ill or chronically depressed person or family member attempting suicide
- both biological parents not being present
- an incarcerated family member
- your mother being treated violently

Profound link between traumatic early events health challenges

The findings of that study¹, now widely replicated, show a profound link between traumatic early events and the development of both serious health and mental health challenges, with the highest levels of negative outcomes being in the area of addiction to alcohol, drugs, nicotine and food.

Couple that with these disturbing statistics*

- Every 15-18 seconds, a woman is battered in the world (United Nations Commission on the Status of Women, 2000).
- There is one sexual assault about every two minutes. (FBI CIUS, 2008).
- More than half of rapes occur before age 18 and 22% occur before age 12 (CDC, 2009b).
- One in five girls and one in ten boys are sexually victimized before adulthood (National Center for Missing and Exploited Children, 2008).
- In homes where domestic violence occurs, children are seriously abused or neglected at a rate that is 1,500% higher than the national average for the general population (Children's Defense Fund, Ohio, 2009).
- At least 50% of child abuse and neglect cases are associated with parental drug or alcohol abuse (ECMEF, 2008).
- One or more parents were responsible for 70% of child fatalities caused by abuse or neglect (HHS, 2008a).
- In 2009, women were about three times more likely to be victims of spousal homicide than men were (Beattie & Cotter, 2010).
- Children from violent homes have a higher tendency to commit suicide, abuse drugs and/or alcohol and commit violence against their own partners and children (Whitfield, Anda, Dube, and Felitti, 2003).
- More than 30 million children in the U.S. live in low-income families, and 14 million children live in poverty (Wight, Chau and Aratani, 2010).
- Children born into poverty risk exposure to violence that is so high they are guaranteed to be affected by trauma (Women's Law Project, 2002).

Links between poverty, violence, addiction and trauma

There is an unequivocal link between poverty, violence and addiction in families and trauma. We, therefore, have to shift our attention not only to healing substance abuse and addiction, but also to healing the trauma that often precedes it. We need to use a "trauma lens."* We need to not only make mental health/substance abuse counseling readily available in our communities, but also combine our MH/SA systems of care and educate health professionals on the role of trauma in both areas. We have to understand that the moms and dads who have difficulty parenting their children were probably traumatized children themselves, and could quite likely have cognitive, neurological and behavioural deficits as a result. We need to ask the hard, uncomfortable questions about what happened in people's family of origin and provide new coping mechanisms to help with the cessation of use of drugs and alcohol to achieve better outcomes.

If we do not do this, we are not addressing people's healing process as fully as we must. The locus of change must still reside with those in recovery. They are not responsible for the trauma that occurred in their lives, nor the disease of addiction if it exists for them, but they *are* responsible for the

management and healing of both issues. We do them a disservice as mental health and addictions professionals, as communities and health care facilities, as neighbours and loved ones, when we do not give them the opportunity for comprehensive, coordinated and competent treatment opportunities. And we pay for it societally in continued increasing rates of addiction, abuse and trauma. We pay for it in our health care costs, our lost days of productivity in the workplace, violence in our homes and on our streets and deaths on streets and highways. We pay for it in repeated, intergenerational cycles of trauma and addiction and abuse within families. It's time to break the cycles of violence in order to protect our children, and ultimately, us. ■

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REFERENCE

1. Felitti, V.J., Origins of Addictive Behavior: Evidence from the ACE Study. 2003 Oct; 52(8): 547-59. German. *PMID*: 14619682 (PubMed-indexed for MEDLINE). (N=17,000)
The ACE study links childhood trauma to long-term health and social consequences. The co-principal investigators of the study are Robert F. Anda, MC MS with the Centre of Disease Control and Prevention in Georgia and Vincent J. Felitti, MD with Kaiser Permanente in California.



Negative Impact of Trauma

By Wanda Polzin

More and more information has been coming forth about trauma and its negative impact on the mental health and wellbeing of children and families. We are beginning to understand some key elements related to trauma that can lead to better health and mental health outcomes for children and families.

The Alberta Family Wellness Initiative has identified four key aspects that affect healthy brain development

(www.albertafamilywellness.org):

1. brain architecture
2. serve and return
3. executive functioning
4. toxic stress

It is important to understand and apply these within caregiver relationships to support healthy attachment and brain development.

Brain architecture and serve and return

We are beginning to develop an understanding that early experiences build brains. In early childhood, there is interplay between our genetics and our environment. This is powerful because while we do not necessarily have a lot of control over our genetic make-up, we can positively impact the way genes express, including the architecture of the developing brain through healthy, positive interactions (serve and return) and experiences. Serve and return occurs when a child and a caregiver interact in a positive manner. This can be in the form of very simple interactions like eye gazing, patty-cake, and asking and answering questions. The positive, healthy experiences between caregivers and children may be seen as “bricks” in building a strong, resilient brain foundation.

Brain architecture and executive functioning

Because brains are built in a complex manner, from bottom (reptilian brain) to top (executive functioning) and back to front, it is important to take advantage of critical periods in the early years. A brain needs a good foundation to build upon—this is why the early years are so important! Sturdy brain architecture helps in developing a child’s brain. When children have a healthy, well-functioning brain, they can effectively combine social, emotional and cognitive skills to understand and organize their world (executive functioning).

This is demonstrated in children who can pay attention, think through cause and effect to determine a consequence, follow expectations at home and/or at school, etc. When caregivers support this healthy development, children are set up for success into their adult years.

Trauma and toxic stress

Trauma occurs as part of all of our life stories, whether “little t” or “big T” trauma. But, when stress accumulates due to a significant unresolved trauma or the build-up of several stressors over time, this can lead to toxic stress. In the life of infants and children, toxic stress happens when no reliable supports or caregivers are predictably available over time to address these traumas.

Toxic stress may occur when

- caregivers have their own untreated/undertreated mental health and/or addiction issues
- there is domestic violence
- the home is chaotic with adverse childhood experiences

Toxic stress and trauma have a negative impact on many areas of an individual’s physical and psychological functions:

- sleep disturbances
- attachment disturbances
- eating issues
- memory and attention concerns
- mood regulation
- future physical and mental health or addiction concerns

Offer support for those who have encountered trauma

Here are three strategies:

1. Ensure proper care is available for the caregivers.

There is a reason why on a plane, the flight attendant tells us that we must first don our own oxygen masks prior to assisting others. If you are not doing well, you cannot expect that your children will be. You represent a “template” for how to behave and feel. This might mean planned respite, carving off personal time or doing something to treat yourself! Caregiver self-reflection is a key component of this.



2. Understand that it truly does “take a village to raise a child.”

Despite this cliché, our children benefit from other supportive, healthy people and perspectives in their lives. When a child has been traumatized, however, this can take an enormous amount of effort and time to establish. If there are significant concerns and/or significant developmental trauma, this should always be addressed with the support of a specialized multi-disciplinarian team (including social workers, psychologists, occupational therapists, nurses and physicians).

3. Ensure safety and security, especially in families who have experienced trauma.

Without a true sense of safety, children will not be able to resolve traumatic issues/events due to a need to be on high alert. Without a safe environment, we all operate from our reptilian brain toward a fight, flight or freeze response. Applying positive serve and return interactions, a safe environment and positive attachment behaviours can help repair previous traumatic damages.

It is important to note that there are resiliency factors and opportunities to repair negative neurodevelopmental impacts through neuroplasticity. (Brain plasticity refers to the brain’s capacity to change as a result of factors in the environment.) Negative neurodevelopmental outcomes can be mitigated through modifications such as mindful caregiving and parent child interaction and regulation.

In the relational/attachment environment, having a dyad (caregiver and child) relationship has been shown to positively effect change in the central nervous system (neuroplasticity). Although traumatic experiences can impair a child’s mental health (and thus family wellness) and development, proper interventions can help the child (and family) heal from their traumas and regain a healthy path. ■

Submitted by

Child, Adolescent and Family Mental Health Services (CASA) Trauma and Attachment Program Team in Edmonton. More information at www.casaservices.org.



Working With Families of Trauma

By Barb Hinger

Traumatic events can happen as we go about our “normal” day-to-day lives. And after that moment, things do not seem normal for a long time. Our sense of feeling safe in the world is shattered—something very sad has happened to us or to someone we care about. We suddenly do not feel as safe in the world, find ourselves hyper-vigilant to perceived threats to ourselves and those we care about and hyper-sensitive to what others are saying and doing.

There are many events that can cause people to feel traumatized:

- assault or threats
- accidents where there is severe injury or loss of life
- loss of life due to another’s action such as murder or drunk driving
- loss of life due to natural causes or illness
- still-born or infant death
- suicide loss
- loss of home through fire or acts of nature such as floods and tornadoes

It is not the event itself, but rather the impact the event has on the individual or family that determines whether it is traumatic or not.

How can we be helpful?

- **Create safety** for the family by using these skills: maintain a supportive, non-judgemental attitude with acceptance, caring and listening.
- Be **“with”** the person or family, ensuring it is a safe place for them to

ask questions, share concerns, show emotion and do this without fear of being judged. Be able to sit in silence with them.

- **Listen.** Do not assume you know how they are feeling. Even if you experienced a similar trauma in your own life, you cannot know “their” experience. Take the “I can’t know, teach me, help me understand” approach.
- **Let go of pre-conceived ideas** about what they may need and ask directly “how can I be of help?” Be there to comfort and help them in whatever way they need.
- **Reach out to all family members** including children and teens. The author has heard teens comment that they believe “helpers” are afraid of them, as following a traumatic event, the workers reached out to their parents and to their younger siblings but not to them.
- **Be prepared** to witness a range of emotions from shock and almost no reaction to fear, anger and blame, to extreme pain and sorrow. Expect differences in responses, as everyone reacts in their own way and may be at different stages of the healing journey.
- **Be mindful** that just because it happened a long time ago does not mean it may not still be impacting them.

■
Barb Hinger, MSW RSW, is a clinical social worker in Airdrie, AB where she serves clients with personal and relationship issues. She has a special interest in grief and trauma work.

How Families are Coping With Trauma

The following are testimonials from clients successfully dealing with family trauma and related issues who have been supported through the work of the Coaching Families and Step-by-Step programs offered through Catholic Social Services in Edmonton.

Our **Coaching Families** worker has been a life saver for us. We were a family in distress; our fights with our daughter were daily occurrences, and her behaviour towards us was becoming more violent. There was a definite danger of our family splitting apart; we were on the verge of that many times. Our mentor helped us to deal with the behaviour, and suggested ways to alleviate our stress. I don't recall all of the things our mentor helped us with, but the following are some of them:

- suggested and set up an appointment with Dream Catchers to work on repairing relationships between our daughter and other family members
- gave us information for the Elizabeth Fry Association to give our daughter constructive activities
- put us in touch with Family Support for Children with Disabilities (FSCD) to get additional funding for respite
- suggested that we use respite more often so that our relationship would remain intact
- counseled us weekly to help us deal with burning issues
- met us at our daughter's school to help us explain her disabilities to the principal
- advocated for our daughter's transfer to a specialized school, where she is currently in grade 9

We are now back on the road to becoming a normal family again. We still have daily challenges, but we have the tools to deal with them.

It is hard for me to write in a short answer how much I appreciate having a **Coaching Families** worker in my life. I have had two of the most stressful years of parenting with my son, and we started with this program about half-way way through the first year. The transition to junior high as well as a sudden change in his physical health created a parenting nightmare for me. My son was not going to school or eating the way he needed to in order to keep himself alive. I did not know what was going on, and when I found out, I was quite devastated because this was the first real acting out I had seen. My mentor has been a great help in keeping me calm and being a good active listener. Two of the Coaching Families staff and I presented an FASD (fetal alcohol spectrum disorder) information session at my son's school, and my mentor came and met with my parents and siblings and spent the evening talking about FASD and discussing the impact on my son. She has encouraged, supported and helped me get the situation to the point that he is now going to school, or if he is too sick to go, he lets me know. We are living in a house that is mostly orderly. My son has gone into a specialized program at school and actually likes school. I have sought out more support from my family and am looking forward to the support group that will be running in the spring of this year so I can get out and talk to some other people who are parenting FASD kids and get more ideas. The support that has been given to me has really kept me going, and I appreciate all the help I have been given.

This gentleman is one of the shining success stories of the **Step-by-Step program**. Over the last six years, he has transitioned from being in a gang, drug addicted and living on the streets, to being a stable, sober and attentive father. He is working with his adoptive mother to provide safety, stability and a caring home environment for his son, who faces significant physical and mental disabilities. The partnership formed between this young man and his mother is one in which they try to work symbiotically, each filling the gaps the other would struggle with if they were parenting individually. His work within the Step-by-Step program has consisted of striving to develop and nurture his independence, allowing him the freedom to achieve as much as possible in his own life and in his parenting. This gentleman has also worked incredibly hard with the FASD provisional psychologist during the last year to address the issues of his own past trauma and grief that plague him. There is no doubt that with the ongoing support of Step-by-Step staff, he will continue to build his independence and thrive in his environment

The **Coaching Families** program helps families learn about and respond to the needs of their children (up to age 18) that are affected by or are strongly suspected of being affected by Fetal Alcohol Spectrum Disorder (FASD)

The **Step-by-Step** program addresses the needs and issues facing mothers and fathers who have been diagnosed with FASD and who are parenting children (with or without FASD). ■

For more information on these programs, go to www.catholicsocialservices.ab.ca.



Coping With Personal Trauma at Work

By Kathy Archer

Sitting on top of the desk, my legs dangling over the edge, I try in vain to hold the tears back. I strain to stop them but it doesn't work. The tears come, as does my anger and my sadness. How unfair for these kids!

Meeting with my co-workers to debrief after a supervised visit, I try to comprehend how it is possible that after a parent points a gun at a child, she can visit her children as though everything is normal. It just doesn't make sense to me.

Over the years I have been involved with supervised visitation in a variety of roles from being the worker on the ground to the manager behind the scenes. On one occasion, I remember standing in the doorway of a portable office unit, my stomach churning. I was waiting for the police to arrive to escort a deranged father from the premises. He'd been walking around and around the building yelling obscenities and threats while I was supervising the mother and visiting with her three young children inside.

Those of us who work with families are faced with experience after experience and story after story of unfair, sad and disgusting circumstances. What you see happening to individuals and children is often hard to take. It is difficult to see the bruises, the broken bones, the poverty and neglect, the emotional abuse and the intense heartache.

When hearing about or witnessing families' experiences, you may find yourself left with your own bag of feelings and emotions. Following a conversation or visit with a family you might feel exhausted, overwhelmed, angry, sad or outraged. What you do with that bag of "stuff" is vital to your own survival in the field.

The problem is that most people tend to push emotions down. They put the lid on so tight that nothing can escape. They try to ignore what they are feeling or they try to forget about their emotions. You might find yourself doing this by numbing. You do something so that you don't have to think about what you are really feeling. You might watch endless hours of TV or spend countless hours on Facebook. You might resort to alcohol or medication. You might also busy yourself with overwork so that you don't have to think about what you have seen and heard or what you now feel.

The drawback to numbing emotions is that when you deaden the "bad" feelings (anger, sadness, frustration or outrage) you also numb the "good" feelings (fulfillment, peace, joy, contentment). If you want to find more enjoyment in life, you have to deal with the bad emotions rather than suppress them.

When I left the building that day after the police escorted that father off the property, I was instructed to drive around and make sure I wasn't being followed before I dropped the children off at the foster home. By the time I arrived home, the episode finally over, I was shaking. I couldn't believe what had just happened. Yet because of confidentiality issues, I could not share the details of my experience with my husband. Instead, I called a peer and we debriefed. We talked not only about what happened and the impact on the children, but also about the impact on me. I was able to share my fear, my worry and my anxiety about what possibly could happen next.

It is imperative that we have an outlet for feelings that arise from our work. Just as water stagnates when it is unable to move, emotions stagnate in our body if we don't move them out. Suppressing our fury about a situation just results in it festering inside and coming out later, usually directed at the wrong person.

Three strategies for dealing with trauma at work

There are three things that can help deal with the trauma you experience in your work.

1. Acknowledge the impact it has on you.

Name your emotion. Feel it. Experience it. The key here is to take a moment to slow down and be present to what you are feeling. Is it anger? Sadness? Fear? Dread?

Whether you just hung up the phone or drove away from a client's home, take the time to notice the feelings arising in you and name them. "I feel very frustrated right now." "I feel like my hands are tied." "I am so sad that the baby is going back to that home." You can do this with someone or by yourself. Family workers often have the luxury of travel time to debrief their own feelings. Before you reach for the radio, notice and name your feelings as you drive away.

2. Share it.

It is vital that you release some of the feelings. Sharing them with a co-worker, or minus the details, with a friend or spouse is often a great freeing experience. Simply sharing releases what you've bottled up.

3. Put systems in place in your work environment to make it desirable and okay to debrief.

If you are the supervisor, set systems in place that support debriefing, especially after hours. Buddy systems are wonderful ways to share and release. If you are not the supervisor, recommend this strategy to management. At the very least, find a peer to chat with.

Dealing with hard-hitting emotional issues in your work can be tough. Rather than ignoring them and numbing yourself from feeling them, it is better to experience them and allow them to move through you. Name and release the emotions associated with the daily trauma you experience. In doing so, you will find you are better able to find enjoyment and fulfillment in your life. ■

Kathy Archer ACC is a certified leadership coach and owner of Silver River Coaching. She coaches leaders and organizations to grow a new kind of leader for a new time. Kathy devoted 20 years to family support programs and as a leader of parent educators. Find her at www.silverrivercoaching.com.

Coming up

The next issue of *Connections* will focus on Family Violence. If you would like to submit an article or resource for this topic, please contact the AHVNA office by October 30, 2014.

Hearing from you

Connections is published three times per year by the Alberta Home Visitation Network Association. We welcome comments, questions and feedback on this newsletter. Please direct any comments to Lavonne Roloff, AHVNA Provincial Director, by phone at (780) 429-4787 or by email to info@ahvna.org.

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Living With and Loving a Child Who has Experienced Trauma

By Lindsay Cummings

When we decided to adopt a child, we knew it wouldn't be easy. We knew the little firecracker whom we would soon call our son came with a bag of trauma so big that we were surprised he could even lug it around. But into our home and into our hearts he moved.

Soon after, reality and trauma also moved in. Hitting, biting, screaming, the constant need for reassurance, constant talking, inability to regulate himself, inability to go to sleep without medication, a delay in all areas of development, zero impulse and self-control...the list went on.

The shock and awe of being an insta-mom to this little human was one thing, but the expanse of emotions that flowed all around me was overwhelming. I wanted him and loved him so much, but at the same time I resented him for turning our lives so utterly upside down and out of control. I felt so much anger towards all the people who neglected him and all the families who abandoned him in his short four years and at the same time I felt so much love for this sweet, funny, clever boy who just wanted to be safe and cared for.

That first year I had some of the hardest days of my life—days I had to dig deeper than I ever thought possible, days when I thought I couldn't do it anymore and days where I wanted it all to go back to how it was before. But there were also days full of love so big that it made my head spin.

When my son moved in, at four-and-half years old, he could not say more than a handful of words, couldn't stand to be touched, would hide when he got hurt and didn't know a number from a letter.

Today, one-and-half years later, this boy with a twinkle in his eye has picked up three years of language and American Sign Language (ASL). He loves having his back rubbed and being tickled, comes to me (most times) for comfort when he's hurt, knows his letters and can count to ten.

When he first moved in, he could not stand in a line or draw a simple picture and would kick and scratch and bite. Regularly.

Today my little rocket stands in (short) lines, can draw a Slurpee and an electrical socket (very important things) and only kicks and scratches and bites occasionally.

How far he's come, my beautiful boy.

We are not nearly where we need to be or want to be. We have much further to go.

There are still many wires to uncross in his wise little brain and many more adventures to add to the twinkle in his eye.

Trauma has changed everything, for him and for us. It's like a liquid that seeps into every nook and cranny of our life. It soaks up every ounce of patience, energy and brain power we can muster.

People say that these kids just need love, and they do. They also need a lot of hard work and a village of dedicated people around them. In no way could my husband and I have survived our first year of adoption alone. Friends, family, teachers, therapists, social workers, co-workers, neighbours and strangers who simply asked 'how are you?' all played a role in helping us build our new way of being with trauma.

And love. Well, love trumps trauma. ■

Lindsay Cummings is a program supervisor at McMan Youth Family and Community Services in Calgary. She is also the proud adoptive parent of one amazing five-year-old.