

Video 3: Supporting the Emotional Wellbeing of Young Children in Care (Foster/Kin/Customary)

Transcript

Chaya Kulkarni: [00:00:00] Welcome to session three in our series on infant and early mental health. My name's Chaya Kulkarni, and I'm the director of Infant and Early Mental Health Promotion at the Hospital for Sick Children. I'm joined by Dr. Susan Dundas and Mary Rella and today we're gonna explore a little bit more about trauma in young children and specifically those who are coming into care.

In session one, I talked about what early development looks like, what kids need, how children thrive and develop. In session two, we talked a little bit more about what trauma looks like for young children who come into care. And now we're gonna get into more of the strategies and the caregiving behaviors that young children who do come into a caregiving situation outside of their home are gonna need in order to feel emotionally supported and hopefully to recover from whatever trauma they may have [00:01:00] experienced. So today, we know that for any child, even a little baby who comes into care, there is trauma when they're removed from their mom.

And I'm even thinking about the babies who are apprehended right at birth. At a hospital who may not see their moms right away at all, but there is trauma for that baby who is separated from their mom so early. So I wanted to talk about what kind of caregiving behaviors become important for these kids who are in these situations.

So Susan, I wonder if you can start us off. Sometimes the young child who has lived in an environment that is anything but predictable, maybe even, very chaotic. They develop behaviors that almost appear to reject the caregiving gestures of the caregiver whose home they've been placed in. What should a caregiver do in this kind of a situation where the child is literally maybe even pushing them away or [00:02:00] simply not responding at all?

Susan Dundas: A number of things come to mind, Chaya. We talked a little bit about how the parts of the brain are in opposite directions when you have something that is frightening for a child who's had an unpredictable environment, so they would normally want to reach out to their caregiver and get mitigated. Help that frightening experience calm down in their brain so that they could be regulated and come back to a typical functional social situation. When they've come from an environment where the very persons who are supposed to regulate them are dysregulating, unpredictable or even scary. Their brain doesn't know what to do, the natural instinct

to go closer to the caregiver is thwarted essentially, and the part of the brain that's engaged in the fight flight and the one that wants to connect to the caregiver to protect them from the fight flight, it's the same person.

So they don't know [00:03:00] what to do. So you're gonna get caregivers who have these children in their own care receiving very confusing messages from these kids because it would appear to them that the child wants, needs something, and yet they are pushing them away. So this very confusing set of messages. And part of what I would suggest to a caregiver is to, first of all, slow down.

To take a moment, take a breath, be curious in their own brain about what this child might be needing, as opposed to what they're doing, and then begin to be curious about how to help them with that need rather than responding to the rejection that's coming their way. If you know that a lot of kids and a lot of kids who come into care are going to be responding in this confusing way, and you're a foster parent and you're going to receive kids in these who have these unpredictable messages, [00:04:00] you want to take a breath, slow down and think of it as a parent, what a child might need at that moment. And respond from that position of curiosity without being too intrusive, because you're gonna get more of the pushback because intimacy equally can cause triggers in children who have had intimate relationships that have hurt them.

So we have to be really careful to go into the neutral a little bit, take some breaths, figure yourself out, so that you're in that calm place and you're responding from the typical parenting instincts that you have and not from what that is coming at you from the baby.

Chaya Kulkarni: That would be hard work. It would be hard, hard work. Yeah. Susan, when you describe, this process that you know, you're encouraging foster parents or customary caregivers to experience of calming down, catching their breath, stepping back. It sounds overwhelming and I'm just thinking, we've spent a lot of [00:05:00] time talking about what kids need, what the babies need, or the toddlers need. But we probably need to think as well about what the caregiver needs and where can they get some support in that situation to help them through that hard work.

Susan Dundas: Ideally they can help foster parents are best off helping each other. I've worked in a group of foster care treatment home where a bunch of foster parents came together on about a monthly or every six week basis, and I learned so much from them. Listening to them talk about their children each time without really knowing the names of the kids.

They would talk about their experiences with their children at different ages, and they supported each other in their situations and in how it felt to have a child move on or have the frustrations of not knowing what's next for their children and being able to talk about their own experiences of feeling helpless at times.

And I think they helped each other far more than the [00:06:00] professionals help them, or I helped them at that point, and I think it was really good for them. So each other is a good place to go and I think also if there is more family members who can be part of the system that their children are in. If you can, if they can teach their other family members a little bit about their children.

And I worked with an adoptive parent of two kids today and she's done a really great job in informing all of her family. She's got a big family. And she's informed all of her family members about what is FASD, what is autism, because she has a child with each, how their behavior makes sense based on their diagnoses, how their challenges make sense, and how the other members of the family can respond to them and help rather than leaving them in the dark not knowing and then judging the children and their own parenting of these children. So she's done a [00:07:00] fantastic job engaging the family and being helpers as well.

Chaya Kulkarni: It also makes me think though, that for families where there is that kind of a diagnosis or potential diagnosis with FASD, we may not diagnose till later, but if we know that the child has been exposed. Even to just do a bit of reading, find, get a little bit of information about that particular diagnosis and what that might mean and what that might look like, could also be really helpful. Because otherwise I think there's a real risk of almost feeling rejected. By the child because you keep trying and working so hard.

Mary Rella: Yeah. I also think that, for foster caregivers or customary caregivers, we spend a lot of time talking about attunement, talking about, the right thing to do, and how to do it, and there's a lot of that. And I think giving space to negative emotions that they experience is also extremely important. What I call like what are the deal breakers? What are some of the things that [00:08:00] happen in the family that have you think about and experience like that is such a deal breaker.

I remember talking to this one family. The deal breaker was that the child had trimmed the whiskers on the cat. And that was this child had been through had done other things, but that to the caregiver was such a deal breaker. And just giving them space to talk about the things that are just that hard.

And yeah, it is hard to be attuned to a child who's making it feel like you're ineffective and not necessarily, doing the right thing. And by the way, we have some research that tells us that even though the experience, the inner world of the child is changing when it comes to security, that I might be seeing you caregiver differently in a way that has me support [00:09:00] and be more connected to the relationship.

My behaviors might still look exactly the same. So even though some shifts and changes might be happening to me internally my behaviors look exactly the same. And sometimes we have to remind caregivers that it may look like nothing's changing, but the consistency, the predictability, the structure, the routine, all of these amazing protective factors are causing changes, they're just not necessarily billboard changes.

Chaya Kulkarni: Yeah. And that really beautifully takes me to the next question I had for you, which was really about the importance of consistency and persistence. Because when we talk about these changes that are happening on the inside, Susan, you've talked a bit about the brain and how the brain is developing, and I talk a bit about that in session one.

And I'm thinking like there's a really good example of where we don't see the changes happening, but we know [00:10:00] from science that every interaction is changing the shape of that little one's brain, right? And we don't see it. And it might take lots of different connections being made before we see something on the outside happen.

So Mary I'm just, I wonder if you can talk, and you've certainly alluded to it. But the importance of that consistency, predictability, but the third thing is persistence. And knowing not to give, like having faith and not giving up because you're not getting anything back.

Mary Rella: Yeah. And that's hard, like the consistency and predictability, like when we think about trust, we think about, what is it that allows for trust to develop? It's not like it is or it's not there.

In our life, we choose people to be connected with and how do we evaluate trust? If you are predictable, consistent, and reliable, then I begin to trust you. And so those are [00:11:00] probably three things that may not have been consistent in that child's life. So in a home where you have predictable routines, predictable structures and what I mean is not regimented.

I don't mean inflexible routines and inflexible structures. But things that can, be navigated, but still what's consistent. This is a safe home. There's no violence in this home. What's predictable that when it looks like you're in distress, I'm gonna be available and attuned to you.

You know what is reliable, that I'm gonna be here day in and day out. I'm gonna be here, and that's something that's gonna be important in our relationship. That form of consistency serves to be such a such an important protective factor. And interest in you. I'm interested in you. I'm interested in what's going on in your inner world.

I'm not just interested in [00:12:00] the outcome of what's happening, but I'm actually interested in how you're putting some things together so you know, a smile. Like exactly. Like, the idea that, when the child comes in the door there's this oh, you look like it was a rough go at that visit.

Looks, I actually know that your mom didn't show up. That sucks. Yeah. Just to be able to narrate that experience becomes one in which the child feels understood. It doesn't mean that they're gonna be like, oh, I'm so glad you understand. They might

still throw their backpack on the ground, or, might still shove past you and go up and be alone with it.

But those first three seconds, yeah, they got the message of. I understand you right?

Chaya Kulkarni: And yeah. Three seconds, but it's big. It's, it is actually a big deal. I remember working with a little one who, cause another experience for these little kids is [00:13:00] pickups. Different driver. Different driver on the way to a visit, yet a different driver on the way home from a visit.

And this one little one who really struggled with that. And we literally had to create like a picture board to create some sense of predictability that somebody was gonna come in a car, this was where they were gonna go. And it was hard work, but she needed that predictability. She would go to sick kids because she was getting treatment there and there were all these doctors and they were literally treating her from the hallway because, and again, just trying to create, where are you going? What can you expect there? That, and I'm gonna be there with you the whole time, but that sense of predictability becomes so important for these little kids.

And it's hard, right? Cuz not every, you can't predict who the driver's gonna be tomorrow.

Mary Rella: Right?

Chaya Kulkarni: So that becomes really hard. Susan, we've talked about how [00:14:00] challenging it can be to recognize trauma in a young child. Talk a little bit about compassion and understanding for these little kids, because I think this can be challenging for a care caregiver to get to that place, especially if they're being presented with a lot of rejecting and hostile and difficult behaviors.

But, compassion seems to be something that might be an important piece.

Susan Dundas: I like that word compassion, and I use it a lot when I'm working with clients to develop a sense of compassion is the key. Even in my psychiatric consultations with clients, a big goal for me is to, altogether the caregivers, myself, the babies or children adolescents even.

We work together to develop that sense of compassion to understand. Where is this coming from? So I use a couple of questions that they can take away with them. Why is this behavior happening and why is it happening now? [00:15:00] And I suggest to parents to be and to the clients if they're old enough to be really curious about those two questions.

So the why this behavior is happening is connected to their story. So a particular story goes along with this behavior and one of the most confusing ones I got

presented with was a 13 year old who had stuffed needles all into her body. They were just pins, say the kind shoes were sewing. Oh, she was sitting there.

She was happy, right as rain. And they'd found them. They'd found 'em on x-ray and I think one of them had, she wasn't, no, like there wasn't any obvious distress. She was going off to get them taken out after the meeting, and they wanted me to figure out why she did this. And I was like, I'm gonna go back to the beginning.

I said, what I usually do is find out about the story to the best of my ability. I'm gonna find out about this kid's story. What do we know? Because we don't know much [00:16:00] sometimes, but sometimes it's enough. What do we know? And in this child's case, she was preemie. So she spent the first few months in the nicu and what happens in the nicu?

So we get stuck with a lot of needles. And we're, we get pretty isolated a lot of the time. We don't have a lot of caregiving that doesn't involve pain and discomfort. And this little one went from the NICU to her bio parent and there was physical abuse. Went from there to another foster care situation where there was also abuse, unfortunately, and finally got to this current foster care and what I was talked to about is that this is a really great placement. This is going very well. There's no abuse. She loves the parent. And why now, right? Is a good question. That's the next question, I said, I said with that history we can see that her whole life has been pain in connection with caregiving.

So [00:17:00] this is a connection her brain has made. There is none of that happening in her current relationship, but weirdly enough, she got a foster parent who had diabetes and had to inject himself with needles and take pinpricks and do all that. And I said I'm not gonna make too much out of this.

But curiously do we really now not know why she has decided to stick needles in her body. She's not, any longer getting pain in her caregiving situation. And she was triggered by these needles and pins that were sticking in this guy's body. And although it might have been a very infant pre-birth age baby that experienced all of that, her brain went right back to that and she was happy with this experience.

This was not a negative experience for her. When we look at that, there's usually a really good reason and we can become compassionate. And then we all sat there together what do we do about it? And I said we have a sense of [00:18:00] why it's there and what we're gonna do about, it's another whole story, but it's not crazy.

It's coming from a place of real brain developmental direction, these symptoms are there for a reason. Why this? Why now? Every time you feel like you're stuck a bit, go back to this. Why is this showing up right now? No reason. No reason at all. And then halfway through the session you find out they had an encounter with a past family member, or they ran into or the kid will tell you, best one ever nine year old.

She sat and listened to this whole conversation we just had, not with the other client in it, but why this? Why now? And she's sitting there quiet and the caregivers and the teachers and everybody's all looking at each other. We don't know why. We don't know why. She was stealing all the time. Stealing and stealing is connected to neglect.

And she put up her hand, she said, I know why. [00:19:00] And I said, oh, okay. That's even better. You tell us why. And she said, cuz my teacher's going on maternity leave. So she had developed this beautiful relationship with her art teacher and her art, and she was stealing her art teacher's art supplies, and her foster mother was like, she has all these art supplies at home.

She has exactly these same things at home, but right away she put up her hand and said, because she's going on maternity leave. And I was like, okay, I, my job is done. You guys do the rest now. Because at this point you know what to do. You know that there's gonna be a good goodbye. You know that she's connected and there's ways in which teachers keep connected to their kids.

They send pictures of the baby to the school. They tell everybody in a note, they're coming back. There could be a, little special message for her. And there could be ways in which they can consistently produce a sense of connection, and then the teacher will come back and maybe she'll have a chance to say hi to her again.

So there was something to do, [00:20:00] but neglect goes along, early neglect goes along with stealing, lying. But particular kinds of lies that are about self aggrandisement. So bring, bringing oneself up in the world a sense of, they go to school and say, I have a brother who's got cancer and he's dying.

And meanwhile everybody in the whole class knows she doesn't have a brother. Let alone a brother with cancer who's dying and why are they telling these lies? And we have to look at the neglect when I hear that also enuresis, ecopresis. But the stealing and lying are what gets people, because they wanna punish these kids for this. They wanna hold them accountable. And what I wanna do is wonder. Yeah. Why now? Why this particular instant?

Chaya Kulkarni: That is the compassion, right? Because you have to be open to the fact that there is a story there. And it was, it's probably a tough story, right? Because I've also heard caregivers say they're in a good home now. They should be [00:21:00] grateful.

It's not that simple for these kids. Okay? Mary, often the new caregiver can be a mitigator. To help the child manage their experiences and their emotions. Can you describe this as a strategy that caregivers should keep in mind?

Mary Rella: Yeah. So what happens is that, as we've talked about, early experiences have been experienced in potentially threatening kinds of ways, so now

there's an opportunity to have similar experiences with the buffer of a caregiver who can help to experience the same or similar experience in a different way. So there's an opportunity to mitigate the experience. So for example, frustration met with understanding of, gee, that behavior, the [00:22:00] reason you are acting this way is because your homework got really criticized by your teacher and that makes it feel really awful cuz you tried really hard to make it right and that didn't go well.

As opposed to, you didn't do your homework, you left it to the last minute, you rushed it through and that's why you did a bad job. So like an experience can be understood even if it might even be for the exact same reason. But the experience of frustration can be mitigated or understood differently by a foster caregiver or a caregiver who can help the child understand that this feeling that they're having actually now makes sense for them.

You know, what really happened is that the teacher got mad at them and that made them feel embarrassed. And that is a terrible feeling to have and that's why they got [00:23:00] into trouble at school and were sent to the principal's office.

Chaya Kulkarni: Yeah.

Mary Rella: The principal's office. And the foster caregiver had to get there, and go. So it's the mitigated experience that a caregiver can provide. It's the same experience, but I'm gonna help you experience it in a different kind of a way. And the only thing that's gonna be really important is that you're not alone in it.

Chaya Kulkarni: But that also requires compassion then.

Mary Rella: Yeah.

Chaya Kulkarni: To be the mitigator means you have to be prepared to really understand what that child has experienced.

Mary Rella: Yeah.

Chaya Kulkarni: And it makes me think of a situation up north with a little guy who's definitely struggling, may end up with a diagnosis of some sort, and the solution was to create an isolated workspace for him, he's in kindergarten. I'm not sure we would create an isolated workspace for any child in kindergarten, much less a child who's gonna end up with any kind of a diagnosis. And when I started to [00:24:00] probe, what started to come out was, what he really loved was being on the land, drumming. And to be able to understand what being in an isolated confined space was actually making what he was feeling even worse. And to be able to see that for him this was a connection when he is out on the land or when he is drumming, so it really does require a level of compassion and to realize that can be a really effective strategy.

And because not only does it help the foster parent understand, it helps the child understand as well.

Mary Rella: Yeah.

Chaya Kulkarni: And legitimizes their feelings.

Mary Rella: Full circle.

Chaya Kulkarni: Yes.

Mary Rella: Support is needed, a place to go and get support for, so that you can't do this day in and day out and, feel like, oh yeah, it's a no brainer. It's it's a full brainer.

Chaya Kulkarni: It is a full brainer. Yeah.

Mary Rella: It's a lot of work.

Chaya Kulkarni: The next question is a little bit tough. And sometimes, and we've seen this in research, that in foster caregiving, because children can sometimes present with [00:25:00] alienating or rejecting behaviors, sometimes the caregivers respond in kind.

So I wonder, Susan, if you can start us off on understanding this and how do we encourage caregivers to, especially with the really little kids, not effective.

Susan Dundas: The research is, does show that the attachment research that kids with disorganized attachment, so the kind of attachment that is not the usual attachment of about 90% of the population. So kids who don't respond in the typical way can actually shift the attachment of the adults, which is usually the other way around. The adult helps the child develop development attachment style. The other way around can happen with kids who have this disorganized style.

So it's a pretty tricky situation because caregivers who feel helpless and hopeless, that in itself is traumatizing. So there can be some burnout, and if you feel like you're not [00:26:00] doing a great job, you can start to dislike the client. And even if the, especially if, or the kid, especially if they're doing something that feels harmful to you or your own other kids or the other foster children or the animals in the home. That can start to feel very much alienating for the caregiver and they can get to the point where they start to feel feelings of dislike, which doesn't feel good for a really good caregiver to have those feelings. So it becomes quite difficult sometimes for those caregivers. And I think part of the tricky bit is being able to stay in a place where they feel helpless about knowing the right thing to do, be able to share that with either the workers that they're involved with or the therapist that they're involved with, that I

really don't know what to do, I sometimes feel helpless and to join, to get the [00:27:00] compassion from those workers that they can then pass on to the child, because what they're experiencing is what the child's experiencing about their life. Helplessness and hopelessness. And that's a really hard place to live.

One time I was in a consult with foster parents and CAS workers were there and the therapists were there, all of them. And they were facing a situation where they all were so frustrated with the court system. The CAS workers, everybody, was frustrated cuz they couldn't, the decision that was coming down from the judges were not what they hoped for and they all felt very helpless and hopeless about the situation and didn't know what to do.

And they were searching, I think, in this consult for me to come up with something magic, I don't know, to change the judge's mind or something. I wasn't even involved. That's part of it. But what we talked about instead was their feelings of helplessness and hopelessness and [00:28:00] how important it was for them to acknowledge that to themselves and then to these kids. Cause these kids are in the system for a long time sometimes. And to be able to acknowledge within themselves that this is really confusing, frustrating, and it doesn't always work out in the direction it should. And to be able to express that and be with the child and that feeling rather than just getting angry at the system and fighting it and telling the child this is what should be happening. That they can join in that moment. This must be really hard. This feels really hard to be in this confusing state.

Chaya Kulkarni: So that makes a lot of sense and now I'm thinking about the parent who's just not in a good place with the child and starting to feel angry. Can we apply the same strategy to say I'm having a hard time with this, right? I need to go and get some, a lot of it is, is it okay to talk about your own emotions with these little ones who are [00:29:00] struggling so much with their own emotions?

Mary Rella: I think that it's a bit tricky, that one.

Yeah. Because for some young kids, they've been part of the dynamic with their caregiver, might have been one where they were put in a situation where there, it's a role reversal. So rather than, you parent regulate me and help me understand what's going on in the world, you've actually given me that job, so I have to stay as regulated as possible so that then you can be regulated. So a caregiver who, you know, in a situation where a foster caregiver is now, in a place where they wanna role model, that actually sometimes coming back to a place of calm takes time. It doesn't just happen like that.

It takes time. So the best way to be able to do that is to give foster caregivers strategies where it's not like I [00:30:00] gotta go now and cool off because, but to identify that being calm in a situation or calmer in a situation is probably a really good idea. And so I'm gonna go and take five minutes and I'm gonna come back. Because my rule with foster parents are if you take a break, you have to be able to say, I'm gonna be back in five minutes and I'm setting the timer or something like, so that

there's a predictable place right back to that predictability. I'm not just going and I'm gonna leave you here high and dry. I'm gonna go and I'm gonna come back. I'm gonna be, I'm gonna go and take some time to get calm and I'm gonna take deep breaths when I'm take when I'm getting calm, and then I'm gonna come back and we're gonna figure this out again. Or like just something that allows for, and now, narrate the experience you're having. I need to do this.

Chaya Kulkarni: Yeah. Which is what I was trying to say is that, that feels like that's one strategy for foster parents. And the other thing I like about what you just were talking about is it [00:31:00] avoids the trap of punishment. Because that's the other place to go, right?

Is so, in the example you gave us, the foster parent took the time out. So tempting to give the time out to the child, right? But compassion, if we can get to that place of remembering what the child's been through. That there is a story there. Yeah and take the time out to calm down.

That is gonna help be more helpful. In the long run.

Mary Rella: I've said before that, I really think that compassion is shame's best friend. Compassion shows up when you know, shame shows up and goes, you did this bad, you're a bad person, you're not lovable, you are a horrible person. And compassion comes in and says, wait up sec. Not true. Let's understand better where this is coming from. So compassion can help both the foster parents shame at some of the things that you're talking about around, I don't like myself in [00:32:00] this relationship, let alone I don't like this kid. But can also come into play with also role modeling compassion for self loathing and blame and that sort of, those horrible feelings. Yeah.

Chaya Kulkarni: Yeah. So it also seems to me, as just bringing this conversation to a close, reflection becomes really important for caregivers being able to reflect and think about what they've experienced in the moment with the kids.

And I just, I wanna acknowledge that, for caregivers, this can be trauma too. And it may be trauma on top of some of their own trauma. And coming back to the importance of them seeking support, getting some help for themselves when they feel they need it. Any last words that you would share in terms of the caregiving kids need when they, little kids, especially when they come into care?

We've talked a lot about compassion. We've talked a lot [00:33:00] about predictability, consistency being calm. It's like a little checklist, right? But in the sense of just things to think about when you're in that moment.

Susan Dundas: I think not feeling like they have to solve the child's whole life.

That's a really tricky one. But join them in the darkness for a while so they're not alone. Yeah, this is a really, awful place that you're sitting in right now. You don't know what's coming up next. And you've been through all that and even I don't have the answers for you and the worker doesn't seem to have the answers for you yet.

This is a really hard place to live. This is hard place to be. I'm happy to be here with you for now, it must be so hard. So to join them and not feel, they have to rage at the system or because that's not going to be that helpful. But to live in that moment. And one last quick story was this five year old who she was very sweet.

She loved her new caregiver, and I'm trying to remember if it was an [00:34:00] adoptive home or a foster home, but it was an open situation. So the mom was involved, bio mom was involved. It was one of the cases where it worked really well, that bio mom stayed involved all throughout was, I think it was adoptive, and they had a great relationship and the mom would come into the family for birthdays and things and she loved the adoptive mom in the family there. She loved it. She loved her mom, her bio mom a lot, and she felt this massive. So everything was working well. The CAS workers had done a great job. Everybody had done a great job. The therapists, the parent, the bio mom, everybody was doing fantastic job.

And as this kid was talking about loving foster mom and loving bio mom, her head just went down like this. How guilty she felt about both because she wanted to and she just landed on the table like that, like the weight of the world on her shoulders. Because even though it was a really ideal situation.

Chaya Kulkarni: It's [00:35:00] still tough.

Susan Dundas: It wasn't, it was still tough. Cause she's in this conflict between feeling like if she loves her adoptive mom, she can't be with her bio mom. And if she's with her, loves her bio mom, she can't stay with her adoptive. So she was in this tremendous, terrible feeling. So even when everything is going perfectly, the situations are really hard and we can't take that away from them.

Chaya Kulkarni: Yeah.

Susan Dundas: That's their life. So even if we do it all right, we may not be able to protect them a hundred percent. But it's a whole lot better, then if we don't do it all right. And they can work those pieces out.

Chaya Kulkarni: Yeah.

Mary Rella: And be alone in it.

Chaya Kulkarni: And be alone in it. And be alone. Yeah. And recognize that it's messy.

Susan Dundas: Yep.

Mary Rella: Yep.

Chaya Kulkarni: I often say to people in infant and early mental health, it is messy work and it involves a lot of heavy lifting on everybody's part.

Mary Rella: Little kids. Little kids rupture all the time.

Chaya Kulkarni: They do. Yeah.

Mary Rella: It doesn't take a lot for a little kid to fall apart.

Chaya Kulkarni: Yep.

Mary Rella: And so it's okay.

Chaya Kulkarni: Yeah.

Mary Rella: To be able to expect that that [00:36:00] happens a lot and a lot and a lot. And so when you've got a child who comes in and you're gonna help them mitigate those ruptures by offering repair. That is the mitigation. That's the thing that never happened before.

Chaya Kulkarni: Yeah.

Mary Rella: Only the ruptures happen. Not the repair.

Chaya Kulkarni: Not the repair.

Mary Rella: So now in foster home, there's a ton of opportunities for repair. And the more ruptures you get, the luckier you are as a foster parent, because the more repairs you get to do.

Chaya Kulkarni: Oh, that's interest. That's such a positive way. To look at it. Wow. This has been great. Thank you so much for sharing all of your experiences and your expertise in this area. So that brings us to the end of our third session. Thank you, Susan, and thank you Mary for joining us.

Mary Rella: Thank you, Chaya.[00:37:00]