

Adoption Guardianship Preparation Training (AGPT)



Trainer's Guide

2024 Edition





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Welcome Message

Welcome to the Adoption Guardianship Preparation Training (AGPT) trainer's guide. I'm delighted that your organization has chosen AGPT to prepare prospective adoptive and guardianship parents for their journey. The role of the training facilitator is crucial in shaping the experiences and outcomes for these families, and we sincerely appreciate your commitment and expertise.

This guide has been developed to support you in delivering the AGPT content. Harmony's goal is to equip prospective adoptive and guardianship parents with the knowledge, skills, and insight needed to provide a nurturing home for their children.

This training will lead participants through materials that may challenge their current ways of thinking. Topics such as understanding the emotional and psychological needs of children with trauma histories

and parenting in new and sometimes very different ways provide opportunities for families to explore new ways to engage their children. The facilitator's ability to create a supportive and inclusive atmosphere will encourage open discussion and deeper understanding among participants.

I appreciate your dedication to this vital work. Together, we can make a significant difference in the lives of adoptive and guardian families and the children they welcome into their homes. Please do not hesitate to reach out if you have any questions or require further support.

Best,
Allison Cooke Douglas, M.S., IECMH-E®
Resource Center Director
Harmony Family Center



Allison Cooke Douglas,
M.S., IECMH-E®



Trainer Connection

Dear Reader,

My name is Sinead Love, and I am a family therapist and parent trainer at Harmony Family Center. With six years of experience in this role, I have had the privilege of training numerous adoptive and guardianship families using our curriculum. My work extends beyond training, as I also provide in-home therapy to children, teens, and their families. Additionally, I oversee the therapeutic day camp program at Harmony, offering specialized camp sessions for adoptive and guardianship children and teens, and I am a therapeutic foster parent.

In my role, I tailor each session to meet the audience's specific needs. I assess whether the group is already familiar with trauma basics and seeking deeper insights or if there are many kinship caregivers requiring foundational training. Understanding the audience helps me to customize the training effectively. For example, I ask participants to indicate by a show of hands if they are here for a baby, a toddler, a school-aged child, or a teen. I also inquire whether they are here for adoption or Subsidized Permanent Guardianship (SPG), and if they are caring for a relative's child.

I bring clinical expertise and personal experience as a foster parent to my training sessions. I believe in being transparent with families about my background. Before becoming a foster parent, I would acknowledge my clinical experience and share examples from my practice to illustrate key points. I continuously refine my approach by integrating real-life examples and anecdotes into the training, ensuring they resonate with the families' experiences.

I carefully maintain confidentiality, altering demographic details to protect identities while providing meaningful, relatable stories. These anecdotes help parents understand how the concepts discussed can be applied in real-life scenarios. I strategically place these examples throughout the sessions and use them to address specific questions from parents.



Trainer Connection

Feedback from families often highlights the transformative impact of this training. Many wish they had access to this information earlier and find it invaluable in their daily lives. When parents question certain practices, such as the timing of sharing adoption information with their child, I provide research and relevant anecdotes to emphasize the importance of adoption-competent parenting. This training is a crucial foundation for adoptive and guardianship families, equipping them with essential knowledge and insights. It aims to inspire ongoing learning and exploration of their unique family needs after achieving permanency with their child.

Sincerely,

Sinéad Love, CMHC
ASAP Team Leader
Family Therapist & Parent Trainer
Harmony Family Center





This curriculum was developed by Harmony Family Center's Adoption Support and Preservation Program in partnership with the Tennessee Department of Children's Services. It is available to use in part or whole, free of charge.

Suggested citation:

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Please maintain fidelity of content by presenting only the materials contained in the curriculum. Do not add or remove information unless directly addressed in the Trainer Notes of the AGPT Trainer's Guide.





Expectations & Motivations Session 1

The first session focuses on assisting parents in exploring their motivations for pursuing adoption or guardianship and setting realistic expectations for their journey. Trainers should facilitate discussions and use examples to help families consider their perspectives and address challenges while prioritizing the child's needs. Trainers should gather information about the participants, including whether they are pursuing adoption or guardianship, the age ranges of their children, and whether they are caring for a relative's child. This information allows trainers to tailor the session to the group's needs.



Slide 1

Welcome and Facilitator Introductions

Group Introductions

Housekeeping

Slide 2

AGPT training is designed to help deepen awareness and understanding about yourself and your child and to help build a strong foundation and lasting commitment for families who pursue adoption.

Slide 3-5



Trainer Note: Trainers outside of Tennessee may substitute information regarding local post-permanency support programs on these slides.

This course also offers a chance for you to become familiar with the array of services that Harmony provides, including:

- pre and post-adoption services
- in home counseling
- adoption support groups
- adoptive family social events
- educational offerings
- community referrals and resource linkage
- assistance with building your support system
- camps for adoptive families
- crisis intervention support

Tennessee provides free post-adoption/subsidized permanent guardianship services to all families who have adopted/taken guardianship through the child welfare system.

Slide 6

In this session, our objectives are to dive more deeply into your expectations, motives, and fears around adoption and to unpack some of the differences in parenting children who join our families through adoption/guardianship versus those who are born into our families.

Slide 7

Successful adoptive families acknowledge that adoption/guardianship isn't just an event at the courthouse. Adoption continues to impact both children and their families throughout their lives.

Slide 8

As they grow, children and families will process the meaning of adoption through various developmental lenses, revisiting and reprocessing the implications of adoption both personally and in the wider community. At each developmental phase, adoptees and their families will likely gain new understandings, grieve newly understood losses, and have further questions regarding their history, identity, or family of origin.

Often, these shifting perceptions of adoption are accompanied by social, emotional, and behavioral challenges, and families are likely to need professionals well-versed in adoption issues to provide services and support.

It is essential to be aware that common family issues such as divorce, death, relocation, or the addition of other children to the family can be particularly disruptive because of a child's previous history of trauma and loss.

Families must make a deep commitment, not only to a one-time change in their family after placement but to understanding the impacts of adoption throughout their lives and even intergenerationally.



Optional Reflection Question: What might the long-term impacts of adoption be in your own family?

Slide 9

Research tells us that adoptees and their families typically need support more than once on their adoption journey. One of the predictable times that families benefit from support is during the transition from fostering to permanency.

Slide 10

Most families enter foster parenting and adoption without a firm grasp on the challenges and complexities that come along with adding a new child- one who is not biologically related and likely has a history of trauma and attachment wounds- to the family.

Slide 10 (cont.)

When expectations don't align with reality, many families feel disappointed, frustrated, angry, and unfulfilled.

While there's no singular adoption experience, research makes it very clear that families fare best when they have healthy and appropriate expectations of adoption.

Slide 11

A Report from the Donaldson Institute states, "One of the best predictors of placement stability and healthy parent-child relationships in adoptive families is the development of realistic expectations on the part of the adoptive family." (Brodzinsky, 2008, p. 9)

AGPT was created to help families explore, reflect on, and, in some cases, reshape their expectations for adoption. Identifying your family's motives for adoption is one way to start unpacking and refining those expectations.

Slide 12



Facilitate group discussion regarding participant motives for adoption. Allow participants to share their experiences, focusing on adoption motives.

Slide 13

Three common motivations for adoption include:

- Altruism, which means you are adopting to benefit the community or to be a "good" person or give back to the community
- To share your love with others, many families describe this as wanting to "love on" kids
- To grow your family

None of these motives is wrong, but it's helpful to identify some common pitfalls or challenges that families with each of these motivations may face.

Slide 14

Adoptive and guardianship families aren't superheroes, though altruistic parents may find themselves struggling with the need to fix or save children.

Families who fall into a "saviorism" mindset may find themselves frustrated, burned out, and have trouble coping with balancing the notion that adoption can be both positive and negative at the same time. Parental ambivalence—another way of saying parenting isn't exactly what you thought it would be is normal. All families feel this, but it can be very distressing to families who felt "called" to adopt or that fostering, and adoption comes from their desire to do and be good.

Research says that religious reasons for adoption tend “to enhance good family relationships but may exacerbate poor ones (relationships)... this may be particularly likely when people believe that they should be able to fix a difficult family situation.” (Helder et al., 2020, p.17)

Slide 15



Trainer Note: Read the quote on slide, or ask a participant to read aloud.

Adoptive and guardianship families aren't responsible for saving or fixing their adopted children. They are responsible for learning how to best meet their needs, create realistic expectations, and build a healing environment where their children can learn, grow, and heal.

Slide 16

Another common motivation for families is to "love on" kids in need.

As you may have already experienced, children who join your family through foster care, adoption, and guardianship often don't want to be “loved on” and may not reciprocate your love and care in the same ways that children without a history of trauma and loss typically do.

It's important to remember that children adopted through the child welfare system have endured loss, have a history of broken relationships, have endured abuse and neglect, and they may not often express appreciation and gratitude for our parenting. We'll continue to explore how trauma and attachment wounds can impact children's relationships, often for a very long time, in other modules as well.

Slide 17

Many families choose adoption as a means of building and growing their family, and infertility is one of the most frequently cited reasons that families pursue adoption. (Wang, et al., 2021)

For families not able to conceive, the adoption process truly begins with grieving the loss of becoming a biological parent. Prospective adoptive parents should evaluate where they are in processing the losses associated with their infertility, separating their desire to procreate from their desire to be parents, and assessing their ability to love a child who is not genetically related to them.

Families may reflect on questions like - "Do we want to become pregnant, or do we want to become parents?"

Parenting through adoption doesn't heal the pain of infertility, so each family must reflect and assess their path in understanding, grieving, and processing the losses that accompany infertility.

Slide 18

Parenting an adopted child is not the same as parenting a child brought into your family by birth. Adoptive parents love, nurture, protect, and find joy in their children in the same way biological parents do. However, being an adoptive parent requires several considerations that families who have birth children typically don't need to prepare for.

Slide 19

We're going to explore 3 of these differences.

- Relationships between adopted/guardianship children begin with inherent grief and loss
- Adoptive/Guardianship families must hold their children's stories and feelings around adoption/guardianship
- Adoptive and guardianship families will need to utilize therapeutic parenting techniques and strategies.

Slide 20

As adoptive/guardianship parents, it's vital to remember that all adoption is rooted in loss.

Slide 20 (cont.)

Even when children have been hurt or abandoned, they often miss, love, and long for their family of origin.

Children come to adoptive/guardianship families with a history of relationships, pain, trauma, and even ways of understanding the world. They bring the invisible suitcase of their history with them, and even if they are excited to make a fresh start, there is still a loss.

Adoptees often deal with

- Ambiguous loss
- Disenfranchised grief

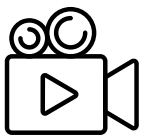
Ambiguous loss is the experience of an attachment figure or significant other who is “physically absent but psychologically present [as in adoption] and/or psychologically absent but physically present (e.g., a family who can’t communicate due to dementia) (Kor et al., 2023, p.239)

Researcher Pauline Boss says, “Unlike loss from death, the ambiguous loss has no official verification of loss because the missing person is still present (e.g., dementia) or may yet be alive (e.g., lost at sea). Ambiguous loss thus creates complicated grief because there is no possibility of resolution for the bereaved.” (Boss & Yeats, 2014, p.64)

Disenfranchised grief is a term created by Dr. Kenneth J. Doka.

Disenfranchised grief describes losses that are not readily acknowledged by society, recognized publicly, or are not validated by the broader culture. Many adoptees are told how lucky they are to be parented by their adoptive families. Messages like this often conflict with the adoptee's sense of sadness and loss, creating complicated feelings of invalidation, isolation, and depression.

Slide 21



Grief is Part of the Fabric of Adoption (2:37) video:

https://www.youtube.com/watch?v=M_o4MAcvfc



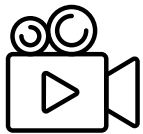
Trainer Note: After watching the video, process thoughts, feelings, and reflections with the group.

Slide 22

Another difference between biological families and adoptive/guardianship families is the parental responsibility to assist children in knowing and understanding their histories. Adoptive and guardianship families must be able to hold both the positive and negative aspects of their children's pasts, communicate effectively about sometimes uncomfortable topics, and talk to their children about hard things in age-appropriate ways.

Adoptive parents should recognize the need for children to stay in contact with their families when possible and to maintain a connection to their culture, particularly if the child is adopted transracially or transculturally. Adoptive and guardianship families are responsible for validating and affirming their children's identities and connections.

Slide 23



NTDC Right-Time Training – Life Story: Birth and Adoption Story
(1:40-9:56) video clip:

<https://www.youtube.com/watch?v=FIUgsmNhEmk>

Slide 24

Finally, parenting adopted children, or those in guardianship, is often different due to the prevalence of trauma in the lives of the children you will be parenting. Experiences like neglect, physical and sexual abuse, witnessing domestic violence, abandonment, and prenatal drug or alcohol exposure have significant impact on children's health, development, and behavior.

Many kids in the child welfare system struggle socially, developmentally, and behaviorally due to their histories of maltreatment.

Successful adoptive parents often need to learn a new set of skills to parent effectively and in a way that encourages healing from the child's past. Even experienced parents who have raised children to adulthood report that parenting kids with a history of trauma or separation from their biological family can take a very different set of skills.

In Session Four, you will spend more time reflecting on parenting skills and deep-diving into therapeutic parenting.

Slide 25

Because adoptive/guardianship parenting is different, it is common for families to have fears about this new role.

Slide 25 (cont.)

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Slide 26



Facilitate discussion regarding participant fears about adoption or guardianship. The following questions may be helpful in starting or extending the discussion.

- What are some of the fears you hold about this parenting journey?
- What are your concerns for the immediate future, and what are your concerns about the distant future?
- Are your fears centered around yourself, your child, navigating birth-family relationships or other unknowns?
- How do you cope with these fears?

Slide 27

While it's very typical to have fears and uncertainty around adoption/guardianship, you aren't alone. For families in Tennessee, an array of support is available to you and your child until they turn 18.

Research highlights several developmental points where adoptive/guardianship families are likely to need or seek additional support.

Slide 28

Many families identify parenting challenges peak when their adopted child starts school. Many kids struggle academically, while others need classroom support with self-regulation.

- A 2022 study reports, “One consistent finding in the literature is that adopted youth are recommended for and receive special education services at higher rates than do their non-adopted peers of the same age.” (Anderman et al., 2022, p.6)

Slide 28 (cont.)

- Children with Neonatal Abstinence Syndrome (NAS) score lower academically than their peers across all testing domains. (Rees et al., 2020)
- “Children with NAS were significantly more likely to be referred for a disability evaluation, to meet criteria for a disability, and to require classroom therapies or services” (Conradt et al., 2019, table 1)

Slide 29

Adolescence is another developmental phase when youth and their families may need support or intervention. While most adoptees are psychologically healthy, they are more vulnerable to emotional and behavioral challenges than their non-adopted peers.

Research indicates that when compared to non-adopted adolescents, adopted teens appear to have more conflicts with their parents and siblings than non-adopted peers. (Goldberg et al., 2023)

The teen years are challenging for most families. However, adoptive/guardianship families may need additional services and support during these years.

Slide 30

Many families find that they need resources many years after their adoption is finalized.

- Studies state that “The need for...post-adoption support services appear to increase over time, particularly for caregivers whose permanency commitments have been weakened by attachment and behavioral related difficulties.” (Alewine & Waid, 2018, p. 214)
- This is particularly true in families that practice inflexible parenting and families who are less willing to seek and accept support. (Goodwin & Madden, 2020)

Slide 31

The good news is that you don't have to do it alone. Trauma-responsive, adoption-competent services are available when you need them, and having a strong, supportive network and the ability to seek resources when needed are two characteristics of successful adoptive and guardianship families. (Ellis, 2011)

With commitment, resources, and support, adoptive and guardianship families can thrive.

Slide 32



Trainer Note: Trainers outside of Tennessee may substitute information regarding availability of local post-permanency services and remove Harmony information on slides 32-33.

In Tennessee, Harmony is here.

Slide 33

...to provide post-adoptive services and supports for you and your child.

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The Impact of Trauma

Session 2

This session covers the nature of trauma and its effects on a child's brain, body, biology, behavior, and beliefs. It is crucial for parents to understand that their children's experiences have permanently altered them, requiring different parenting approaches to support healing. Trainers should emphasize the importance of occupational therapy evaluations for children with sensory needs, as highlighted in the video. Resources from Kelly Mahler (www.kellymahler.com) on interoception are valuable for helping families understand the connection between sensing bodily cues and emotional regulation.



Participant Handout:

- Sensory Activities to Try



Slide 1

Welcome and Facilitator Introductions

Group Introductions

Housekeeping

Slide 2

In today's session, we will examine how trauma derails development in children's brains and bodies, explore the "Seven Core Issues in Adoption"—themes that surface at many different times throughout a child's life—and finally, discuss strategies for resilience and healing to help children thrive.

Slide 3

All children in the child welfare system have experienced some form of trauma. Separation from birth family is a form of trauma, regardless of the age of the child. In fact, younger children and infants often struggle more than older children and teens because they may not understand that their family of origin was unsafe or unable to meet their needs.

Even when youth have been harmed and do understand that removal was necessary, they are not typically happy or grateful to be placed outside their family of origin.

Slide 4

Many issues, including some that families don't consider trauma, can profoundly impact a child's development. While some are obvious, others are more hidden; some or all of the following issues may impact the children you parent through adoption and guardianship. Think about which of the following may have affected your child:

- Intrauterine insults like malnutrition, maternal stress, drug, alcohol, or nicotine exposure
- Birth trauma or perinatal trauma like a NICU stay
- Relational trauma and attachment injuries like inconsistent caregiving, separation from parent, parental incarceration, or death
- Physical or sexual abuse, household chaos, exposure to domestic or community violence, natural disasters

Slide 5

"Trauma occurs when an event elicits a real or perceived threat of danger, injury or death."
(American Psychiatric Association, 2013)

Slide 5 (cont.)

The key to this definition is the word "perceived." What I perceive as dangerous certainly differs from your perception of danger based on our backgrounds, prior experiences, cultures, and skills.

This definition explains why infants and toddlers are more susceptible to trauma than adults and older children.



Group Discussion Activity:

Imagine a 5-year-old whose parent is using substances and passes out on the couch. When the child gets hungry and the caregiver can't meet that need, the child often has the skills to take some action to attempt to manage the situation. What might a 5-year-old do in this scenario?

Typical participant answers may include

- find some snacks
- ask a neighbor for food
- tell themselves they'll get breakfast at school tomorrow

However, when an infant feels the same hunger cue and an adult doesn't respond to their cries, their body will shift into the perception of danger, as babies entirely rely on adults to meet their needs.

Slide 6

“Complex trauma describes...children’s exposure to multiple traumatic events...(that) are severe and pervasive, such as abuse or profound neglect. They usually occur early in life and can disrupt many aspects of the child’s development and the formation of a sense of self. Since these events often occur with a caregiver, they interfere with the child’s ability to form a secure attachment.” (The National Child Traumatic Stress Network, 2018)

Slide 7

This graphic illustrates the difference between what is typically classified as trauma and developmental or complex trauma.

Most traumatic events, like a car accident or incident of violence, have a distinct beginning and ending. For those who experience the event, this narrative can make processing the event and moving toward healing much clearer.

However, complex trauma has no narrative. It is nearly impossible to untangle all the events and separate them from the child’s other developmental experiences.

Slide 7 (cont.)

While there may be indistinct beginnings and endings, the impact of complex trauma is far-reaching and difficult to unwind.

Slide 8

Complex trauma impacts every domain of the developing child, becoming a part of the child's brain and body as they grow.

Let's explore five areas that are highly impacted by early childhood trauma: the brain, biology, behavior, body, and beliefs.

Slide 9

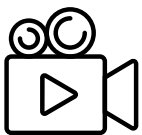
Trauma has some impact on the brain regardless of when it occurs; however, the earlier the trauma occurs, the more impactful it is on the lower brain regions. This can create a "shaky foundation" and, without intervention, result in delays in all future brain development.

Children may display a variety of difficulties, including:

- Challenges in learning
- Impaired memory
- Lack of ability to regulate certain stress responses
- Cognitive challenges
- Low distress tolerance
- Poor executive functioning
- Impaired language development

Slide 10

Let's learn more about the developing brain from The Harvard Center on the Developing Child.



•Experiences Build Brain Architecture (1:57) video: <https://www.youtube.com/watch?v=VNNsN9lJkws>

Slide 11

The impact of trauma on a child's biology, or the functional capacities of their bodies, can be varied and far-reaching, depending on the age of the child, the intensity of the trauma, and how long adversity persisted.

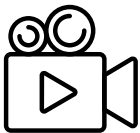
Slide 11 (cont.)

Children with complex trauma often struggle with:

- Sleep disturbance
- Metabolic impacts: Children often have issues regulating their hunger and thirst, and satiety or fullness cues may be affected.
- Autoimmune disorders
- Fatigue
- Epigenetic impacts: Harm not only impacts individuals but can also affect future generations. The traumas and adversities faced by previous generations shape the genetic codes of their offspring through a process known as epigenetics.
 - A 2024 study reveals a correlation between early life stress in biological mothers and behavior challenges at ages 7 and 11 in their children. It's important to note that these mothers did not raise their children, as the test subjects were all adopted. (Leve, et al., 2024)

Slide 12

Let's think a bit more about epigenetics and the intergenerational transmission of trauma.



..Epigenetics and Intergenerational Trauma (2:59) video: <https://www.youtube.com/watch?v=TAJ2U1XiRXk>

Slide 13

Children who have developed in survival mode and struggle with the impact of trauma may demonstrate a wide array of challenging and confusing behaviors.

These behaviors are often rooted in low brain dysregulation caused by traumatic experiences and may include symptoms like

- Poor impulse control
- Pervasive dysregulation
- Oppositional behavior
- Agitation
- Aggression
- Affect regulation issues (challenges modulating their mood)
- Dissociation
- Anxiety and Depression

It is important to remember that these behaviors aren't simply stand-alone issues but point to underlying concerns such as brain dysregulation, fight/fight/freeze survival responses, or even generational patterns from epigenetics.

Slide 14

As a result of their traumatic experiences, children's bodies may be impacted in a variety of ways.

One prevalent concern is sensory integration challenges, meaning the child may struggle to take in and process sensory information in an organized way. Many children with traumatic histories, especially those with prenatal, perinatal, or birth traumas, can benefit significantly from working with an occupational therapist who focuses on sensory integration.

The experience of trauma in childhood also increases the risk for many future health concerns like:

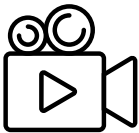
- Increased risk for digestive disorders
- Autonomic nervous system dysfunction, such as elevated or decreased heart rate
- Increased risk for cancer, liver disease, and broken bones

The Adverse Childhood Experiences (ACEs) study helped to uncover the connection between increased health risk in adulthood and childhood adversity.

◦

Slide 15

Let's explore sensory processing more in this NTDC video training.



NTDC Right-Time Training-Sensory Integration (20:13) video- <https://www.youtube.com/watch?v=ZtxFWuII98s>

Slide 16

The beliefs of children can be significantly impacted by their trauma and loss history. Youth who are adopted or in guardianship may struggle with:

- Low self-esteem
- Identity issues
- Distrust and suspiciousness
- Shame: a sense that they are inadequate or unworthy
- The world is inherently unsafe

These beliefs can be present whether a child has explicit memories of their harmful past experiences or not.

Slide 17

Let's hear Sharon Roszia, one of the developers of this framework, introduce the Seven Core Issues.



The Seven Core Issues in Adoption and Permanency (1:41) video- <https://www.youtube.com/watch?v=i7K1mBnRo3c&t=54s>

Slide 18

Loss can surface in many ways for children who have been separated from their families of origin. While infants can't conceptualize loss, they do experience the loss of their primary caregivers through sensory-based preverbal sensations. Children begin to organize their understanding of the world as they grow by asking why. This may lead them to be curious and ask questions about their life story. Toddlers may have memories of their previous caregivers, including sensory memories, depending on when they were adopted or entered guardianship. Children will need to hear their early life story, although a proper understanding of adoption or guardianship will only happen later in life. (The National Quality Improvement Center for Adoption and Guardianship, 2018)

For many adoptees, loss in the present triggers the deep pain of past losses. For many adoptees, events such as birthdays or Mother's Day are bittersweet, and feelings about the loss of birth family, culture, and name changes are likely to ebb and flow.

There are also many unrecognized losses in adoption or guardianship, such as the loss of privacy. A 15-year-old interracial adopted teen stated, "Looking different than my parents means I can never be unnoticed. People know, just by looking, that my family isn't like everyone else's."



Optional Reflection Questions:

- Let's quickly brainstorm how many losses, big or small, our children have experienced.
- What about you, the adoptive/guardianship family?
- What about birth family (Some participants may also fall into this category)?

Slide 19

Many adoptees struggle with a sense of rejection. Rejection may look different at different stages of development for children, but often children who have been separated from their birth family may struggle more than others with "feeling different".

Slide 19 (cont.)

They may be sensitized to future events that make them feel abandoned and unwanted, such as problems in friend groups, break ups or not getting a role in the school play or getting chosen for a team.

Adoptive and guardian families may also feel a deep sense of rejection when their child maintains connection with birth family members or initiates search and reunion with their family of origin.

Slide 20

Shame and guilt can be at the core of many unwanted behaviors and distorted self-concepts. Some adoptees feel guilty that they were adopted, while others (siblings, parents, and friends from congregate care settings) were left behind. This guilt can create anxiety and detrimental people-pleasing behaviors.

Some children believe their separation from birth family must be because they were bad, unloved, or defective, creating a great deal of shame. Others think they are only lovable if they are perfect; while these adoptees are often high-performing, they typically also struggle with anxiety, depression, or a sense of unworthiness.

As children get older, they may externalize their shame into anger or aggression, or they may internalize it, appearing uncaring and shut down. Parents should provide on-going support to children, so they understand that they did not cause their adoption. If shame in children and youth seems to be harmful to the child's wellbeing, therapy is recommended.

Slide 21

Grief can impact adoptees and all constellation members throughout their lifespans. The stages of grief include anger, denial, bargaining, sadness, and acceptance. A person may only experience one of these or may move between all the stages. Even when it appears that an adoptee has reached acceptance, there can be events, memories, sensory experiences, or trauma reminders that bring on a renewed wave of grief.

When children or teens present as irritable or angry, parents tend to punish or attempt to correct their behavior. However, this is likely a sign that the child needs support in coping with grief, as anger often serves as a protector, allowing the child to push others away and conceal their more vulnerable emotions.

Slide 22

Identity formation occurs throughout childhood, so parents may see this theme arise at various ages and developmental stages. In early childhood, interracial adoptees may notice differences between themselves and their adoptive families and may begin to identify more strongly with those of their own race.

Later in childhood, children begin to better understand and integrate their identity as adoptees; parents can help support this by helping children learn how to answer questions related to their adoption status and continue cultivating a sense of positive identity in their child.

Teens who are adopted or live with guardianship families may feel that they have lost important aspects of their identity, such as their family history, culture, or ethnicity, due to adoption. Supporting teens as they explore and solidify their identities is critical.

Slide 23

Intimacy refers to a sense of closeness and trust with others. For many children with trauma and attachment injuries, intimacy may feel vulnerable, even dangerous.

Adoptees and children in guardian families may be reluctant to form deep connections with peers, teachers, and community members; they may even be withholding in relationships with their family due to their underlying fear of abandonment or discomfort with close relationships.

If parents feel their children are struggling in this area, attachment and trauma therapy is indicated for the child and family. Remember to reach out for assessment and intervention before issues become overwhelming. You will explore relational health and attachment in more detail in session three.

Slide 24

The last of the Core Issues in Adoption and Permanency is mastery and control. Mastery and control describe a sense of agency that one feels over one's own life. Typically, every constellation member grapples with this theme at some point.

Many adoptees feel a lack of control over their lives, as so many crucial decisions have been made without their input or consent. Others struggle with fear of change or flexible thinking and feel the need to assert their autonomy through behaviors that challenge their caregivers.

Slide 24 (cont.)

For parents of teens, this theme can be particularly challenging. Teenagers' developmental agenda is to distance themselves from family and try things independently; however, this is happening while you are also working to build attachment and connection.

Giving our children control and mastery over their life stories from the time they are young can help set them up to succeed. (Roszia & Maxon, 2019)

Slide 25

It's vital for adoptive and guardianship parents to recognize the impacts of trauma on our children's brains, bodies, biology, behavior, and beliefs. You cannot assume that love alone will overcome all challenges. Families need to be proactive, seeking out services and support to help our kids thrive and practice parenting strategies that help to form healthy attachments and heal trauma.

Slide 26

Adoptive and guardianship parents should build resilience by increasing positive childhood experiences.

Slide 27

Just as Adverse Childhood Experiences (ACEs) have a dose-response relationship with poor health and well-being outcomes, Positive Childhood Experiences (PCEs) have this same relationship with increased health and well-being. Research indicates that the presence of these seven experiences in childhood aids in preventing poor mental, social, and emotional health in adulthood:

- feeling able to talk to your family about your emotions
- feeling your family stood by you during difficult times
- enjoying participation in community traditions
- feeling a sense of belonging in school
- feeling supported by friends
- having at least two non-parent adults who take a genuine interest in you
- feeling safe and protected by an adult in your home (Bethell, Jones, Gombojav, Linkenbach, & Sege, 2019)

To help children overcome adverse childhood experiences, you can focus on creating or increasing these positive childhood experiences.

Slide 28

Adoptive and guardianship parents must also parent with a therapeutic lens. Session 4 of this training offers extensive information on such parenting styles; however, we must understand that all adoptees and youth in guardianship, even those who are very young or do not appear to be impacted by trauma, can benefit from therapeutic parenting.

Slide 29

Finally, successful adoptive and guardianship families must be willing to seek out help. Youth with attachment injuries and trauma histories need parents willing to seek out support and services proactively, as well as continue to seek education and support as they embark on their parenting journey– support groups, training, adoption competent therapists and professionals, and other adopted families and children are all vital components in supporting your child.

Slide 30



Reflection Question: Participants can share their reflections with the group if time permits. The facilitator can extend the discussion as needed.

- Which of these areas does your family excel in?
- Which of these areas is most challenging?
- Reflect on tangible steps you can take to increase your abilities.

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Relational Health & Attachment Session 3

The focus of this session is on understanding and fostering relational health, felt safety, and attachment in children with attachment injuries. Trainers should highlight that changes in a child's attachments can only occur within the context of a safe relationship. It is important for caregivers to understand both their child's attachment style and their own, as well as the attachment style of any co-parents. This understanding can explain why certain behaviors may trigger reactions in parents and why some children may respond differently to each caregiver. Trainers should be well-versed in attachment styles and how to explain them effectively. Robyn Gobel (<https://robyngobel.com>) offers excellent resources on attachment and felt safety.



Participant Handout:

- Adoption Disclosure Support Resource List



Slide 1

Welcome and Facilitator Introductions

Group Introductions

Housekeeping

Slide 2

In today's session, we will explore attachment, also referred to as relational health, and its impact on children's development and long-term outcomes of healthy and unhealthy attachment styles. We will also talk about maintaining connections with children's birth families as well as the importance of disclosing a child's adoption status, and we will consider the concept of “shark music” and how children's attachment-based behaviors and other adoption issues may impact parents' thoughts and behaviors.

Slide 3

Attachment is a profound reciprocal physical and emotional relationship between a parent and child that endures through time and sets the stage for all future intimate and trusting relationships.

Slide 4

High-quality attachment is created through interactions between the caregiver and infant when the infant's "attachment system is activated." (Benoit, 2004, p. 542) This happens when the baby needs comfort, such as when the child is ill,

Slide 5

physically hurt,

Slide 6

emotionally upset,

Slide 7

and especially when the child feels frightened or threatened. (Benoit, 2004)

Slide 7 (cont.)



Discussion Activity: Explore with participants how scenarios such as the infant being hungry, thirsty, needing a diaper change, or hearing/observing domestic violence activate the child's attachment needs.

Slide 8

The attachment system protects the child by regulating the stress response system. This is why many researchers describe attachment as a biological imperative. While attachment appears to be universal, attachment behaviors vary cross-culturally. What is vital for all children, is the safety found in relationship and how that relationship impacts the nervous system.

Slide 9

It's important to remember that attachment is a spectrum and that it can change over time.

Slide 10

It's vital to avoid pathologizing attachment challenges in children with trauma histories, as both kids and adults can increase their capacity for attachment and improve their relational health with appropriate intervention.

Slide 11

There are four main types of attachment that fall into three categories.

On one end of the spectrum is secure attachment, which is the goal for all children. A child with a secure attachment has a quality relationship with at least one caregiver, trusts that the caregiver will meet their needs, and turns to them for comfort. Studies indicate that about half of children living in foster care have a secure attachment. (Quiroga & Hamilton-Gianchrisis, 2016)

Slide 12

On the opposite end of the spectrum is disorganized attachment, also known as fearful-avoidant attachment. A child with this attachment style struggles greatly in relationships and may engage in push/pull behaviors with caregivers that leave parent and child feeling a sense of disconnection most of the time.

Slide 13

Between secure and disorganized is the insecure attachment style. There are two types of insecure attachments: anxious and avoidant.

Anxiously attached youth could be called Velcro Children. They are glued to their caregiver and panic if they leave. While this style can be mistaken for a healthy, secure attachment, the child's attachment is rooted in anxiety that the caregiver will leave and not return.

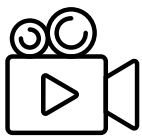
The avoidantly attached child might appear more like a cactus, prickly with spikes that keep adults at arm's length. This child may resist affection, nurture, or even having their basic needs met by caregivers. The Cactus Child is often incorrectly described as highly independent. However, this independence typically comes from a belief that adults cannot be trusted to meet needs.

Slide 14

There are severe and long-term repercussions when abuse, chaotic environments, neglect, maltreatment, or even early medical issues interrupt the secure attachment cycle.

Slide 15

In this video, Dr. Bruce Perry and Oprah Winfrey discuss the outcomes of children lacking early relational support.



Why the First 2 Months are Crucial for a Baby's Development (2:07):

<https://www.youtube.com/watch?v=78NarH0i7RQ>



This information differs significantly from the common belief that very young children won't remember or be impacted by maltreatment.

Did this information surprise you? Why or why not?

Slide 16

As Dr. Perry described in the video clip, the lack of early attachment experiences damages healthy development. One can compare relational damage to a physical injury. Injuries may range from very minor to extremely severe, with the impact on quality of life and future activity varying greatly

Slide 16 (cont.)

When parenting children with attachment wounds, parents may notice impacts in the following three areas: brain development, emotional development, and self-regulation.

Healthy attachment is critical to healthy brain development. Children with attachment wounds typically have a disorganized lower brain, making them more focused on survival, more impulsive, and with less access to executive functions like flexible thinking, long-term planning, and organization.

Attachment wounds also impact the reward system, so children who didn't get their needs met through early caregiving experiences and who didn't feel comfort and safety in their earliest months and years of childhood may not receive pleasure and reward from future relationships.

In his book, *The Boy Who Was Raised as a Dog*, Dr. Bruce Perry describes a mother and daughter, Virginia and Laura. Both had incredibly tough early lives, they were subjected to maltreatment and neglect and did not have quality attachment experiences. However, with time, they have learned skills, social norms and have grown. Yet, the impact of their early lives remains.

Perry writes, "Like people who learn a foreign language later in life, Virginia and Laura will never speak the language of love (attachment) without an accent." (Perry & Szalavitz, 2017, p.106)

Slide 17

You may notice that children with poor relational experiences display delayed emotional skills. Many adoptive and guardian parents report that their children behave in ways that are appropriate for children at around half their chronological age. Other delayed emotional skills may show up as youth who are demanding and rejecting at the same time, become disproportionately angry or upset, are controlling of others, and have unpredictable outbursts of meltdowns.

Slide 18

Lastly, without healthy attachment, children don't gain the ability to regulate and self-soothe.

When children lack healthy attachment experiences, they often live in a pervasive state of dysregulation and distress.

Slide 18 (cont.)

Healthy self-regulation skills are taught through coregulation, which means being mutually regulated through the nurture and comfort of a regulated adult. If infants do not receive strong coregulation early in life, they cannot regulate without external intervention.

Slide 19



Reflection Activity:

“Imagine if I handed you this screaming, crying baby. Show me what you would do with that baby.”

Participants will likely demonstrate holding, rocking, patting, talking to, and exploring needs.

“Yes! Exactly.”

“Babies need adults to do this. They require many repeated experiences of adults meeting their needs before they can self-soothe. Over time, this infant might learn that when upset, she can tell an adult, and then she might learn to ask for a hug. In time, she might discover that strategies like holding a stuffed animal, drinking water, or taking a deep breath—all without adult intervention—will also work.”

Many children who are adopted or in guardianship did not experience this early coregulation. Sometimes, this was because the caregiver did not offer it, and at other times, because the child was too physically ill or emotionally dysregulated to receive and internalize coregulation. Adoptive and guardianship parents have an incredible opportunity to co-regulate with their child in the present, helping them "catch up" and, over time, move toward self-regulation.

Slide 20

For some children who experience harm in relationship, only minimal support is needed to heal and achieve secure attachment.

For others, the attachment injury will require extensive rehabilitation and therapies, and the child may always struggle in relationships.

There is much hope for healing and growth in the children you parent. In Session 4, we will discuss therapeutic parenting and how to create healing experiences for your child in more detail.

Slide 21

When children are harmed in relationship, they can also find healing in relationship. Dr. Bruce Perry states, “The more healthy relationships a child has, the more likely he will be to recover from trauma and thrive.” (Perry & Szalavitz, 2017, p.258)

Slide 22

For many of the children you parent, this will include relationships with their family of origin or biological family.

Often, adoptive and guardianship parents fear that connection with their child’s birth family will impair the child’s ability to attach to the adoptive family.

However, according to the literature, this is not so. Studies indicate that there are many benefits to adoptees maintaining contact with their families of origin.

Slide 23

Recent studies state that ongoing contact with the birth family or other relatives reduces the adopted child's sense of "divided loyalties" (Neil, 2018) and self-blame or shame. (Riley & Singer, 2019)

Slide 24

That contact strengthens the child’s understanding of their cultural, racial, and ethnic identity. This is particularly important for interracial adoptees. (Child Welfare Information Gateway, 2019)

Slide 25

Contact and shared information about the family of origin can alleviate a child’s feelings of abandonment or anxiety regarding the birth family’s wellbeing. (Riley & Singer, 2019)

Slide 26

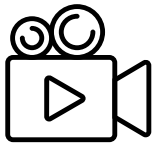
And finally, ongoing contact promotes and supports the child's attachment to their adoptive parents. (Riley & Singer, 2019) In fact, youth with access to information regarding their birth families report better communication with their adoptive parents. (Farr, Grant-Marsney, Musante, Grotevant, & Wrobel, 2014)

Slide 26 (cont.)

While all families and adoptions are different, ongoing connection with a child's family of origin is often profoundly beneficial to the child's wellbeing. While it may feel strange or uncomfortable to adoptive and guardian parents, keeping an open and honest dialogue, setting boundaries, and involving professional facilitation if needed can create a strong alliance that allows children to thrive, maintaining a connection to the family of origin, as well as to their adoptive or guardian family.

Slide 27

In this video, several adoptive families talk about their experiences staying connected to their child's birth family.



Why the First 2 Months are Crucial for a Baby's Development (2:07):

<https://www.youtube.com/watch?v=78NarHOi7RQ>

That contact strengthens the child's understanding of their cultural, racial, and ethnic identity. This is particularly important for interracial adoptees. (Child Welfare Information Gateway, 2019)

Slide 28

Adoption disclosure means a parent proactively tells their child they are adopted. Nondisclosure means that the parent waits until the child asks if they are adopted or until the information is given to the child by a third party. For instance, an extended family member tells the child, or a teenager discovers their adoption decree when searching for another legal document. (MacIntyre, 1990)

Slide 29

Research and best practices indicate that parents should talk about adoption with their children as early as possible.

A 2019 study states that adoptees "who discovered their adoptions before age 3 (essentially those who felt they had "always known" of their adoptions) reported better outcomes..." (Baden et al., 2019, p. 1160) than those who learned about their adoption later in life.

Slide 30

While the notion that parents should wait until their child is a teenager to disclose persists, the study reveals that individuals who learn about their adoption status between

Slide 30 (cont.)

the ages of 11 and 20 have lower quality of life scores than adoptees who felt that they always knew they were adopted and those who found out in later adulthood. (Baden, et al., 2019)

Slide 31

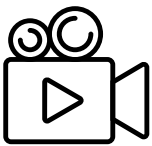
And finally, "...adoptees reported that delayed discovery was associated with problematic outcomes that affected their emotions, relationships, and physical health." (Baden et al., 2019, p. 1169)

Slide 32

Maintaining connections working with birth families and talking to children openly and honestly about their stories and histories can feel overwhelming to many adoptive and guardianship families. Simply being a parent presents many challenges, and parenting children with attachment wounds requires extra time, attention, and patience. Often, adoptive and guardianship families find themselves struggling internally.

Slide 33

In this video, we'll examine how and why parents may respond less than optimally to their children's behaviors.



Being With and Shark Music Circle of Security International (4:34):
<https://www.youtube.com/watch?v=78NarH0i7RQ>

Slide 34

Therapeutic caregivers must build insight and awareness, particularly around their responses to triggering situations. Awareness is the first step in learning to respond instead of reacting from instincts. Slowing down can help you interpret your child's actions accurately and provide nurture, even when your "shark music" is activated.

Slide 35



Reflection and Discussion:

- Were there topics in this session that activated "shark music" for you? Discuss.
- Are there specific behaviors in children that activate your shark music?
- How can you practice slowing down to meet your child's needs more effectively when you are activated?
- Can you identify three situations that activate your child's "shark music"?

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Therapeutic Parenting Session 4

This session emphasizes the principles of therapeutic parenting in the context of adoption or guardianship. Parents should reflect on their parenting strategies, identifying what has been effective and what has not. Trainers should stress the distinction between traditional and therapeutic parenting, noting that even if traditional methods were successful with other children, different approaches are needed for children with attachment injuries and trauma. Trainers should be familiar with Trust-Based Relational Intervention (TBRI) from Dr. Karyn Purvis and be able to convey the importance of applying therapeutic parenting practices to support their children's healing.



Participant Handouts:

- A Trauma Responsive Approach to Challenging Behaviors
- Adoption and Guardianship Parenting Resources
- Relationship Resource Assessment Tool



Slide 1

Welcome and Facilitator Introductions

Group Introductions

Housekeeping

Slide 2

We've discussed in previous sessions the need for adoptive and guardianship families to parent their children in a way that may be different from families formed biologically. In this session, we'll discuss therapeutic parenting and how it may differ from traditional parenting paradigms. We will explore several therapeutic parenting strategies and how they can be applied, and we'll cover the concept of the Therapeutic Web and Self and Community Care.

Slide 3

One can only understand parenting in the context of their own experiences. Typically, families parent much like their own parents or others within their community or culture. Sometimes, families consciously choose to make parenting decisions that differ from their upbringing, especially if they have negative thoughts or feelings about their childhood. Personal experiences, both good and bad, inform one's parenting style.

All families have expectations, hopes, and an understanding of their parental role (based on their childhood) when growing their families. Yet, most adoptive/guardianship families create those expectations within the context of raising typically developing, well-nurtured children without attachment wounds.

However, the truth is that few guardianship/adoptive parents raise typically developing, relationally healthy children who were well nurtured early in life or free from prenatal harm.

Because of children's histories of trauma, neglect, and attachment losses, most guardianship/adoptive families need, at least for a time, to parent very differently than they were parented, in ways they may not have parented other children they have raised, and differently than other families in their community and social-circle parent their children.

For many families, this can feel challenging or overwhelming.

Slide 4

As adoptive/guardianship parents, you will likely need to parent in a way that heals your children's past hurts, like loss of attachments, neglect, abuse, prenatal substance exposure, Fetal Alcohol Spectrum Disorders (FASD), Neonatal Abstinence Syndrome (NAS) and other early life adversity. This is called therapeutic parenting.

Attachment Trauma Network (ATN) defines therapeutic parenting as a type of high structure/high nurture, intentional parenting that fosters feelings of safety and connectedness so that a traumatized child can begin to heal. (Attachment and Trauma Network, 2023)

High structure means that kids will typically need a higher level of supervision, oversight, and clear expectations than other children of their age. Long, lazy days with little structure, while fun for parents, can feel unsafe and chaotic for children with histories of trauma and neglect. Structure, such as a planned but flexible schedule, a complete understanding of all rules and expectations, and increased adult oversight are vital to therapeutic parenting.

Parents must also practice High Nurture parenting. This means that the focus on care and connection is just as important as the focus on rules, expectations, and oversight. Nurturing parents value relationship with the child. They are empathetic and kind, even when holding a firm boundary; they are quick to comfort, assist with regulation, and show unconditional positive regard for their child, even when the child has misbehaved.



Optional Reflection Questions:

- What may be challenging about maintaining high structure and high nurture as a parent?
- Do you currently lean toward structure or nurture in your parenting practices?
- How can you strengthen your structure or nurture?

Slide 5

Let's consider some of the major differences between therapeutic parenting and most traditional parenting models.

Deficit Model vs. Strengths-Based Model:

Traditional parenting primarily focuses on correcting mistakes and misbehaviors, while a therapeutic model builds on skills the child may already have. Children with histories of trauma, substance exposure, and lack of solid relationships often shut down or become defensive when they feel they are "in trouble." Positive reframes and highlighting the child's strengths are typically more effective for adopted/guardianship youth.

Slide 5 (cont.)

- For example, If a middle schooler leaves the bathroom a mess after their shower, the parent may say, "You're so good at getting yourself ready for bed, let's go ahead and add picking up the towels in the bathroom floor to your nightly routine."

Slide 6

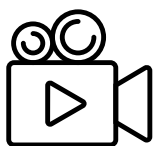
Control Based vs. Collaborative:

Children who join your family through adoption and guardianship often crave control, causing many challenging behaviors and power struggles with the adults in their lives. Therapeutic parents understand that control-seeking helps children feel safe and powerful, that it is not personal or a sign of disrespect, and that many of these behaviors subside when children trust that adults truly have their best interest in mind. Building alliances and collaborating, when possible, helps youth build trust and strengthen quality attachments.

- For example, When a pre-teen needs to complete a chore such as loading the dishwasher, the parent might offer choices about the time frame while still making the boundary clear. "Would you rather load the dishwasher now and knock it out early or do it when you're done with your show? I don't have a preference, though it needs to be done before I start dinner at 5:30."

Slide 7

In this video, Dr. Karyn Purvis discusses the difference between sharing power with a parent and allowing a child to have power over the parent.



Sharing Power with Your Child (4:29):

<https://www.youtube.com/watch?v=T3Vtza1V8Mk>

Slide 8

Discipline is to Make Child Pay vs. Discipline is to Teach and Build Skills:

Traditional parents often believe that strict punishment will deter poor behavior. For most children with trauma histories, this is not true, as pain and fear aren't typically deterrents to their poor behavior. Many children you parent don't yet have the skills to improve behavior successfully. Therapeutic parents realize discipline is more about skill building than having the child "pay for" their mistakes.

Slide 8 (cont.)

- For example, if a toddler makes a mess by throwing food when angry, the parent might wait until the child is regulated and then engage the child in cleaning up. Offering the necessary tools and assisting in the cleanup, followed by reassurance, teaches the child that reconciliation is possible while also teaching needed skills.

Slide 9

One therapeutic parent summarized it this way: “Typical parenting is future-oriented –it's all about teaching, instilling values, and growing character, but therapeutic parenting is firmly bound in the present. The focus is on feeling safe, connected, and regulated. Then, and only then, can the growth begin.”

Slide 10

Corporal discipline is not appropriate for children with trauma or attachment wounds. While spanking and other forms of physical discipline are legal in Tennessee, best practices in social work and a body of research indicate that corporal discipline is not recommended after adoption or guardianship.

Spanking is correlated with higher levels of aggression in children. (Finkelhor, Turner, Wormuth, Vanderminden, & Hamby, 2019, p.1991)

Teens subjected to corporal discipline in their childhood show increased activation of anxiety when they perceive they are making a mistake. (Burani, et al., 2023)

A 2021 study indicates that spanking may alter the brain's responses to perceived threats in a manner much like abuse or maltreatment. (Cuartas, Weissman, Sheridan, Lengua, & McLaughlin, 2021)

Slide 11

Moving toward a therapeutic parenting paradigm can be challenging, but making these three mindset shifts provides a strong foundation for making the switch.

Slide 12

Parents must first understand that all behavior is communication; it serves a purpose and meaning. While misbehavior isn't always an effective or efficient form of communication, most children don't have the language or skill set to tell adults how they are feeling or thinking.

Slide 12 (cont.)

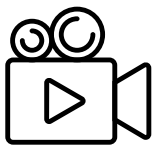
Therapeutic parents must be willing to discover the need beneath the behavior and then help their children meet those needs.

When parenting therapeutically, one must remember that a child's behavior may be based on the biological. Sensory overwhelm, fatigue, hunger, or thirst often result in dysregulation and poor behavior in children with trauma, neglect, and substance exposure histories. When determining the underlying need, a wise parent looks to the biological before assuming the child is misbehaving or attempting to sabotage an event.

Finally, therapeutic parents believe that children's misbehavior is a lack of skill rather than a lack of will.

Slide 13

Dr. Stuart Ablon of Think Kids explains in this video.



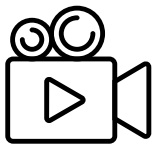
Dr. Stuart Ablon: Kids Lack Skills, Not Will...(1:19) video:
<https://www.youtube.com/watch?v=Txzml1-yZn4>

Slide 14

This video from The National Training and Development Curriculum tells the story of a family who shifted from traditional parenting to thinking about family dynamics through a therapeutic lens.



Trainer's Note: Please start the clip at 10:30 and end at 13:11.



Family Dynamics video clip (play 10:30-13:11):
<https://www.youtube.com/watch?v=c5OrowS5FT4>

It is likely to take a while for therapeutic parenting to come naturally, mainly if you were raised in a very traditional way. There are many therapeutic parenting strategies and points of view, but all are based on respect for the child, uncovering their underlying needs, and valuing the parent-child relationship. In the rest of our time together, we will explore several broad strategies foundational to therapeutic parenting and introduce a variety of resources that you can return to as you parent your child in this way.

Slide 15

Felt safety means “...adults arrange the environment and adjust their behavior so children can feel in a profound and basic way that they are truly safe... Until a child experiences safety for his or herself, trust can’t develop, and healing and learning won’t progress. We offer “felt safety” so healing may begin.” (Purvis, Cross, & Sunshine, 2007, pg. 48)

Slide 16

Humans constantly scan the environment for threats; this is called neuroception. Children who have experienced neglect, abuse, chaotic environments, and compromised nervous systems (i.e., substance exposures) or other traumas are highly sensitive and often interpret neutral or even positive inputs as threatening.

Children are constantly scanning the following three areas for input: Inside, Outside, and Between

Inside involves what is happening inside the body, sensations such as:

- hunger
- thirst
- fatigue
- body temperature
- pain
- need to use the bathroom

Slide 17

Outside, involves the child’s environment as perceived through:

- sight
- smell
- touch
- taste
- sound
- the vestibular system: the sense of balance and body positioning
- the proprioceptive system mediates body awareness, helping one to know where their body parts are (think scratching an itch without having to look for its location), how much force to use, and coordinating body movement with the senses (Understanding the Senses: Proprioception, 2023)

Slide 18

Between involves what the child perceives is happening relationally with the adult caregiver:

- Does this adult behave in a way that feels safe?
- Is this adult frightened, stressed, or angry?
- Is this adult predictable and consistent?
- Am I appreciated and cherished by this adult? (Gobbel, 2024)

Therapeutic parents understand that to create felt safety; they must be attuned to what creates dysregulation in their child in all three domains.

For example, suppose a child is very sensitive to loud sounds, unfamiliar smells, and chaotic surroundings. In that case, a visit to an amusement park, while exciting for other family members, may be quite dysregulating and result in unwanted behaviors.

Slide 19

Strategies to create felt safety include:

- **Reduce Stress:** Children with sensitized neuroception need adults who are aware of and reduce stressors, allowing children to feel safe.
- **Build Routines:** The brain senses anything new as a potential danger. Building routines helps children to know what to expect and alleviates anxiety about the unknown. Therapeutic parents must be flexible yet predictable.
- **Be Aware of Physical Needs:** Ensuring children are not hungry, thirsty, in pain, or need to use the restroom increases their sense of felt safety. For a child with a history of neglect or deprivation, being hungry or thirsty can trigger a deep sense of distress and result in poor behavior or emotional outbursts. Dr. Karyn Purvis, who was introduced in an earlier video, recommends a nutritious snack every two to three hours and access to water as often as needed for children with a history of trauma.
- **Be Aware of Facial Expressions and Tone of Voice:** Youth who have a history of trauma often interpret neutral or mildly agitated facial expressions and vocal tones as negative. Warm, playful, and nurturing expressions and voices illicit a sense of safety and security. (Purvis, Cross, & Sunshine, 2007)

Slide 20

Therapeutic parents use a brain-wise parenting approach.

Slide 20 (cont.)

The brain develops from the bottom up. The lower areas of the brain mediate primitive body-based functions such as heart rate, blood pressure, and respiration, while the higher levels of the brain are responsible for complex functions like logic, insight, and reason.

When children are exposed to substances or high maternal stress in utero, or trauma, neglect, and maltreatment, the lower brain is often compromised, resulting in unhealthy, inefficient, and dysregulated brain function and challenges with higher-brain functions, like relationships and cognition.

When the lower brain is not regulated, well-organized, and efficient, the higher brain regions, such as the cortex, cannot function optimally. When kids are dysregulated or upset, they have little access to the cortex's logic, insight, and reason.

As you know, youth with complex trauma histories often struggle with poor behaviors. As a brain-wise parent, one must remember that these problem behaviors are frequently related to low-brain dysregulation, such as sensory integration dysfunction or sensitized neuroception.

Unfortunately, when children are in distress and even in full-on meltdown mode, most parents view these behaviors as bad choices and respond with “top-down” cognitive approaches such as threats or lectures. No amount of talking, reasoning, or reminding a child of the rules will end a meltdown. Until the child is regulated and feels safe in connection, they cannot reason.

Neuroscientist and child psychiatrist Dr. Bruce Perry describes this engagement with the phrase, “Regulate, Relate, Reason.” (Perry & Winfrey, What happened to you?: Conversations on trauma, resilience, and healing, 2021, p.142)

Slide 21

First, focus on regulation through the body and the senses. Engaging with kids through sensory activities like:

- Pausing the dysregulating activity and snuggling under a weighted blanket
- swinging in a hammock
- taking a walk
- jumping on a trampoline
- offering a hug
- pausing and taking a deep breath

Slide 22



Reflection and Discussion:

- Facilitate and extend the discussion regarding regulating activities families currently use and ideas they would like to implement

Slide 23

Then, connect with the child and relate. Relationships are vital in creating a sense of safety and security in children with trauma histories. Adult regulation, even when the child is distressed and misbehaving, is critical.

Showing empathy, not overreacting to behaviors, and maintaining a nurturing tone and facial expression are vital.

It is easy to become frustrated, irritated, and angry with children who appear defiant and non-compliant, yet therapeutic parents strive to maintain a calm, regulated presence in these moments. An angry expression, loud voice, or threatening body posture won't create a sense of safety or positive behavioral change; rather, it may increase the child's fear and agitation, leading to even more escalation.

Slide 24



Reflection and Discussion:

- Facilitate and extend discussion regarding how to connect with dysregulated children.

Slide 25

Only after regulation and relationship can one begin to reason. This means youth and caregivers must be calm, regulated, and feel safe before they can start learning from or reflecting on their behavior. Only when children are in this state can they think about what they did, attempt to understand why they did it, repair their mistakes, and determine how to avoid these situations in the future. (Perry & Winfrey, What happened to you?: Conversations on trauma, resilience, and healing, 2021)

Slide 26



Reflection and Discussion:

- Facilitate discussion regarding reasoning with the child. Reinforce that reason can only happen when the adult and child are both regulated and ask families to share examples of how they might assist their child in taking responsibility and making repairs after a behavioral misstep

Slide 27

Therapeutic parent and post-adoption professional Allison Cooke Douglas writes, "When my son was a preschooler, he had a particularly ugly meltdown in the grocery store.

As he lay kicking and screaming in the cereal aisle, I used every parenting technique I had been taught. I redirected, ignored, counted to 10, calmly explained the consequences of his actions, firmly explained the consequences of his actions, then angrily told him he was making me sad and that I was very, very disappointed in him.

Nothing worked, and I was fuming. I finally picked him up and left the store in a huff."



Reflection and Discussion:

- How could Allison have applied the Regulate, Relate, Reason framework in this scenario?

Slide 28

Here's the rest of Allison's story. (Douglas, 2021)

Slide 29

This is only an introduction to therapeutic parenting. Continued learning is recommended to grow your skills, learn more strategies, and best meet your child's needs. There are a variety of books, podcasts, and videos that can support you as you parent your child.

Slide 30

Although your role as a caregiver is critically important, adoptive parents and guardians cannot be the only stable relationships in a child's life. It truly takes a community of committed adults to raise a child. Friends, schools, faith communities, extended family, community, and post-permanency programs can assist families in the development of what Dr. Perry calls "the therapeutic web."

The Therapeutic Web is a network of interconnected supports that surround and assist kids and families as they move toward recovery and wellbeing (Perry, 2009). It is made up of a variety of relationships and resources that foster safety, stability, and connection.

Slide 31

To identify and extend your web of support, relationships can be classified into three broad categories.

Slide 31 (cont.)

Primary Resources: Comprised of extended family, friends, neighbors, and part-time caregivers such as babysitters, Primary Resources are often "first responders" in meeting typical family needs, such as support when children are sick, finding a date-night sitter or providing social support, such as holding a neighborhood block party or holiday event.

Adoptive/guardianship families often report that due to their children's need for therapeutic parenting, trauma-responsive care, or increased need for supervision, Primary Resources are frequently lacking or provide insufficient support.

Slide 32

Community Resources: Comprised of educational systems, childcare providers, faith community members and leadership, cultural supports, sports programs and coaches, clubs (Scouts, Boys and Girls Club, etc.), and other community enrichment programs, Community Resources provide families with much-needed opportunities for recreation, social/emotional skill building, enhancement of individual skills and talents, and identity exploration and expression.

Families often report that Community Resources are not educated about or prepared to meet the specific needs of adopted/guardianship youth

Slide 33

Professional Resources: Comprised of medical professionals, including pediatricians, mental and behavioral health professionals, Occupational, Physical, and Speech Therapists, child welfare staff, and other professionals engaging with the child and family. Professional Resources are often directly sought out by the family or referred to as part of a child's holistic treatment.

While information regarding the effects of early trauma and attachment breaches is becoming more common, many pediatricians, medical professionals, and mental/behavioral health practitioners may not have a strong understanding of the negative developmental impacts of maltreatment and often lack adoption competence, leading to ineffective and potentially harmful treatment for children, families must find adoption-competent professionals in their community.



Trainer's Note: please provide information about and referral to adoption-competent local services. For Tennessee trainers, this should include ASAP|GSAP.

Slide 34



Reflection and Discussion Activity :

- Ask participants to consider their current therapeutic web. The following questions can be used to expand participants ideas of support.
- Who does the child already feel connected to? Are there ways they could be further supported by favorite childcare workers, a grandparent, neighbor, or retired couple from the faith community?
- How can current supports use their talents and interests to better support the family? Could youth join the next-door neighbor on their daily walk? Could a former favorite teacher provide after-school tutoring? Is a safe and responsible teenager available to join a tween for a basketball game or an afternoon of video gaming while parents complete necessary tasks, relax, and refresh?
- Are there local resources you can draw from? Students from nearby schools of education or social work or interns at child welfare agencies may be more skilled in behavioral management techniques for children with trauma-based behaviors than a typical neighborhood babysitter.
- Are there people/resources that you are overlooking or unaware of?
- Does the therapeutic web provide cultural or racial mirrors and validate the child's identity?

Slide 35

Being a therapeutic parent can be challenging and exhausting. While building and relying on your therapeutic web can relieve some of this burden, successful adoptive and guardianship families also need to engage in self-care.

Self-care isn't an event; it's a way of being. Families must honestly evaluate the demands of daily life versus their current resources (emotional, financial, physical, spiritual) and determine if there's balance. Asking the following questions may help you to find more balance and peace in parenting:

- What depletes your energy? Can you ask for help in those areas and redistribute tasks between the capable members of your household?
- What makes you feel bad? Do you leave social media feeling bad about your home, body, or children's achievements? If so, you should spend less time there.

Slide 35 (cont.)



If time remains, facilitate and extend group discussion around the previous questions.

Caring for your body and mind, having social supports such as adoptive parent support groups, friends that you connect with, or adoption-competent mental health providers, maintaining your outside interests, and working on your psychological wellbeing all allow you to meet the needs of your children better.

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Supplemental Materials & Participant Handouts

The following documents can be reproduced or distributed, without changes, for use with the AGPT curriculum.

ADOPTION DISCLOSURE SUPPORT RESOURCE LIST

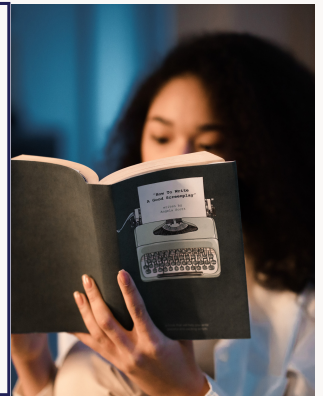
BOOKS FOR CHILDREN

- A Koala for Katie: by Jonathan London & Cynthia Jabar
- A Mother for Choco: by Keiko Kasza
- Adoption Is Both: by Elena S Hall
- Horace: by Holly Keller
- I Wished for You: An Adoption Story For Kids: by Marianne Richmond
- I've Loved You Since Forever: by Hoda Kotb
- My New Mom & Me: by Renata Galindo
- Rosie's Family-An Adoption Story: by Lori Rosove
- Some Babies Are Adopted : by Cindy Walker
- Tell Me Again About the Night I Was Born: by Jamie Lee Curtis
- The Day We Met You: by Phoebe Koehler
- The Family Book: by Todd Parr
- The Red Blanket: by Eliza Thomas
- We See the Moon: by Carrie Kitze



BOOKS FOR ADULTS

- Telling the Truth to Your Adopted or Foster Child: Making Sense of the Past : by Betsy Keefer Smalley and Jayne E. Schooler
- Twenty Things Adopted Kids Wish Their Adoptive Parents Knew : by Sherrie Eldridge, Rosemary Benson, et al.
- Seven Core Issues in Adoption and Permanency: by Sharon Roszia and Allison Davis Maxon



WEB RESOURCES

- Talking to Your Child About Adoption: Recommendations for Parents Adoption Advocate No. 42
<https://adoptioncouncil.org/publications/adoption-advocate-no-42/>
- The Whole Truth
<https://www.adoptivefamilies.com/talking-about-adoption/sharing-difficult-adoption-stories/reading>
- Positive Adoption Conversations: An Adoptive Families Guide
<https://www.tcjfs.org/wp-content/uploads/2014/05/positiveadoptionconversations.pdf>





SENSORY INTERVENTIONS

Child Appears

Sensory Activities to Try

Slow
Tired
Under Responsive

- Give myself a hug
- Hand massage (self or therapist)
- Seat push ups
- Textured, firm fidget (spiky ball, racquet ball)
- Drinking water through a straw
- Finding small objects in Thera putty or Sensory Bin
- Wall push
- Mints or minty gum
- Animal walks
- Crossing midline exercises (Superman Pose, Army Crawl w/crossed arms, Windmills)
- Crunchy snacks (carrots, pretzels, celery)
- Sour or spicy snack
- Chewing on rubber bracelet (Livestrong style) or Chewelry
- Frozen snacks
- Play a game using freezer pack
- Sitting/bouncing on yoga or peanut ball
- Climbing, hanging or swinging
- Draping body over yoga ball or bolster to do floor or written work
- Games with resistance bands/Push me pull you
- Music and movement games
- Playing with clay or Playdough (especially squishing / using rolling pins to flatten)



SENSORY INTERVENTIONS

Child Appears

Sensory Activities to Try

Fast
Wiggly
Unfocused

- Weighted objects, weighted blanket, wearing ankle weights
- Deep pressure activities (kid taco: wrapping child in blanket or covering body with cushions, steamrolling with body roller or yoga ball)
- Playing catch/ rolling with heavier ball
- Joint compression exercises- jumping, bouncing on yoga or peanut ball, jumping jacks, pushing palms/soles of feet together
- Give myself a hug
- Finger pulls
- Wall pushes
- Wheelbarrow walks
- Rocking activities, rocking chair, rocking on yoga ball
- Manipulatives such as stress balls, tangles, stretchy animals, textured balls
- Sitting on “wiggle seat” or Dyna-disc
- Deep breathing exercises
- Blowing pompoms or cotton balls with a straw (have child follow lines on paper as a game)
- Reduce light and noise levels (headphones if needed)
- Blowing bubbles
- Calming olfactory experiences, smelling lavender, vanilla, etc.(can add scents to weighted object)
- “Heavy work” activities- carrying loaded backpack, moving full laundry baskets, adding wrist weights while playing games
- Swinging SLOWLY
- Placing hands on child’s shoulders or head with safe, firm pressure
- Balance board



SENSORY INTERVENTIONS

Child Appears

Sensory Activities to Try

Self-Harming
Head Banging
Skin Picking, etc.

- Vibrating objects
- Temperature play (ice sensory bin, playing with warm rice sachet)
- Highly textured manipulatives
- Deep pressure in general area of harm or weighted item (i.e. weighted hat or compression headband for head banging). In crawling position, have child push head into soft object such as pillow or beanbag

Anxious
Nervous

- Visual calendar of session activities
- Weighted object or blanket
- Deep breathing
- Blowing bubbles, blowing up balloons, blowing through a straw, games with party blowers (whistles can be removed when necessary)
- Hanging (head toward floor) over yoga ball or edge of sofa, chair, bed, etc.
- Ripping paper (junk mail or newspaper is great for this, see who can make the biggest pile)
- Play with vibrating toy or object
- Metronome games, clapping to a slow steady beat
- Noise machine, especially heartbeat sound
- Soft tactile objects (Stuffed animals, baby blankets, etc.)



SENSORY INTERVENTIONS

Child Appears

Hitting
Kicking
Throwing Objects

Sensory Activities to Try

- Provide appropriate objects to throw or kick (wadded paper, beanbags, ping pong, foam or rubber balls for throwing, foam blocks, beanbags or floppy stuffed toys such as Beanie Babies for kicking; use targets to create games)
- Play with splat balls
- Play with water balloons
- Walking/running
- Stomp on rubber stress balls
- Change the environment (go outdoors and throw balls/kick rocks)
- Digging in sensory bins or sand box
- Massage shoulders, hips, ankles
- Add large motor activity to daily sensory diet/ engage in activity before session begins
- Add heavy work to daily sensory diet/ engage in activity before session begins
- Add shoulder, hip and ankle compressions to daily sensory diet/ engage in activity before session begins



SENSORY INTERVENTIONS

Child Appears

Sensory Activities to Try

Seeking Environmental Input

Create and follow through with daily sensory diet (typically 2x per day) to address area of seeking along with daily sensory breaks as needed.

Tactile

- Sensory bins
- Play dough, clay
- Cloud dough: Mix 5 cups flour with 1 cup baby oil
- Coco-dough: Mix 1 cup coconut scented hair conditioner and 2 cups corn starch
- Temperature play: ice, hand warmers
- Texture play: texture matching, coloring on sandpaper, kinesthetic bag
- Sand box
- Water play
- Vibration: vibrating pillow, hand massagers
- Massage

Auditory

- Headphones for AV devices (with volume control for safety)
- Phonics Phone
- Musical instruments such as chimes and bells
- Rain sticks, small fan, white noise machine
- Whistles, party blowers



SENSORY INTERVENTIONS

Child Appears

Sensory Activities to Try

Seeking Environmental Input

Visual

- Mirrors at eye level
- Light up/glowing toys or balls
- Glow sticks
- Activities for visual discrimination: matching, sorting, color grading, I Spy books
- Photo albums and colorful picture books
- Adding color to other sensory activities such as sensory bins, substituting colored pompoms for cotton balls in games and activities, etc.

Oral Processing and Taste

- Chewies: Abilitations Integrations Chewlery, Live Strong style rubber bracelets, baby toothbrush, vibrating toothbrush, clean tubing
- Rubber tubing on the top of pencil
- Gum: can also be added to IEP or 504 if not allowed at school
- Offer diverse food textures and intensity levels at each meal, i. e. crunchy and spicy foods
- Muffin tin snacks: small portions of multiple foods

Olfactory

- Scented lotions, hand sanitizers
- Scent matching
- Incorporating scent into other sensory activities i.e. warm lavender glow stick bath, cedarwood scented rice bin



SENSORY INTERVENTIONS

Child Appears

Sensory Activities to Try

Seeking Environmental Input

Vestibular: Movement and Balance

- Swinging: hang bar, hammock swing (Ikea's Ekorre), tire swing
- Bouncing on yoga ball or jump ball
- Spinning: sit and spin, mom powered spinning with beach towel (10x each direction only)
- Standing or sitting on Bosu Ball
- Hanging upside down
- Dance, gymnastics, tumbling
- Roll tubes
- Rocking chair/ rocking horse
- Indoor see-saw (Ikea Rusig)
- Animal Walks
- Obstacle Course incorporating several of the above activities
- Outdoor Play

Proprioceptive: Body in Space and Heavy Work

- Spinning: sit and spin, mom powered spinning with beach towel (10x each direction only)
- Hanging
- Joint compressions
- Create sensory "hideaway" with cushions, under a table, between objects, etc. for environmental compression
- Compression garments: Under Armor, Target has an in-store brand
- Body sock



SENSORY INTERVENTIONS

Child Appears

Sensory Activities to Try

Seeking Environmental Input

- Proprioceptive: Body in Space and Heavy Work (continued)
- Weighted objects - vest, blanket, stuffed animal, scarf, hat
 - Incline sitters, Dyna-Disc
 - Heavy work - push, pull, carry heavy objects such as items in a wagon, books in a backpack, creating heavy work games
 - Push on large therapy ball with someone else giving resistance from the other side.
 - Have child hold therapy ball with arms and legs while lying on his/her back. Try to take the ball away and tell the child to hold on to the ball as hard as he can
 - Blankets: burrito games, swaddle (with child consent and arms outside)
 - Yoga ball: steam roller, back bends, sitting
 - Trampoline, Bosu Ball
 - Crawl Thru Tunnel
 - Bikes, scooters, Plasma Car
 - Thera-band activities



SENSORY INTERVENTIONS

Child Appears

Sensory Activities to Try

Avoiding Environmental Input

Create and follow through with daily sensory diet (typically 2x per day) to address area of seeking along with daily sensory breaks as needed.

Tactile

- Place doughs, lotion or gel in Zip-lock bags for avoiders
- Mark off child's area with carpet square, tape etc. to avoid closeness to others
- Purchase seamless socks and/or garments
- Cut tags from clothing
- Allow child to wear clothing without metal fasteners, elastic waistbands, made from soft material, etc. ("fancy clothes/church clothes" can be very stiff and scratchy)

Auditory

- Noise canceling headphones for loud environments
- White noise machines, fans
- Music for the brain: Dr. Jeffrey Thompson, Brainsynch or classical music played at low volume



SENSORY INTERVENTIONS

Child Appears

Sensory Activities to Try

Visual

- Avoid visual distractions (muted colors; using dividers to eliminate distractions, cut clutter, “a place for everything and everything in its place”)
- Note what sets off child particularly color, speed of movement, lighting, and avoid these triggers
- Sunglasses or caps to shade eyes, window covers for light sensitivity in car, black-out shades for sleeping

Oral Processing and Taste

- Have child brush teeth with infant toothpaste and toothbrush or a washcloth/ linen cloth
- Provide preferred snacks every 2 hours
- Play with food. Paint with pudding, create peanut butter dough, play with Jell-O sensory bin, cooked spaghetti sensory bin this can create food familiarity and tolerance
- Food Chaining technique from “Food Chaining” by Cheri Fraker

Olfactory

- Avoid scented household products, personal care products

Avoiding Environmental Input



SENSORY INTERVENTIONS

Child Appears

Sensory Activities to Try

Avoiding Environmental Input

- Vestibular: Movement & Balance**
- Make note and honor your child's sensory preferences. Some children may display an irrational fear of change in position or movement, may be fearful of having their feet leave the ground, or having their head tipped backward. Sensory defensive children may not like swings, slides, or any movement where they are not firmly planted. Consult an Occupational Therapist for evaluation and sensory diet.

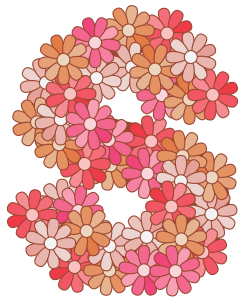
Proprioception: Body in Space/Heavy Work

- Assist in creating body awareness in the child through games that isolate body parts (place the beanbag on your knee, draw around body on large paper, dance, yoga, free movement)
- Fun activities that strengthen fine motor skills - picking up puffballs with chopsticks or tweezers, "writing" with Bingo Markers, lacing cards, bead stringing, hammering golf tees into clay, snap together toys such as Lego, placing coins in a piggybank, etc.
- Fun activities that strengthen gross motor skills – jumping rope, playing catch, hula hoops, bowling games, etc.
- Massage
- Make note and honor your child's sensory preferences, proprioceptive avoiders may have low muscle tone and or difficulty grading motion. Consult an Occupational Therapist for evaluation and individualized sensory diet.

A Trauma Responsive Approach to Challenging Behaviors

Discipline is often the most challenging part of parenting children with histories of trauma. Responsive, not reactive actions from adults are needed to truly see behavioral change in kids.

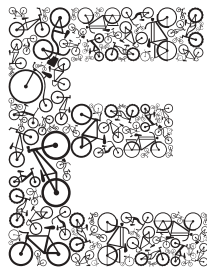
By slowing down responses to your child's behavior and "taking a S.E.A.T.," you can stay calm, maintain relational connection and assist your child in changing unwanted and inappropriate behaviors.



1. SELF-REGULATE

Ask yourself:

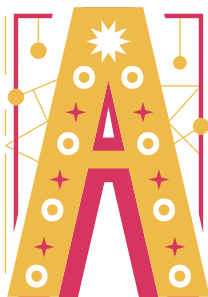
- How am I feeling in this moment? What does that mean?
- Can I engage with my child in a calm, connected manner? If I can't, who can? If I am alone, I should take a break.



2. EXHIBIT EMPATHY

Ask yourself:

- How can I demonstrate that I'm with my child in their discomfort or distress?
- How can I partner with my child in making a behavioral change in this moment?



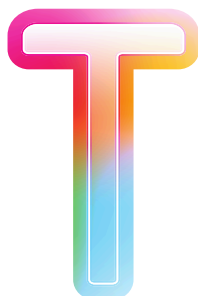
3. ASSIST WITH REGULATION

Remind Yourself:

- Better choices can only be made when my child is calm. I don't have to teach the lesson right now.

Ask Yourself:

- What can I do to assist my child in becoming regulated?



4.) TEACH NEW OR BETTER SKILLS

Remind Yourself:

- Learning can only happen when both the adult and child are calm.

Ask Yourself:

- How can I teach my child new and better skills?

ADOPTION AND GUARDIANSHIP PARENTING RESOURCES



ADOPTION

- *Adopting after Infertility: Messages from Practice, Research and Personal Experience (1st Edition)* by Rachel Balen and Marilyn Crawshaw (Editors)
- *Black Baby, White Hands: A View from the Crib* by Jaiya John
- *Creating Ceremonies: Innovative Ways to Meet Adoption Challenges* by Cheryl A. Lieberman, Ph.D. and Rhea K. Bufferd, LCSW
- *Love Me, Feed Me: The Adoptive Parent's Guide to Ending the Worry About Weight, Picky Eating, Power Struggles and More* by Katja Rowell M.D.
- *Telling the Truth to your Adopted or Foster Child: Making Sense of the Past, 2nd Edition* by Betsy Keefer, Jayne E. Schooler, Bergin & Garvey
- *Twenty Things Adopted Kids Wish Their Adoptive Parents Knew* by Sherrie Eldridge



ATTACHMENT AND ADVERSE EXPERIENCES

- *Attaching in Adoption: Practical Tools for Today's Parents Reprint Edition* by Deborah D. Gray
- *Brain-Based Parenting: The Neuroscience of Caregiving for Healthy Attachment* by Daniel A. Hughes, Jonathan Baylin
- *Games and Activities for Attaching With Your Child* by Deborah D. Gray and Megan Clarke
- *Parenting with Theraplay®: Understanding Attachment and How to Nurture a Closer Relationship with Your Child* by Helen Rodwell and Dr. Vivien Norris
- *Raising a Secure Child: How Circle of Security Parenting Can Help You Nurture Your Child's Attachment, Emotional Resilience, and Freedom to Explore* by Kent Hoffman, Glen Cooper, et al
- *The Deepest Well: Healing the Long-Term Effects of Childhood Adversity* by Nadine Burke Harris M.D.
- *Gentle Discipline: Using Emotional Connection--Not Punishment--to Raise Confident, Capable Kids* by Sarah Ockwell-Smith



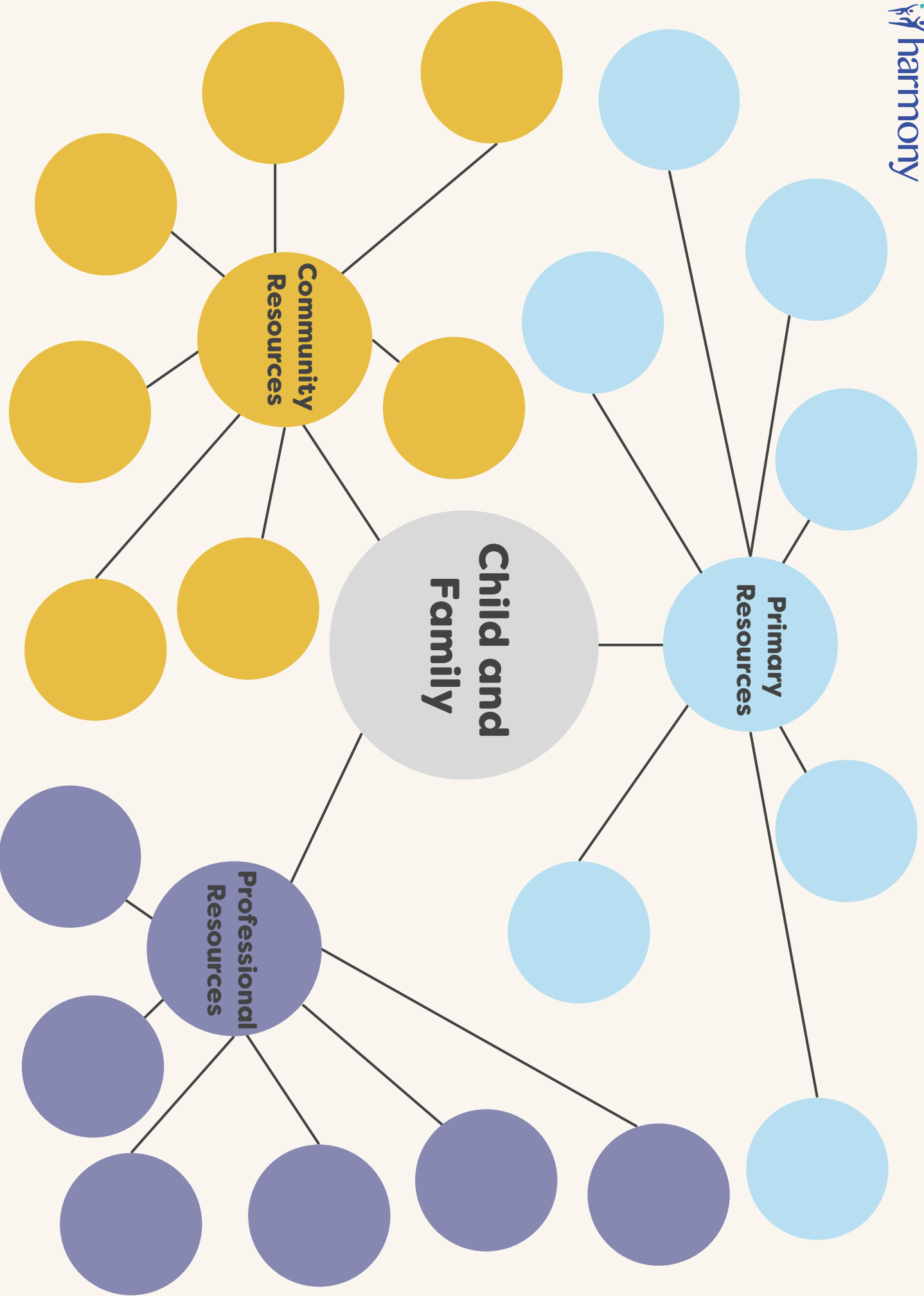
- **Happiest Baby on the Block** by Harvey Karp
- **How to Talk so Little Kids Will Listen: A Survival Guide to Life with Children Ages 2-7** by Adele Faber and Julie Kling
- **No-Drama Discipline: The Whole-Brain Way to Calm the Chaos and Nurture Your Child's Developing Mind** by Daniel J. Siegel
- **Parenting from the Inside Out: How a Deeper Self-Understanding Can Help You Raise Children Who Thrive: 10th Anniversary Edition** by Daniel J. Siegel and Mary Hartzell
- **Peaceful Parent, Happy Kids: How to Stop Yelling and Start Connecting** by Dr. Laura Markham
- **Playful Parenting: An Exciting New Approach to Raising Children That Will Help You Nurture Close Connections, Solve Behavior Problems, and Encourage Confidence** by Lawrence J. Cohen
- **Raising Human Beings: Creating a Collaborative Partnership with Your Child** by Ross W. Greene PhD
- **Rethinking Discipline: Conscious Parenting Strategies for Growth and Connection** by Yehudis Smith M.S.Ed
- **Self-Reg: How to Help Your Child (and You) Break the Stress Cycle and Successfully Engage with Life** by Stuart Shanker
- **The Connected Child: Bring Hope and Healing to Your Adoptive Family** by Dr. Karyn B. Purvis
- **The Connected Parent: Real-Life Strategies for Building Trust and Attachment** by Lisa Qualls and Dr. Karyn Purvis
- **The Opposite of Worry: The Playful Parenting Approach to Childhood Anxieties and Fears** by Lawrence J. Cohen
- **The Power of Showing Up: How Parental Presence Shapes Who Our Kids Become and How Their Brains Get Wired** by Daniel J. Siegel and Tina Payne Bryson
- **The Whole-Brain Child: 12 Revolutionary Strategies to Nurture Your Child's Developing Mind** by Daniel J. Siegel and Tina Payne Bryson
- **The Yes Brain: How to Cultivate Courage, Curiosity, and Resilience in Your Child** by Daniel J. Siegel and Tina Payne Bryson

Relationship/Resource Assessment Tool

The Therapeutic Web Assessment Tool is designed to evaluate a child and family's relational and support needs by assessing the strengths and deficits of their current support system. After documenting resources in the appropriate category, the current strength of relationship or support service should be rated from 1-5. (1) Relationship or service is negative, inconsistent or dysregulating, (2) Relationship/service is neutral, impact is negligible; (3) Relationship or services are adequate, provide some benefit to child or family; (4) Relationship/service is positive (5) Relationship or service is positive, effective and occurs frequently. Average scores in each category. Categories with average scores of less than 3, should be reviewed for growth opportunities.

Primary Resources	Community Resources	Professional Resources
●	●	●
●	●	●
●	●	●
●	●	●
●	●	●
●	●	●
●	●	●
●	●	●
●	●	●
●	●	●
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Contact Us

For questions or more information regarding the use and content of the Adoption and Guardianship Preparation Training (AGPT), please reach out to Allison Douglas.

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